JCARM
Journal of Contemporary Academic Research and Methodologies

An Online Peer Reviewed / Refereed Journal
Volume 1 | Issue 6 | July 2026
ISSN: 3139-7247 (Online)
Website: www.journal.jcarm.in

Review Article

Effort-Reward Imbalance Model and Turnover Intention among Nigerian Health Workers: A Conceptual Analysis.

Dr Nwankwo Anthony Chijioke[1*], Ogbonna Peace Nonye[1], Anidu Blessing Ngozi[2]

[1] Department of Business Administration and Management, Federal Polytechnic Ngodo Isuochi, Abia State, Nigeria.
[2] Department of Office Technology and Management, Federal Polytechnic Ngodo Isuochi, Abia State, Nigeria.

Correspondence should be addressed to Dr Nwankwo Anthony Chijioke: ca.nwankwo@fpi.edu.ng

Article No: 030 | **Accepted**: 03 August 2026 | **Published**:10 August 2026

Abstract: Turnover intention among healthcare professionals remains a major challenge for healthcare organizations because of its implications for employee retention, service quality, and organizational sustainability. Among the factors associated with turnover intention is employees' perception of an imbalance between the effort they invest in their work and the rewards they receive. Drawing on Siegrist's Effort-Reward Imbalance (ERI) model, this conceptual paper examines how persistent effort-reward imbalance contributes to turnover intention among Nigerian health workers. The paper argues that excessive job demands coupled with inadequate rewards, including salary, recognition, and career advancement opportunities, can generate psychological strain, job dissatisfaction, counterproductive work behaviours, and ultimately turnover intention. The paper further highlights the practical relevance of the ERI model in explaining employee withdrawal cognitions and emphasizes the need for healthcare managers to establish equitable financial and non-financial reward systems that promote employee commitment and retention. The paper concludes that achieving a better balance between employees' efforts and organizational rewards is essential for improving workforce stability and supporting the long-term sustainability of Nigeria's healthcare sector.

Keywords: Effort-Reward Imbalance, Turnover Intention, Nigeria Healthcare Workers

1.0 Introduction

The healthcare sector plays a pivotal role in promoting population health and supporting national development. Because healthcare professionals provide essential services around the clock, they are frequently exposed to demanding work conditions that require sustained physical, emotional, and psychological effort. Consequently, the effective

 https://doi.org/10.5281/zenodo.21860049

management of healthcare institutions depends not only on the delivery of quality patient care but also on organizational practices that promote employee well-being, motivation and retention. Ensuring that employees' efforts are matched with equitable organizational rewards is therefore essential for maintaining a committed workforce and achieving long-term sustainability of healthcare organizations. Sahir et al. (2018) observed that employees are critical to the growth and profitability of any business. They further argued that without the commitment and support of its people, a firm is unlikely to achieve its objectives effectively. Unfortunately, most developing countries, including Nigeria, have failed to provide a stable atmosphere for their health personnel to function successfully, owing to the country's poor leadership style and widespread corruption. This uninspiring work environment has bred a variety of undesirable attitudes and intentions among healthcare personnel. The employees' "intention to leave" the firm is the most important factor. This is because of its proclivity in predicting top-tier personnel turnover, which is often damaging to the organization's overall performance. A purported inequity arising due to the efforts healthcare practitioners exert in their sphere of employment to preserve human life as well as aid humanity in addition to the gain earned to uphold the energies, is one of the primary predictors of such intents. Even though Lawal et al. (2019) pointed out that quitting one's job due to an existing alternative is relatively rare in Nigeria, whether in the formal or informal economy, due to the country's rising rate of joblessness. They also argued that, though quitting a job may not be easy, there is a significant likelihood that workers will leave if better opportunities arise.

Workers' increasing intention to leave either the occupation or the geographic area of work has been linked to a variety of variables. Aho (2020) discovered that work dissatisfaction, stress, and firms' culture all correlate with employee turnover intentions. The researcher went on to argue that job insecurity, as well as their inability to show concern for their general well-being, play a key role in encouraging individuals' intentions to leave their existing employment. Similarly, Debela et al. (2017) discovered that the majority of healthcare workers intended to leave their current jobs in search of better working conditions, professional development opportunities, and higher pay, respectively within and outside their homeland, in both private and public institutions, citing management system, working environment, salary, and benefits as factors. Research has also shown that such a desire to leave has a direct consequence on the quality of work, manifesting by way of withdrawal behaviors, avoidance actions, dwindling participation, performance decline (Debela et al., 2017), presenteeism, dishonest and confrontational behavior to clients, coworkers, and the institution as well.

Medical professionals in Nigeria are widely observed to be unsatisfied with poor remuneration and support from management, as well as the government's lack of attention to the healthcare sector. Their frustration with the system is often expressed through industrial strikes and other counterproductive work behaviors that harm the system's growth and development. Although there have been several attempts by medical professionals to embark on industrial action in the past, such actions often places the lives of paitents who rely soley on them for survival in serious jeopardy. As a result, the word "strike" has

become a workplace nomenclature that has typified the work culture in most emerging economies, such as Nigeria, and is linked to low reward for high effort among government workers. During the pandemic, that killed thousands of people around the world, clinicians in Nigeria vowed went on strike over pay challenges. Suggesting the critical nature of the subject matter. In light of their professional oath to save lives, the act of embarking on an industrial strike action appears to be a contradiction. Even as Kalifa et al. (2016) revealed that medical professionals are strategic capital in health service firms, an atmosphere crafted for both organizational and surgical roles, as well as operational, and the use of other staff as important tenets, allowing for the execution of healthcare practices.

Fagundo (2020) argued that a real-life process that encourages workers is explained by the effort-reward imbalance paradigm. According to the researcher, efforts that embody employees' daily responsibilities in the workplace lead to important organizational incentives such as salary, social recognition, and career possibilities. As a result, the ERI is an influential theory offering reasonable insight on workers' welfare plus happiness, as well as forecasts, work engagement, and retention (Fagundo, 2020). Poor wages, hostile work environment, limited career advancement options, and a failure to promote employees when they are eligible are indeed part the driving forces underlying Nigeria's rising turnover rate in health and other related industries.

Turnover intention, according to Ong et al. (2019), is a serious concern confronting firms worldwide since it results in the loss of gifted individuals who are critical to a firm's success. Identifying and clarifying reasons responsible for healthcare professionals increasing intention to quit their current job or institution for a new one can help minimize such regrettable actions. Though Nigeria lacks statistically substantiated data revealing clinician turnover rate, studies have demonstrated that Africa does have the highest number of countries in the world in terms of acute shortages of health workers, with 36 nations (W.H.O, 2006, cited in Worku et al., 2019).

This study provides a theoretical viewpoint into how a lack of complementarity, explained using the ERI model, generates increasing desires by medical professionals to quit their jobs for another within the Nigerian context. This study is justified by a 2024 systematic review and meta-analysis that found that more than half of nurses experienced effort-reward imbalance, with prevalence increasing over recent years, particularly among emergency and intensive care nurses (Zhang et al., 2024). These findings underscore the continued relevance of the effort-reward imbalance model in explaining employee withdrawal cognitions and turnover intention in healthcare settings.

2.0 The Model of Effort-Reward Imbalance (ERI)

ERI, introduced by Siegrist in 1996, is among the most influential theories of work-related stress for predicting as well as explaining specific organizational outcomes. The concept has gotten a lot of research interest because of its usefulness in predicting behavior in the workplace, particularly when workers observe any imbalance or lack of congruence given their contributions to corporate goals and the rewards they receive in

exchange. According to Fagundo (2020), the difference between great effort and poor remuneration violates the rules of social reciprocity, giving rise to a hostile environment for workers. Fagundo's study demonstrates that the paradigm discourages workers since it violates basic equality in the exchange of effort and gains. When people don't get what they deserve, in return for their contributions, they become stressed (Zhang et al., 2024). Prolonged ERI can have series of unfavourable impacts on workers physical health, mental health and work (Siegrist & Li, 2016).

According to Marmot et al. (1999), in Van Vegchel et al. (2005), the model came from medical sociology and emphasizes the efforts as well as benefits of job structure. According to Siegrist (2017), ERI presupposes that a reciprocal gap in terms of high cost expressed by workers efforts plus insignificant benefit received as exchange provides poor and emotionally abusive sensation, which leads to strain, leading to enduring impact on workforce welfare. Siegrist's model states that a person's time and effort at work are rewarded with money, respect and chances for professional growth. When an optimal mix between efforts and rewards are established, employees can experience less stress (eustress), a happy emotion, enhanced health, and a sense of well-being. Siegrist (2002) state that the model was developed to uncover the events surrounding weak reciprocity that crops up in social contracts, with a focus on labor, to forecast decreased well-being and elevated disease as a result of this experience. Siegrist (2017) goes on to explain that the ERI model only appears in three circumstances.

• ***Dependency:*** This only describes a circumstance in which an individual has no other option in the job market.

• ***Strategic choice:*** In this situation, the worker voluntarily accepts the viewpoint of high effort/low benefit for a limited time to boost their total prospects of rising in their profession in a competing work market.

• ***Motivational pattern:*** Individuals with certain motivational patterns of coping with work needs that are distinguished by overcommitment are more likely to have the high cost-low gain experience (unrestrained work-related commitment). When compared to less devoted workers, overworked individuals' assessments of work demands and coping capacities are frequently inaccurate. Overcommitted employees often have a hard time stepping away from their jobs. They may be more likely to be exposed to high demands at work or to go above and beyond what is required of them. As a result, they are more vulnerable to the non-fulfillment of reward expectations and consequent disappointment.

Hyronen et al. (2011), in Foy et al. (2019), scholars associate high effort-reward imbalance to a workforce who believe that rewards for the energy they dispense are inadequate. Cooper et al. (2012), cited in Patro and Kumar (2019), found in their research work that a mismatch between individual effort put into a profession and benefits obtained in terms of promotion, career growth, and salary contributes to a large rise in cardiac

illnesses. Patro and Kumar went on to say that it was the mix between high effort and poor reward that resulted in work stress, which often lead to heart-related disease. According to Siegrist (2017), the effort referred to in the model has more to do with exogenous demand, which, according to Siegrist and Matschinger (1989), cited in Proeschold-Bell et al. (2013), fully reflects the volume of work with insufficient resources to accomplish the task, greater responsibilities and structural decision latitude, and relatively high internal demands such as vibrancy.

De Jonge et al. (2000) report that employees are rewarded in three ways.

- *Money:* This refers to receiving an adequate remuneration that is equivalent to the amount of effort expended.

- *Esteem:* This relates to help from coworkers and superiors, as well as honor and acknowledgment for someone's position as well as achievements

- *Workplace safety/prospects for advancement:* such a component of rewards takes into account career safety, career growth, and the ability to expand one's core competencies.

In their study, Van Vegchel et al. (2005) agreed that individuals would struggle to stay in an atmosphere with a high effort-low return ratio. They further explained that, in such a case, people will focus on ensuring that they reduce personal efforts and try to use personal gains rationally. In recent years, the health sector in Nigeria has seen an increase in worker turnover as a result of failed compensation structures. This has resulted in human capital deficiency, which has had a major impact on productivity by increasing workload and time demands and, in most situations, resulting in sustained extra work among medical practitioners. Notwithstanding this, they continue to work in a toxic atmosphere marked by deficient infrastructure and unsatisfactory health facilities, and they are required to uphold strong professional ethical values and a patient-centered stance toward the institution. Some of these necessitate both physical and mental effort, but the compensation package discourages employees because promotions are frequently halted, salaries and other incentives are not paid on time, and career development opportunities are limited, resulting in a high level of frustration, which is frequently expressed in the form of an industrial strike, which has become a common practice in Nigeria. Many of these points to the reality that there is a significant difference between the energy expended, which is depicted as effort, and the gain for such effort.

To describe this occurrence, Siegrist created a visual illustration of the ERI model, as seen below.

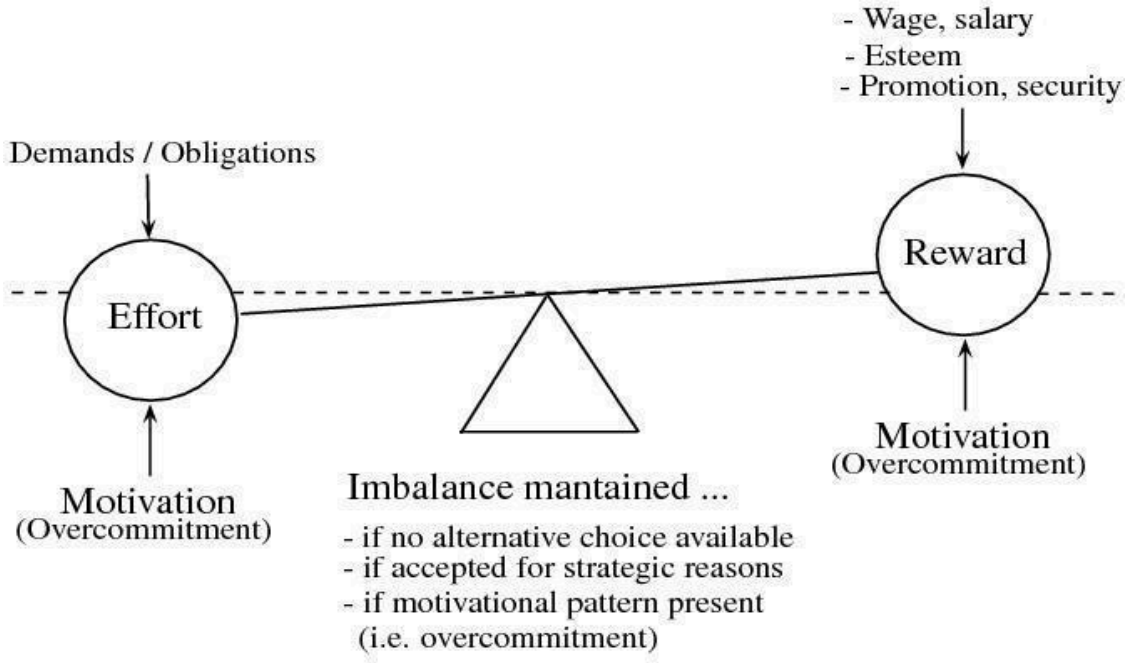

Figure 1: The ERI model (Siegrist, 2016). Adapted from (Siegrist, 1996)

According to Siegrist, high work effort comes in two forms or sources: extrinsic and intrinsic forms. The extrinsic source is concerned with work demands, whereas the intrinsic source is concerned with the motivational factors of an individual worker in a challenging circumstance. The model also depicts the three methods through which Rewards are distributed. There is a personal desire to perform exceedingly, which frequently has detrimental health consequences. Overcommitment is the term used to describe this. Siegrist went on to explain that, "Overcommitted persons invariably aspire for career success due to their basic demand for assistance and admiration in their places of work, and that such motivation often leads to an experience of increased effort with a minimal benefit at work, even when extrinsic pressure is not present." Nonetheless, three situations allow an employee to maintain an imbalance condition, as shown in the model. Recent empirical evidence continues to support the explanatory power of the ERI model. For example Fei et al. (2023) demonstrated that effort-reward imbalance significantly increased emergency nurses turnover intention, with depressive symptom partially mediating this relationship.

2.1 Turnover Intention

Turnover intention denotes a worker’s personal desire to change his or her existing employer/employment in place of a new one. Given the scarcity of certain career opportunities as alternatives, the decision to quit a present work or company is a significant one for every individual. Several studies have demonstrated that workers’ desire to quit their existing jobs has become a major concern to firms (Shah & Beh, 2016; Thakur & Bhatnagar, 2017; Omar et al., 2018; Aburumman et al., 2020, cited in Zamanan et al., 2020). Numerous academics have also viewed the turnover intention from various angles. Employee turnover intention, for example, is seen as an individual’s mental and planned process to willingly depart from the firm (Mowday et al., 1982, in Steil et al., 2019). Such a

decision has a negative influence on the organization's productivity since top-performing individuals depart for better chances elsewhere, raising the expense to hire, as well as train fresh personnel. Emerging evidence has also shown that both turnover intentions and work changes, which may be the result of reciprocity norm violations in employer-employee relationships results in costs for both parties: employees who plan to leave the organization frequently have to pay for a search; employers incure costs if new employees need to be hired, screened, and trained (Bockerman et al., 2011; Delfgaauw, 2007, as cited in Prechsl, 2025). In a study on physicians' intent to leave direct patient care, Degen et al. (2015) found that physicians' intent to quit has an impact on the quality of patient care as well as healthcare expenditures. They continued by stating that to reduce real turnover firms first should understand why employees desire to quit. Similarly, Gizaw et al. (2017), in Magbity et al. (2020), found that four percent to fifty-four percent of nursing staff around the world want to quit the nursing profession. Martinussen et al. (2020) discovered that 21.0 percent of doctors were also considering quitting their current employment, whilst 20.3 percent were unsure, so the researchers attributed intention to quit to factors emanating from the firm as well as managerial concerns. Similarly, Ong et al. (2019) believes that growth and financial uncertainty are the two most influential reasons behind health clinicians' quitting decisions. Each of the identified factors influences workers' level of interest and general attachment to the job and the enterprise as a whole since they psychologically alienate the person from the firm. As a result, the work's efficiency and effectiveness are reduced.

Even as Zeffane (1994) as referenced by Putri and Surya (2020), saw turnover intention as an employee's wish to stop his/her employment, and Kerdpitac and Jermsittiparsert (2020) viewed it as a worker's evaluation of his or her chance of switching employment in the future. Kerdpitac and Jermsittiparsert further explained that one of the most critical indications of real quitting is the intention to quit. As stated in Timinepere et al. (2018), Lee (2002), and Udechukwu et al. (2007) believe that an individual's turnover intention implies a willingness to leave his or her current employer. However, employees depart for a variety of reasons, according to the study, including unjust and ineffective implementation of administrative policies used to determine advancement, as well as unpleasant behaviors from coworkers.

2.2 Determinants of health workers' intent to leave

A lot of factors are responsible for increasing the turnover intention of health workers to leave their various organizations for another. Such factors range from personal, organizational, political, social as well as environmental factors. However, there is empirical research on the elements that contribute to the intention of health workers to leave. For example, In a 2020 study on nurse manager leadership styles and turnover intention, Magbity et al. (2020) found that factors relating to leadership style increased workers' turnover intention; more importantly, the autocratic leadership style is marked by bullying and aggressiveness, and generates unhappiness among colleagues. The study also found the laissez-faire leadership style to be a determining factor. Also, Kerdpitak and Jermsittiparsert (2020) also found occupational stress as well as unbalanced work-life to be the key drivers behind the people working in pharmaceutical enterprises in Thailand aiming

to quit their work, and that workers turnover intent has an impact on personnel and business performance. Dopelt et al. (2019) further report that the absence of opportunities for advancement, unstable employment, dearth of career opportunities, and poor pay for personal effort are all strong drivers of paramedics' desire to leave. Similarly, occupational stress, uneven scheduling of work, as well as an uncomfortable work atmosphere, were identified as major elements predicting pharmacists' turnover decision in a study by Lan et al. (2019), which they believe had a detrimental impact on job satisfaction. Also, pay and privileges, management system, and organizational climate, were identified by Debela et al. (2017) as the distinguishing variables that signal medical practitioners' desire to flee Ethiopia. However, in their study, Kalifa et al. (2016) acknowledged organizational management, work satisfaction, work atmosphere, and pressure as major factors influencing turnover decisions among clinicians in Jimma zone clinics. While Degen et al. (2015) saw excessive work periods plus work-family disagreements to be the drivers behind physicians' desire to leave the organization.

Based on these research outcomes, this study argues that if employees are not rewarded adequately, through financial incentives, a pleasant working environment, a participatory style of leadership, or good working schedules, it results in mental strain, which may lead to a reduction in the quality of patient care while negatively impacting the physiological functioning of the individual.

2.3 Effort-reward imbalance model and workers' turnover intent

Derycke et al. (2010) found that a perceived imbalance between employees' efforts and the rewards they receive is a significant predictor of turnover intention among healthcare professionals. From an employer's perspective, regular performance evaluations can reveal situations where either employees perceive inadequate rewards for their efforts or organizations identify low employee effort relative to rewards received. Such evaluations may result in two outcomes employees deliberately choosing to leave the organization or voluntary turnover arising from the identification of poor performance or unhealthy work practices.

These outcomes can lead to the loss of highly skilled employees, resulting in brain drain and reduced organizational effectiveness. Furthermore, when employees perceive a persistent mismatch between their contributions and organizational rewards, they are likely to reduce their work effort in an attempt to restore equity. Where such imbalances remain unresolved over time, as documented in the Nigerian healthcare sector, employees may resort to industrial actions such as strikes (Oleribe et al., 2018; Ugochukwu & Ojiaku, 2023). Similarly, Rahman (2020) argued that dissatisfied employees frequently contemplate leaving their organizations, but may remain because of limited alternative employment opportunities. The scholar likens such employees to caged birds waiting for an opportunity to fly away. Additionally, research indicates that the association between ERI and turnover intentions may be mediated by job satisfaction (Devonish, 2018; Dorenkamp & Wei, 2018; Satoh et al., 2017, as cited in Prechsl, 2025).

2.4 Study Implication

Employees' perception of an imbalance between the effort they invest in achieving organizational goals and the rewards they receive can create psychological strain and increase their intention to leave the organization. Consequently, managers should recognize that while employees' contributions are critical to organizational success, equitable and adequate rewards are equally essential, as they influence employees' motivation, behaviour, commitment and retention. In the healthcare sector, retaining skilled employees is fundamental to organizational effectiveness and long-term sustainability. Achieving a balance between employees' efforts and organizational rewards is therefore imperative, as perceived inequity increases turnover intention, undermines employee commitment, reduces job performance, and ultimately diminishes service quality and overall organizational performance. These implications reinforce the central proposition of the Effort-Reward imbalance model that a sustained mismatch between efforts and reward undermines employee well-being and increases withdrawal cognitions, including turnover intention.

2.5 Conclusion

This conceptual paper underscores the relevance of the Effort-Reward Imbalance (ERI) model in explaining workplace stress and understanding turnover intention among healthcare professionals. It argues that employees who perceive a persistent imbalance between their efforts and organizational rewards are more likely to experience psychological strain and develop intentions to leave their organizations. These arguments are consistent with the findings of Derycke et al. (2010), highlighting the continued relevance of the ERI model in healthcare settings.

The paper further suggests that healthcare managers should regularly evaluate organizational reward systems to ensure that employees' efforts are matched with equitable financial and non-financial rewards. Promoting a better balance between efforts and reward can strengthen employee commitment, enhance retention and improve organizational performance and service quality.

As this paper is conceptual, future research should empirically examine the relationship between effort-reward imbalance and turnover intention among healthcare professionals using contemporary data. Similar studies could also be conducted in other sectors, such as banking and education, to determine the applicability of the ERI model across different organizational contexts.

References

1. Debela, T. F., Salgedo, W. B., & Tsehay, Y. E. (2017). Predictors of Intention-to-Leave the Current Job and Staff Turnover among Selected Health Professionals in Ethiopia. *Global Journal of Management and Business Research*. Available at: <https://www.journalofbusiness.org/index.php/GJMBR/article/view/2196>. Date accessed: 22 July 2020.

2. Degen, C., Li, J., & Angerer, P. (2015). Physicians' intention to leave direct patient care: an integrative review. *Human Resources for Health*, 13(1). doi:10.1186/s12960-015-0068-5

3. De Jonge, J., Bosma, H., Peter, R., & Siegrist, J. (2000). Job strain, effort-reward imbalance, and employee well-being: a large-scale cross-sectional study. *Social science & medicine*, 50(9), 1317-1327.

4. Derycke, H., Vlerick, P., Burnay, N., Decleire, C., D'Hoore, W., Hasselhorn, H. M., & Braeckman, L. (2010). Impact of the effort-reward imbalance model on intent to leave among Belgian health care workers: A prospective study. *Journal of Occupational and Organizational Psychology*, 83(4), 879-893.

5. Dopelt, K., Wacht, O., Strugo, R., Miller, R., & Kushnir, T. (2019). Factors that affect Israeli paramedics' decision to quit the profession: a mixed-methods study. *Israel Journal of Health Policy Research*, 8(1). doi:10.1186/s13584-019-0346-0

6. Fagundo, D. (2020). *Effort Reward Imbalance in the Nursing Profession - A Novel Way of Gathering Data* [Honors Undergraduate Thesis]. University of Central Florida. https://stars.library.ucf.edu/honorstheses/702

7. Fei, Y., Fu, W., Zhang, Z., Jiang, N., & Yin, X. (2023). The effects of effort-reward imbalance on emergency nurses' turnover intention: The mediating role of depressive symptoms. *Journal of Clinical Nursing*, 32(15-16), 4762–4770. https://doi.org/10.1111/jocn.16518

8. Foy, T., Dwyer, R. J., Nafarrete, R., Hammoud, M. S. S., & Rockett, P. (2019). Managing job performance, social support and work-life conflict to reduce workplace stress. *International Journal of Productivity and Performance Management*. doi:10.1108/ijppm-03-2017-0061

9. Kalifa, T., Ololo, S. and Tafese, F. (2016). Intention to Leave and Associated Factors among Health Professionals in Jimma Zone Public Health Centers, Southwest Ethiopia. *Open Journal of Preventive Medicine*, 6, 31-41. http://dx.doi.org/10.4236/ojpm.2016.61003

10. Kerdpitak, C., & Jermsittiparsert, K. (2020). The Effects of Workplace Stress, Work-Life Balance on Turnover Intention: An Empirical Evidence from Pharmaceutical Industry in Thailand. *Systematic Reviews in Pharmacy*, 11(2), 586-594.

11. Lan, Y., Huang, W., Kao, C., & Wang, H. (2019). The relationship between organizational climate, job stress, workplace burnout, and retention of pharmacists. *Journal of Occupational Health*. doi:10.1002/1348-9585.12079

12. Lawal, A. M., Babalola, S. S., & Ordu, U. F. (2019). Examining Age, Pay Satisfaction and Intent to Leave in Counterproductive Work Behaviour among University Support Staff. *Bangladesh e-Journal of Sociology*, 16(2), 194-205

13. Magbity, J. B., Ofei, A. M. A., & Wilson, D. (2020). Leadership Styles of Nurse Managers and Turnover Intention. *Hospital Topics*, 1–6. doi:10.1080/00185868.2020.1750324

14. Martinussen, P. E., Magnussen, J., Vrangbæk, K., & Frich, J. C. (2020). Should I stay or should I go? The role of leadership and organizational context for hospital physicians' intention to leave their current job. *BMC Health Services Research*, 20(1). doi:10.1186/s12913-020-05285-4

15. Oleribe, O. O., Udofia, D., Oladipo, O., Ishola, T. A., & Taylor-Robinson, S. D. (2018). Healthcare workers' industrial action in Nigeria: A cross-sectional survey of Nigerian physicians. *Human Resources for Health*, 16, 54. https://doi.org/10.1186/s12960-018-0322-8

16. Ong, J. F. B., Tan, J. M. T., Villareal, R. F. C., & Chiu, J. L. (2019). Impact of Quality Work Life and Prosocial Motivation on the Organizational Commitment and Turnover Intent of Public Health Practitioners. *Review of Integrative Business and Economics Research*, 8(4), 24-43.

17. Patro, C. S., & Kumar, K. S. (2019). Effect of Workplace Stress Management Strategies on Employees' Efficiency. *International Journal of Scientific Development and Research*, 4(5), 412-418.

18. Prechsl, S. (2025). Reciprocity and job mobility: The effect of effort-reward imbalance in the employer-employee relationship on turnover intentions and actual job changes. *Social science research*, 127, 103133.

19. Proeschold-Bell, R. J., Miles, A., Toth, M., Adams, C., Smith, B. W., & Toole, D. (2013). Using Effort-Reward Imbalance Theory to Understand High Rates of Depression and Anxiety Among Clergy. *The Journal of Primary Prevention*, 34(6), 439–453. doi:10.1007/s10935-013-0321-4

20. Putri, P. V. H., & Surya, I. K. (2020). Transformational Leadership Workers and Training Structures with Turnover Intention with Work Results as a Provision. *American International Journal of Business Management (AIJBM)*, 3(4), 46-58.

21. Rahman, S. M. (2020). Relationship between Job Satisfaction and Turnover Intention: Evidence from Bangladesh. *Asian Business Review*, 10(2), 99-108. https://doi.org/10.18034/abr.v10i2.470

22. Sahir, M. I., Phulpoto, N. H., & Uz Zaman, Z. (2018). Impact of intrinsic factors of motivation on employee's intention to leave. *New Horizons*, 12(1), 99-149.

23. Siegrist, J. (2017). The Effort-Reward Imbalance Model. In *The Handbook of Stress and Health* (pp. 24–35). Wiley-Blackwell. doi:10.1002/9781118993811.ch2

24. Siegrist, J. (2002). Effort-reward imbalance at work and health. In *Historical and Current Perspectives on Stress and Health* (Research in Occupational Stress and Well Being, Vol. 2, pp. 261-291). Emerald Group Publishing Limited.

25. Siegrist, J. (1996). Adverse health effects of high-effort/low-reward conditions. *Journal of Occupational Health Psychology*, 1(1), 27–41. doi:10.1037/1076-8998.1.1.27

26. Siegrist, J., and Li, J. (2016). Associations of extrinsic and intrinsic components of work stress with health: a systematic review of evidence on the effort-reward imbalance model. *Int. J. Environ. Res. Public Health*, 13:432. doi: 10.3390/ijerph13040432

27. Steil, A. V., Floriani, E. V., & Bello, J. S. A. (2019). Antecedents of Intention to Leave the Organization: A Systematic Review. *Paidéia (Ribeirão Preto)*, 29, e2910. https://dx.doi.org/10.1590/1982-4327e2910

28. Timinepere, C. O., Agbaeze, E. K., Ogbo, A., & Uche, N. C. (2018). Organizational Justice and Turnover Intention among Medical and Non-Medical Workers in University Teaching Hospitals. *Mediterranean Journal of Social Sciences*, 9(2), 149–160. doi:10.2478/mjss-2018-0035

29. Ugochukwu, C., & Ojiaku, C. (2023). Industrial actions and effective administration of Nigerian healthcare systems. *International Journal of Health Records & Information Management*, 6(1).

30. Van Vegchel, N., de Jonge, J., Bosma, H., & Schaufeli, W. (2005). Reviewing the effort-reward imbalance model: drawing up the balance of 45 empirical studies. *Social Science & Medicine*, 60(5), 1117–1131. doi:10.1016/j.socscimed.2004.06.043

31. Worku, N., Feleke, A., Debie, A., & Nigusie, A. (2019). Magnitude of Intention to Leave and Associated Factors among Health Workers Working at Primary Hospitals of North Gondar Zone, Northwest Ethiopia: Mixed Methods. *BioMed Research International*, 1–9. doi:10.1155/2019/7092964

32. Zamanan, M., Alkhaldi, M., Almajroub, A., Alajmi, A., Alshammari, J., & Aburumman, O. (2020). The influence of HRM practices and employees' satisfaction on intention to leave. *Management Science Letters*, 10(8), 1887-1894.

33. Zhang, Y., Lei, S., & Yang, F. (2024). Incidence of effort-reward imbalance among nurses: a systematic review and meta-analysis. *Frontiers in Psychology*, 15:1425445. doi: 10.3389/fpsyg.2024.1425445
