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**EXAMINING TURNOVER INTENTION AMONG MALAYSIAN
PUBLIC DOCTORS: A PROPOSED INTEGRATED
CONCEPTUAL FRAMEWORK**

Ahmad Rafeein Mohamad^{1*}, Kalsom Ali², Khairunneezam Mohd Noor³

¹ Faculty of Leadership and Management, Universiti Sains Islam, Malaysia
Email: rafeein.mohd@raudah.usim.edu.my

² Faculty of Leadership and Management, Universiti Sains Islam, Malaysia
Email: kalsom@usim.edu.my

³ Faculty of Leadership and Management, Universiti Sains Islam, Malaysia
Email: neezam@usim.edu.my

* Corresponding Author

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Abstract:

The United Nations aims to achieve universal health coverage by 2030. However, shortages of public doctors are affecting national public health systems worldwide, including in Malaysia. Malaysian public healthcare is losing many doctors due to their resignation from public service. A review of existing empirical papers gathered through the PRISMA method and extensive literature search was employed. Based on the review, it is discovered that organisational justice has an inverse influence on turnover intention, a precursor to actual turnover. In the Malaysian healthcare context, indications of perceived injustice were discussed as factors potentially contributing to turnover among Malaysian health employees. However, organisational justice has not been explicitly tested and validated as a reason for the withdrawal of Malaysian public doctors. Despite organisational justice, individual factors could also affect the intention to leave. However, they are mostly studied separately. Therefore, the present study intends to provide an integrated framework that may be used to research how diverse factors could influence Malaysian public doctors' turnover intention. Besides proposing an investigation of how organisational justice could significantly influence turnover intention, a further recommendation is to also examine organisational citizenship behaviour and personal norms of reciprocity, particularly positive and negative reciprocity norms that may intervene in the effects between both variables. The authors believe this is the first extended study to integrate organisational citizenship behaviour as well as positive and negative reciprocity norms in a moderated mediation model involving Malaysian public health workers, particularly doctors.

Keywords:

Organisational Justice, Turnover Intention, Organisational Citizenship Behaviour, Personal Norm Of Reciprocity, Public Doctors

Introduction

The United Nations Millennium Summit 2000 underlined the Millennium Development Goals (MDGs), by which member countries were targeted to achieve universal health coverage (UHC). As part of the mechanisms to achieve equitable healthcare access, health services are to be delivered at the “highest attainable standard of physical and mental health” (Chisholm and Evans, 2010, p. 1). Following the strategy of providing accessible healthcare to all citizens, countries are to provide “access to key promotive, preventive, curative, and rehabilitative health interventions for all at an affordable cost” (World Health Organisation, 2010, p. 3). These strategies support the inclusion of disadvantaged, excluded and underserved groups in the UHC mission (O’Connell, Rasanathan and Chopra, 2014). Furthermore, the United Nations General Assembly 2015 featured several health-related motions related to the Sustainable Development Goals (SDGs). Under the SDGs, the projection was to set far higher and better-determined UHC-related goals by addressing the lack of health access equity through improved health levels and distribution, enhanced primary healthcare, and equitable access to healthcare (Tangcharoensathien, Mills and Palu, 2015).

The recruitment and retention of competent healthcare professionals are necessary as accomplishing UHC requires an adequate, equally distributed, and high-performing health labour force (Tangcharoensathien et al., 2015). Therefore, the UHC mission must be associated with intensified government efforts to prioritise and strengthen human resources for health so that the delivery system can be further enhanced. However, the migration of experienced doctors in Malaysia from the public sector to other parties, mainly the private sector, significantly hinders the country’s mission to achieve UHC. Between January 2010 and June 2021, over 7,000 public doctors left the civil service (House of Parliament Malaysia, 2021). This led to a disparity in the distribution of public and private doctors, which was linked to a brain drain of trained and experienced doctors from the public health system (Ab Rahman et al., 2019). Due to various inadequacies, the Ministry of Health (MOH) caters to 70% of the nation’s acute health cases despite only employing around 30% of the country’s medical specialists (Ahmad, 2019). This has made it considerably difficult for the country to provide civil society with universal and balanced public healthcare access (Ahmad, 2019).

Meanwhile, the Malaysian Public Service Commission reported that the disciplinary boards terminated 168 public officers in 2022 (Berita Harian, 2023). This circumstance demonstrates that the average number of public doctors who resigned in a one-year duration outnumbered those who have been dismissed from the entire Malaysian public service. Therefore, it can be concluded that turnover among public officials in Malaysia is mainly the result of individual decisions to leave rather than decisions made by employers to terminate. Therefore, the present study intends to explore the possible reasons behind the high turnover rate among public doctors and provide a framework to validate the antecedents through an empirical study.

According to Mohd Ramlan, Rugayah and Zarul Zafuan (2014), public doctors in Malaysia were somehow rather dissatisfied with their jobs, causing the turnover rate among them to

increase. Among the factors linked to their dissatisfaction were improper financial incentives, unsatisfactory promotion prospects, inadequate training opportunities, a lack of opportunities to participate in the decision-making process, and poor superior-subordinate relationships (Mohd Ramlan et al., 2014). Malaysian public doctors were also disappointed with their workloads and recognition and, at the same time, they perceived an efforts-rewards imbalance (Roslan, Noor Hazilah, Nor Filzatun and Azahadi, 2014). These issues have spurred job dissatisfaction and a higher intention to leave among public doctors (Roslan et al., 2014). Furthermore, Ahmad et al. (2019) noticed that long or inappropriate working hours, insufficient resources to cater to the massive number of patients, and workforce shortages led to heavy workloads among doctors in Malaysian public hospitals. Those experiencing continuous heavy workloads may become mentally and physically affected, potentially precipitating a higher turnover intention (TI) among them (Ahmad et al., 2019).

The concerns highlighted above about heavy workloads, a lack of recognition, the efforts-rewards mismatch, as well as many other workplace issues, reflect the workplace justice concept devised by Greenberg (1990) and Moorman (1991). The concerns are also associated with the measurements of justice designed by Niehoff and Moorman (1993), Colquitt (2001), and Colquitt and Rodell (2015) in their validations of organisational justice (OJ) scales. On the basis of these notions, Malaysian public doctors may be indicated to have an underlying sense of injustice that contributed to their job dissatisfaction and elevated intentions to quit. However, this observation is inconclusive and indefinite as no specific studies have explicitly examined OJ and the extent to which it might influence the TI of Malaysian public doctors. Thus, the links between both domains, particularly among public doctors in Malaysia, remain underexplored. Therefore, this study aimed to address these gaps by formulating a framework to test potential correlations between OJ and TI in the Malaysian public health context.

Studies have revealed organisational citizenship behaviour (OCB) to be an outcome of OJ (Farid, Iqbal, Jawahar, Ma and Khan, 2019; Fiaz, Ikram, Su and Ali, 2018; Harris, Lavelle and McMahan, 2018; Mohammad, Quoquab, Makhbul and Ramayah, 2016) which, accordingly, affected TI (Anvari, Barzaki, Amiri, Irum and Shapourabadi, 2017; Al Shbail and Al Shbail, 2020; Shanker, 2018). A review by de Geus, Ingrams, Tummers and Pandey (2020) found that public sector studies focused more on the association between multiple positive precursors of OCB, including OJ. However, the impact of the connections between OCB and possible subsequent adverse effects, such as the intention to leave the public sector, remained inadequately explored (de Geus et al., 2020). Therefore, the present study proposes incorporating OCB as a mediator, the purpose being to test whether OCB among Malaysian public doctors could create a linkage from OJ and thereafter influence their TI.

According to Equity Theory (Adams, 1965), people who can decide whether to under or over-benefit their exchange partners prefer the latter. Nevertheless, the tendency to over-benefit others makes individuals more selfish and depreciative towards fairness and balanced interaction (Uehara, 1995). Drawing from the concept of balanced reciprocity (Uehara, 1995) and the moderation effects of the norm of reciprocity between several behavioural outcomes (Cheng, Zu and Lin, 2021; Mitchell and Ambrose, 2017; Zou, Tian and Liu, 2015), the internalisation of reciprocity norm could presumably diminish the potential prevalence impact of perceived injustice on OCB and TI. Despite OJ and OCB are acknowledged as part of reciprocal behaviours for justice, the present study's extensive literature search found no support from the literature showing that the relationships between OJ, OCB and TI were intensified or exacerbated by the individual trait of reciprocity norm internalised among the

healthcare employees, particularly in Malaysia. Therefore, the inclusion of positive reciprocity (PR) and negative reciprocity (PR) in the model is proposed to look into how they could serve as third variables that contingently influence the degree of the relationship between OJ and reciprocal behavioural consequences (OCB and TI) among public doctors in the country.

Methodology

The main theme of the present study is to look into how OJ relates to TI in the healthcare or hospital environments. The authors adopted the Preferred Reporting Items Systematic Reviews and Meta-Analysis (PRISMA) method to search for relevant materials from leading databases (Scopus, Dimensions, and Google Scholar). Following the PRISMA method, the relevant resources were first identified using the search strings containing keywords such as ‘organisational justice’ or ‘organizational justice’. Additionally, ‘turnover intention’ and other terms carrying similar meanings, such as ‘intention to leave’ and ‘intention to quit’, were combined in the search string. Secondly, keywords such as ‘healthcare’ and ‘hospital’ were added to the search strings to screen the literature that is relevant to the present study’s context. Thirdly, eligible resources were identified based on the inclusion and exclusion criteria.

Table 1: The Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
1. Year	2016 - 2022	Before 2016
2. Language	English	Non-English
3. Types of resources	Full-text journal articles	Non-journal articles
4. The literature’s objective	Testing the linkage between OJ and TI	Not testing the linkage between OJ and TI

Followed by a brief assessment of the resources’ titles and abstracts, the articles meeting the inclusion criteria were identified. In the final stage, the present study selected the remaining articles that met the inclusion criteria and eliminated the others. A summary of the articles shortlisted through the PRISMA method is illustrated in Figure 1.

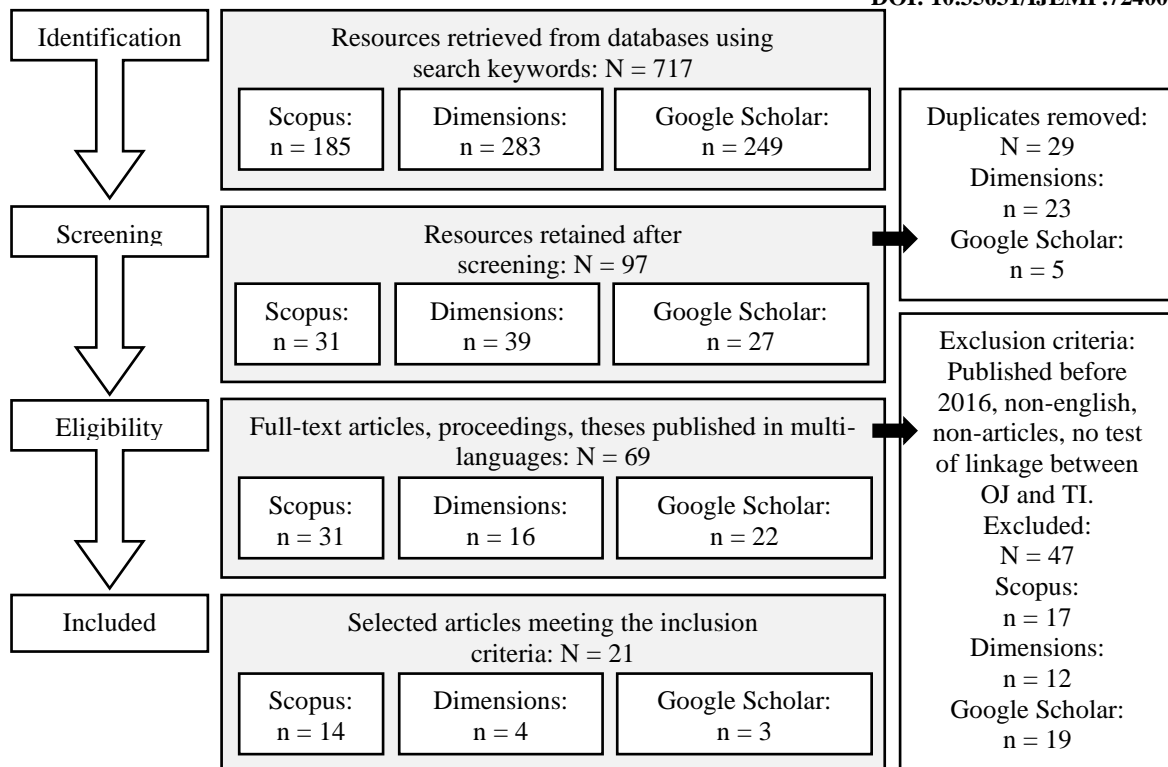


Figure 1: Stages and Outputs of the PRISMA Method

To accommodate the quest for insights into how OCB theoretically relates to OJ and TI and how it possibly mediates amid the association between both variables, an extensive literature search using various databases such as Emerald, Wiley, ScienceDirect and others was employed. Likewise, the available resources related to the role of the reciprocity norms in moderating the effects between variables in the existing literature were also compiled and used for the present study's review of the literature.

Literature Review

Employee Turnover

Price (1997), as cited in Kim, Tam, Kim and Rhee (2017, p. 30), defined turnover as "individual movements across the membership boundary of a social system which is initiated by the individual". Turnover begins when employees voluntarily cease and give up membership of their organisation by tendering their resignations (Al Shbail and Al Shbail, 2020; Hwang and Yi, 2021). This signifies that employees withdraw from their current positions despite the opportunity to remain with the same organisation. In contrast to voluntary turnover, involuntary turnover occurs when employers dismiss employees from their employment relationship (Al Shbail and Al Shbail, 2020). In this case, employers permanently release their employees using various measures like termination or dismissal due to possible grounds for cessation that organisations deem valid (Tett and Meyer, 1993). However, in some situations, employers or employees may be forced to terminate employment involuntarily. Unforeseen circumstances such as death, retirement, deportation, reorganisation, or family issues might lead to involuntary turnover (Cohen, Blake and Goodman, 2016).

The adverse effects of turnover among health professionals have been highlighted in earlier studies. For example, high turnover among healthcare workers increases the workload for those

who remain (Huang, Li and Wan, 2019). Moreover, it impacts patient safety (Perreira, Berta and Hebert, 2018), mortality rates (Zahednezhad et al., 2020), and the sustainability of patient care (Hwang and Yi, 2021). To emphasise further, Hwang and Yi (2021) highlighted that turnover among mental health practitioners impairs the development of therapeutic relationships with patients requiring long-term case management. This hinders the patients' healing process, leading to psychiatric illness relapse and increased rehospitalisation (Hwang and Yi, 2021). A constant personnel turnover is also detrimental to customer-focused service quality because failing to satisfy the expectations of customers diminishes their trust and satisfaction (Perreira et al., 2018). In the long run, losing this trust might affect the organisation-customer relationship, eventually damaging the organisation's overall reputation (George and Wallio, 2017; Harris et al., 2018).

Turnover Intention: A Precursor for Actual Turnover

Retaining skilled employees is critical to ensure organisations sustain their decent performance levels (Kim et al., 2017). However, employee retention is vulnerable to TI, a domain that serves as a proxy for actual turnover (Cohen et al., 2016; Perreira et al., 2018; Wen, Zhang, Wang and Tang, 2018). TI refers to an individual's desire to resign or quit soon, best described as "a conscious and purposeful willingness to depart the organisation" (Tett and Meyer, 1993, p. 262). This willingness to quit represents the final phase of an employee's perception of withdrawal (Tett and Meyer, 1993). Based on the aspect of the Theory of Planned Behaviour (Ajzen, 1985) concerning the linkage between behavioural intention and actual behaviour, TI and actual turnover are understood to be significantly correlated. Since it has been discovered and emphasised that a higher TI projected a greater likelihood of real turnover (Wen et al., 2018; Zahednezhad et al., 2020), TI can therefore be viewed as a precursor to actual employee turnover.

Factors Underlying Turnover Intention

TI, which refers to an employee's interest in ceasing or quitting their current job, can result from various pull or push factors. The former might include better professional growth and career prospects if alternative job opportunities are pursued (Bayarçelik and Findikli, 2016; Wen et al., 2018). Wen et al. (2018) also reported that the main reasons doctors left their existing employers included negative perceptions of the prospects in their current jobs and the motivation to secure better professional development opportunities offered by external entities.

Meanwhile, push factors like high working demands (Perreira et al., 2018), work disengagement (Huang et al., 2019), withdrawal behaviour (Kim et al., 2017; Suifan, Diab and Abdallah, 2017), and job dissatisfaction (George and Wallio, 2017; Zahednezhad et al., 2020) motivated healthcare workers to exhibit a higher intention to leave. Above all, OJ has been found to be an underlying predictor of certain push factors. For example, OJ has a significant effect on job satisfaction (Bayarelik and Findikli, 2016; Suifan et al., 2017; Zahednezhad et al., 2020), commitment (Lee, Kim and Kim, 2016; Perreira et al., 2018), work engagement (Cao et al., 2020; Huang et al., 2019) which subsequently mediated a linkage between OJ and TI. More specifically, OJ directly correlates with TI among healthcare workers (Cao et al., 2020; Lee et al., 2016; Mengstie, 2020). This implies that OJ directly affects TI while underlying other predictors affecting TI. Thus, it is suggestive that addressing the justice issues can be relatively viewed as mitigating the underlying predictors and, accordingly, the TI.

Organisational Justice

OJ refers to employee perceptions of fairness in the workplace (Greenberg, 1990). Their perceptions of whether or not they have been fairly treated at work depend on how they

perceive managerial ethical conduct and moral standing (Moorman, 1991). To assess justice, employees tend to evaluate workplace fairness dimensions that include distributive justice (DJ), procedural justice (PJ), and interactional justice (IJ). These components have been generally accepted as the factors determining justice in the workplace (George and Wallio, 2017; Zahednezhad et al., 2020). Besides these three dimensions, temporal justice (TJ) was also accepted and empirically tested as a component of OJ (Akram, Lei, Haider and Hussain, 2019; Usmani & Jamal, 2013).

Distributive Justice

DJ reflects an employee's assessment of the distribution of organisational outcomes as a return for their contributions to the organisation (Adams, 1965). Employees tend to assess the impartiality, objectivity, and fairness of the management while making decisions to distribute organisational outcomes or equities (Greenberg, 1990; Moorman, 1991). These might include workloads, organisational resources, pays, rewards, and performance appraisals (Colquitt, 2001; Colquitt and Rodell; 2015; Niehoff and Moorman, 1993). Fair equity means zero discrepancies between the ratio of outcomes to inputs between individuals (Adams, 1965; Mohammad et al., 2016). In contrast, inequity exists when a person perceives that "the ratio of his outcomes to inputs and the ratio of other's outcomes to other's inputs are unequal" (Adams, 1965, p. 280). Furthermore, Deutsch (1975) and Leventhal (1980) suggested that in addition to equity, DJ should include rules of equality (providing each employee with the same compensation regardless of individual contributions) and need (fulfilling the needs of each individual in the organisation). Adherence to these three rules creates favourable judgements on DJ (Deutsch, 1975; Leventhal, 1980).

Procedural Justice

PJ refers to managing disputes in the decision-making process concerning its role as a procedural system governing the processes applied to achieve a just distribution of organisational outcomes or equities (Mengstie, 2020; Suifan et al., 2017; Thibaut and Walker, 1978). In light of the Justice Judgement Theory, Leventhal (1980) claimed that a judgement that decision-making processes are conducted fairly was one of many motivating factors affecting individual perceptions and behaviours. Thus, fairness in the decision-making process must be regarded as a component that complements the overall pattern of organisational members' behaviour. To achieve justice, decision-making processes must follow the rules of temporal consistency, impartiality, accuracy, correctability, and representativeness (Leventhal, 1980). According to Wan (2016), once decision-making processes are deemed fair, employees will be more satisfied and motivated to exhibit positive and pro-social behaviours at work.

Interactional Justice

IJ explains an intimate side of the organisational interactions and functions to protect social justice in mutual exchanges (Bies and Moag, 1986). This component of justice is associated with the equality and equity of vindications provided to employees (recipients of justice) when managers (source of justice) execute policies or procedures to make decisions affecting them (Wan, 2016). IJ addresses the quality of interpersonal treatment, emphasising social sensitivity and informational justification in decision-making processes (Farid et al., 2019). Fair interaction means managers treat subordinates with honesty, justification, propriety, and respect throughout any mutual exchange (Suifan et al., 2017). This means that fair interactions during the exchange eventually create a disposition to reciprocate. This concept could be projected through Social Exchange Theory (Blau, 1964), which depicts how a fair and rewarding relationship between persons in organisational exchanges entails trust and creates

an obligation to reciprocate with gestures of goodwill. Thus, reciprocity appears to convey a sense of good for good and bad for bad.

Temporal Justice

TJ refers to “discretionary control over one’s time among people within the same timeslice” (Goodin, 2010, p. 1). Besides the ‘time quantity’ allocated to perform tasks, TJ also reflects employees’ discretion to manage their time and enables them to meet their needs beyond the workplace ecosystem (Goodin, 2010, 2017; Usmani and Jamal, 2013). It is called ‘time quality’ (Tyssedal, 2021; Usmani and Jamal, 2013) because it is a resource from which employees can autonomously control, benefit and satisfy their lives (Akram et al., 2019; Usmani and Jamal, 2013; Tyssedal, 2021). The difference between justice and injustice lies in the “magnitude of the gap between the discretionary time enjoyed by the best and worst” (Goodin, 2010, p. 1). It is also distinguished by “the discretionary time available to the most temporally privileged compared to the most temporally underprivileged” (Goodin, 2010, p. 5). People with limited time control may not meet their needs, thus affecting their perspectives of TJ (Goodin, 2010, 2017). Empirically, Akram et al. (2019) and Usmani and Jamal (2013) revealed that perceived TJ was significant in shaping employees’ behaviours.

Organisational Citizenship Behaviour

Organisations rely daily on various discretionary acts among their members, such as cooperation, helpfulness, goodwill gestures, altruism, and other favourable actions beyond their defined obligations (Smith, Organ and Near, 1983). These are collectively called OCB, which individuals perform voluntarily beyond their official duties and with no expectation of a return from their organisation (Bateman and Organ, 1983; Smith et al., 1983). Elaborating on this, Organ (1988) noted that OCB contains the gestures of extra-role behaviours, which are not described in an employee’s official job description. Instead, they are unenforceable, performed voluntarily, and not directly or indirectly recognised by any official reward system (Organ, 1988). The above descriptions illustrate that OCB means extra-role and voluntary behaviours developed at someone’s discretion. Workers are neither compensated for good deeds nor punished for negligence.

During its early development, Bateman and Organ (1983) discussed OCB in general but did not categorise it into any particular dimension. However, Smith et al. (1983) characterised OCB as involving two traits, general compliance (doing what a good employee should do) and altruism (helping specific others). Next, Organ (1988) segmented OCB into its Big Five Dimensions: altruism, conscientiousness, courtesy, sportsmanship, and civic virtue. Corresponding to the earlier OCB dimensions, the concepts of OCB directed to individuals (OCB-I) and OCB directed to organisations (OCB-O) were introduced (Williams and Anderson, 1991). Ocampo et al. (2018) described that OCB-I and OCB-O could also be composed of Organ’s (1988) Big Five Dimensions (altruism and courtesy [OCB-I]; and conscientiousness, sportsmanship and civic virtue [OCB-O]). Additionally, the concept of OCB directed to customers (OCB-C) began to attract research interest in regard to service-oriented or customer-centric organisations (Harris et al., 2018).

Personal Norm of Reciprocity

Reciprocity is defined as “a mutually gratifying pattern of exchanging goods and services” (Gouldner, 1960, p. 170). According to Gouldner (1960), mutual gratification involves fulfilling the interlocking status obligations that people owe one another. Gouldner (1960) outlined how these obligations were composed of the moral ideals that people should help those

who have helped them and, at the same time, not injure those individuals. Based on this principle, Uehara (1995) asserted that justice in reciprocity is psychologically and emotionally averse to 'over-benefitting'. Thus, Uehara (1995) emphasised that people should not take advantage of others; that is, they should avoid over-benefitting others in their interpersonal exchanges. Instead, balanced reciprocity should be encouraged by equalising the inputs and outputs of the transaction (equity) or offering exchange partners something in kind in return (Perugini, Gallucci, Presaghi and Ercolani, 2003; Uehara, 1995).

The personal norm of reciprocity (PNR) connotes the reciprocal behaviours internalised through a mutual exchange between individuals (Perugini et al., 2003; Wan, 2016). It is regarded as internalised behaviour once accepted as part of societal norms (Cropanzano, Rupp, Thornton and Shao, 2016). Reciprocal actions might be manifested through positive reciprocity (PR) or negative reciprocity (NR). PR occurs in response to encountering the positive behaviours of others (Gouldner, 1960; Matejkowski, McCarthy and Draine, 2011; Perugini et al., 2003) and it is associated with the principles of gratitude and pleasure (Li, Panhua, Yue, Jianxin and Zhen, 2017). On the other hand, NR embraces the idea of retaliating against someone who displayed hurtful behaviours (Gouldner, 1960; Li et al., 2017; Matejkowski et al., 2011; Neumann, 2019; Perugini et al., 2003). Positive reciprocators see reciprocity as rewarding positive behaviours with positive rewards, whereas negative reciprocators regard reciprocity as exacting revenge or punishing undesirable behaviours (Neumann, 2019). Thus, it may be posited that individuals with internalised reciprocity norms are inclined to return benefits to those who treated them fairly and retaliate against hurtful or hostile actions.

Various sorts of reciprocal behaviours result from perceived justice in organisational exchanges, such as a lower intention to leave (Al Shbail and Al Shbail, 2020; Shanker, 2018), extra-role behaviours (Harris et al., 2018), and OCB (Cropanzano et al., 2016; Mohammad et al., 2016; Moorman, 1991). This is consistent with Social Exchange Theory (Blau, 1964), which argues that just and rewarding mutual exchanges build trust and a feeling of wishing to reciprocate favourably. On this theoretical basis, internalised reciprocity norms might not only make individuals more appreciative towards justice but also foster a belief that justice should be reciprocated with good returns. It may also be postulated that the more reciprocity is accepted as a societal norm, the more individuals will repay justice with favourable reciprocal actions. According to the Theory of Planned Behaviour (Ajzen, 1985), reciprocal actions will manifest when people believe that reciprocation for others' good deeds is morally and socially accepted, and they, at the same time, have personal control over choosing to exhibit that reciprocal behaviour.

Development of Hypotheses

Organisational Justice and Turnover Intention

Unidimensionally, OJ had a significant inverse direct effect on employees' TI in healthcare contexts (Cao et al., 2020; Lee et al., 2016; Mengstie, 2020). Studies conducted in non-healthcare contexts (Bayarçelik and Findikli, 2016; George and Wallio, 2017; Suifan et al., 2017) or a mixed population of healthcare and other employees (Kim et al., 2017) revealed similar results. The implication was that given a high level of perceived justice among the employees, the intention to leave their jobs would decline accordingly, and vice versa. Those findings confirmed that OJ could significantly affect TI among employees in varied working environments or settings. This suggests that the expectation of justice is universal and pertinent among diverse employees, and it influences their TI. The findings of the studies above also

align with several theoretical foundations, for example, Equity Theory (Adams, 1965) and Justice Judgement Theory (Leventhal, 1976), in which the assessment of justice is regarded as the underlying factor shaping individual behaviours. Accordingly, the idea posited in Social Exchange Theory (Blau, 1964) concerning the reciprocation of justice with gestures of goodwill could further explain how fairness could stimulate an intention to stay.

Individual components of OJ had distinctive effects on TI. For example, distributive and procedural justice were negatively correlated with TI among bankers in Istanbul (Bayarçelik and Findikli, 2016) and young accountants in the US (George and Wallio, 2017). Consistent with the previous findings, the TI of Ethiopia's combined public and private healthcare workers also had negative relationships with these two forms of OJ (Mengstie, 2020). In other studies, distributive justice was accepted as a significant predictor of TI, while procedural justice was rejected (Hwang and Yi, 2021; Zahednezhad et al., 2020). Instead, interactional justice and distributive justice have been found to negatively impact TI (Hwang and Yi, 2021; Zahednezhad et al., 2020). An earlier study by Lee et al. (2016) showed a complete association between all OJ components and intention to leave. Greater OJ perceptions among hospital nurses in Korea caused a decline in their intention to leave (Lee et al., 2016). Based on these varied insights, it may be concluded that different components of OJ have significant, dynamic, and unique strengths to influence TI.

A literature review revealed a lack of discoveries linking TJ to TI. The only studies on behavioural outcomes related to TJ the present study could retrieve were by Usmani and Jamal (2013) and Akram et al. (2019). These studies showed that TI significantly predicted favourable outcomes like work satisfaction and innovativeness among employees. Nevertheless, TJ and how it contributes to other behavioural outcomes have been underexplored by other researchers. Due to this inadequacy and scarcity, it is deemed necessary that future studies include TJ when examining the impacts of fairness on other behavioural outcomes. Given the findings of Usmani and Jamal (2013) and Akram et al. (2019), the present study infers likewise: that TJ potentially affects TI significantly. Therefore, it is postulated that that OJ and its distinct components, inclusive of TJ, would have inverse effects on TI.

Mediation of Organisational Citizenship Behaviour

A mediation is a structure consisting of at least an independent variable, a mediating variable, and a dependent variable (Aguinis, Edwards and Bradley, 2017; Baron and Kenny, 1986). These studies outlined that testing the mediation effect requires a causal chain between the independent and mediating variables and, subsequently, the dependent variable. Concerning the role of the mediator between OJ and TI, research results have demonstrated varied relationships between OJ and TI due to partial or complete intervention by the mediating variables. For example, Suifan et al. (2017) found that the effect between OJ and TI decreased, and the relationship became insignificant when fully mediated by job satisfaction. In another example, Cao et al. (2020) demonstrated that besides the established direct impact, work engagement partially mediated the significant indirect link between OJ and TI. Earlier, Huang et al. (2019) found no significant direct influence between OJ and TI, revealing that organisational support fully mediated within their indirect association.

Based on these findings, the presence of an intervening factor could arguably mediate the link between OJ and TI in an integrated way. Thus, the present study was conducted to investigate how OCB could relate to OJ and how OJ could be linked accordingly to TI via OCB. Previous studies have provided theoretical bases for the interaction between OJ, OCB, and TI that

correspond to the mediation principles. For instance, OJ was found to motivate employees to go above and beyond in their extra-role behaviour (Harris et al., 2018). OJ has also been positively associated (Farid et al., 2019) and significantly correlated with OCB (Fiaz et al., 2018; Mohammad et al., 2016). Meanwhile, OCB had an inverse direct effect on TI (Al Shbail and Al Shbail, 2020; Shanker, 2018). Employees displaying higher OCB had a greater intention to stay longer with their employers (Shanker, 2018) and a reduced level of TI (Anvari et al., 2019).

The outcomes of several studies on the reciprocation of perceived OJ with increased OCB highlight the significance of OJ in forming extra-role behaviour among organisational members. Drawing from these highlights and linkages established between OJ and OCB, it may be deduced that employees will exhibit OCB in response to perceived fair treatment. In other words, shifting justice practices in mutual exchanges will significantly and directly improve the level of employees' OCB and subsequently affect the level of TI. This gives an inference that OCB might be present amid the indirect linkage between OJ and TI with its mediating effects.

Moderation of the Personal Norm of Reciprocity

In correlation analysis, a moderator influences the zero-order correlation between two other variables (Baron and Kenny, 1986). It has contingency effects (Aguinis et al., 2017) and functions to either weaken, reverse, or change the nature of the relationship between antecedents and outcomes (Baron and Kenny, 1986; Memon et al., 2019). According to Memon et al. (2019), one reason for investigating potential moderators is that unexpectedly weak or inconsistent relationships have been found between the same antecedents and outcomes. Based on these insights and the inconsistent results obtained in previous studies, the authors propose a moderation of PNR, particularly PR and NR, between OJ, OCB, and TI. Neumann (2019) noted that moderation should be effective whether PR or NR is placed between the variables. Therefore, in the present study, PR and NR were assumed to have respective influences between the predictors and the outcomes they moderate. This would likely offer insights into how PR and NR internalise among public doctors and how these PNR components shape their balanced reciprocity values in substituting for the over-benefitting tendencies that may have detrimental effects on OCB and TI.

Zou et al. (2015) found that PR moderated the relationships between servant leadership and leader-member exchange as well as team-member exchange. Another instance of significant PR moderation was identified in the positive link between family-supportive supervisor behaviour and felt obligation, with the relationship strengthened by a stronger moderation effect among higher-PR workers (Cheng et al., 2021). At the same time, it was weakened among lower-PR employees (Cheng et al., 2021). PR has also been found to have a contingent effect in moderating between positive forms of predictors and harmful behavioural outcomes. For example, Umphress, Bingham and Mitchell (2010) revealed that the moderating effect between organisational identification and unethical pro-organisational behaviour was significantly positive among those with high PR and negative among those with low PR. This confirms that changes in PR levels could produce varying results. Thus, this suggests that PR would moderate between OJ and OCB, and the positive relationship would be strengthened or weakened depending on the levels of PR.

In another context, the effects of workplace ostracism (Zhao, Qingxia, He, Sheard and Wan, 2016) and abusive supervision (Jahanzeb, Fatima, Boucknooghe and Bashir, 2019) on

knowledge-hiding behaviour were moderated and strengthened by NR. Similarly, Mitchell and Ambrose (2017) revealed that the positive effect between abusive supervision and supervisor-directed deviance had been strengthened by NR moderation (Mitchell and Ambrose, 2017). These results implied that moderation of NR enhanced the relationship between two unfavourable behaviours. The detrimental effect of NR could also be identified when it moderated and strengthened the relationship between contradicting (positive and negative) behaviours. In this case, NR adversely strengthened the negative effect between abusive supervision and employee creativity (Jahanzed et al., 2019). It was also demonstrated that higher NR levels had stronger effects on moderated outcomes, while lower NR levels had weaker effects (Jahanzeb et al., 2019; Mitchell and Ambrose, 2007; Zhao et al., 2016). The results of these studies demonstrated that along with the moderating effect between the predictors and the outcomes, the negative relationship changed in intensity due to the NR levels. This provides a basis for the postulate that NR would moderate between OJ and TI, and the inverse relationship would be strengthened or weakened depending on the levels of NR.

Table 1: Summary of Existing Theories on the Effects Between the Variables

Hypothetical Tests	References	Inferences
Direct effect of overall OJ on TI	Cao et al. (2020); Kim et al. (2017); Lee et al. (2016); Mengstie (2020)	Unidimensionally, OJ has an inverse effect on TI. The higher employees perceive OJ, the lower their TI would be. The lower the OJ perception is, the higher the employees' TI.
Direct effects of distinct OJ components on TI	<ul style="list-style-type: none"> • Bayarçelik and Findikli (2016); George and Wallio (2017); Hwang and Yi (2021); Lee et al. (2016); Mengstie (2020); Zahednezhad et al. (2020) • Akram et al. (2019); Usmani and Jamal (2013) 	<p>Each component of OJ has significant, dynamic, and unique strengths to influence TI.</p> <ul style="list-style-type: none"> • DJ, PJ, and IJ have their respective significant inverse effect on TI. • TJ has a significant effect on individual behavioural outcomes and potentially lessening TI.
Mediation effect between OJ and TI	Anvari et al. (2019); Cao et al. (2020); Farid et al. (2019); Fiaz et al. (2018); Harris et al. (2018); Huang et al. (2019); Mohammad et al. (2016); Shanker (2018); Al Shbail and Al Shbail (2020); Suifan et al. (2017)	OJ and OCB are moving in the same direction in affecting TI. The presence of intervening factors could mediate the linkage between OJ and TI. Potentially, OCB would indirectly link OJ to TI via its mediation effect.
Moderation effects between OJ and OCB	Cheng et al. (2021); Umphress et al. (2010); Zou et al. (2015)	Higher PR could strengthen or lower PR could weaken the constructive relationship between positive predictors and favourable behavioural outcomes.

Moderation effects between OJ and TI	Jahanzeb et al. (2019); Mitchell and Ambrose (2017); Zhao et al. (2016)	Higher NR could strengthen or lower NR could weaken the inverse relationship between contradicting forms of predictors and behavioural outcomes.
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Proposed Research Hypotheses and Conceptual Framework and

Earlier researchers established a foundational concept of a significant relationship between OJ and TI among healthcare employees and other sectors in either its overall form or distinct components. This justified the formulation of H1, H1a, H1b, H1c, and H1d to represent a hypothesised direct relationship between OJ and TI. OCB has also been presented as an outcome of OJ. OJ and OCB are also predictors of TI. Based on this representation, it was assumed that OCB would mediate the relationship between OJ and TI, as presented in H2, H3 and H4. H5, H5a, and H5b were proposed to test the postulated contingent effects of PR moderation. Meanwhile, the moderation effects of NR were hypothesised in H6, H6a, and H6b. These hypotheses were devised to test the magnitude of PR and NR in a moderation analysis, assuming that they would either strengthen or weaken the degree of interaction between the proposed variables.

Table 2: Proposed Research Hypotheses

Hypotheses for the Tests of the Direct Effects	
H1	OJ has a significant and inverse effect on TI among Malaysian public doctors
H1a	DJ has a significant and inverse effect on TI among Malaysian public doctors
H1b	PJ has a significant and inverse effect on TI among Malaysian public doctors
H1c	IJ has a significant and inverse effect on TI among Malaysian public doctors
H1d	TJ has a significant and inverse effect on TI among Malaysian public doctors
Hypotheses for the Tests of the Mediation Effect	
H2	OJ has a significant and positive effect on OCB among Malaysian public doctors
H3	OCB has a significant and inverse effect on TI among Malaysian public doctors
H4	OCB significantly mediates the relationship between OJ and TI among Malaysian public doctors
Hypotheses for the Tests of the Moderation Effects	
H5	PR significantly moderates the relationship between OJ and OCB among Malaysian public doctors
H5a	A high level of PR strengthens the positive relationship between OJ and OCB among Malaysian public doctors
H5b	A low level of PR weakens the positive relationship between OJ and OCB among Malaysian public doctors
H6	NR significantly moderates the relationship between OJ and TI among Malaysian public doctors
H6a	A high level of NR strengthens the inverse relationship between OJ and TI among Malaysian public doctors
H6b	A low level of NR weakens the inverse relationship between OJ and TI among Malaysian public doctors

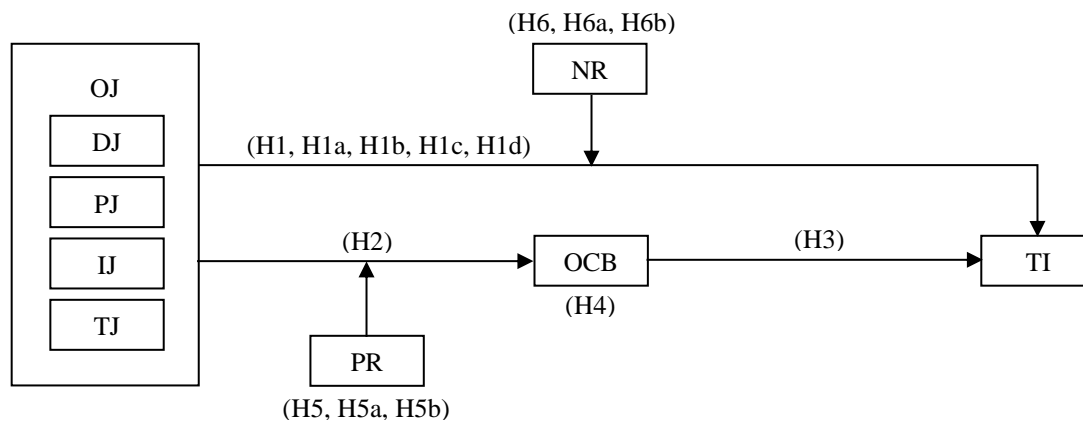


Figure 2: Proposed Conceptual Framework

Significance of the Study

The present study extends the structure to a four-factor model by combining TJ, a component of OJ that has received less attention in previous works. A study that includes TJ in its framework can be expected to be the foundation for the development of a comprehensive corpus of justice that could be linked to OCB and TI, especially among doctors in public health organisations. Furthermore, the proposed framework provides insights for future researchers by adding knowledge about the integrated interaction between diversified precursors leading to TI when OCB and PNR are quantified as the mediator and moderator, respectively. In terms of the significance of the proposed framework for organisational interest, public healthcare stakeholders could benefit from it when designing empirical research to examine whether public doctors desire to leave. Regardless of the findings, the framework will help policymakers design appropriate policies and specific action plans to mitigate potential withdrawals among public doctors. Should public health organisations use the proposed framework in their research, it might also be a mechanism by which individual public doctors can self-assess their desire to continue in the public sector. Participation in a study adopting the proposed framework might foster *esprit de corps* among doctors and raise awareness that their loyalty is greatly needed to enable the country to achieve UHC.

Conclusion

The public health sector plays a vital role in fulfilling the mission, vision, and goals of UHC. The roles of public doctors are crucial to achieving the stated goals. Therefore, the recurring phenomenon of public doctors leaving employment in the Malaysian public health sector requires urgent attention. Given that it has continued despite various retention measures, public doctors may hold unfavourable sentiments towards, first, seeing justice in designing strategies and, second, inadequately addressed policies. Some studies have indirectly indicated circumstances that reflect a perceived lack of justice among the Malaysian medical workforce (Ab Rahman et al., 2019; Ahmad et al., 2019; Mohd Ramlan et al., 2014; Roslan et al., 2014). However, no specific model of OJ predicting TI, especially for Malaysian public doctors, has been either tested or established. Thus, further research on OJ might offer new insights into perceptions of justice among public doctors in Malaysia and the extent to which these affect their TI. The roles of OCB and PNR would complement the parameters to enable comprehensive evaluations of the scenario in Malaysia's public health sector. The findings from this integrated conceptual framework should further enrich the growing knowledge about the factors contributing to the intention to leave, particularly among doctors in public health institutions.

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