

Organizational determinants of turnover intention among Public Sector Physicians in Morocco: Proposal for a Research Model

Les déterminants organisationnels de l'intention de quitter chez les médecins du secteur public au Maroc : proposition d'un modèle de recherche

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Date submitted: 22/11/2024 **Date of acceptance:** 14/01/2025

To cite this article:

BOURHCHOUCH A. & OUKASSI M. (2025) «Organizational determinants of turnover intention among Public Sector Physicians in Morocco: Proposal for a Research Model», Revue Internationale des Sciences de Gestion « Volume 8 : Numéro 1 » pp : 548 -563



Abstract:

This article highlights the worrying phenomenon of the mass exodus of Moroccan public sector physicians, who leave their positions either to join the private sector or to emigrate abroad, thereby exacerbating the shortage of medical professionals and hindering the smooth functioning of public healthcare services. Our objective is to propose a theoretical model that identifies the factors most likely to influence the turnover intention and conceptually examines the mediating role of organizational commitment in this relationship. To this end, we mobilize the social exchange theory, the organizational commitment model, and the theory of planned behavior to build our theoretical framework on the antecedents of turnover intention and, consequently, voluntary turnover behavior among public sector physicians. Ultimately, we aim to provide a theoretical reference for future studies and contribute to the reflection on mechanisms that may curb the drain of physicians from this crucial sector for public health in Morocco and across the globe.

Keywords: intention to leave; tangible rewards, intangible rewards; organizational commitment; public healthcare.

Résumé :

Cet article met en lumière le phénomène inquiétant de l'exode massif des médecins marocains du secteur public, qui quittent leurs postes soit pour rejoindre le secteur privé, ou pour émigrer à l'étranger, ce qui aggrave la pénurie de professionnels médicaux et perturbe le bon fonctionnement des services de la santé publique. Notre objectif est de proposer un modèle théorique identifiant les facteurs les plus susceptibles d'influencer l'intention de quitter et d'examiner conceptuellement le rôle médiateur de l'engagement organisationnel dans cette relation. Pour ce faire, nous mobilisons la théorie de l'échange social, le modèle de l'engagement organisationnel et la théorie du comportement planifié pour construire notre cadre théorique sur les antécédents de l'intention de quitter et, par conséquent, du comportement de départ volontaire chez les médecins du secteur public. En définitive, notre recherche vise à fournir une référence théorique pour les études ultérieures et à contribuer à la réflexion sur les mécanismes susceptibles de freiner la fuite des médecins de ce secteur crucial pour la santé publique au Maroc et à travers le monde.

Mots clés : Intention de quitter ; rémunération tangible ; rémunération intangible ; engagement organisationnel ; santé publique.



Introduction

In a post-Covid-19 context, the public health sector, both nationally and internationally, has been experiencing a growing wave of resignations in recent years, which are affecting healthcare delivery and patient health (De Vries et al., 2023; Seathu Raman et al., 2024; Zarei et al., 2024). In response to this situation, rewards are seen as a key tool for retaining and attracting healthcare professionals. However, the traditional approach to rewards, which focuses solely on salary, bonuses, and benefits, is increasingly inadequate, and the importance of non-salary benefits has grown in recent years, especially with the arrival of new generations in the labor market (Pauget & Dammak, 2012). In this sense, the determinants of employee retention are still a trending topic in the scientific literature (Frimousse & Peretti, 2024), attracting the attention of both researchers and managers, through a new approach that includes both tangible and intangible rewards (Hallée et al., 2021).

In the Moroccan context, the public health sector, which aims to be modern and efficient in light of major health reforms (Hassani & El Moussali, 2020), is facing a massive labor shortage exacerbated by the mass exodus of physicians and healthcare professionals (CNDH, 2022; Benabdallah & Chekrouni, 2023), which hinders the proper functioning of public health services and negatively impacts the quality of care (Estryn-Behar et al., 2010). Additionally, the public sector no longer attracts medical students, who prefer to pursue more promising opportunities abroad (Ismaili Idrissi et al., 2023) or in the private sector. Indeed, according to a study published by AK Sylla et al. (2021), revealed that 70.1% of final-year medical students planned to leave Morocco after graduation, seeking better working conditions and more attractive career prospects. Furthermore, an exploratory study by Ait Alla and Rajaa (2020), most specialist physicians in the public sector show a strong intention to leave due to poor working conditions and high stress, actively seeking opportunities elsewhere and lacking attachment to their current roles. It is therefore necessary to offer a competitive and attractive package of benefits that combines both tangible and intangible rewards, that can lead to strengthening physicians' organizational commitment and retaining them sustainably in the public healthcare sector. These alarming findings have motivated us to contribute to the existing body of research on this subject by focusing on public sector physicians. In this regard, our article aims to propose a hypothetical research model based on a literature review, a solid theoretical framework, and previous research on turnover, that can explain the organizational determinants of the turnover intention among public sector physicians in Morocco. Based on this, we formulate the following research question:



What are the organizational determinants of the turnover intention among public sector physicians in Morocco?

At this point, our work presents a dual interest: at the theoretical level, it aspire to enrich the scientific literature in the field of employee retention. To this end, this article aims to propose a research model that can serve as a reference for future research on this topic. From a managerial perspective, this work aims to encourage public health sector managers to reflect on structuring human resource (HR) policies to address the challenges of retaining and attracting physicians in Morocco's public healthcare sector.

In order to answer our research question, we will start by presenting the conceptual and theoretical framework of our subject. Then, secondly, we present our research model as well as the resulting hypotheses. Finally, we will discuss the contributions and limitations of our model and propose some avenues for future research.

1. Conceptual Framework:

Turnover intention is considered as a conscious and deliberate desire to leave an organization within the near future and considered the last part of a sequence in the withdrawal cognition process (Mobley et al., 1978). Several empirical studies have confirmed that the intention to leave and the voluntary act of leaving are positively linked (Bothma & Roodt, 2013; Cohen et al., 2016). Given that it is an important predictor of employee turnover, particularly voluntary turnover resulting from intention rather than life circumstances, many researchers have focused on studying employees' turnover intention and the factors that drive them to develop such an intention, which ultimately leads to their departure from the organization.

According to scientific literature, the factors influencing the turnover intention are numerous and have been widely studied by researchers. in this sense, rewards remain a key factor that has been extensively studied and confirmed by subsequent research (Hallée et al., 2021; St-Onge & Thériault, 2020; Milkovich et al., 2017).

Overall rewards are divided into two main categories: tangible rewards (direct and indirect compensation) and intangible rewards (non-monetary compensation).

Tangible rewards are further divided into direct and indirect compensation. Direct compensation refers to all the monetary amounts received directly by the employee. Indirect compensation refers to compensation that is not paid in cash but still incurs a cost for the employer (St-Onge & Thériault, 2020; Hallée et al., 2021). It represents the transactional financial rewards an employee can receive in exchange for work, whether paid directly, indirectly, or variably, in the short, medium, or long term. In their research, Renaud et al. (2016)



include the following elements in tangible rewards: "base salary, bonuses, overtime pay, stock purchase programs, commission plans, benefits, insurance, additional benefits, vacations, absences, parental leave, pension plans, and any other form of transactional financial reward." In this research we will focus on salary and benefits, which constitute the two main components of tangible rewards and have been confirmed by a lot of scientific studies as key determinants of the turnover intention (El Bardai & Aomari, 2023; Hur & Abner, 2023; Zarei et al., 2024). Conforming to the definition of Renaud et al. (2016) intangible rewards represent: "the relational (non-monetary) rewards that an employee can receive in exchange for work. These include work schedules, recognition, autonomy, promotions, challenges, good relationships with colleagues and immediate supervisors, communication, happiness at work, and any other form of beneficial non-monetary relational reward". A more recent definition proposed by Côté & Renaud (2022) describes it as follows: "the set of actions taken by an employer to create intrinsic added value for the employee, for which there may be a monetary cost related to the creation of that value. This definition includes elements such as recognition, training and development, work-life balance, work environment, stimulating work, and many others".

Regarding the components of intangible rewards and referring to previous studies and our research context of the public health sector, which is characterized by high demands and often challenging working conditions, we will concentrate on four components, namely working conditions, training and development, recognition and work-life balance. These variables have been confirmed in the literature as significant predictors of the turnover intention (Bennani & Bertal, 2019; Hewko et al., 2015; Noor, K. M., 2011; Renaud et al., 2021; Rubenstein et al., 2018).

2. Theoretical Framework:

Several theories have been developed around our research topic. Among these main theories, we present those we find most relevant and that we will use in our research model, namely the Social Exchange Theory (Blau, 1964), the Theory of Planned Behavior (Ajzen, 1991), and the Organizational Commitment Model (Meyer & Allen, 1991).

2.1 Social Exchange Theory (Blau, 1964)

The Social Exchange Theory, developed by Peter Blau in 1964, posits that there are exchange relationships between employees and their employers, where each party seeks to maximize their employment relationship. There are different types of exchange. The voluntary exchange of resources involves offering employees monetary benefits (salary increases, promotions, etc.) in



exchange for a current or future service for the company, or also offering non-monetary and more relational benefits. Thus, the relationship between an employee and their employer constitutes a form of social exchange that comes with an expectation of reciprocity. According to this theory, unmet professional expectations affect employees' behavior. Indeed, based on Blau's theory (1964), there is an intrinsic component to all social associations; that is, the employee providing a service expects to receive something in return for this transaction, which goes beyond the mere economic aspect. The absence of contractual empirical support regarding these intrinsic rewards presupposes that the employee knows what they want but is unsure of what they will receive. The theoretical framework of the psychological contract supports the nature of the relationship between an employer and their employees. This aligns with the Social Exchange Theory because the nature of the contract is not specified but emerges from the parties' expectations.

2.2 Organizational Commitment Model (Meyer & Allen, 1991)

Allen and Meyer defined organizational commitment as "a psychological bond between the employee and their organization, making it less likely that the employee will voluntarily leave the organization" (Allen & Meyer, 1990). Allen and Meyer first identified two dimensions of organizational commitment: affective attachment and financial attachment. After further research, they identified another dimension, that of obligation, responsibility or normative commitment. The three distinct components of organizational commitment identified by Meyer and Allen are as follows:

- Affective commitment, which is the emotional component of organizational commitment, refers to an employee continuing to work for an organization due to their emotional attachment, involvement, and identification with that organization (Allen & Meyer, 1990).
- **Continuance commitment**, which refers to commitment based on the cost associated with leaving a specific organization. The potential cost of leaving an organization includes the threat of losing time and effort invested in acquiring non-transferable skills, the loss of attractive benefits, the forfeiture of seniority privileges, or the obligation to uproot the family and disrupt personal relationships.
- Normative commitment, which refers to the perceived obligation of the employee to remain within the organization or to reflect the feeling of obligation to continue employment with an organization.



2.3 Theory of Planned Behavior (Ajzen, 1991)

The Theory of Planned Behavior is an extension of the Theory of Reasoned Action (Ajzen & Fishbein, 1980). It is illustrated by a model comprising three variables that influence intention and, consequently, behavior, namely: individual attitudes toward behavior, perceived subjective norms, and perceived behavioral control, which is the main contribution of the Theory of Planned Behavior (TPB) compared to alternative theories in behavior adoption. This added variable accounts for situations where individuals are determined to adopt a certain behavior but are prevented from doing so due to a lack of confidence or control over the behavior in question (Ajzen, 1991). The Theory of Planned Behavior posits that individual intention is a crucial element in triggering behavior. This theory is particularly valued for its simple structure, clarity, and applicability across various fields. It has been frequently used by many researchers to examine a wide range of behaviors in different disciplines, such as health, marketing, entrepreneurship, and psychology. Ajzen and Fishbein (1980) assert that this model can explain almost all human behavior. The simplicity and parsimony of the Theory of Planned Behavior facilitate its application to a variety of behaviors. For this reason, since its inception, the theory of Ajzen has remained one of the predominant theories in analyzing behavioral decision-making and studying the links between attitudes and behaviors, thus confirming its predictive potential and, in some cases, its explanatory capacity.

The Figure 1 below illustrates the variables of this theory and their interactions.









3. Proposed Research Model

Based on our theoretical framework and considering previous studies, we propose to formulate the following six main hypotheses to attempt to answer our research question. Following our literature review, we identified the most predictive and explanatory variables of turnover intention, which have already been empirically confirmed by recent studies in other contexts. Indeed, several previous studies (Côté & Renaud, 2022; Noor, K. M. 2011; Renaud, S., Saint-Onge, S. & Morin, L., 2021) have confirmed the important role of tangible and intangible rewards in reducing turnover intention. Therefore, considering the social exchange theory (Blau, 1964) and previous studies, we deemed it relevant to examine the impact of the components of tangible and intangible rewards on the turnover intention among public sector physicians through the following two hypotheses:

H1: The components of tangible rewards would have a negative impact on the turnover intention of public sector physicians.

- **H1.1**: Salary would have a negative impact on the turnover intention of public sector physicians.
- **H1.2**: Employee benefits would have a negative impact on the turnover intention of public sector physicians.

H2: The components of intangible rewards have a negative impact on the turnover intention of public sector physicians.

- **H2.1**: working conditions would have a negative impact on the turnover intention of public sector physicians.
- **H2.2**: Recognition would have a negative impact on the turnover intention of public sector physicians.
- **H2.3**: Training and development would have a negative impact on the turnover intention of public sector physicians.
- H2.4: Work-life balance would have a negative impact on the turnover intention of public sector physicians.

Based on the first meta-analysis on turnover intention in the public sector, titled "What makes public employees want to leave their job? A meta-analysis of turnover intention predictors among public sector employees" (Hur & Abner, 2023), which confirmed that affective organizational commitment is one of the best predictors of turnover intention, and according to the theory of planned behavior (Ajzen, 1991), which states that decisions preceding a given behavior result from a cognitive and emotional process in which behavior is indirectly



influenced by attitude, it seems pertinent to study the mediating role of affective organizational commitment as an attitude in the relationship between tangible and intangible rewards and turnover intention.

H3: Affective organizational commitment as an attitude would play a mediating role in the relationship between tangible and intangible rewards and turnover intention among public sector physicians.

- **H3.1**: Affective organizational commitment mediates the relationship between salary and turnover intention among public sector physicians.
- H3.2: Affective organizational commitment mediates the relationship between employee benefits and turnover intention among public sector physicians.
- **H3.3**: Affective organizational commitment mediates the relationship between working conditions and turnover intention among public sector physicians.
- **H3.4**: Affective organizational commitment mediates the relationship between recognition and turnover intention among public sector physicians.
- **H3.5**: Affective organizational commitment mediates the relationship between training and development and turnover intention among public sector physicians.
- **H3.6**: Affective organizational commitment mediates the relationship between worklife balance and turnover intention among public sector physicians.

The theoretical model of planned behavior (Ajzen, 1991) also posits that social norms have a direct impact on attitude, and according to previous studies, support of supervisors and colleagues have a significant impact on organizational commitment (Paillé, 2009).

H4: Supervisor support and colleague support, as subjective norms, would have a positive impact on affective organizational commitment among public sector physicians.

- **H4.1**: Supervisor support would have a positive impact on affective organizational commitment among public sector physicians.
- **H4.2**: Colleagues support would have a positive impact on affective organizational commitment among public sector physicians.

According to Ajzen (1991), subjective norms correspond to the social pressure perceived by an individual regarding their behavior, based on the individual's beliefs about the expectations of relevant reference groups. In his study, Paillé, P. (2009) confirmed that relationships with supervisors and colleagues have a negative impact on turnover intention in the organization. Therefore, we retain supervisor support and colleague support as subjective norms within our research model, leading us to propose the following hypothesis:



H5: Supervisor support and colleague support, as subjective norms, would have a negative impact on the turnover intention of public sector physicians.

- **H5.1**: Supervisor support would have a negative impact on the turnover intention of public sector physicians.
- **H5.2**: Colleagues support would have a negative impact on the turnover intention of public sector physicians.

As stated by the theory of planned behavior, Ajzen (1991), perceived behavioral control represents the perception of ease or difficulty in performing a specific behavior. This third variable in the theory of planned behavior is determined by facilitating conditions, which refer to the availability or absence of necessary resources. The more individuals feel capable of accessing these resources, seizing opportunities, and overcoming anticipated obstacles, the more they will have a sense of control over the behavior, which will have a positive impact on their intention. Conversely, if they perceive an inability to execute the behavior in question, it will have a negative effect on their intention (Ajzen, 1991). According to our research context, the perception of External employment opportunities was confirmed by many previous studies (Deng et al,2022; Lee & Lim, 2023; Xuehu,2016) as a predictive variable of turnover intention. hence the following proposition:

H6: External employment opportunities as a means of perceived behavioral control would have a negative effect on the turnover intention of public sector physicians.

Considering the previously stated hypotheses, we present below our theoretical research model.



Figure n°2: Theoretical research model

Source: Authors



Conclusion, Limitations, and Perspectives

In this article, we presented a proposal for a theoretical research model based on a literature review aimed at studying the determinants of turnover intention among public sector physicians in Morocco. Our research highlights the crucial role that tangible and intangible rewards can play to reduce turnover intention among public health sector physicians in Morocco, as well as the mediating role of affective organizational commitment in this relationship.

The contribution and the originality of our proposed research is related to the combination of three solid and foundational theories: the social exchange theory (Blau, 1964), the theory of planned behavior (Ajzen, 1991), and the organizational commitment model (Meyer & Allen, 1991). This combination provides a deepened and broadened perspective on the antecedents of the concept of turnover intention. At this stage, to our knowledge, no research has applied this theoretical combination to understand the predictors of turnover intention in the context of our research statement. Indeed, this model proposes a multidimensional analysis of the factors influencing turnover intention among public sector physicians, focusing on the central role of tangible and intangible rewards, as well as the mediating role of affective organizational commitment as an attitude. Additionally, subjective norms through supervisor and colleagues support and also external employment opportunities as the perceived behavioral control for a holistic understanding of this issue from an organizational perspective.

Nonetheless, other theories can also explain turnover intention. For instance, using the Job-Demands-Resources (JD-R) model (Demerouti & Bakker, 2011) can provide valuable insights by examining how job demands, such as excessive workloads and role conflict, and job resources, including role clarity, autonomy and feedback influence the likelihood of turnover intention. This model highlights the necessity of balancing work-related pressures with sufficient resources to alleviate their effects, providing a refined viewpoint on turnover intention.

From a managerial standpoint, this article sheds light on a critical issue for the public health sector, namely the massive turnover of public sector physicians, and aims to provoke reflection among managers and decision makers on the factors contributing to excessive departures. It also seeks to emphasize the importance of adopting comprehensive HR policies that integrate both tangible and intangible rewards, which can foster a more sustainable retention of physicians in the public sector. This holistic approach is crucial to address the root causes of turnover and ensuring long-term stability in healthcare services. Furthermore, retaining healthcare workers is an essential priority to confront the major challenges facing the healthcare



sector, particularly in light of ongoing health reforms such as the establishment of Territorial Health Groups (GST). These groups aim to improve the delivery of healthcare services and promote public health by creating a more supportive and structured work environment for all healthcare professionals. Achieving this requires strengthening human resource development, expanding the annual output of medical graduates and providing competitive recruitment and retention strategies, these are sine qua non conditions for ensuring the success of ambitious health system reforms.

However, the main limitations of this research lie primarily in the fact that it offers only a theoretical contribution, as we have not yet empirically tested our proposed model. This limitation is explained by the fact that this work is part of doctoral research that aims, in a next step, to enrich and refine this research model proposal through a qualitative exploratory study. As a second step, we are going to carry out a quantitative study among public sector physicians, which aim to explain and measure actual turnover intention and contribute to retaining and attracting physicians in Morocco's public health sector.

Regarding future research perspectives, our model has focused primarily on organizational factors to explore their influence on turnover behavior through turnover intention. Nevertheless, other personal and social factors may also affect turnover intention. In particular, subjective norms, such as the influence of family members, can significantly shape an individual's intention to leave or stay in an organization. Family expectations or pressures, particularly in contexts with strong family ties and obligations, may act as a critical determinant of turnover intention. Exploring these variables could provide a more comprehensive understanding of the dynamics behind turnover behaviors. Thus, additional moderating variables that could explain more comprehensively the link between turnover intention and its explanatory variables may be added to this model to better predict this concept. Furthermore, this model could be tested through empirical studies in other contexts, and other variables could be studied with the same factors, such as the intention to quiet quitting and intention to absenteeism, with the aim of contributing to a more informed understanding of organizational behavior in its totality, providing valuable insights to improve practices and drive more effectiveness of human resource management in the public healthcare sector.



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