

Psychological contract breach and intention to leave: Proposal of a conceptual model to explain the voluntary departure of health professionals from the public sector in Morocco

Rupture du contrat psychologique et intention de quitter : Proposition d'un modèle conceptuel pour expliquer le départ volontaire des professionnels de la santé du secteur public au Maroc

Jaafar EL BARDAI, (PhD student)

Research Laboratory in Organization Management, Business Law, and Sustainable Development

*Faculty of Legal, Economic, and Social Sciences - Souissi
Mohammed V University in Rabat, Morocco*

Amina AOMARI, (Full Professor)

Research Laboratory in Organization Management, Business Law, and Sustainable Development

*Faculty of Legal, Economic, and Social Sciences - Souissi
Mohammed V University in Rabat, Morocco*

Correspondence address :	Faculty of Legal, Economic, and Social Sciences – Souissi Avenue Mohammed Ben Abdallah Ragraoui Al Irfane. BP 6430 Rabat Mohammed V University in Rabat, Morocco (+212) 5 37 67 17 19
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Psychological contract breach and intention to leave: Proposal of a conceptual model to explain the voluntary departure of health professionals from the public sector in Morocco.

Abstract:

Public health in Morocco is faced with several challenges and constraints that dissipate the efforts deployed by decision-makers and managers, thus impacting the achievement of national and international objectives in terms of medical coverage, performance, the satisfaction of citizens' needs, and, above all, the attainment of universal health coverage by 2030. Today, faced with the new projects undertaken by the Department of Health, namely the overhaul of the national health system, embodied in Framework Law n°06-22, the creation of health groups, and the introduction of the health function, the State and the Ministry of Health and Social Protection must imperatively overcome these obstacles, especially in terms of human resources, which is one of the key pillars linked to this overhaul. One of the challenges to be overcome in human resources management is undoubtedly that of the premature voluntary departure of health professionals, particularly nurses, midwives, and health technicians - the cornerstone of any healthcare system. With this in mind, and to shed more light on the subject, we have attempted, based on a rich review of the literature, to propose a conceptual model that could form the basis of any subsequent empirical research. To this end, the breach of the psychological contract and trust seem to be key concepts to be grasped and studied to propose tangible solutions for decision-makers to limit the voluntary departure of the said individuals, through the study of the intention to leave, to anticipate this behavior, which is detrimental to the smooth running of care structures. The methodology adopted for this article is based on a narrative literature review.

Keywords: Psychological contract, psychological contract breach, emotional trust, intention to leave, turnover.

JEL Classification: I18, I19, M10, M12.

Paper type: Theoretical Research.

Résumé:

La santé publique au Maroc est confrontée par plusieurs défis et contraintes qui dissipent les efforts déployés par les décideurs et managers, impactant ainsi l'atteinte des objectifs nationaux et internationaux en termes de couverture médicale, de performance, de satisfaction des besoins des citoyens et surtout la réalisation de la couverture sanitaire universelle d'ici 2030. Effectivement, aujourd'hui et devant les nouveaux chantiers entamés par le département de la santé, en l'occurrence, la refonte du système national de santé, concrétisée par la loi-cadre n°06-22, la création des groupements sanitaires et l'instauration de la fonction sanitaire, l'État et le Ministère de la Santé et de la Protection sociale doivent impérativement surmonter ces obstacles, surtout en matière de ressources humaines, qui est parmi l'un des piliers phares liés à cette refonte. Ainsi et parmi les défis à contrecarrer en relation avec la gestion des ressources humaines, est sans doute celui du départ volontaire, qualifié de prématuré, des professionnels de la santé et principalement les infirmiers, les sages-femmes et les techniciens de santé ; pierre angulaire de tout système de santé. Dans ce sens, et afin d'apporter plus d'éclaircissement à ce sujet, nous avons essayé sur la base d'une riche revue de littérature de proposer un modèle conceptuel qui pourra faire l'étude d'une éventuelle recherche empirique ultérieure. À cet effet, la rupture du contrat psychologique et la confiance semblent être des concepts clés à appréhender et à étudier afin de proposer des solutions tangibles pour les décideurs pour limiter le départ volontaire desdits individus et ce travers l'étude de l'intention de quitter dans une optique d'anticiper ce comportement qui porte préjudice au bon fonctionnement des structures de soins. La méthodologie qui a été adoptée pour l'élaboration de cet article est basée sur une revue de littérature narrative.

Mots clés : Contrat psychologique, rupture du contrat psychologique, confiance affective, intention de quitter, turnover.

Classification JEL: I18, I19, M10, M12.

Type de l'article : Article théorique.

1. Introduction

In Morocco, the primordial role played by human resources was solemnly affirmed by His Majesty King Mohammed VI, and this, was on the occasion of the 2nd conference on health, organized on July 01, 2013. In this respect, King Mohammed VI, may God Assist Him, invited all stakeholders to surround and address the issue of human resources in the health sector, while giving it special attention. To this end, the Ministry of Health and Social Protection has established several actions to develop these resources to achieve the various objectives it has set itself, in this case, the achievement of universal health coverage to finally guarantee the population one of the primordial human rights, namely the right to health, without discrimination or marginalization. However, like other countries of the African continent, the Moroccan system suffers from a shortage of human resources. In its 2014 report, the World Health Organization pointed out that the countries most affected by this scourge are undoubtedly African countries, calling on governments to take the necessary measures to remedy the situation. The shortage of healthcare personnel could increase from 7.2 million to 12.9 million by 2035. Moreover, it is unavoidable for the health department to take all necessary measures and means to counteract this problem, especially in the current context, characterized by an overhaul of the national health system, concretized by the publication of framework law 06-22 relating to the national health system, law 08-22 relating to the creation of territorial health groupings and law 09-22 relating to the health function. All these laws focus on an important element of any healthcare system, namely human resources. This corroborates the recommendations of the 1978 Alma-Ata Declaration on Primary Health Care, which placed crucial emphasis on human resources, and the 2006 World Health Organization's call for all partner countries to focus on the importance of human resources in maintaining public health. Thus, every country wishing to achieve its objectives in terms of health is obliged to equip itself with qualified and motivated human resources to be able to offer quality care to its citizens (Gill, R., 2016).

The shortage of human resources affects many sectors and represents a real challenge for countries and organizations. The health sector is no exception, and this shortage has a major impact on the quality of care offered to individuals (George, 1979; Hart and Moore, 1989; Jones, 1990b), as well as on the continuity of care services and even the survival of a health facility (Sofaer and Myrle, 1991). According to the World Health Organization (2019) and Kerouedan (2009), this phenomenon can be explained by the following reasons:

- A high turnover rate among healthcare professionals, despite the fact that demand and need are constantly increasing;
- A budgetary problem or political will that limits the creation of recruitment positions;
- Low investment in the training of healthcare professionals;
- Movement of healthcare professionals from rural to urban areas, leading to an imbalance and poor distribution of human resources;
- A departure of these healthcare professionals to more developed countries, better known as the “brain drain”, which offer a more attractive working environment and better incentives;
- An aging population in developed countries, prompting them to seek out healthcare professionals from other countries.

The factor that interests us in this article is turnover, or more precisely, the voluntary departure of healthcare professionals. It is against this backdrop that our research aims to propose a way forward for managers to prevent the premature departure of healthcare personnel.

To this end, we will draw on a literature review, which highlights the importance of intention to leave as a conceptual framework for predicting the voluntary departure behavior of nurses, midwives, and health technicians, which undoubtedly constitutes a real issue for any healthcare

establishment hampering its smooth operation. Imminent turnover models emphasize that individual turnover follows a logical process in the form of stages, before arriving at the final decision to actually leave. These models present job satisfaction and commitment as key concepts in the explanation of turnover, but not as direct factors in departure (Mobley, 1977; Mobley et al., 1978; Mobley et al., 1979; Mobley, 1982). Thus, dissatisfaction and disengagement among employees give rise to an intention to leave, which in turn leads to the actual departure. Indeed, according to Fishbein and Ajzen (1975), behavioral intentions are the most immediate and direct antecedents of actual behavior. From this postulate, several authors in turn assert that the intention to leave is the best predictor of turnover (Price, 1997; Miller et al., 1979; Mobley et al., 1979; Price and Mueller, 1981). On the other hand, the concept of psychological contract breach appears to be an important dimension in influencing employees' decision to leave. According to many, the link between the breach of psychological contract and turnover or intention to leave has been well established (Rousseau, 1995; Turnley and Feldman, 1999; Robinson and Morrison, 2000; Dulac et al., 2008; Orvis et al., 2008; Suazo, 2009; Parzefall and Hakanen, 2010).

It is with this in mind that we address the following question: **To what extent do nurses, midwives, and health technicians perceive a breach of psychological contract as influencing their intention to leave?**

In this article, we will review the various relevant concepts and theories, from the notion of a voluntary departure (turnover) to the psychological contract breach, via the concept of trust. These elements are essential for executives and managers in predicting employee departure behavior. These elements are essential for executives and individual managers to predict employee departure behavior. Thus, we relied on a narrative literature review, which is more flexible, and unlike a systematic review, is based on a non-exhaustive and non-systematic review of the literature. To this end, we conducted our searches on the "Google Scholar" search engine and the "PubMed" and "Scopus" databases, using the keywords cited above.

2. Contextual framework

The health sector, like other sectors, is not spared the problem of human resource shortages, which have a negative impact on the quality of care provided to citizens, access to health services, and the achievement of objectives.

The shortage of human resources is one of the main challenges facing the national healthcare system in Morocco (El Bardai and Aomari, 2023), with adverse repercussions that generally hamper the smooth running of health structures, particularly the quality of care provided to the population. Indeed, in addition to money, medicine, and equipment (Chen, L., 2004; Hyde and al., 2006; Harris, C., and al., 2007), the proper functioning of health structures requires sufficient human capital and good human resource management. The existence of a strong human force is synonymous with a high-performance healthcare system. According to Kabene et al (2006), health-related human capital can be defined as the body of knowledge, skills, and competencies responsible for delivering care to citizens. This definition is in line with the definitions given in the work and studies of the two founders of human capital. Schultz (1961) defined human capital as "the sum of skills, experience, and knowledge". Becker G.S. (1964; 1975), in turn, asserts that human capital is "the totality of productive capacities that an individual acquires through the accumulation of general or specific knowledge and know-how." Many authors have addressed the issue of human capital in the healthcare sector, considering healthcare professionals to be a rare and precious form of human capital (Campbell and al., 2012; Molloy and al., 2013; Krysinski, D. and al., 2021), given that they are always in short supply about market demand. It has thus been shown that human capital is a fundamental element in the establishment of a good healthcare system. According to Kabene and al. (2006),

the availability and density of human resources (human capital) influence morbidity, mortality, and quality of care. Price and Mueller (1986), for their part, assert that the shortage of human resources in the health sector has a negative impact on the efficiency and productivity of healthcare provision. This in turn affects the quality of care offered to the population (George, 1979; Hart and Moore, 1989). As a result, the human element represents one of the key pillars of any healthcare system (Kanchanachitra and al., 2011), and as everywhere in the world, healthcare systems suffer from a real shortage of healthcare professionals, hampering the achievement of expected objectives, particularly those set by the Sustainable Development Goals.

The Moroccan healthcare system has made significant progress in reducing mortality rates, equipping health facilities with adequate equipment, adopting technology, etc. However, in the current context, characterized by hazards such as the Covid-19 crisis, which has raised a number of malfunctions worldwide, Moroccan healthcare facilities have been put to the test, particularly in terms of human resources, and more specifically the shortage affecting the public healthcare sector in Morocco.

To meet this challenge, and counteract the problems associated with shortages, the Ministry of Health and Social Protection has launched many initiatives, such as the framework law n°06-22 on the overhaul of the healthcare system, in which the development of human resources is an essential pillar of this new reform. The Ministry has also signed a framework agreement with the Departments of Higher Education and Finance, with the ultimate aim of increasing the number of health professionals by 2030.

These initiatives are part of the major project launched on April 14, 2021, by His Majesty King Mohammed VI, relating to the generalization of social protection, and are specifically aimed at resolving the problem of human resources in the health sector, particularly by increasing the number of students in the faculties of medicine and pharmacy, as well as the number of students at Higher Institutes of Nursing Professions and Health Techniques. The latter has seen a very significant increase in terms of open teaching places, rising from 4,000 students enrolled in 2021 to 7,000 students enrolled in 2023.

Such an increase could solve the major problem of this shortage, by training a sufficient number of health professionals, but it remains essential to be able to retain and develop their loyalty, thus limiting the flow of voluntary departures, which only accentuates the need for these health professionals, estimated at 63700 nurses, health technicians, midwives, rehabilitators and social assistants.

Loyalty is therefore an important issue for all structures and organizations wishing to keep and retain their precious and scarce human capital. Poulain-Rehm (2006) considers the study of loyalty and its practice to be an important field of research in management sciences. Etymologically, the term fidelity has its roots in the Latin word “fidelitas”, which is close to the word “fides” meaning “faith” and the word “foedus”, which in turn means “agreement, covenant” (Poulain-Rehm, 2006). Fidelity refers to trust and shared values, and can also mean attachment, commitment, or loyalty. Chaminade (2003) emphasizes that loyalty is the deliberate action of an organization to create a favorable environment for its employees, in order to retain them over the long term. Thus, the retention of healthcare staff has become an important issue for decision-makers and managers (Renaud et al., 2014), to ensure the survival of healthcare structures (Sofaer and Myrtle, 1991).

With this in mind, organizations are driven to deploy the best mechanisms to retain employees, especially for those individuals affected by avoidable departure due to factors that appear manageable (Allen, 2008). To demonstrate the importance of retention in healthcare establishments, the WHO has devoted an entire volume (volume 88, published in May 2010) to the challenge of retaining healthcare professionals. The WHO's annual report on human resources for 2022 also pays particular attention to the retention of these professionals, inviting

all players to create an environment conducive to the retention of human resources. At the end of the Global Health Workforce Alliance Conference held in Douala from June 6 to 8, 2007, some actions were taken to promote human resources for health.

3. Literature Review

La Responsabilité sociale des Entreprises (RSE) est une approche qui s'adresse à toutes les entreprises, indépendamment de leur taille ou de leur secteur d'activité. Elle se caractérise par la mise en œuvre de stratégies intégrant des préoccupations environnementales, sociales, et humaines, inscrites dans le cadre d'une démarche de Développement Durable (DD).

3.1. Turnover: A distinction between deliberate and inadvertent decisions

Turnover is an ever-growing problem affecting the way organization's function, as reflected in the number of studies and research studies that have been carried out on the subject (Egan and al., 2004). It is of great importance to both an individual and organizational point of view (Shaw and al., 1998). The most widely used definition is that of Price (1977), who defined turnover as "the ratio of the number of members of the organization who left during the period under consideration to the average number of people in the organization during that period". In the same perspective, Woods (1995) emphasized that turnover is a cycle of replacement: each time a position becomes vacant, a new employee must be hired.

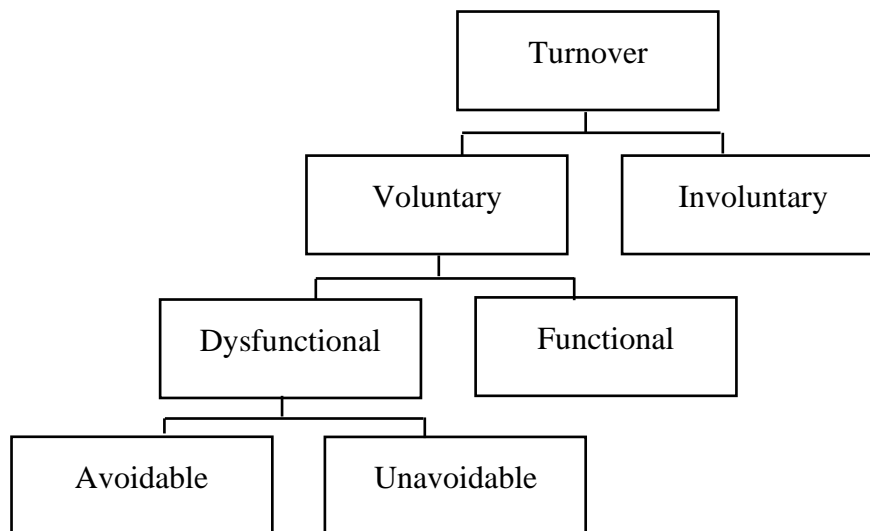
Subsequent research has distinguished between two types of turnover: voluntary and involuntary (Price, 1977; Bluedorn, 1978). Hom and Griffeth (1995), based on Beach's "theory of decision making, image theory" (1990), emphasize that voluntary departure differs from traditional thinking by focusing more on the decision-making aspect, defining voluntary departures as resignation decisions taken by individuals themselves. Shaw and al (1998), in the same vein as Price and Mueller (1986), assert that voluntary departure or resignation reflects the individual's decision to leave a structure; it is a considered and deliberate decision. Whereas in the case of involuntary departure, the decision has been taken by the employer to end the employer-employee relationship, resulting in dismissal. These two distinct decisions are motivated by very different causes and consequences (Shaw and al., 1998). The results of the study conducted by Shaw and al. (1998) corroborate this assertion, inviting us to examine voluntary and involuntary turnover separately from an organizational point of view, just as they were treated from an individual point of view by Mobley in 1982 and Price in 1977. This rule is not lost on studies carried out concerning health professionals.

We can also use the classification of turnover provided by Allen (2008). He states that voluntary turnover can be functional or dysfunctional (Dalton, Krackhardt, and Porter, 1981). It is considered functional when the employees who decide to leave bring no added value to the organization, or their departures in no way affect the continuity of the structure's operation (McElroy, Morrow, and Rude, 2001), and they are easily replaceable. Turnover, on the other hand, is considered dysfunctional, as it is detrimental to the smooth running of the organization and generates significant costs in terms of replacing departed employees (Allen, 2008). The latter can also be broken down into two types: avoidable turnover, which, as its name suggests, can be avoided by improving working conditions... For unavoidable turnover, it cannot be prevented by the organization, such as the death or retirement of an employee (Allen, 2008). (see figure 1).

The consequences of voluntary departures have a negative impact on organizations and structures. This assertion has been studied and validated in several studies (Staw, 1980; Mueller and Price, 1989; Cavanagh, 1989; Tai and al., 1998), which have linked turnover, mainly voluntary departure, to the proper functioning of organizations and the related consequences.

Ihaza (1986) points out that even hospitals suffer from a shortage of human resources, caused mainly by the voluntary departure of health professionals. The premature departure of these health professionals, in this case nursing professionals, entails a high cost for structures and organizations (Jones, 1990a,b; Phillips, 1990; Johnston, 1991). Mobley (1982) argues that one of the consequences of this phenomenon is the stress felt by the remaining staff, who have to adapt to new changes each time. In addition, voluntary departure can lead to the emergence of several negative consequences: the appearance of conflict and the reduction of consensus, the reduction of satisfaction among remaining staff, and the disruption of communication (Price, 1977; Mobley, 1982; Bluedorn, 1982). It can also affect group morale, cohesion, and performance (Cavanagh, 1989).

Figure 1: Turnover classification (2008)



Source: Allen, D. G. (2008). Retaining talent: A guide to analyzing and managing employee turnover.

As for the causes responsible for individuals' voluntary departure, Abelson (1987) identifies several factors, namely: a more attractive salary elsewhere, problems with the superior or structure, and the spouse's move.... In 2016, the World Health Organization published a study on the reasons why healthcare professionals emigrate. The search for better remuneration, lack of equipment, lack of future and promotion, and the heaviness and pace of work were the reasons most cited by healthcare professionals.

In conclusion, turnover, and in particular voluntary departure, represents a major challenge for all organizations and structures, particularly in terms of costs and impact on internal operations. Research has shown that turnover can be either functional or dysfunctional, with causes varying according to context (unsatisfactory working conditions, more attractive external opportunities, more attractive remuneration, etc.). The loss of staff and skilled human capital exacerbates the human resource shortage that characterizes the healthcare sector. To this end, it is crucial to understand the motivations behind employee departures, to develop effective loyalty or retention strategies, thus minimizing the negative impacts of the turnover phenomenon.

In our research, we will focus on the voluntary departure of nurses, health technicians, and midwives, which further accentuates the problem of resource shortages in the healthcare sector. The intention to leave would seem to be an avenue to explore to study and prevent the premature departure of these health professionals.

3.2. Intention to leave: the best predictor of voluntary departure

In general, voluntary departure has been explained by several factors that can be categorized into four factors. Work- and organization-related factors, such as compensation, workload, role

conflict, job ambiguity, organizational and supervisor support, training, recognition, etc. All these factors have been significantly correlated with employee turnover in several studies (Park and al, 1994; Jones, 1998; Herrbach and al., 2009; Cotton and Tuttle, 1986; Rubenstein and al., 2018; Griffeth and al., 2000; Steel and Lounsbury, 2009; Mor Barak and al., 2001; O'Brien-Pallas, 2006; Borowski and al., 2007; Blegen, 1993; Flinkman and al., 2008). Other authors have demonstrated the significant relationship between personal/demographic factors and employee voluntary departure. These include gender, age, marital and civil status, family responsibilities, personality traits, etc. (Miller and al., 1979; Parasuraman, 1982; Porter and Steers, 1973, Marsh and Mannari, 1977, Cotton and Tuttle, 1986; March and Simon, 1958; Porier and Steers, 1973; Mobley and al., 1979). Other attitudinal and well-being factors can influence people's decision to leave. Indeed, according to Cotton and Tuttle (1986), Griffeth and al. (2000), Blau (2000), Mor Barak and al. (2001), Firth and al. (2004); Blau and al. (2009), Rubenstein and al. (2018), March and Simon (1958), Mobley (1977), Mobley and al. (1978), Mobley and al. (1979), Lazaro and al. (1984), Burke and Greenglass (1989), Firth and Britton (1989), Moore (2000) and Mor Barak and al. (2001), job satisfaction, job commitment, stress and burnout are dimensions that influence employees' decision to leave. Finally, the last category of factors that can impact employee departure or retention is related to behavioral intentions. According to the leading models of turnover, the turnover of individuals goes through a logical process in the form of stages, before the individual decides whether or not to leave the organization. These models have shown that satisfaction and commitment are essential determinants in understanding employee departure, yet these determinants are not directly correlated with departure (Mobley, 1977; Mobley and al., 1978; Mobley and al., 1979), but they do arouse in individuals a desire and desire to look for a job, which translates into an intention to leave (Leclerc, 1992), the final predictor of actual departure.

In this way, an individual's decision to leave his or her job does not come out of the blue, but goes through a process of reflection and planning, based on an assessment (consequences, means...) of the desired behavior, stimulated at the outset by an idea and an intention that precede it. To this end, and to tackle the problem of voluntary departure, which is detrimental to various structures and organizations, managers and executives must anticipate and predict this behavior, and above all understand the reason(s) for opting for this behavior (El Bardai and Aomari, 2023). This is why intention to quit is considered the best predictor of voluntary departure. Hayes and al, (2006) point out that intention to leave is a “proactive” indicator of voluntary turnover. Ajzen and Fishbein (1977), in their study of behavioral intention, asserted that intention refers to “a psychological precursor of any behavioral act” and can be defined as the last attitudinal manifestation preceding the act of leaving the organization (O'Neil and Mone 1998).

In summary, voluntary departure is influenced by a variety of factors related to work, personal traits, attitudes, and well-being, as well as behavioral intentions. These may include compensation, organizational support, job satisfaction, and commitment, or even stress and burnout. The decision to leave is the result of a process of reflection and planning, in which the behavioral intention to leave plays a key role. To anticipate this behavior, which is detrimental to the functioning of healthcare facilities, managers need to understand the underlying motivations behind the voluntary departure of healthcare professionals. This will enable them to devise effective strategies for retaining them and, above all, mitigate the negative impact of their departure.

3.3. Employee-employer trust, the foundation of any lasting relationship

In management, and particularly in human resources, trust has been defined as a mental state in which an individual admits to being vulnerable because of a positive belief in the intentions or behaviors of another person (Mishra, 1996; Rousseau, Sitkin, Burt and Camerer, 1998). Some

authors have linked organizational loyalty to trust. Dutot (2004) has pointed out that organizational loyalty is a form of trust that links the employee to his or her organization and is expressed through the employee's motivation to adopt opportunistic behavior in the face of an external job opportunity. Relational aspects, in addition to traditional ones, seem to have an important place in the study of employee-employer relations.

With this in mind, several researchers have successfully demonstrated the influence of trust on the effectiveness of actors working together within complex systems (Shapiro, 1987; Zucker, 1986; Pennings and Woiceshyn, 1987; Seabright, Leventhal, and Fichman, 1992), thus considering trust to be a determining factor between these actors for the achievement of effective work. They conclude that mutual trust between actors working together is essential under conditions of uncertainty and complexity.

Several authors have examined the types of trust involved. Sako (1992) defined three types of trust: contractual trust, trust based on goodwill, and trust based on competence. Rousseau et al, (1998) distinguished between relational trust, calculation-based trust, and deterrence-based trust. Drawing on psychology, McAllister (1995), in his study of trust relationships, identified two forms of trust: cognitive trust and affective trust. The former is based on individual information about reliability and dependence on the other person. So, in order to trust, we need sufficient information. In other words, once we have a thorough knowledge of the person and their behavior, it's easier to trust them. Affective trust is based on the attention and interpersonal emotions between individuals. These bonds form the basis on which trust is built. In this case, we trust a person if we feel a certain emotional connection to them.

The importance of studying the relationship of trust between employee and employer is fundamental. In our case, this relationship brings together healthcare personnel (employees) and the Ministry of Health and Social Protection (employer). Studies have demonstrated the negative link between organizational trust and intention to leave (Tan and Tan, 2000; Robinson, 1996). So, if a person has trust in his or her organization, he or she tends not to develop a certain motivation to want to leave the structure. In other words, employees who feel a certain trust in their organization and superiors are less likely to want to leave their organization (Costigan and al., 1998; Konovsky and Cropanzano, 1991). According to Mishra and Morrissey (1990), in a structure that tends to foster a work environment based on mutual trust, the turnover rate decreases significantly.

Trust in general, and affective trust in particular, can deteriorate when individuals realize that their organization is not living up to the terms of the contract (Campoy and Neveu, 2005). Based on psychological contract theory, Robinson (1996) points out that, depending on the employee's beliefs, trust plays an important role in the formation of the psychological contract between him and his employee (MacNeil, 1985; Robinson and al., 1994; Guest and Conway, 1998; Atkinson, C., 2007). This trust is based primarily on the obligations (owed) he perceives on the part of the organization, and in return, the employee tends to act for the good of that organization (Campoy and Neveu, 2005). Non-compliance with the terms of the contract is described by researchers as a breach of the psychological contract, manifested in individuals by a sense of injustice.

Trust, defined as a state in which a person accepts his or her vulnerability based on a positive belief in the intentions or behaviors of others, plays a vital role in human resources management. Researchers have shown that mutual trust enhances effectiveness within organizations and complex systems. It can be categorized into several types: cognitive, affective, and even organizational trust. Trust is negatively linked to the intention to leave. Thus, ensuring a trust-based work environment significantly reduces turnover.

3.4. Psychological contract breach: A challenge to overcome

Based on the studies we have carried out, we have determined the link between trust and the breaking of the psychological contract, highlighting the preponderant role played by trust in

such contracts (Morrison and Robinson, 1997; Robinson 1996). In this section, we look at the concept of the psychological contract and why managers should be interested in it.

The concept of the psychological contract has expanded over the years, particularly in specialized resource management research, and in this case thanks to the work of Rousseau (1990, 1994). This concept is defined as beliefs relating to the set of tacit agreements or reciprocal obligations between employee and employer, based on implicit or explicit promises that organize the relationship between the individual and his or her organization (Rousseau, 1995, 1990, 1989). Thus, the employment relationship is viewed through the prism of the psychological contract, and each party is required to fulfill its obligations to the other.

It aims to understand how the employment relationship (employee-employer) is composed (Robinson and al., 1994; Conway and Brinner, 2002), to provide explanations for individuals' behaviors and attitudes at work (Rousseau, 1995; Pate and al., 2000), and to analyze how the employment relationship may evolve according to certain demographic or professional contexts (Robinson and Rousseau, 1994; Conway and Brinner, 2002; Bal and al., 2008). Thus, the study of this concept makes it possible to explain and even anticipate certain behaviors of individuals at work, in particular their voluntary departure.

There are several commitments and promises made by the employer that constitute the different expectations of employees in the context of an employment relationship (Dufour and Saba, 2009). They can be summarized in the following table:

Tableau 1: Employers' expectations and commitments to employees

Commitments/expectations	Authors
Long-term job security	Kotter, 1973; Rousseau, 1990; Robinson and al., 1994; Robison, 1996; Turnley and Feldman, 2000; Kichul, 2001; Sutton and Griffin, 2004; Sturges and al., 2005.
Performance-related pay or salary increases	Kotter, 1973; Rousseau, 1990; Robinson and al., 1994; Robison, 1996; Turnley and Feldman, 2000; Roehling and al., 2000; Kichul, 2001; Turnley and al., 2003; Sturges and al., 2005.
Employee benefits, retirement, or health care benefits	Herriot and al., 1997; Turnley and Feldman, 2000; Kichul, 2001; Sturges and al., 2005.
Training and development: apprenticeship support or special assignments	Kotter, 1973; Rousseau, 1990; Robinson and al., 1994; Robison, 1996; Turnley and Feldman, 2000; Kichul, 2001; Sutton and Griffin, 2004; Sturges and al., 2005.
Career development, promotion opportunities, and mentoring	Kotter, 1973; Rousseau, 1990; Robinson and al., 1994; Robison, 1996; Turnley and Feldman, 2000; Kichul, 2001; DeVos and al., 2003; Sutton and Griffin, 2004; Sturges and al., 2005.
Creative freedom and autonomy at work	Kotter, 1973; Turnley and Feldman, 2000; Kichul, 2001; Coyle-Shapiro, 2002; DeVos and al., 2003; Sutton and Griffin, 2004; Sturges and al., 2005.
Organizational support	Kotter, 1973; Rousseau, 1990; Robinson and al., 1994; Robison, 1996; Turnley and Feldman, 2000; Lester and Kichul, 2001; Sutton and Griffin, 2004; Sturges and al., 2005.

Source: Elaboration by the authors

Thus, when an employee realizes that the employer cannot meet the promised obligations, we can then talk about the termination of the psychological contract (Robinson and Rousseau,

1994). Morrison and Robinson (1997) noted that “*Perceived breach refers to the cognition that one’s organization has failed to meet one or more obligations within one’s psychological contract in a manner commensurate with one’s contributions.*” So, it’s the discrepancy that the employee sees between the obligations that were promised and what was actually given. According to Morrison and Robinson (1997), this break can be split into two, depending on the context and the particular characteristics of a structure or organization: an intentional and deliberate break, or an unintentional break. The first is when those responsible make a deliberate decision to abandon their promises. This decision is usually motivated by purely economic and financial factors, or in the case of opportunistic attitudes on the part of those responsible. In the second case, where the rupture is considered involuntary, expectations and realities diverge, resulting in disagreements and tensions between the actors.

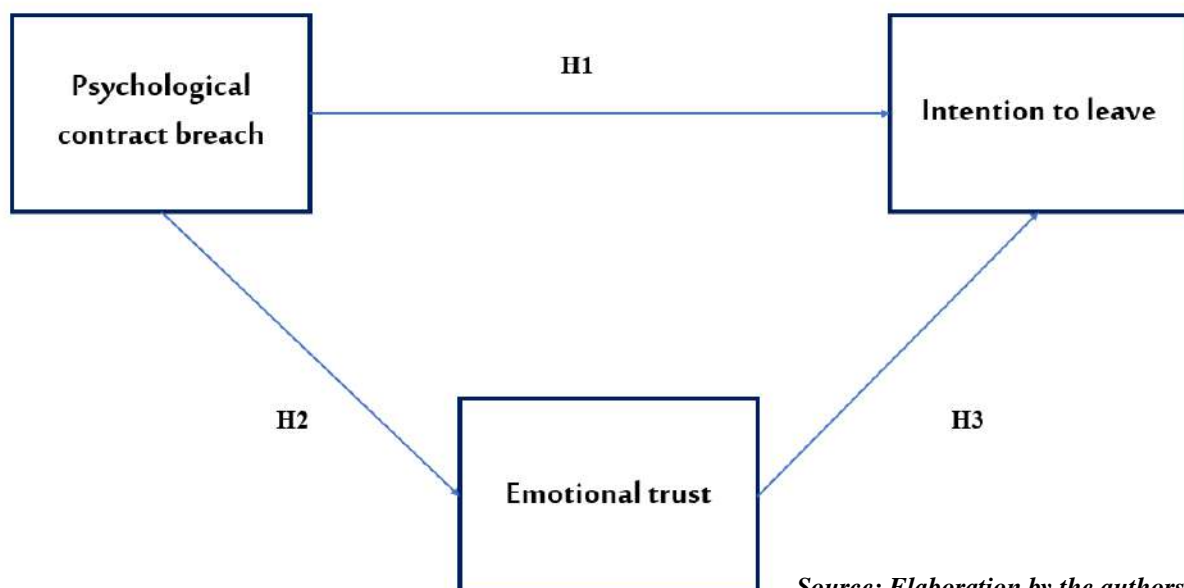
This psychological contract breach, as we have seen previously, has been negatively related to trust (Robinson, 1996). In addition, several studies and researchers have pointed out that when the individual perceives dissatisfaction with the obligations promised by his organization (breach of the psychological contract), he can voluntarily leave the structure in question (Rousseau 1995, Kickul and al., 2002; Guest and Conway 2001; Blau 1964; Cropanzano and Mitchell 2005; Orvis, Dudley and Cortina 2008).

In the previous section, we demonstrated the role of trust in human resource management. This important role was also demonstrated in this section, in particular, concerning the concept of the psychological contract, defined as a set of tacit agreements between employee and employer. Popularized by Rousseau, the psychological contract makes it possible to understand and anticipate employee behaviors, particularly their departure. When employees realize that their expectations are not being met, their trust diminishes, resulting in a breach of this contract, which drives individuals to leave the organization. This shows why employee expectations must be met to maintain trust in the organization and avoid turnover.

4. Proposal of a conceptual model

From the above, we can thus propose a proper conceptual model adapted to the Moroccan context, which can explain the voluntary departure of health professionals, including nurses, health technicians, and midwives, this in order to be able to understand and especially anticipate this behavior that harms the proper functioning of the care structures of Morocco.

Figure 2: Proposal of a conceptual model adapted to the intentions of healthcare professionals to leave.



Source: Elaboration by the authors

H1: Psychological contract breach positively impacts the intention to leave health professionals (nurses, midwives, and health technicians);

According to the work presented above, several authors, including Campoy and Neveu (2005), Robinson (1996), Atkinson, C. (2007), MacNeil (1985), Robinson and al. (1994), Guest and Conway (1998) and Morrison and Robinson (1997), emphasize the influence of breach of psychological contract on trust in general and affective trust in particular. We therefore formulate the following hypothesis:

H2: Psychological contract breach negatively impacts the emotional trust of health professionals (nurses, midwives, and health technicians) towards the organization;

The deterioration of affective trust has been demonstrated by several authors as a factor impacting employee turnover and intention to leave (Tan and Tan, 2000; Robinson, 1996; Costigan and al., 1998; Konovsky and Cropanzano, 1991; Mishra and Morrissey, 1990). Our final hypothesis can be formulated as follows:

H3: The degradation of emotional confidence positively impacts the intention to leave health professionals (nurses, midwives, and health technicians).

5. Conclusion

Human capital is undoubtedly one of the pillars of success for all projects. This truth seems to be taking root in the minds of leaders and decision-makers in public administrations and is becoming a central pillar of the policies and strategies deployed by said administrations. With this in mind, the Ministry of Health and Social Protection, in its major project to overhaul the national healthcare system, has made resource development an inescapable key to the success of this project. This is reflected in particular by the publication in 2022 of the framework law n° 06-22, which highlights in an entire chapter the primordial place of the human element. These significant advances in the health sector in terms of human resources development are an important factor in the achievement of national and international objectives, in particular the 2030 Sustainable Development Goals adopted by the United Nations. But at the same time, the health sector is facing a problem of voluntary departure which is accentuating the shortage of human resources, presenting the Moroccan health system with the challenge of retaining its human capital, as healthcare structures faced with the departure of their human resources are negatively impacted diminishing their performance, which causes the citizens not being taken care of properly (El Bardai, and Aomari, 2023).

To this end, the study of behavioral intention relating to the voluntary departure of healthcare professionals in general, and FIs, TSs, and SFs in particular, seems relevant, in the sense that it will enable us to understand why these professionals develop a feeling and a desire to leave their current jobs. Such action is essential, especially in the healthcare sector, to anticipate and apprehend the actual departure of these professionals, and finally to put in place suitable retention and loyalty mechanisms. In our research, we have proposed a conceptual model integrating the concept of psychological contract breach and its relationship with affective trust and the intention to leave. This model can be the subject of a subsequent empirical study to test the hypotheses put forward in this article, developed based on the key findings from the mobilized literature.

Reference

- (1). Abelson, M. A. (1987). Examination of avoidable and unavoidable turnover. *Journal of Applied psychology*, 72(3), 382.
- (2). Ajzen, I., & Fishbein, M. (1975). A Bayesian analysis of attribution processes. *Psychological bulletin*, 82(2), 261.
- (3). Ajzen, I., & Fishbein, M. (1977). Attitude-behavior relations: A theoretical analysis and review of empirical research. *Psychological bulletin*, 84(5), 888.
- (4). Allen, D. G. (2008). Retaining talent: A guide to analyzing and managing employee turnover.
- (5). Bal, P.M., De Lange, A.H., Jansen, P.G.W., Van Der Velde, M.E.G. (2008). Psychological contract breach and job attitudes: a meta-analysis of age as a moderator, *Journal of Vocational Behavior*, vol. 72, p. 143-158.
- (6). Beach, L. R. (1990). Image theory: Decision making in personal and organizational contexts.
- (7). Becker, G. S. (1964). *Human Capital* Chicago.
- (8). Becker, G. S. (1975). Investment in human capital: effects on earnings. In *Human Capital: A Theoretical and Empirical Analysis, with Special Reference to Education, Second Edition* (pp. 13-44). NBER.
- (9). Blegen, M. A. (1993). Nurses' job satisfaction: a meta-analysis of related variables. *Nursing research*, 42(1), 36-41.
- (10). Bludedorn, A. C. (1978). A taxonomy of turnover. *Academy of management review*, 3(3), 647-651.
- (11). Campbell, B. A., Coff, R., & Kryscynski, D. (2012). Rethinking sustained competitive advantage from human capital. *Academy of Management Review*, 37(3), 376-395.
- (12). Campoy, E., & Neveu, V. (2005). Perceptions de justice et confiance du salarié comme facteurs explicatifs des réactions individuelles à une violation du contrat psychologique. *Communication présentée à la journée de recherche «Stress, burnout et conflits de rôles» CEROG-AGRH-IAE d'Aix-en-Provence*, 27.
- (13). Cavanagh, S. J. (1989). Nursing turnover: literature review and methodological critique. *Journal of Advanced Nursing*, 14(7), 587-596.
- (14). Chaminade, B. (2003). Fidélisation versus retention.
- (15). Chen, L., Evans, T., Anand, S., Boufford, J. I., Brown, H., Chowdhury, M., ... & Wibulpolprasert, S. (2004). Human resources for health: overcoming the crisis. *The lancet*, 364(9449), 1984-1990.
- (16). Conway, N., & Briner, R. B. (2002). A daily diary study of affective responses to psychological contract breach and exceeded promises. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 23(3), 287-302.
- (17). Costigan, R. D., Iiter, S. S., & Berman, J. J. (1998). A multi-dimensional study of trust in organizations. *Journal of managerial issues*, 303-317.
- (18). Cotton, J. L., & Tuttle, J. M. (1986). Employee turnover: A meta-analysis and review with implications for research. *Academy of management Review*, 11(1), 55-70.
- (19). Coyle-Shapiro, J.A.-M. (2002). A psychological contract perspective on organizational citizenship behavior, *Journal of Organizational Behavior*, vol. 23, no8, p. 927-946
- (20). Cropanzano, R., & Mitchell, M. S. (2005). Social exchange theory: An interdisciplinary review. *Journal of management*, 31(6), 874-900.
- (21). Dalton, D. R., Krackhardt, D. M., & Porter, L. W. (1981). Functional turnover: An empirical assessment. *Journal of applied psychology*, 66(6), 716.
- (22). De Vos, A., Buyens, D., Schalk, R. (2003). Psychological contract development during organizational socialization : Adaptation to reality and the role of reciprocity, *Journal of Organizational Behavior*, vol. 24, p. 537-559.

- (23). Dufour, M. E., & Saba, T. (2009). La rupture du contrat psychologique: une voie prometteuse de mesure par dimensions. *Actes du 20e congrès de l'Association francophone de gestion des ressources humaines*.
- (24). Dulac, T., Coyle-Shapiro, J. A., Henderson, D. J., & Wayne, S. J. (2008). Not all responses to breach are the same: The interconnection of social exchange and psychological contract processes in organizations. *Academy of management Journal*, 51(6), 1079-1098.
- (25). Dutot, C. (2004). *Contribution aux représentations de la fidélité des personnels à l'entreprise: éléments de convergence et de divergence entre ouvriers et employeurs; le cas des ouvriers de deux industries métallurgiques du Pays de Retz* (Doctoral dissertation, Poitiers).
- (26). Egan, T. M., Yang, B., & Bartlett, K. R. (2004). The effects of organizational learning culture and job satisfaction on motivation to transfer learning and turnover intention. *Human resource development quarterly*, 15(3), 279-301.
- (27). El Bardai, J., & Aomari, A. (2023). Planned Behavior and Voluntary Departure: A Qualitative Study of The Public Health Sector in Morocco. *Journal of Human Resources Management Research*, 2023.
- (28). George, D. L. (1979). ... a shortage of nurses who will work... *AJN The American Journal of Nursing*, 79(5), 878-879.
- (29). Gill, R. (2016). Scarcity of nurses in India: a myth or reality?. *Journal of Health Management*, 18(4), 509-522.
- (30). Griffeth, R. W., & Hom, P. W. (1995). The employee turnover process. *Research in personnel and human resources management*, 13(3), 245-293.
- (31). Griffeth, R. W., Hom, P. W., & Gaertner, S. (2000). A meta-analysis of antecedents and correlates of employee turnover: Update, moderator tests, and research implications for the next millennium. *Journal of management*, 26(3), 463-488.
- (32). Harris, C., Cortvriend, P., & Hyde, P. (2007). Human resource management and performance in healthcare organizations. *Journal of health organization and management*, 21(4/5), 448-459.
- (33). Hart, S. K., & Moore, M. N. (1989). The relationship among organizational climate variables and nurse stability in critical care units. *Journal of Professional Nursing*, 5(3), 124-131.
- (34). Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., ... & Stone, P. W. (2006). Nurse turnover: a literature review. *International journal of nursing studies*, 43(2), 237-263.
- (35). Herrbach, O., Mignonac, K., Vandenberghe, C., & Negrini, A. (2009). Perceived HRM practices, organizational commitment, and voluntary early retirement among late-career managers. *Human resource management*, 48(6), 895-915.
- (36). Herriot, P., Manning, W.E.G., Kidd, J.M. (1997). The content of the psychological contract, *British Journal of Management*, vol. 8, p. 151-162
- (37). Hyde, P., Boaden, R., Cortvriend, P., Harris, C., Marchington, M., Pass, S., Sparrow, P. and Sibbald, B. (2006), *Improving Health through Human Resource Management*, CIPD, London
- (38). Ihaza, B. A. (1986). Reducing nurse turnover. *Nursing homes*, 35(4), 35-37.
- (39). Johnston, C. L. (1991). Sources of work satisfaction/dissatisfaction for hospital registered nurses. *Western journal of nursing research*, 13(4), 503-513.
- (40). Jones, F. F. (1998). Pay procedures and voluntary turnover: Does procedural justice matter?. *Psychological Reports*, 83(2), 475-482.
- (41). Jones, R. C. (1990). Technical personnel shortages in construction industry. *Journal of professional issues in engineering*, 116(1), 16-26.

- (42). Kabene, S. M., Orchard, C., Howard, J. M., Soriano, M. A., & Leduc, R. (2006). The importance of human resources management in health care: a global context. *Human resources for health*, 4, 1-17.
- (43). Kanchanachitra, C., Lindelow, M., Johnston, T., Hanvoravongchai, P., Lorenzo, F. M., Huong, N. L., ... & Dela Rosa, J. F. (2011). Human resources for health in southeast Asia: shortages, distributional challenges, and international trade in health services. *The Lancet*, 377(9767), 769-781.
- (44). Kerouedan, D. (2009). De plus en plus de malades et de moins en moins de soignants: la crise des ressources humaines du secteur de la santé en Afrique. *Journal africain du cancer/African Journal of Cancer*, 2(1), 115-122.
- (45). Kickul, J. (2001). When organizations break their promises: Employee reactions to unfair processes and treatment, *Journal of Business Ethics*, vol. 29, p. 289-307
- (46). Kickul, J., Lester, S.W., Finkl, J. (2002). Promise breaking during radical organizational change: Do justice interventions make a difference?, *Journal of Organizational Behavior*, vol. 23, p. 469-488.
- (47). Konovsky, M. A., & Cropanzano, R. (1991). Perceived fairness of employee drug testing as a predictor of employee attitudes and job performance. *Journal of applied psychology*, 76(5), 698.
- (48). Kotter, J.P. (1973). The psychological contract: Managing the joining-up process, *California Management Review*, vol. 15, no3, p. 91-99.
- (49). Kryscynski, D., Coff, R., & Campbell, B. (2021). Charting a path between firm-specific incentives and human capital-based competitive advantage. *Strategic management journal*, 42(2), 386-412.
- (50). McAllister, D. J. (1995). Affect-and cognition-based trust as foundations for interpersonal cooperation in organizations. *Academy of management journal*, 38(1), 24-59.
- (51). McElroy, J. C., Morrow, P. C., & Rude, S. N. (2001). Turnover and organizational performance: A comparative analysis of the effects of voluntary, involuntary, and reduction-in-force turnover. *Journal of applied Psychology*, 86(6), 1294.
- (52). Miller, H. E., Katerberg, R., & Hulin, C. L. (1979). Evaluation of the Mobley, Horner, and Hollingsworth model of employee turnover. *Journal of Applied Psychology*, 64(5), 509.
- (53). Mishra, A. K. (1996). Organizational responses to crisis: The centrality of trust. In R. Kramer & T. Tyler (Eds.), *Trust in organizations: Frontiers of theory and research* (pp. 261-287). Thousand Oaks, CA: Sage.
- (54). Mishra, J., & Morrissey, M. A. (1990). Trust in employee/employer relationships: A survey of West Michigan managers. *Public personnel management*, 19(4), 443-486.
- (55). Mobley, W. H. (1977). Intermediate linkages in the relationship between job satisfaction and employee turnover. *Journal of applied psychology*, 62(2), 237.
- (56). Mobley, W. H. (1982). Some unanswered questions in turnover and withdrawal research. *Academy of management review*, 7(1), 111-116. Price, J. L. (1977). The study of turnover.
- (57). Mobley, W. H., Griffeth, R. W., Hand, H. H., & Meglino, B. M. (1979). Review and conceptual analysis of the employee turnover process. *Psychological bulletin*, 86(3), 493.
- (58). Mobley, W. H., Horner, S. O., & Hollingsworth, A. T. (1978). An evaluation of precursors of hospital employee turnover. *Journal of Applied psychology*, 63(4), 408.
- (59). Molloy, J. C., & Barney, J. B. (2015). Who captures the value created with human capital? A market-based view. *Academy of Management Perspectives*, 29(3), 309-325.

- (60). Mor Barak, M. E., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. *Social service review*, 75(4), 625-661.
- (61). Morrison, E. W., & Robinson, S. L. (1997). When employees feel betrayed: A model of how psychological contract violation develops. *Academy of management Review*, 22(1), 226-256.
- (62). Mueller, C. W., & Price, J. L. (1989). Some consequences of turnover: A work unit analysis. *Human Relations*, 42(5), 389-402.
- (63). O'Brien-Pallas, L., Griffin, P., Shamian, J., Buchan, J., Duffield, C., Hughes, F., ... & Stone, P. W. (2006). The impact of nurse turnover on patient, nurse, and system outcomes: a pilot study and focus for a multicenter international study. *Policy, Politics, & Nursing Practice*, 7(3), 169-179.
- (64). O'Neill, B. S., & Mone, M. A. (1998). Investigating equity sensitivity as a moderator of relations between self-efficacy and workplace attitudes. *Journal of Applied Psychology*, 83(5), 805
- (65). Orvis, K. A., Dudley, N. M., & Cortina, J. M. (2008). Conscientiousness and reactions to psychological contract breach: A longitudinal field study. *Journal of Applied Psychology*, 93(5), 1183.
- (66). Park, H. Y., Ofori-Dankwa, J., & Bishop, D. R. (1994). Organizational and environmental determinants of functional and dysfunctional turnover: Practical and research implications. *Human Relations*, 47(3), 353-366.
- (67). Parzefall, M. R., & Hakanen, J. (2010). Psychological contract and its motivational and health-enhancing properties. *Journal of managerial psychology*, 25(1), 4-21.
- (68). Pate, J., Martin, G., Staines, H. (2000). Exploring the relationship between psychological contracts and organizational change: A process model and case study evidence, *Strategic Change*, vol. 9, no8, p. 481-493.
- (69). Pennings, J. and Woiceshyn, M. (1987) *New Technology as Organizational Innovation: The Development and Difference of Micro-electronics*, Ballinger Publication Company, Cambridge, MA.
- (70). Phillips, J. D. (1990). The price tag on turnover. *Personnel Journal*, 69(12), 58-61.
- (71). Poulain-Rehm, T. (2006). Les théories de la fidélisation. *Encyclopédie des ressources humaines*, 2, 519-527.
- (72). Price, J. L., & Mueller, C. W. (1981). A causal model of turnover for nurses. *Academy of management journal*, 24(3), 543-565.
- (73). Price, J. L., & Mueller, C. W. (1986). *Absenteeism and turnover of hospital employees*. JAI press.
- (74). Renaud, S., Tremblay, F. A., & Morin, L. (2014). L'impact de la Justice Organisationnelle sur la Fidélisation: Étude Longitudinale auprès de Travailleurs du Secteur des TIC au Canada. *Question (s) de management*, (4), 11-26.
- (75). Robinson, S. L., & Wolfe Morrison, E. (2000). The development of psychological contract breach and violation: A longitudinal study. *Journal of organizational Behavior*, 21(5), 525-546.
- (76). Robinson, S.L. (1996), "Trust and breach of the psychological contract", *Administrative Science Quarterly*, Vol. 41, pp. 574-99
- (77). Roehling, M.V., Cavanaugh, M.A., Moynihan, L.M., Boswell, W.R. (2000). The nature of the new employment relationship: A content analysis of the practitioner and academic literatures, *Human Resource Management*, vol. 39, no4, p. 305-320.
- (78). Rousseau, D. M. (1989). Psychological and implied contracts in organizations. *Employee responsibilities and rights journal*, 2, 121-139.

- (79). Rousseau, D. M., Sitkin, S. B., Burt, R. S., & Camerer, C. (1998). Not so different after all: A cross-discipline view of trust. *Academy of management review*, 23(3), 393-404.
- (80). Rousseau, D.M. (1990). New hire perceptions of their own and their employer's obligations: A study of psychological contracts. *Journal of Organizational Behavior*, 11, 389-400
- (81). Rousseau, D.M. (1995). *Psychological contracts in organizations*. London: Sage
- (82). Rubenstein, A. L., Eberly, M. B., Lee, T. W., & Mitchell, T. R. (2018). Surveying the forest: A meta-analysis, moderator investigation, and future-oriented discussion of the antecedents of voluntary employee turnover. *Personnel psychology*, 71(1), 23-65.
- (83). Sako M., "Does trust improve business performance ?", *Trust in and between Organisations*, Lane C., Backmann R. (Ed.), Oxford University Press, Oxford, 1998.
- (84). Schultz, T. W. (1961). Investment in human capital. *The American economic review*, 1-17.
- (85). Seabright, M. A., Leventhal, D. A., and Fichman, M. (1992). Role of individual attachments in the dissolution of interorganizational relationships. *Academy of Management Journal*. 35: 122–60.
- (86). Shapiro, S. P. (1987). The social control of impersonal trust. *American journal of Sociology*, 93(3), 623-658.
- (87). Shaw, J. D., Delery, J. E., Jenkins Jr, G. D., & Gupta, N. (1998). An organization-level analysis of voluntary and involuntary turnover. *Academy of management journal*, 41(5), 511-525.
- (88). Sofaer, S., & Myrtle, R. C. (1991). Interorganizational theory and research: Implications for health care management, policy, and research. *Medical Care Review*, 48(4), 371-409.
- (89). Staw, B. M. (1980). The consequences of turnover. *Journal of occupational Behaviour*, 253-273.
- (90). Steel, R. P., & Lounsbury, J. W. (2009). Turnover process models: Review and synthesis of a conceptual literature. *Human Resource Management Review*, 19(4), 271-282.
- (91). Sturges, J., Conway, N., Guest, D., Liefoghe, A. (2005). Managing the career deal: The psychological contract as a framework for understanding career management, organizational commitment and work behaviour, *Journal of Organizational Behavior*, vol. 26, p. 821-838.
- (92). Suazo, M. M. (2009). The mediating role of psychological contract violation on the relations between psychological contract breach and work-related attitudes and behaviors. *Journal of Managerial Psychology*, 24(2), 136-160.
- (93). Sutton, G., Griffin, M.A. (2004). Integrating expectations, experiences, and psychological contracts violations: A longitudinal study of new professionals, *Journal of Occupational and Organizational Psychology*, vol. 77, p. 493-514.
- (94). Tai, T. W. C., Bame, S. I., & Robinson, C. D. (1998). Review of nursing turnover research, 1977–1996. *Social science & medicine*, 47(12), 1905-1924.
- (95). Tan, H. H., & Tan, C. S. (2000). Toward the differentiation of trust in supervisor and trust in organization. *Genetic, social, and general psychology monographs*, 126(2), 241.
- (96). Turnley, W. H., & Feldman, D. C. (1999). The impact of psychological contract violations on exit, voice, loyalty, and neglect. *Human relations*, 52(7), 895-922.
- (97). Turnley, W.H., Bolino, M.C., Lester, S.W., Bloodgood, J.M. (2003). The impact of psychological contract fulfillment on the performance of in-role and organizational citizenship behaviours, *Journal of Management*, vol. 29, no2, p. 187-206
- (98). Turnley, W.H., Feldman, D.C. (1998). Psychological contract violations during corporate restructuring, *Human Resource Management*, vol. 37, no1, p. 71-83.

- (99). Woods, R.H. (1995). *Managing Hospitality Human Resources*. Educational Institute of the American Hotel and Motel Association, East Lansing, MI.
- (100). Zucker, L. G. (1986). Production of trust: Institutional sources of economic structure, 1840–1920. *Research in organizational behavior*.