

Decent Work and Workplace Deviance Among Chinese Physicians: A Relative Deprivation Perspective

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Purpose: Managing workplace deviance has long been a hot topic in the organizational research. However, the mechanisms through which decent work affects workplace deviance have yet to be fully understood. Drawing upon relative deprivation theory, this study examines the relationship between decent work and workplace deviance by focusing on the mediating role of relative deprivation and the moderating role of career calling.

Methods: Two waves of data from 307 doctors and 61 supervisors of public hospitals in central China were examined using a the moderated mediation model.

Results: Decent work is negatively associated with workplace deviance via the mediation of relative deprivation, and the negative relationship between decent work and relative deprivation is negatively moderated by career calling. The mediating role of relative deprivation is moderated by career calling, and the indirect effect is stronger when career calling is high than when it is low.

Conclusion: By focusing on the mediating role of relative deprivation and the moderating role of career calling, this study contributes to the literature by addressing the previously unexamined relationship between decent work and workplace deviance. Moreover, this study responds to calls for research on decent work from the perspective of relative deprivation.

Keywords: decent work, workplace deviance, relative deprivation, career calling, physicians

Introduction

The COVID-19 pandemic has taken a heavy toll on health workers—who, like all other workers, deserve the right to decent work—and exposed the systemic lack of safeguards for their health, safety and well-being.¹ The International Labor Organization (ILO) and the World Health Organization (WHO) jointly urge better safety protection for health workers¹ and call for taking the necessary steps to address inequities and inequalities within the health workforce, including decent, safe working conditions and adequate pay.² Health workers are exposed to undignified working conditions for long periods of time, and deviant behaviors will occur when they cannot tolerate the current workload and work safety threats,^{3,4} which directly affects their workplace performance.³

The construct of decent work was first proposed by the ILO.⁵ Later, scholars' studies on decent work were extended from the macro to the micro level. Duffy et al⁶ proposed the psychology of working theory (PWT), which took decent work as the core variable and connected it with contextual resources, psychological resources and well-being. Although the decent work framework under PWT has been extensively studied, its research mainly adopts a Western cultural perspective,⁶ and relatively little research conducted in other cultural contexts such as the Eastern cultural context, especially that in China.^{7,8} It is therefore important to explore the relevance and applicability of the decent work framework in the Eastern cultural context to better understand its potential effects on workplace behavior.^{7,9}

With the in-depth study of decent work, scholars shifted their exploration of decent work from vocational psychology to organizational behavior (OB) and human resource management (HRM).¹⁰ Accordingly, recent studies have primarily examined the positive effects of decent work, such as its impact on physical health,¹¹ innovative behavior,¹² proactive behavior,¹³ employee performance,⁷ and affective commitment.⁹ However, there has been limited attention given to the potential negative consequences of decent work, such as burnout^{14,15} and work fatigue.^{11,16} Therefore, it is crucial to examine the negative aspects of decent work to gain a more comprehensive understanding of its impact on employees in various work settings.¹⁷ Burnout and work fatigue represent the loss of a healthy working state, while workplace deviance is a violation that further harms the organization³ rather than an internal mental friction. Currently, there is a lack of literature examining the potential impact of decent work on workplace deviance. Workplace deviance refers to voluntary behaviors that violate important organizational norms and threaten the well-being of the organization and its members.¹⁸ Given the relatively nascent stage of research on decent work in the field of OB,^{7,10} the aforementioned gap merits particular attention, and further academic inquiry is needed to fully establish the instrumental value of decent work.^{7,12} Linking decent work with workplace deviance not only contributes a potential new direction to the future research on decent work, but also provides a new perspective from which organizations can manage workplace deviance. Thus far, in addition to PWT, which has been the primary theory used to explain the consequences of decent work, scholars have approached this line of research from the perspectives of social exchange theory, self-determination theory, and conservation of resources theory.⁷ The theory of relative deprivation is consistent with Chinese Confucian egalitarian culture, which is an important but underdiscussed perspective in the decent work literature.¹⁰

To fill the above research gaps, this study adopts the theory of relative deprivation to further understand the concept of decent work as well as how and under which circumstances it affects workplace deviance. This responds to recent calls to examine the potential mediating and moderating mechanisms of decent work and work outcomes from different theoretical perspectives.⁷ This study argues that employees will cope with decent work according to their perceived loss—that is, their sense of relative deprivation. According to the theory of relative deprivation, when individuals compare their working conditions and perceive a sense of injustice or disadvantage, a feeling of relative deprivation will arise.¹⁹ Decent work is the evaluation of working conditions.¹⁰ Moreover, the relative deprivation experienced by individuals at the cognitive level can bring unexpected consequences to the organization.²⁰ Workplace deviance is a typical behavior associated with tissue damage that is caused by relative deprivation.¹⁹ Therefore, this study suggests that relative deprivation plays a mediating role in the relationship between decent work and workplace deviance.

Last, this study identifies the boundary conditions for the influence of decent work. When the physician workforce is urgently needed, especially in the field of primary health care²¹ and in response to public health crises,²² physicians are more likely than before to worry about the quality of their work.²³ Accordingly, research is urgently needed to investigate their decent work status and its effects and, more importantly, to find ways to moderate these negative effects. Considering the prevalence of career calling among physicians as well as the public service nature and meaningfulness of the medical profession, practitioners conform to all of the definitions of calling.²⁴ However, the potential role of career calling in shaping decent work outcome variables remains unknown. Career calling is a transcendental summoning to pursue a meaningful career,²⁴ help others or contribute to the common good.²⁵ Differences in the level of career calling lead to different reactions when individuals are faced with difficult working conditions. It has been found that living a calling moderated the effect of a perceived calling on well-being, and the negative mental state of individuals who do not live a calling will increase.²⁶ This study suggests that career calling may enhance the moderating influence of decent work on workplace deviance through relative deprivation.

This study was conducted among Chinese physicians. Cook et al¹⁰ suggested extending the decent work research to specific countries, industries, and occupational groups. On the one hand, scholars suggest adapting a contextually informed approach to investigate the consequences of decent work in China.^{7,9,10} On the other hand, research on decent work from the PWT perspective mostly focuses on marginalized groups, but the relationship between variables may vary among different groups.¹¹ Sampling should therefore be carried out on groups with different resources,¹¹ and physicians represent an important group that has been relatively less studied in the previous decent work literature. China's medical services rank first in the world,²⁷ and Chinese physicians work long hours but lack safety in the workplace.²⁸ In the context of medical reform, the salary structure of physicians in China has changed from a fixed salary to a fixed and

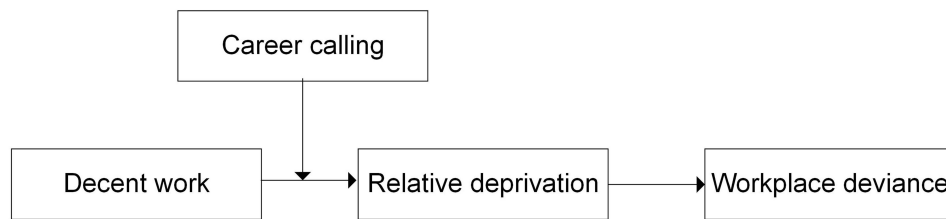


Figure 1 Theoretical model.

incentive salary, but physicians still believe that their income is insufficient or are generally unsatisfied with their income.^{29,30} Therefore, it is important to study decent work among physicians as well as its influence to enrich the research on the occupational experience and behavioral outcomes of decent work in China. The theoretical model is shown in [Figure 1](#).

Theoretical Background and Hypothesis Development

Decent Work and Workplace Deviance

Decent work includes “opportunities for work that is productive and delivers a fair income, workplace safety and social protection for all”, which has been widely recognized internationally and included in the United Nations’ 2030 Agenda.³¹ Scholars from various disciplines have focused on the study of decent work. In particular, Duffy et al introduced a mainstream, macro-level assessment of decent work to the field of psychology and developed PWT.⁶ In PWT, decent work encompasses

physical and interpersonal safe working conditions, allowances for free time and adequate rest, organizational values that complement family and social values, adequate compensation, and access to adequate health care.⁶

Current studies on decent work not only emphasize its impact on the personal physical and mental experience, such as work–life satisfaction and happiness,^{8,32} health status¹¹ and burnout,³³ but also extend to its influence on the outcomes of individual work behaviors, such as voice,³⁴ innovative work,¹² and proactive behaviors.¹³

Workplace deviance is defined as “voluntary behavior that violates important organizational norms and thus threatens the well-being of the organization and its members”.¹⁸ Workplace deviance is a costly and serious problem for employees, customers, organizations and society.¹⁸ Although numerous studies have investigated the effects of such factors on workplace deviance, workplace insecurity,^{35–37} for example, is positively associated with workplace deviance, while moral values³⁵ and organizational culture³⁸ are negatively associated with deviant behavior. Organizational dehumanization triggers work deviance.³⁷ However, less research has examined how decent work as an integrated concept affects workplace deviance. When decent work is regarded as an integrated construct, it has a stronger relationship with workplace outcomes than when it is viewed as a series of independent dimensions.⁷ We thus propose:

Hypothesis 1: Decent work is negatively related to workplace deviance.

Mediating Role of Relative Deprivation

According to relative deprivation theory, this study argues that decent work may weaken individual relative deprivation, thus weakening workplace deviance. According to the theory of relative deprivation, four conditions are required for the formation of relative deprivation.¹⁹ First, cognitive comparison is required, then cognitive evaluation is carried out to make the individual aware of the disadvantages faced by the individual or internal group. The perceived disadvantages must be viewed as unfair, and there must be a sense of resistance.

Decent work reflects the quality of employment.¹⁰ The decent work status of Chinese physicians can be described as follows. On the one hand, shortages of quality medical resources as well as overtime work and inadequate rest and vacation time among doctors are unavoidable, especially in third-class hospitals.²⁸ On the other hand, overworked doctors’ income is either inadequate³⁰ or they are overwhelmingly dissatisfied with their income level.²⁹ Furthermore,

while violence against health workers is a global problem, the scale, frequency and ferocity of violence experienced by doctors in China is particularly acute.³⁹ Finally, according to the 2021 Chinese Physician Survey Report, 65% of doctors in China feel that their legal rights are not guaranteed.⁴⁰ Therefore, physicians have a strong perception of injustice and believe that they have been treated unfairly.⁴¹ The cognitive and affective responses triggered by the perception of injustice are the source of the perception of relative deprivation.

When the perception of decent work is worse, relative deprivation will be stronger, while the relative deprivation experienced by individuals at the emotional or cognitive level will bring unexpected consequences to the organization.²⁰ The individual's response to relative deprivation is reflected in their intention and behavior to improve the current situation.⁴² Individuals suffering from relative deprivation are often strongly motivated to reverse their perceived disadvantage through unconventional means.⁴³ Workplace deviance is a typical behavior caused by relative deprivation.¹⁹ To improve their disadvantageous position, individuals may engage in deviant behaviors such as sabotage to protect themselves. Front-line workers may neglect or even hurt customers in the process of providing services.⁴² For example, medical staff may engage in deviant workplace behavior because of overwork or unjust treatment;^{23,44} medical staff may carry out deviant behaviors such as defensive medical practice for self-protection or aggressive medical practice to reverse adverse situations.²⁹ Therefore, this study believes that relative deprivation can lead to workplace deviance. In line with relative deprivation theory, we thus propose:

Hypothesis 2: Relative deprivation mediates the relationship between decent work and workplace deviance.

Moderating Role of Career Calling

Career calling is defined as

a transcendent summons, the experience of calling comes from beyond the self, approaches a particular life role in a way of showing or deriving a sense of purpose or meaning, and takes other-oriented values and goals as the main source of motivation.⁴⁵

This altruistic orientation of career calling reflects self-determined, important and high-level career goals.⁴⁶ Calling-oriented individuals are more likely to experience stronger work meaning, life satisfaction and subjective career success^{26,46,47} due to their passion for work and focus on its transcendent value.⁴⁸ Employees with a higher level of career calling have a higher awareness of the field in which they work, which enables them to have more positive psychological resources with which to review the current work situation and actively develop positive countermeasures.⁴⁹ Employees who possess career calling are better at self-regulation and adjusting their career goals, effort, strategies and personal emotions.^{46,50} If an individual fails to live their calling, it is difficult for them to obtain rewards in terms of career commitment, work meaningfulness and subsequent job satisfaction.²⁶

This study believes that a high level of career calling may enhance the effect of decent work on relative deprivation. Employees with higher levels of career calling have richer psychological resources, are better at self-regulation, and experience more meaning and passion, which allows them to adjust to their work environment.⁴⁹ This in turn allows them to align their cognitive behavior with the realization of their career calling⁵⁰ and become more committed to their career,⁵¹ thus enhancing the moderating effect of decent work on relative deprivation. On the contrary, when employees have a low level of career calling, they may not feel motivated by public service or a sense of work accomplishment and pay more attention to such factors as income and work intensity. Decent work therefore has a weaker effect on relative deprivation. We thus propose:

Hypothesis 3: Career calling moderates the relationship between decent work and relative deprivation. Specifically, this relationship is stronger when career calling is high than when it is low.

Based on the relationship between Hypothesis 2 and Hypothesis 3, this study further proposes a moderated mediation model. When employees' career calling is strong, they think more about the value of the work itself rather

than the stress of or unequal rewards brought about by decent work to restrain their deviant workplace behaviors. Therefore, it will enhance the indirect effect of decent work on workplace deviance through relative deprivation. We thus propose:

Hypothesis 4: Career calling moderates the indirect effect of decent work on workplace deviance through the mediating effect of relative deprivation such that when the level of career calling is high, the indirect effect is stronger than when it is low.

Method

Data Collection and Sample Description

Survey data were collected from 350 physicians and 61 of their team leaders in two stages from third- and second-class hospitals in central China. Given the sensitive and confidential nature of the questionnaire items in this study, we invited the human resources managers of the hospitals to recommend physicians to participate in the survey. In addition to the core variables of decent work, relative deprivation, workplace deviance and career calling, the criteria of the questionnaire were based on the previous studies on decent work⁷ and workplace deviance,²³ and investigated physicians' gender, educational background, age, tenure and hospital class.

Before data collection, we secured the informed consent of every participant and emphasized the anonymity of data collection and analysis. The questionnaires communicated that all answers would be kept confidential to both team leaders and physicians and only be used for academic research purposes. Questionnaires from leaders and team members were matched through unique identifiers created by HR directors.

To avoid common method bias, the survey data were collected in two periods through a 4-week time lag design using convenience sampling. At Time 1, questionnaires were distributed to 350 physicians to evaluate their decent work, relative deprivation, career calling, and demographics. At Time 2, leaders completed their team members' workplace deviance. After matching, the incomplete questionnaires were excluded, and a total of 307 valid questionnaires were retained, representing a valid response rate of 87.71%. The final sample was 56.68% male; respondents were aged 24–59 years, with an average of 39.34 years ($SD = 8.93$); 83.39% had a bachelor's degree or higher; and their organizational tenure ranged from 1 to 39 years, with an average of 15.76 years ($SD = 9.34$); physicians in third and second-class hospitals accounted for 49.84% and 50.16% of the sample, respectively.

Measures

The back-translation process was used to translate English-version scales other than relative deprivation into Chinese. Respondents rated all variables on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree, or 1 = never to 5 = daily).

Decent work was measured using a 15-item scale developed by Duffy et al.⁵² One sample item is "I am rewarded adequately for my work" (Cronbach's $\alpha = 0.872$).

Relative deprivation was measured using a seven-item scale developed by Zhou and Huang⁵³ to longitudinally compare doctors' characteristics. One sample item is "Compared with other occupations, the current situation of people in our occupation makes me dissatisfied" (Cronbach's $\alpha = 0.923$).

Career calling was measured using a four-item scale developed by Dik et al.⁴⁵ One sample item is "I have a calling to a particular type of work" (Cronbach's $\alpha = 0.849$).

Workplace deviance was measured using a 15-item scale developed by Stewart et al,⁵⁴ in which team leaders rated the frequency of their team members' deviant workplace behavior. One sample item is "Deliberately slow down the pace of work" (Cronbach's $\alpha = 0.931$).

Scholars have found that employee demographics potentially influence workplace deviance.^{55,56} Therefore, in this study, gender, age, and physicians' level of education are considered as control variables.

Data Analysis

In this study, SPSS 26.0 was utilized to generate descriptive statistics, correlation analyses, reliability analyses, and stepwise hierarchical regression analyses. Additionally, the moderated mediation model was examined using the Process 4.1 macro extension for SPSS 26.0, while confirmatory factor analysis was conducted using MPLUS 8.3 software.

Results

Descriptive Statistics

The means, coefficient alphas and standard deviations of as well as the correlations among the study variables are shown in Table 1. Among the control variables, gender is significantly correlated to workplace deviance, while education and age are not significantly correlated to either relative deprivation or workplace deviance. Based on Becker et al's⁵⁷ recommendation, education and age were excluded as control variables in the subsequent analysis, and gender was controlled for in the analysis of workplace deviance. As shown in Table 1, decent work was significantly negatively correlated with both relative deprivation and workplace deviance ($r = -0.47$, $p < 0.01$ and $r = -0.63$, $p < 0.01$, respectively). Relative deprivation was significantly positively correlated with workplace deviance ($r = 0.64$, $p < 0.01$).

Confirmatory Factor Analysis

A confirmatory factor analysis was conducted to test the construct distinctiveness of four variables. In line with prior research,^{7,58} this study is only interested in predicting the general factors of decent work. The five subscales were used as indicators of the latent variable to model decent work. According to the results of a discriminant validity test, the four-factor model showed better fit indices ($\chi^2 = 597.34$, $df = 428$, $RMSEA = 0.04$, $CFI = 0.97$, $TLI = 0.97$) compared with the three-factor model, which combines relative deprivation and workplace deviance ($\chi^2 = 1321.39$, $df = 431$, $RMSEA = 0.08$, $CFI = 0.84$, $TLI = 0.82$), the two-factor model, which combines relative deprivation, workplace deviance and decent work ($\chi^2 = 1414.82$, $df = 433$, $RMSEA = 0.09$, $CFI = 0.82$, $TLI = 0.81$), and the one-factor model ($\chi^2 = 1811.94$, $df = 434$, $RMSEA = 0.10$, $CFI = 0.75$, $TLI = 0.73$).

Hypothesis Tests

The multiple regression method was used to test the influence of decent work on workplace deviance, and the relevant results are shown in Table 2.

The specific steps are as follows. First, we include gender as the control variable in the regression equation, and then include decent work (ie, the independent variable). Decent work was significantly related to workplace deviance (Model 6, $\beta = -0.624$, $p < 0.001$), thus supporting H1.

The stepwise hierarchical regression method was used to test whether relative deprivation serves as a mediator in the relationship between decent work and workplace deviance.⁵⁹ On the basis of the above main effect analysis, decent work and relative deprivation were included in the regression equation. As seen in Model 7, relative deprivation was significantly positively related to workplace deviance ($\beta = 0.440$, $p < 0.001$), while decent work was significantly negatively related to

Table 1 Means, Standard Deviations, and Correlations for the Study Variables (N = 307)

	Mean	SD	1	2	3	4	5	6	7
1.Gender ^a (T1)	0.57	0.50	I						
2.Education ^b (T1)	2.28	0.88	0.01	I					
3.Age (T1)	39.34	8.93	-0.02	0.00	I				
4.DW (T1)	3.11	0.73	0.09	-0.05	0.04	I			
5.CC (T1)	3.19	1.07	0.02	0.01	-0.05	0.22**	I		
6.RD(T1)	3.03	0.74	-0.01	-0.06	-0.02	-0.47**	0.41**	I	
7.WD(T2)	3.04	0.56	-0.13*	-0.03	-0.01	-0.63**	0.37**	0.64**	I

Notes: * $p < 0.05$, ** $p < 0.01$. ^a1 = male, 0 = female. ^b1 = college degree or less, 2 = bachelor degree, 3 = master degree, 4 = doctor degree.

Abbreviations: DW, decent work; CC, career calling; RD, relative deprivation; WD, workplace deviance; T1, Time 1; T2, Time 2.

Table 2 Regression Analysis

	RD				WD		
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
Gender	-0.006	0.035	0.035	0.035	-0.132*	-0.078	-0.094*
DW		-0.473***	-0.403***	-0.371***		-0.624***	-0.416***
RD							0.440***
CC			-0.320***	-0.272***			
DW×CC				-0.154**			
R ²	0.000	0.220	0.320	0.340	0.017	0.404	0.555
ΔR ²	0.000	0.222	0.098	0.020	0.017	0.386	0.151
F	0.011	43.419***	47.475***	38.815***	5.417*	102.997***	125.834***

Notes: *p < 0.05, **p < 0.01, ***p < 0.001. Standardized coefficients are reported.

Abbreviations: DW, decent work; CC, career calling; RD, relative deprivation; WD, workplace deviance; R², coefficient of determinations; ΔR², R square change; F, F value.

workplace deviance ($\beta = -0.416$, $p < 0.001$), thus supporting H2. In addition, the bootstrapping method was used to examine the mediating effect. The results of using 5000 bootstrapped samples showed that relative deprivation significantly mediates the relationship between decent work and workplace deviance ($\beta = -0.160$, 95% CI = [-0.201, -0.123]). H2 was therefore further supported.

As depicted in Figure 2, the interaction term of decent work and career calling was found to significantly negatively predict relative deprivation ($\beta = -0.154$, $p < 0.01$), thus supporting H3. Then, we tested the moderated mediation model at different levels of career calling using SPSS 26.0 and PROCESS 4.1 software and 5000 bootstrapped samples, and the relevant results are shown in Table 3. The indirect effect of decent work on workplace deviance was stronger when career calling was high ($\beta = -0.186$, 95% CI = [-0.242, -0.133]) than when it was low ($\beta = -0.065$, 95% CI = [-0.120, -0.014]) and the difference between the indirect effects for high and low career calling was significant ($\Delta\beta = -0.121$, 95% CI = [-0.199, -0.042]). Thus, H4 was supported.

Discussion

Theoretical Contributions

First, this study provides a new perspective from which to extend and explain the consequence of decent work. Most previous research emphasizes that decent work achieves physical and mental health and well-being through need

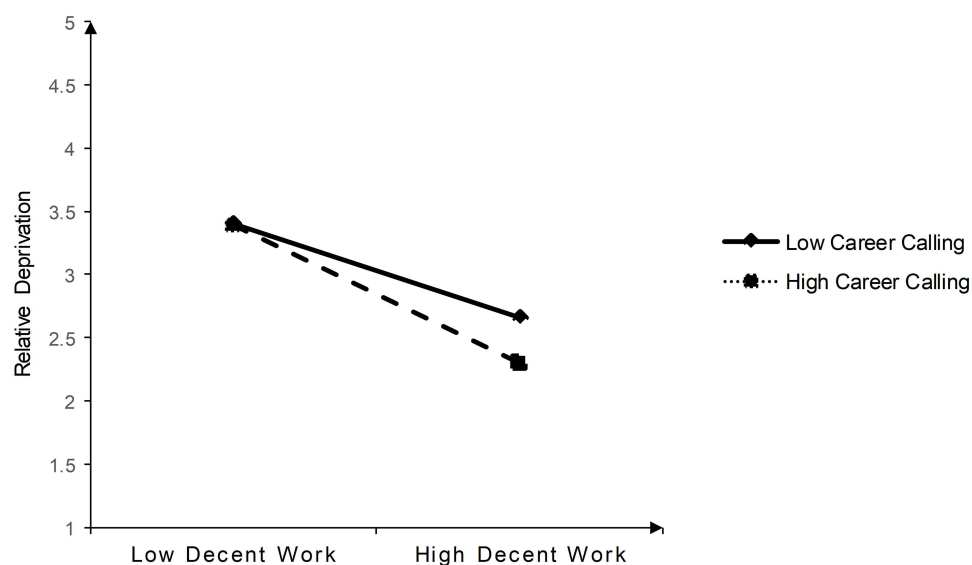


Figure 2 Interactive effects of decent work and career calling on relative deprivation.

Table 3 Moderated Mediation

	Level	Effect	SE	95% CI	
				BootLLCI	BootULCI
Career calling	Low	-0.065	0.028	-0.123	-0.014
	High	-0.186	0.028	-0.243	-0.135
	Difference	-0.121	0.041	-0.201	-0.040

Abbreviations: SE, standard error; CI, confidence interval; BootLLCI, the upper limits of a confidence interval calculated using bootstrapping; BootULCI, the upper limits of a confidence interval calculated using bootstrapping.

satisfaction from the perspective of vocational psychology.^{6,11,58} Only a small number of studies have investigated the relationship between decent work and workplace outcomes, specifically in terms of employee performance,⁷ innovative work behavior,¹² turnover intention,¹⁷ and proactive behaviors.¹³ Previous studies have not theoretically or empirically tested the potential negative impact of decent work on workplace deviance, nor have they considered the potential role of relative deprivation in the relationship between them. In answering the call to research decent work from the perspective of relative deprivation, this study verifies the negative association between decent work and workplace deviance. Perceptions of an absence of decent work can lead to feelings of injustice, thereby resulting in a perception of relative deprivation,⁴³ which in turn may prompt employees to engage in deviant behaviors that are detrimental to the organization.²⁰ This study verifies that decent work is negatively associated with workplace deviance via the mediation of relative deprivation. Thus, the findings of this study demonstrate the value of applying the relative deprivation perspective to understand the link between decent work and negative outcomes in the workplace.

Second, this study identifies additional consequences of decent work on the basis of existing research in the field of OB/HRM. Decent work was originally proposed as a macro concept. In recent years, more scholars have studied decent work at the micro level.⁷ Cooke et al¹⁰ called for expanding the research on decent work from the field of vocational psychology to that of OB. Previous studies have focused on the impacts of decent work on individuals' in-role and out-of-role behaviors,⁷ while neglecting its impact on workplace deviance, which may impair organizations' productivity. Drawing upon the theory of relative deprivation, this study empirically verifies that decent work weakens workplace deviance both directly and via relative deprivation.

Third, by clarifying the moderating role of career calling, this study expands and deepens the relevant research on decent work, relative deprivation and workplace deviance and thus actively responds to the call to strengthen the research on the boundary mechanism of decent work.^{10,11} Considering the prevalence of career calling among physicians as well as the public service nature and meaningfulness of the medical profession, practitioners conform to all of the definitions of calling.²⁴ Investment in decent work is relatively costly for organizations⁷ and it is therefore critical to identify its boundary conditions. This study verifies that the negative relationship between decent work and relative deprivation is negatively moderated by career calling. In addition, unlike most studies that focus on the causal effect of career calling,⁴⁹ this study examines its moderating role.

Finally, this study analyzes the decent work of Chinese physicians, thereby extending the research on decent work to different industries and occupational groups.¹⁰ Studies on decent work are abundant in different groups, such as individuals from different sociocultural backgrounds,^{9,60,61} women,⁶² sexual minorities,⁶³ and immigrants.^{64,65} However, insufficient attention is paid to the research on different occupational groups, and it is therefore necessary to extend the research on decent work to more occupational groups.¹⁰ This study has enriched the psychological and behavioral results of decent work in physicians in the Chinese context from the perspective of OB.

Practical Implications

The results show that when employees perceive a low level of decent work, they will feel relative deprivation, thereby resulting in workplace deviance, which directly harms the interests of the organization. Therefore, to protect the interests of the organization and limit or reduce the frequency of deviant workplace behavior, the organization should make

corresponding investments in improving working conditions.³⁸ For example, the design and implementation of more reasonable human resource management practices, which are embodied in the provision of a fair pay system that considers employees' effort and provides sufficient time off, strong work security, a unified corporate culture and reciprocates individuals' contributions. In addition, through publicity and training, organizations can improve employees' perception of decent work, provide employees with appropriate comparison targets, weaken feelings of relative deprivation and thus reduce deviant workplace behavior.

Experience can also be drawn from conclusions on the moderating effect of career calling. Giving certain weight to calling and medical ethics in doctors' recruitment, training and assessment can promote their perception and living of a career calling. At the same time, the shortage of medical personnel has always been a serious problem in the global medical system. Instead of blindly emphasizing that the primary duty of doctors is to cure diseases and save lives, it is also necessary to improve the treatment of medical professionals, pay attention to practitioners' psychological needs, and create and maintain a fair and safe culture within organizations to promote the sustainable development of the medical industry.

Research Limitations and Future Perspectives

The limitations of the current research need to be considered. First, the findings are based on physicians and may not apply to adults in all occupations. More specifically, it is worth noting that the majority of the sample was comprised of male, full-time employees with at least a bachelor's degree and a good level of income. However, considering the universality of the findings, it is necessary to use samples representing more diverse gender identities, education levels and work statuses. Second, although this study collects data at two time points and combines self- and other-reported data to address the limitations of common method bias, causal relationships cannot be solidly inferred. Future studies can use longitudinal models to improve the persuasiveness of the results. Finally, this study only considers the mediating role of relative deprivation and the moderating role of career calling from the perspective of relative deprivation. As such, we call for future research to identify other potential mediators and moderators to reveal the underlying mechanism between decent work and work outcomes from other perspectives.

Conclusion

A growing number of studies have shown that work can be a platform for oppression, marginalization, and exploitation, while it can serve as a buffer against a variety of stress-related negative psychological outcomes.⁶ Based on relative deprivation theory, this study found that relative deprivation plays a mediating role in the negative relationship between decent work and workplace deviance, career calling moderates the indirect effect of decent work on workplace deviance through relative deprivation, and the indirect effect is stronger when the level of career calling is high. The results indicate that decent work can buffer the negative psychological consequences of stress, such as the feeling of relative deprivation, thus reducing the likelihood that workplace deviance will harm the organization. In addition, the effect of decent work on negative perception and negative work behavior can be enhanced by discovering and living a career calling.

Ethical Statement

This study was approved by the Ethics Committee of the School of Public Administration of South China University of Technology. All respondents were asked to read the informed consent carefully before the initiation of questionnaire, and complete the questionnaire voluntarily. The informed consent was uploaded to the [Supplementary File 1](#).

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Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically

reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

Disclosure

All authors declare no potential conflicts of interest in this work.

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