

**THE EFFECT OF SUBJECTIVE CAREER
SUCCESS AND WELL-BEING ON DOCTORS'
TURNOVER INTENTION: THE MODERATING
ROLE OF WORK-LIFE BALANCE**

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ROLE OF WORK-LIFE BALANCE**

by

NOOR AZEEMA BINTI SAHUL HAMEED

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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LIST OF ABBREVIATIONS

AVE	Average Variance Extracted
CMV	Common Method Variance
CR	Composite Reliability
DV	Dependent Variable
HO's	House Officers
HRM	Human Resource Management
IV's	Independent Variables
MOH	Ministry of Health
Mov	Moderating Variable
MREC	Medical Research Ethics Committee
MV	Mediating Variable
NMRR	National Medical Research Register
PLS	Partial Least Square
SEM	Structural Equation Modelling
SET	Social Exchange Theory
VIF	Variance Inflation Factor
WHO	World Health Organisation
WLB	Work-Life Balance

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**PENGARUH KEJAYAAN KERJAYA SUBJEKTIF DAN KESEJAHTERAAN
KE ATAS NIAT BERHENTI KERJA PARA DOKTOR:
PERANAN KESEIMBANGAN KEHIDUPAN KERJA
SEBAGAI PENYEDERHANA**

ABSTRAK

Modal insan adalah penting untuk kelestarian fungsi organisasi. Sejalan dengan itu, sektor kesihatan awam di Malaysia sedang berjuang untuk mengekalkan operasinya dalam menawarkan rawatan yang berkualiti tinggi kerana doktor perubatan yang mempunyai pengkhususan dan berpengalaman telah berhenti kerja. Kajian terdahulu mengenai niat berhenti kerja telah dikaitkan dengan faktor-faktor objektif seperti gaji dan kenaikan pangkat. Akan tetapi, hanya beberapa kajian telah dikaitkan dalam meramalkan bagaimana faktor-faktor subjektif mempengaruhi kesejahteraan dan niat berhenti kerja. Oleh itu, kajian ini dilakukan bagi menyiasat pengaruh kejayaan subjektif iaitu pengiktirafan, kerja yang bermakna, pengaruh, perkembangan dan kemajuan, dan kepuasan ke atas kesejahteraan dan niat berhenti kerja para doktor. Peranan penyederhana iaitu keseimbangan kehidupan kerja terhadap niat berhenti kerja juga telah dikaji. Teori pertukaran sosial digunakan untuk menyokong kajian ini. Kajian ini adalah kajian pada satu masa yang tertentu dengan menggunakan kaedah asas tinjauan soal selidik. Sejumlah 289 borang soal selidik telah dianalisis menggunakan 'partial least squares structural equation modelling (PLS-SEM)' untuk menguji hipotesis. Keputusan kajian menunjukkan bahawa kepuasan merupakan faktor terpenting dalam mempengaruhi kesejahteraan dan diikuti oleh pengiktirafan dan pengaruh. Kesejahteraan mengurangkan niat berhenti kerja dan mengantara

hubungan kepuasan dan niat berhenti kerja. Yang menariknya, keseimbangan kehidupan kerja bertindak sebagai penyederhana diantara hubungan kesejahteraan dan niat berhenti kerja. Kajian ini memberi pencerahan kepada pengubal polisi dan pengurusan bakat untuk mengesan tingkah laku pekerja yang cenderung untuk berhenti kerja agar dapat mengambil tindakan pemulihan yang sepatutnya. Kajian ini juga membantu kerajaan untuk mengesan factor-faktor kejayaan subjektif yang tepat bagi mengekalkan doktor di sektor kesihatan awam.

**THE EFFECT OF SUBJECTIVE CAREER SUCCESS AND WELL-
BEING ON DOCTORS' TURNOVER INTENTION: THE MODERATING
ROLE OF WORK-LIFE BALANCE**

ABSTRACT

Human capital is essential to the sustainability of organisational function. In view of this, the public healthcare sector in Malaysia is struggling to sustain its operations of offering high-quality treatments, due to the turnover rates of specialised and experienced medical doctors. Prior research on turnover focussed on objective factors such as pay and promotion. However, very little work has been directed to how the subjective career success factors influence well-being and turnover intention. Hence, this study investigates the influence of subjective success, namely recognition, meaningful work, influence, growth and development, and satisfaction on well-being and turnover intention of medical doctors. The moderating role of work-life balance on turnover intention of medical doctors was also examined in this research. The social exchange theory is employed to support this study. This study is a cross-sectional study that uses the primary survey questionnaire method. A total of 289 questionnaires was analysed using Partial Least Squares Structural Equation Modelling (PLS-SEM) for hypotheses testing. The results showed that satisfaction is the most salient variable affecting well-being followed by recognition and influence. Well-being lowers turnover intention and mediates the relationship between satisfaction and turnover intention. Interestingly, work-life balance was found to act as a moderator between well-being and turnover intention. This study provides insights for policymakers and talent management departments to detect employee withdrawal behaviours, in order to

undertake necessary remedial actions. This study also facilitates the government in tapping the right subjective success factors to retain doctors in the public healthcare sector.

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter discusses the background of the research, problem statement, research objectives, research questions and the significance of the study in terms of theoretical and practical contribution. Finally, the definitions of key terms are presented for a better understanding of terms used in the current study.

1.2 Background of the Study

In order to sustain growth in today's highly competitive business environment, organisations need effective strategies to manage employees. One important issue that plagues organisations is employee turnover. The question why employees leave organisations have captivate researchers and practitioners for over a 100 years (Hom, Allen, & Griffeth, 2019; Hom, Lee, Shaw, & Hausknecht, 2017). Organisations worldwide are facing problems related to increasing rates of turnover among employees, which may signal dissatisfied with their job. Owing to its impact on organisations in terms of social capital and cost in minimising potential expenses on boarding new comers and new hires (Suifan, Diab, Alhyari, & Sweis, 2020; Rubenstein, Eberly, Lee, & Mitchell, 2018), organisations worldwide are looking for solutions to unexpected employee turnover. Employee initiated turnover across the globe is on the rise. This point is starkly clear with the recent U.S. Bureau of Labor Statistics (2017), which documented 3.2 million quits as of November 2017; compared to 2.8 million quits in 2015 as reported by Memon, Salleh, and Baharom (2016).

Despite the many consistent researches available on the topic of turnover, statistics illustrate that the real reason affecting turnover remains unknown.

In the context of organisational behaviour literature, turnover intention is of the main interest among researchers because of the psychological and economic dimensions (Busari, Mughal, Khan, Rasool, & Kiyani, 2017). Turnover is very costly; the cost incurred can be up to of 200% of an employee's pay for a year (Wang, Jin, Wang, Zhao, Sang, & Yuan, 2020; Hom et al., 2019; Rubenstein et al., 2018), due to the recruitment, selection and training processes which are also time-consuming. Departing employees take with them knowledge and wisdom gained through experience working in the organisation; and this results in a huge cost for a replacement (Suifan et al., 2020; Wang et al., 2020).

Human capital is a valuable asset to any type of business, and highly competitive employees always strive for the success of the organisation. Previous investigations have documented that turnover disrupts productivity and outcomes (Suifan et al., 2020; Hom et al., 2017). Turnover also leads to poor financial performance in organisations (Heavey et al., 2013; Park & Shaw, 2013; Hom et al., 2017; Hom et al., 2019). Productivity and quality will be affected with the loss of highly skilled employees. Apart from that, losing highly talented employees will negatively impact any organisation in terms of competitive advantage (Suifan et al., 2020). In view of the negative cost effect of turnover, studies are needed to better understand the reason for turnover.

Turnover is a major concern to the public healthcare sector which is facing high turnover rates among the healthcare workforce. The World Medical Association (2019) and Degen, Li and Angerer (2015) noted that there is a growing shortage of

physicians worldwide. In line with that, Datuk Dr Noor Hisham Abdullah, Director-General of Health Malaysia mentioned in a press statement, that shortage of specialist doctors is a global crisis, including for Malaysia as well. He further elaborated that the Ministry of Health (MOH) is set to increase the number of specialist doctors, especially within MOH facilities, as it is essential for the government to provide healthcare treatment in the public sector for majority of the public who are desperately in need of medical services at affordable prices (Abdullah, 2016). There has been increasing focus on human resource in the provision of health care services worldwide, as well as in Malaysia. The delivery of effective health services depends on the supply of trained health manpower, with doctors being a major component.

Local researcher Roslan, Manaf, Filzaton and Azahadi (2014) explained in their research that the turnover intention among medical specialist, pharmacists and dentists is high in public healthcare in Malaysia; one of the reasons being more lucrative job offers received from the private sector. This is further supported by Loh (2018) where an award-winning world-class surgeon highlighted that he had been offered many posts at private hospitals with salary exceeding RM100,000 a month; but he turned them all down as he wanted to serve patients in public hospitals who could not afford to bear the high cost of medical care in the private sector. The majority of specialists are believed to have left the public sector due to a lack of promotion opportunities. Moreover, many have been stuck in the same position for up to ten years, that is, in grade U23 and U24 (Adnan, 2016). A study shows that intention to resign was rated highest amongst medical specialists (41%), and is followed by dentists (40%) and pharmacists (39%). This study had been conducted on the public healthcare workforce in Malaysia (Roslan et al., 2014).

As professionals with high status and good reputation in society, doctors are of interest to and respected by the community, especially when their work is serving the public. This is also due to the way doctors behave, which reflects their quality of work and affects the public that they have pledged to look after. Malaysian Medical Council noted that the number of doctors who are suffering from health problems are on the rise. In addition, doctors working in the public sector are known to work for long gruelling hours, which exposes them to stress and depression. This scenario occurs due the demands of patients and superiors (Loh, Lim, Aruna, & Ho, 2012). Moreover, doctors are also encountering problems managing their work and non-work commitments due to heavy stress and workloads, which is part of work-life balance (Fong, Wen, Aruna, & Ho, 2012). Contemporary working environments are ever changing and this requires employees to be prepared emotionally and mentally. Therefore, it is crucial to take into consideration of employees' subjective needs to obtain career success.

Initially, under the Malaysian government's 11th Malaysia Plan (2016-2020), the doctor to population ratio was expected to improve to 1:400, in comparison to 1:597 in the 10th Malaysia Plan (Malaysia Productivity Corporation, 2018). However, based on the reports from Health Facts, Ministry of Health (2021) there are only 67,586 doctors in the government and private sectors in Malaysia, which corresponds to the ratio of one doctor to 482 residents (1:482). This scenario shows that the ratio has not improved as expected in the 11th Malaysia Plan and Malaysia still needs more medical doctors to cater to majority of the public. Besides that, according to the Department of Statistics Malaysia (2021), by the year 2040, Malaysia will experience an ageing population where the population aged 65 years and over, reaches 14.5%. This situation reflects that Malaysia needs additional doctors due to an increase in population

triggering an increase in the burden of illnesses, high healthcare expectations and more demand for health services to sustain quality services (Chow, 2017).

Human capital is essential to development and economic growth. The country's public healthcare sector is experiencing shortages of health professionals (Kanyakumari, 2019; Loh, 2018). Besides, competition from private healthcare for trained medical doctors' results in scarcity of doctors in public hospitals. This scenario is due to the turnover of well-trained and experienced senior doctors and specialists in public hospitals (Loh, 2018). The increase of private hospitals have also triggered turnover in the public sector from which doctors are drawn by offers from private hospitals (Hameed & Nor, 2014). Lately, Fazaniza (2020) reported that there are only 115 oncologists in Malaysia, which is not even half of the number needed for a population of 30 million in Malaysia. Earlier, Then (2014) reported that large states like Sarawak are facing serious shortages of doctors and medical specialists. The shortages of medical doctors in public hospitals are also due to the growing private healthcare sector, which offers alternative employment for public healthcare workers. Based on a source from Ministry of Health (MOH), a local newspaper *Berita Harian's* journalist, Adnan (2016) reported, that it is a trend that almost yearly, nearly 150 specialist doctors leave government service at public hospitals for employment at private hospitals. This scenario eventually leads to the Malaysian public healthcare losing its talents to private healthcare.

The holistic view of the healthcare sector in Malaysia for the year 2019, was obtained from the MOH (2021) and is explained in Table 1.1, Table 1.2 and Table 1.3. The number of doctors are reported higher in the public sector than in the private sector in Table 1.1 and Table 1.2. However, the number of doctors in the public sector is not

sufficient to treat a large number of patients. The healthcare facilities are offered by the public healthcare sector nationwide. The list of public hospitals in Malaysia by state, is shown in Table 1.3.

Table 1.1

Health professionals in the public and private sector, as of 31 December 2019

Health Professionals	MoH	Non-MoH¹	Private	Total	Profession: Population^d
Doctors ^a	48,478	3,651	15,457	67,586	1: 482
Dentists	6,349	738	3,714	10,801	1:3,017
Pharmacists	12,840	713	5,385	18,938	1: 1,720
Opticians	n.a	n.a	2,451	2,451	1: 13, 293
Optometrists	291	60	1,414	1,765	1: 18,460
Asst. Medical Officers	15,452	234	3,522	19,208	1:1,696
Nurses	65,819	5,959	35,970	107,748	1:302
Pharmacy Assistant	4,228	468	1,714	6,410	1:5,083
Asst. Environmental Health Officers	5,010	n.a	n.a	5,010	1:6,503
Medical Lab. Technologists	6,460	n.a	n.a	6,460	1:5,044
Occupational Therapists	1,213	n.a	n.a	1,213	1:26,860
Physiotherapists	1,425	n.a	n.a	1,425	1:22,864
Radiographers (Diagnostic & Therapist)	2,919	n.a	n.a	2,919	1:11,162
Dental Therapists ^b	2,812	n.a	n.a	2,812	1:3,512
Community Nurses	22,985	198	327	23, 510	1:1,386
Dental Technologists	960	n.a	n.a	960	1: 33,939
Dental Surgery Assistants	4,202	n.a	n.a	4,202	1:7,754
Traditional & Complementary Medical Practitioners ^c	n.a	n.a	16,185	16,185	1:2,013

Note:

1: Ministry of Education and Ministry of Defence

n.a: not available

a: includes House Officers

b: formerly known as Dental Nurses

c: refers to registration of local and foreign practitioners

d: current population estimated (estimate)

Source: Health Facts, MOH (2021)

Table 1.2*Number of Doctors by State, Malaysia as of 31 December 2019*

State	Public Sector (MOH and Non MOH) *Including House Officers	Private Sector
Kedah	2,919	658
Perlis	599	58
Pulau Pinang	2,543	1,260
Perak	3,578	1,127
Selangor	8,119	4,512
Wilayah Persekutuan Putrajaya	5,104	41
Wilayah Persekutuan Kuala Lumpur	5,593	2,724
Negeri Sembilan	2,444	541
Melaka	1,636	640
Johor	4,154	1,734
Pahang	2,790	403
Terengganu	1,992	284
Kelantan	2,763	327
Sabah	4,212	567
Wilayah Persekutuan Labuan	116	22
Sarawak	3,567	559
MALAYSIA	52,129	15,457
Total number of doctors in public and private sector in Malaysia = 67,586		
Doctor to population ratio = 1: 482		

Source: Health Informatics Centre, Health Indicators, Ministry of Health Malaysia (2021)

Table 1.3*List of Government Hospitals by State Malaysia, as of 31 December 2019*

State	Government Hospitals		Number of Hospitals
Kedah	Hospital Sultanah Bahiyah Hospital Sultan Abdul Halim Hospital Kulim Hospital Baling	Hospital Sik Hospital Langkawi Hospital Yan Hospital Jitra Hospital Kuala Nerang	9
Perlis	Hospital Tuanku Fauziah		1
Pulau Pinang	Hospital Pulau Pinang Hospital Sungai Bakap Hospital Bukit Mertajam	Hospital Balik Pulau Hospital Seberang Jaya Hospital Kepala Batas	6
Perak	Hospital Batu Gajah Hospital Changkat Melintang Hospital Grik Hospital Kampar Hospital Kuala Kangsar Hospital Parit Buntar	Hospital Raja Permaisuri Bainun Hospital Selama Hospital Seri Manjung Hospital Sg. Siput Hospital Slim River Hospital Tapah Hospital Taiping Hospital Teluk Intan	14
Selangor	Hospital Ampang Hospital Banting Hospital Kajang Hospital Kuala Kubu Baru Hospital Selayang Hospital Serdang Hospital Sungai Buloh	Hospital Tanjung Karang Hospital Tengku Ampuan Jemaah Hospital Tengku Ampuan Rahimah, Klang Hospital Orang Asli Hospital Shah Alam	12
Wilayah Persekutuan Putrajaya	Hospital Putrajaya		1
Wilayah Persekutuan Kuala Lumpur	Hospital Kuala Lumpur		1

Table 1-3. Continued

State	Government Hospitals		Number of Hospitals
Negeri Sembilan	Hospital Tuanku Ja'afar Hospital Tuanku Ampuan Najihah	Hospital Port Dickson Hospital Tampin Hospital Jelebu Hospital Jempol	6
Melaka	Hospital Melaka Hospital Alor Gajah	Hospital Jasin	3
Johor	Hospital Sultanah Aminah Hospital Pakar Sultanah Fatimah Hospital Sultanah Nora Ismail Hospital Enche Besar Hajjah Kalsom Hospital Segamat Hospital Pontian	Hospital Kota Tinggi Hospital Mersing Hospital Tangkak Hospital Temenggung Seri Maharaja Tun Ibrahim Hospital Sultan Ismail	11
Pahang	Hospital Tengku Ampuan Afzan Hospital Pekan Hospital Kuala Lipis Hospital Raub Hospital Bentong Hospital Jerantut	Hospital Jengka Hospital Muadzam Shah Hospital Sultan Haji Ahmad Shah Hospital Sultanah Hajjah Kalsom Hospital Rompin	11
Terengganu	Hospital Sultanah Nur Zahirah Hospital Dungun Hospital Kemaman	Hospital Besut Hospital Hulu Terengganu Hospital Setiu	6
Kelantan	Hospital Raja Perempuan Zainab II Hospital Pasir Mas Hospital Tumpat Hospital Machang	Hospital Jeli Hospital Tanah Merah Hospital Tengku Anis Hospital Gua Musang Hospital Kuala Krai	9

Table 1-3. Continued

State	Government Hospitals		Number of Hospitals
Sabah	Hospital Queen Elizabeth	Hospital Sipitang	22
	Hospital Queen Elizabeth II	Hospital Kuala Penyu	
	Hospital Duchess of Kent	Hospital Papar	
	Hospital Tawau	Hospital Tambunan	
	Hospital Keningau	Hospital Beluran	
	Hospital Tenom	Hospital Semporna	
	Hospital Beaufort	Hospital Kinabatangan	
	Hospital Kudat	Hospital Pitas	
	Hospital Kota Belud	Hospital Tuaran	
	Hospital Ranau	Hospital Kunak	
	Hospital Lahad Datu		
	Hospital Kota Marudu		
Wilayah Persekutuan Labuan	Hospital Labuan		1
Sarawak	Hospital Bau	Hospital Betong	22
	Hospital Sibul	Hospital Serian	
	Hospital Miri	Hospital Simunjan	
	Hospital Sarikei	Hospital Rajah Charles Brooke Memorial	
	Hospital Limbang	Hospital Kanowit	
	Hospital Lawas	Hospital Saratok	
	Hospital Kapit	Hospital Sri Aman	
	Hospital Sentosa	Hospital Dalat	
	Hospital Mukah	Hospital Daro	
	Hospital Marudi	Hospital Umum Kuching	
	Hospital Lundu		
Hospital Bintulu			
Total			135

Source: Health Informatics Centre, Health Indicators, Ministry of Health Malaysia (2021)

The private sector focusses highly on urban areas due to demand by the affluent community. Lee and Ng (2017) noted that private hospitals are there to cater to the needs of the wealthy and also foreign patients who seek world-class treatment at affordable cost. Lee and Ng (2017) further noted that in the private sector, patients can afford to pay higher either out-of-pocket or through insurance, for better quality service with less waiting time, and also to access to treatments which may not be available in public hospitals. Despite very promising services, the government struggled to achieve its targets in the 11th Malaysia plan which is to improve well-being for all through the public healthcare sector. Currently, the public sector is struggling with shortages of health professionals such as specialists and senior doctors (Fazaniza, 2020; Malaysia Productivity Corporation, 2018). The fierce competition for trained medical doctors between the public and private healthcare sectors has caused a shortage in public hospitals (Fazaniza, 2020; Loh, 2018), due to increase in turnover of well-trained and experienced senior doctors and specialists (Ministry of Health, 2018). Adnan (2016) reported that every year, almost 150 specialist doctors leave the public sector for private hospitals. Thus, the Malaysian public healthcare is losing its talents to private healthcare.

According to a report by the Malaysia Productivity Corporation (2018), the increasing trend in attrition rate among senior doctors, specialists and experienced health professionals has raised uncertainty in whether house officers (HO's) and other professional health employees get proper clinical exposure during residency and training, which is a crucial time in passing knowledge and in-depth experience to juniors in public hospitals, to enable them in providing and sustaining high quality service to patients. In aiming to be a high-income country, Malaysia needs to have an increase in the health sector workforce. However, based on data from the World Health

Organisation (2014), the Malaysia Productivity Corporation (2018) reported that Malaysia is facing a low in the health sector workforce in comparison to the high-income countries; the global rate can be seen in Table 1.4. Worryingly, there are fewer physicians in Malaysia than in other upper middle-income countries.

Table 1.4

Density of Health Workforce (per 10,000 population), World Health Organisation (WHO), 2014

	Physicians	Nursing and Midwifery personnel	Dentistry personnel	Pharmaceutical personnel
Malaysia	12.0	32.8	3.6	4.3
Upper Middle Income	15.5	25.3	-	3.1
High Income	29.4	86.9	5.8	8.4
Global	14.1	29.2	2.7	4.3

Source: Malaysia Productivity Corporation (2018)

The growth of the private healthcare sector has also triggered turnover in the public sector where doctors look for better prospects in private hospitals (Hameed & Nor 2014; Loh, 2018). This has been happening in the past as shown in Table 1.5 where the percentage of specialist medical practitioners resigned from MOH are generally on the uptrend from 2006 to 2011. Meanwhile, Table 1.6 shows the attrition rate among Ministry of Health staff, 2011. The attrition rate was 2.3%, signalling an increase of 16.3% in medical officers, including general and specialist medical officers. Even though the data available from the MOH is only until 2011, the same pattern is still occurring. Recently, Fazaniza (2020) noted that there are only 115 oncologists in the country, and that it is not sufficient for a country with a population of 30 million. Besides, Loh (2018) reported that there is a shortage of surgeons in

government hospitals, as there are only about 11 surgeons in cardiothoracic units nationwide. This scenario causes long waiting periods for patients getting their treatment in public hospitals.

Table 1.5

Percentage of specialist medical and dental practitioners resigned and retired from the Ministry of Health.

Year	Specialist medical practitioners			Specialist dental practitioners		
	Number in service	Resigned percentage	Retired percentage	Number in service	Resigned percentage	Retired percentage
2006	1792	3.3	1.1	82	2.4	1.2
2007	1897	2.4	0.5	109	0	2.7
2008	1900	1.9	0.9	106	2.8	2.8
2009	2281	2.3	0.4	118	0.8	0
2010	2608	3.8	0.4	123	0	1.6
2011	3128	4.2	0.6	142	2.1	1.4

Source: Ministry of Health (2018)

Table 1.6

Attrition rate among Ministry of Health staff, 2011

Post	Increase (%)	Attrition (%)
Medical officers*	16.3	2.3
Dental practitioners**	19.6	4.0
Pharmacists	15.9	3.9
Nurses	5.6	0.2

*Includes general and specialist medical officers.

** Includes dental practitioners and dental specialists

Source: Ministry of Health (2018)

The migration of specialist and senior doctors from the public to private sector is a major problem. For example, low-income groups will be affected in terms of affordability as they will not be able to bear the high cost for a particular treatment in private hospitals (Loh, 2018). In such a situation, access to quality treatment from the same doctor in public service will be affordable compared to the same treatment by the same doctor in a private hospital. Moreover, the shortage of medical doctors in public hospitals causes congestion and long waiting periods for patients (Loh, 2018).

High expectations from the public in terms of quality and service adds to the burden of health professionals in the public sector, who are dwindling. Adnan (2016) reported that the most common reason doctors withdraw from the public sector is the lack of promotional opportunity. Meanwhile (Fong et al., 2012) stated reasons of excessive workload, non-work commitments and poor work-life balance; all of which are stress-inducers for doctors in the public sector. Moreover, George (2015) and Osman et al. (2016) noted that turnover among professional workers is challenging to policymakers/organisations and remains an unsolved issue. The professional workforce in health and public services are among the most difficult to retain (George, 2015; Suciu, et al., 2017). Professionals are those who are with specialised knowledge and their turnover records are high in the US, Europe, Africa and South-East Asia (George, 2015).

In order to address turnover issue among doctors in public hospitals, Malaysian government introduced the Full Paying Patient (FPP) services in 2007. The FPP services is an option given to senior doctors in the public hospitals in Malaysia for additional revenue opportunities. The implementation of FPP services was among the initiatives taken by Ministry of Health to attract and retain senior/specialist doctors

(Muhammad Nur Amir & Ezat, 2020). The FPP services is offered in selected hospitals whereby patients are given the option to be treated by specialist of choice within executive or first-class facilities. The patients will have to pay fully without subsidies from the government. Later in 2015, the government introduced the 'Flexi Working Hours for Senior Specialist (Grade 54 and above)' for specialists where they are given the privilege once a week to carry out activities granted by the government in the form of research, training or locum practice. However, the effectiveness of FPP services and 'Flexi Working Hours for Senior Specialist' reflected in the resignation percentage among physicians in recent data in 2016, which is 3.5%, in comparison to 3.3% in 2006 (Ministry of Health, 2018; Muhammad Nur Amir & Ezat, 2020). This scenario signals that the implementation of Full Paying Patient (FPP) services and locum practice is not enough to motivate doctors to stay in the public healthcare sector.

1.3 Healthcare in Malaysia

The Malaysian government accelerated efforts to achieve the targets of the 11th Malaysia Plan to provide quality healthcare by targeting underserved areas and increasing the capacity of both facilities and healthcare personnel. The Malaysian healthcare system comprises both public and private sectors. The Malaysian government provides the majority of healthcare which is financed through central taxation. The Ministry of Health (MOH) services include health promotions, disease preventions, and curative and rehabilitative care delivered at clinics and hospitals. Meanwhile, the private healthcare sector provides health services in urban areas through physician clinics and private hospitals and focuses on curative care. Private companies run diagnostic laboratories and some ambulance services.

Besides that, Malaysia Productivity Corporation (2018) reported that Malaysia performed well in providing affordable primary healthcare services in the past. Malaysia's healthcare system has been successful in delivering equitable healthcare which is subsidies for the poor. This can be seen in the past where Malaysia was named as 'Country with the Best Healthcare System' among 24 other countries by International Living, in its Annual Global Retirement Index 2017. The 24 countries in the listing by International Living are: – 1. Malaysia 2. Mexico 3. Panama 4. Ecuador 5. Costa Rica 6. Columbia 7. Spain 8. Nicaragua 9. Portugal 10. Malta 11. Honduras 12. Thailand 13. Italy 14. Peru 15. Belize 16. France 17. Cambodia 18. Bolivia 19. Philippines 20. Dominican Rep. 21. Ireland 22. Guatemala 23. Uruguay 24. Vietnam (Malaysian Investment Development Authority (2017)). In addition, a Bloomberg survey in 2014 had also placed Malaysia among countries with very efficient healthcare systems, based on lifespan, relative cost of healthcare per capita and absolute cost of healthcare per capita (Chow, 2017).

The public health system in Malaysia is financed through general revenue and taxes collected by the federal government. On the other hand, the Malaysia Productivity Corporation (2020) reported that the private sector is funded through private health insurance and out-of-pocket payments by consumers. The health expenditure report shows the trends in health spending by the Ministry of Health (2021). Figure 1.1 illustrates the Total Expenditure on Health at the national level. Generally, it is on an increasing trend peaking at RM60.1 million in 2018. Meanwhile, Figure 1.2 shows that health spending was RM31.2 million in 2018, higher for the public sector compared to the private sector (Malaysia National Health Accounts, MOH, 2021). The increase in healthcare cost is an added challenge of the already

challenging economic situation, unavoidable ageing population and the cases of rising chronic diseases.

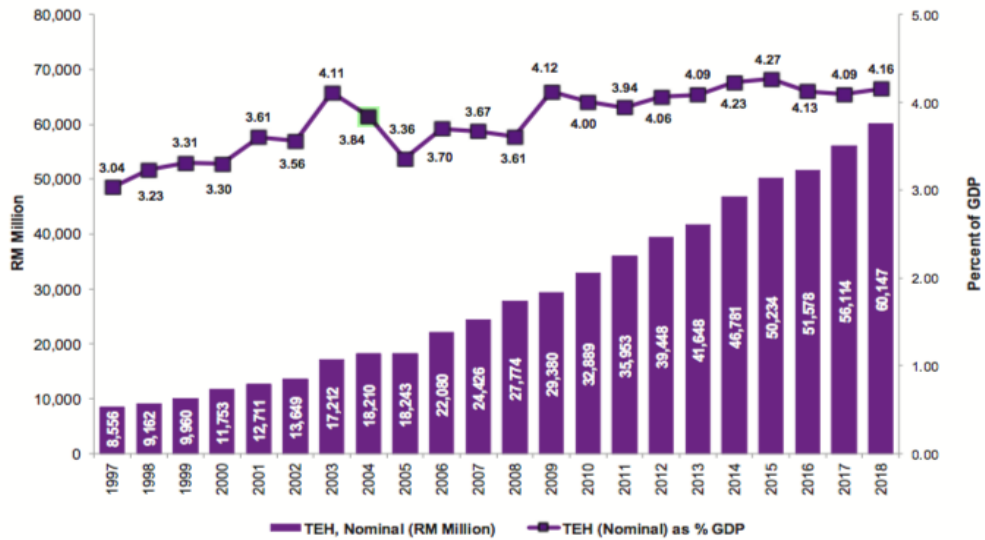


Figure 1.1. Trend for Total Expenditure on Health, 1997-2018

Source: Malaysia National Health Accounts, MOH (2021)

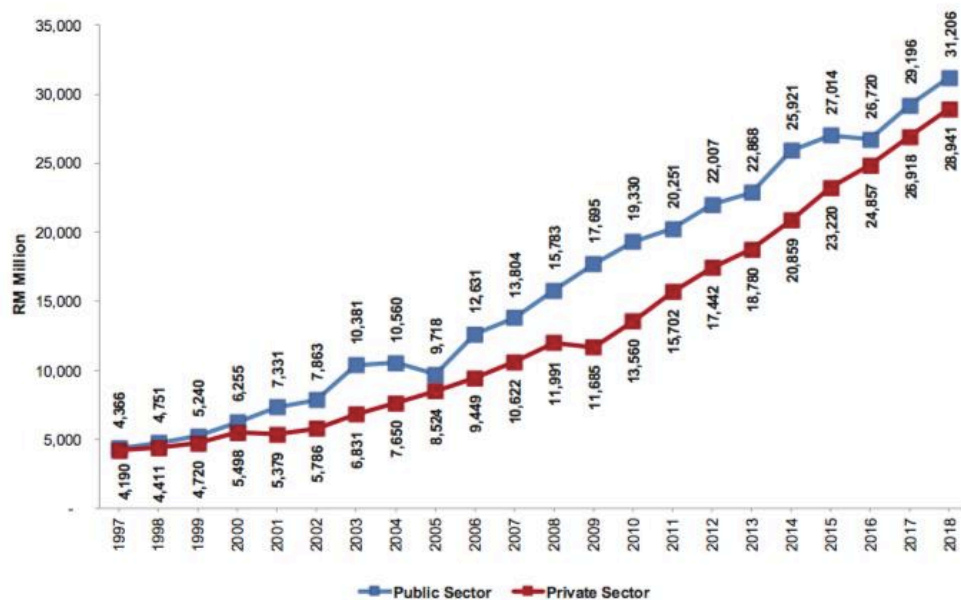


Figure 1.2. Total Health Expenditure by Sources of Financing (Public vs. Private), 1997-2018

Source: Malaysia National Health Accounts, MOH (2021)

1.4 Problem Statement

A steady stream of literature on turnover shows that many previous studies have been made on the possible reasons for employee turnover. Regarding this, how one feels about his or her career success also determines whether the employee plans to stay or intends to leave, hence leading to the actual turnover. Career success is a growing concern not only for individuals but also for organisations because employees' personal success closely relates to the organisation's success (Walsh, Boehm, & Lyubomirsky, 2018; Judge, Higgins, Thoresen & Barrick, 1999; Ng, Eby, Sorensen, & Feldman, 2005). Most research has divided career success into extrinsic and intrinsic components (Judge & Kammeyer-Mueller, 2007). In other words, career success can also be categorised objectively by means of salary, rank or number of promotions; and subjectively by personal views of success in a career. Turnover also closely relates to how an individual perceives success subjectively.

One of the most popular operationalisations of objective career success is pay, which is the net or gross, monthly or yearly payment of work delivered in an organisation (Dries, Pepermans, Hofmans, & Rypens, 2009). Pay also reflects societal norm where it is used to make judgments about career success. However, pay can be seen only as a proxy for attaining personal financial and material career goals (Dries, et al., 2009; Hall, 2002). According to Zhou, Sun, Guan, Li and Pan (2013), employees with the desire for external compensation could be motivated by high paying jobs and might stay in an organisation, which leads to lower turnover intention. The position of an employee in the workplace or his/her occupational status can be viewed as a reflection of societal perceptions of power and authority afforded by the job (Schooler & Schoenbach, 1994; Judge & Kammeyer- Mueller, 2007). It also shows the prestige of individuals in the workplace. Among important contributors to occupational status

is the ability to give back to society through work. Hence, position or occupational status indicates extrinsic/objective success because of prestige, job-related responsibilities and rewards (Poole, Langan-Fox, & Omodei, 1993; Judge & Kammeyer-Mueller, 2007). Zhou et al., (2013) observed that employees who emphasise extrinsic rewards like power or authority, which is offered by a job position, might be motivated to stay.

However, the present study only focuses on factors which are subjective and excludes the objective parts such as salary, promotion or position. This is because the objective part is in the control of the government in the public sector. For example, salary is tied to the job position; higher salary comes with a higher position. Salary is also based on the availability of job positions. Besides this, there are also extensive researches (Katy, 2009; Diener et al., 2010; Diener, Tay, & Oishi, 2013; Oishi, Kesebir, & Diener, 2011; Park, Min, & Chen, 2016; Briscoe, Dickmann, Hall, Parry, Mayrhofer, & Smale, 2018; Tsai, Huang, Chien, Chiang & Chiou, 2016) on the influence of objective factors such as income regarding turnover and the happiness of employees.

On the other hand, turnover also closely relates to the well-being of employees. Langove and Javaid (2016) observed that employee well-being is more than one's health at the workplace. Warr (1987) described well-being as the overall quality of an employee's experience and functioning at work. Well-being is found to be an important variable in influencing turnover (Brunetto, Xerri, Shriberg, Farr-Wharton, Shacklock, Newman, & Dienger, 2013; Langove & Javaid 2016; Page & Vella-Brodrick, 2009; Van der Vaart et al., 2015; Wu, Rafiq & Chin, 2017). With that, well-

being is studied for its mediating effect between subjective success and turnover intention in the present study.

Literature notes that the concept of work-life balance is associated with employee intention to leave the organisations (Adame-Sánchez, González-Cruz, & Martínez-Fuentes, 2016; Suifan et al., 2016; Parakandi & Behery 2016). Suifan et al. (2016) noted the importance of work-life balance in the healthcare sector due to its stressful nature. Furthermore, Fagin-Stief (2017) explains the importance of work-life balance where the concept of work-life balance is understood as an individual being able to balance the time spent between work and non-work-related activities. Other than that, fostering a work-life balance is a win-win situation for both employees and organisations. This is certain as it rewards employees with quality time with their families and also with non-work-related activities, which will lead to low turnover intention among employees (Suifan et al., 2016). Hence, work-life balance is highlighted for its effect as the moderating variable in this study in relation to turnover intention.

In a study conducted by Lambrou, Kontodimopoulos and Niakas (2010) in a public hospital in Cyprus, it was found that health care professionals like doctors and nurses are influenced by intrinsic factors such as meaningful work, appreciation and respect. The outcome of their research was in line with literature which highlights having both monetary and non-monetary incentives to motivate healthcare professionals. Lambrou et al. (2010) revealed that healthcare professionals were found to be more motivated by intrinsic factors. Achievement was ranked first among three other motivators, which are remuneration, co-workers and job attributes. The achievements factor encompasses items like meaningfulness of the job, respect earned

and interpersonal relationships. Hence, this implies that health professionals appreciate subjective success as compared to monetary rewards and this should be part of effective employee motivation.

Tsai, Huang, Chien, Chiang and Chiou (2016) and Juhdi, Pa'wan and Hansaram, (2013) highlighted that employees nowadays as are not looking for material rewards such as high pay and promotion. Medical doctors are in search of more than objective success in their careers and are looking for a flexible work life, recognition and other subjective needs. In line with the notion of subjective success being more important and leading to positive employee well-being, Park et al. (2016) research reveals that pay-for-performance only contributes to employee happiness in the private sector and not in the public sector. Furthermore, they noted that this difference could be due to weaker material motivation in the public sector due to the small size of financial incentives /allocations in comparison to the private sector.

Despite the efforts taken by the Malaysian government, medical doctors continue to leave the public healthcare. This situation calls for a research to focus on the subjective career success factors which may influence medical doctors' turnover in the public hospitals in Malaysia. In addition to that, Muhammad Nur Amir and Ezat's (2020) research also suggested that more research is needed to uncover the factors that contributes to turnover of doctors in public hospitals in Malaysia due to the changing needs and desires of medical doctors. They highlighted that factors such as recognition, job satisfaction, relationship with others in the workplace, flexible working hours, opportunity for growth and skill development might influence turnover of medical doctors in public hospitals. Thus, this study focuses on the subjective factors such as recognition, meaningful work, influence, growth and development, satisfaction, and

work-life balance which might influence turnover intention of medical doctors in public hospitals.

In view of all the detrimental consequences and impressions which are caused by the migration of doctors from the public to private sectors in the present study, it is important to investigate the employees' subjective needs to obtain success in order to retain unique talents, specialised knowledge and experienced doctors in the public sector. Based on the above discussion, it is evident that there are needs to further research on subjective success factors like recognition, meaningful work, influence, growth and development, and satisfaction to better understand turnover intentions of medical doctors. Other than that, the well-being of employees also plays a crucial role in influencing turnover (Langove & Javaid 2016; Wu, Rafiq & Chin, 2017).

Furthermore, Langove and Javaid (2016) and Sivapragasam and Raya (2017) have also shown the mediating effect of well-being. Hence, the well-being of medical doctors is examined in this study as a mediating variable in relation to subjective success factors and turnover intention. The present study also aims to investigate the moderating effect of work-life balance between well-being and turnover intention. Lately, organisations are emphasising embracing the concept of work–life balance for a sustainable workforce to improve employee satisfaction and well-being, and to lower employee desire to leave (Adame-Sánchez et al., 2016; Parakandi & Behery 2016). Studies have revealed that work-life balance has shown great importance in human resource management literature (Suifan et al., 2016; Lucia-Casademunt, García-Cabrera & Cuéllar-Molina, 2015; McCarthy, Darcy & Grady, 2010). Fagin-Stief (2017) also noted that the main reason turnover takes place in the UK is due to the

prospect of achieving a better work-life balance as compared to at the current workplace.

On the other hand, very little attention has been directed to the integration of career literature, well-being and turnover intention. Given the paucity of literature on this topic, this study investigates the influence of subjective success, namely recognition, meaningful work, influence, growth and development, and satisfaction on well-being; and subsequently its effect on turnover intention of medical doctors. In addition, the moderating effect of work-life balance between well-being and turnover intention is also examined.

The underpinning theory which is employed to support this study is social exchange theory (SET), as it emphasises on the importance of social exchange and has been used in past studies to examine the organisational relationships such as relationships between employees and employers, co-workers and the organisation (Cropanzano & Mitchell, 2005; Galup, Klein & Jiang, 2008; Li & Hung, 2009; Rai, 2013; Harden, Boakye, & Ryan, 2016; Van Der Vaart, Linde, & Cockeran, 2013). A study by Osman, Noordin, Daud and Othman (2016) used SET in predicting turnover intentions among doctors and other professionals. The relation between SET and turnover intentions can be seen in the reciprocal process that takes place between employee and employer (Wittmer, Martin & Tekleab, 2010; Osman et al., 2016). The theory explains that when employees experience positive well-being in the organisation, they in turn reciprocate it lower turnover intention (Brunetto et al., 2014; Brunetto et al., 2013). Thus, it is best suited for this study which is based on the relationship between medical doctors and what they expect from the public hospitals.

1.5 Research Objective

This study is conducted to explore the factors on medical doctors' turnover intention with well-being as the mediator, and work-life balance as the moderator.

Thus, the objectives of this study are:

1. To investigate the subjective success (recognition, meaningful work, influence, growth and development, and satisfaction) effect on well-being of medical doctors.
2. To examine the effect of well-being of medical doctors on turnover intention of medical doctors.
3. To determine whether well-being of medical doctors mediate the relationship between subjective success (recognition, meaningful work, influence, growth and development, and satisfaction) and turnover intention of medical doctors.
4. To analyse the moderating effect of work-life balance of medical doctors on the well-being and turnover intention relationship.

1.6 Research Questions

Based on the research objectives, the questions below are to be answered:

1. What is the effect of subjective success (recognition, meaningful work, influence, growth and development, and satisfaction) on the well-being of medical doctors?
2. What is the effect of well-being of medical doctors on the turnover intention of medical doctors?