



PERCEPTION OF ORGANIZATIONAL SUPPORT AND INTENTION TO EMIGRATE TO CANADA: AN ANALYSIS OF THE SHORTAGE OF HEALTHCARE PROFESSIONALS IN MOROCCO

Jaafar El Bardai^{1*}, Toufik Marmad^{2*}, Brahim Ouakhzan^{3*}, Dounia El Bardai^{4*}

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¹ Faculty of Legal, Economic, and Social Sciences – Souissi Mohammed V University in Rabat, Morocco

² SMARTiLab Laboratory, Moroccan School of Engineering Sciences (EMSI), Rabat, Morocco

³ Laboratory of natural Resources and Sustainable Development Laboratory, Faculty of Science, Université Ibn Tofail, Kenitra, Morocco

⁴ Laboratory of Epidemiology and Research in Health Sciences, Faculty of Medicine, Pharmacy and Dental Medicine, Sidi Mohamed Ben Abdallah University, Fez, Morocco

***Corresponding Author:**

Jaafar El Bardai
Toufik Marmad
Brahim Ouakhzan
Dounia El Bardai

Email:

j.elbardai@gmail.com
toufikmarmad@gmail.com
drouakhbra@gmail.com
douniaelbardai@gmail.com

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ABSTRACT

In the context of persistent health workforce shortages, this study investigates the psychosocial determinants influencing the emigration intentions of nurses and midwives in Morocco. This study offers a novel contribution by being the first to quantitatively examine the interplay between Perceived Organizational Support (POS), Organizational Trust (OT), and Intention to Leave (IL) within the Moroccan healthcare context. By filling this critical empirical gap, the research provides context-specific evidence that can guide policymakers in designing targeted and culturally adapted retention strategies.

Grounded in Social Exchange Theory, a quantitative approach was used, collecting data from 337 healthcare professionals who had formally initiated emigration procedures to Canada. Partial Least Squares Structural Equation Modeling (PLS-SEM) assessed the measurement and structural models, ensuring construct validity and robustness. Results reveal that POS significantly predicts OT ($\beta = 0.342$, $p < 0.001$), OT significantly predicts IL ($\beta = 0.561$, $p = 0.001$), and POS directly influences IL ($\beta = 0.413$, $p < 0.001$). The model accounts for 69.2% of the variance in IL ($R^2 = 0.692$).

These findings indicate that diminished perceived organizational support undermines organizational trust, which in turn elevates intentions to emigrate. The dual influence of POS underscores its critical role in retention. The study highlights the necessity for public health institutions to enhance organizational support and rebuild trust to mitigate brain drain. Policy recommendations include improving transparency in career advancement and fostering supportive work environments, both essential for retaining skilled healthcare workers and ensuring the sustainability and resilience of Morocco's health system.

Keywords: *Perceived Organizational Support, Organizational Trust, Intention to Leave, Social Exchange Theory, Nurse and Midwife Migration*

1. INTRODUCTION

In Morocco, the issue of human resources for health constitutes a strategic priority, regularly emphasized at the highest level of the State. In response, the Ministry of Health and Social Protection has implemented numerous initiatives aimed at enhancing and developing human capital, a central pillar of any effective health policy. These efforts are part of a broader strategy

to guarantee the fundamental right to health for the entire population, within the framework of universal health coverage reform.

Despite these ambitious reforms, the Moroccan health system continues to face a severe shortage of health professionals, particularly nurses, midwives, and allied health technicians. According to the latest figures from the Ministry of Health and Social Protection, Morocco requires an additional 63,777 nurses and health technicians to meet the Sustainable Development Goals by 2030, especially Goal 3: “*Ensure healthy lives and promote well-being for all at all ages.*” This challenge is not unique to Morocco; the shortage of human resources for health affects many countries in the Global South, particularly across the African continent (Jensen, 2013). As early as 2014, the World Health Organization (WHO) warned of a potential worsening of this crisis, estimating that the global health workforce shortfall could reach 12.9 million by 2035. This situation has serious implications for the continuity of care, the quality of services delivered, and the overall functioning of health facilities (Sofaer and Myrle, 1991; Van Bogaert et al., 2010; Mutani et al., 2025).

Several factors contribute to this scarcity: underinvestment in training, unequal distribution of professionals between rural and urban areas, increasing migration to high-income countries, and budgetary constraints that hinder recruitment (World Health Organization, 2006; 2022). Added to these is a particularly concerning phenomenon, the voluntary departure of trained professionals who are nonetheless essential to the health system. This phenomenon, commonly referred to as turnover, represents a significant loss of human capital for health institutions (Duffield et al., 2014). Human capital, long overshadowed by material assets, has emerged as a strategic lever in the knowledge economy, where skills, innovation capacity, and experiential know-how are key drivers of performance (Becker, 1975).

It encompasses not only the formal knowledge of health professionals but also their attitudes, learning potential, and tacit expertise, all vital for the functioning and resilience of health systems (Ivashchenko and Ivashchenko, 2025). As emphasized by the WHO and reaffirmed since the Alma-Ata Declaration, human resources are central to achieving health goals and delivering quality care (Zerrouh and Amara, 2025). However, in a context marked by a global shortage of health professionals, many health systems, especially in low- and middle-income countries, struggle to attract, retain, and deploy qualified personnel. This challenge directly undermines the performance and equity of healthcare services, delaying progress toward the Sustainable Development Goals (Sauneron, 2011). Although demand for care is increasing, many professionals choose to leave their positions prematurely, thereby deepening existing structural imbalances.

In this context, a study was conducted among health professionals (nurses, allied health technicians, and midwives) to explore the reasons behind their departure from the public sector to practice in Canada (El Bardai, J. and al., 2025). The findings revealed several factors influencing the decision to emigrate to Canada, including perceived unfavorable working conditions, insufficient remuneration, and above all, the appeal of practicing in Canada.

To enrich this study and deepen our understanding of the factors influencing the decision to leave the public health sector, we draw on two dimensions from Social Exchange Theory: Perceived Organizational Support and Organizational Trust. These elements provide a more nuanced understanding of the mechanisms underlying health professionals’ intention to leave, a key precursor to actual turnover (Miller and al., 1979; Griffeth, R. W., Hom, P. W., and Gaertner, S., 2000).

To date, no empirical study in Morocco or more broadly in African countries has quantitatively examined these psychosocial variables in relation to emigration intentions. Moreover, the concept of the psychological contract, a core element underlying these constructs, remains largely unexplored in this context. This gap limits understanding of how implicit expectations and reciprocal obligations between employees and organizations influence turnover decisions

in health systems facing severe workforce shortages. By addressing this understudied area, the present research offers novel insights critical for designing culturally and contextually appropriate retention strategies.

Recent studies in comparable contexts (Costigan, R. D. and al., 2012; Vidotto, G., 2008; Bobbio, A., and Manganelli, A. M., 2015; Bobbio, A., and al., 2012; Partouvi et al.,) have underscored that the combination of psychosocial factors such as organizational support and trust is a strong predictor of migration intentions among healthcare professionals. However, empirical evidence from low- and middle-income countries, particularly in North Africa, remains scarce. This research addresses that gap by quantitatively testing these relationships in Morocco, thereby extending existing knowledge to an understudied geographical and cultural context.

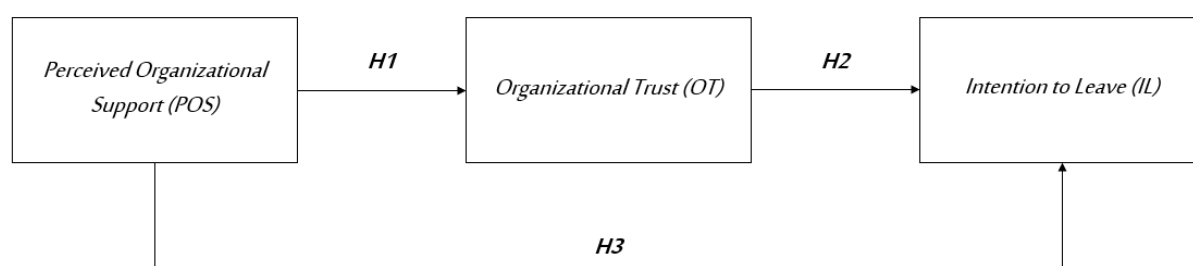
2. STATE OF THE ART

Based on previous literature and empirical studies, we developed a conceptual model built around three key dimensions. Our dependent variable is the intention to leave, which is manifested through the initiation of emigration procedures undertaken by these health professionals at the level of the Ministry of Health. In the scientific literature, the intention to leave the organization is considered one of the best predictors of actual turnover (Mobley, 1977; Price, 1997; Rubenstein et al., 2018). It serves as a relevant indicator for anticipating organizational withdrawal behaviors.

Our explanatory variable is perceived organizational support (POS), defined as “the global belief held by an employee that the organization values their contributions and cares about their well-being” (Eisenberger and al., 1986). POS is thus viewed as a form of organizational commitment toward employees, expressed through the explicit recognition of their value and the willingness to assist them in times of difficulty, thereby improving their overall well-being (Rhoades and Eisenberger, 2002). As for Flynn (2007), he considers organizational support for nurses as the set of essential characteristics of a favorable work environment that can be influenced or adjusted by management decisions

The mediating variable of trust is presented as “a psychological state comprising the intention to accept vulnerability based upon positive expectations of the intentions or behavior of another” (Rousseau and al., 1998). In other words, one accepts being in a vulnerable position because of the belief that the other party will act appropriately, without coercion or close monitoring. However, it is important to distinguish between trust in supervisors and trust in the organization. Trust in a supervisor mainly arises from daily interactions between the supervisor and the employee, whereas trust in the organization is built through relationships with the various groups and entities that constitute the organizational structure (Tan and Tan, 2000). As for interpersonal relationships, they largely rely on trust, which acts as a structuring element of social dynamics (Rempel and al., 1985). In the organizational context, this trust when extended to the organization as a whole becomes a key lever for cooperation and engagement, facilitating interactions and reducing uncertainty between actors (Blau, 1964; Saiyed et al., 2025).

Figure 1. Conceptual Research Model



Source: Author's elaboration

As shown in Figure 1, the conceptual research model illustrates the hypothesized relationships among the three main constructs of the study: Perceived Organizational Support (POS), Organizational Trust (OT), and Intention to Leave (IL). POS is hypothesized to have both a direct effect on IL and an indirect effect through OT, while OT is expected to directly influence IL. These relationships are grounded in Social Exchange Theory, highlighting the reciprocal nature of organizational support, trust, and turnover intentions.

The first hypothesis of our research posits that perceived organizational support (POS) is a salient concept in the development of organizational trust among employees: **“A low level of perceived organizational support hinders the development of organizational trust among nurses and midwives in Morocco.”**

This hypothesis is grounded in social exchange theory, which constitutes a foundational framework in both sociology (Blau, 1964) and social psychology (Homans, 1958), and provides valuable insight into employee attitudes within professional environments. It serves as a major conceptual framework mobilized by several explanatory theories of organizational behavior (Richard and al., 2009), such as leader–member exchange theory (Graen and Cashman, 1975), organizational justice (Folger and Greenberg, 1985), perceived organizational support (Blau, 1964), and interpersonal trust (Dirks and Ferrin, 2002).

According to Blau (1964), social exchange refers to *“voluntary actions of individuals that are motivated by the returns they are expected to bring and that typically do in fact bring”* (p. 91). It is based on the principle of reciprocity: employees assess their work relationships based on the long-term returns they receive (Rousseau, 1989), which influences the quality and strength of their ties to the organization (Van Bogaert et al., 2010). According to Shore, Tetrick, Lynch, and Barksdale (2006), unlike purely economic exchanges, social exchanges emphasize enduring benefits built on mutual trust between employees and the organization, underscoring the vital role of long-term relational commitments.

Within this framework, POS plays a key role. When employees perceive that the organization values their contributions and cares about their well-being, they develop a more positive attitude toward the organization (Campbell et al., 2013). POS fully aligns with the logic of social exchange, particularly through the norm of reciprocity: the more employees feel supported, the more inclined they are to engage. In return, they invest effort not only for material benefits but also to fulfill socio-emotional needs such as recognition and esteem (Shanock and Eisenberger, 2006). Fair and considerate treatment thus becomes a sign of appreciation that strengthens trust in the organization (Robinson and Morrison, 1995).

In this context, a climate of trust gradually takes root, fostering long-term and mutually beneficial relationships (Rhoades and Eisenberger, 2002). Several studies have demonstrated a strong link between POS and organizational trust (Kurtessis and al., 2015). Eisenberger and al. (1990) argued that *“perceived support would create trust that the organization would fulfill its exchange obligations to recognize and reward employee efforts made on its behalf”* (p. 57). This relationship was confirmed by Dirks and Ferrin (2002), who found a strong correlation between POS and organizational trust. This finding is also supported by research highlighting perceived organizational support (POS) as a direct and significant predictor of trust in the organization (Dulac et al., 2008; Kurtessis and al., 2015; Jukić, 2025). Indeed, the more employees perceive that the organization genuinely cares about them, the more their trust in it is reinforced (Whitener, 2001).

Our second hypothesis suggests that organizational trust is an important predictor of the intention to leave: **“Broken organizational trust fosters the development of the intention to leave among nurses and midwives in Morocco.”**

This hypothesis has been explored in various research studies. The literature offers a variety

of definitions of trust. Several previous reviews have extensively examined these definitions, highlighting both their semantic differences and common characteristics (Costa, Ferrin and Fulmer, 2017). Social exchange theory relies on trust in the other party, with the expectation that benefits will be reciprocated (Blau, 1964). Individuals invest time, effort, or support without guarantees, making trust a central element in the functioning of exchange relationships.

However, when trust is broken as is often the case in situations of low POS it becomes difficult to restore. The organization then faces the consequences, often in the form of negative reactions or unfavorable employee behaviors. Conversely, when employees perceive a positive response from the organization, particularly through tangible or emotional support, they develop favorable attitudes and become more engaged in their work (Eisenberger and Stinglhamber, 2011).

Wyatt (2002) emphasized that modern human resource management practices recognize organizational trust as a strategic lever due to its direct link with overall performance and shareholder returns. A breakdown of this trust can create a climate of insecurity and uncertainty, leading to disengagement (De Jong and Dirks, 2012). On the other hand, a climate based on mutual trust fosters long-lasting reciprocal obligations such as organizational commitment (Aryee and al., 2002; Breuer, C., and al., 2016).

Variations in organizational trust thus have differentiated impacts on organizational outcomes. High trust is strongly correlated with greater job satisfaction (Meyer and Allen, 1997) and significantly reduced turnover (Brashear and al., 2003). In this perspective, it has been found that when employees perceive a high level of trust within their organization, their intention to leave drops significantly (Naumann, Widmier, and Jackson, 2000). These findings suggest that organizational trust acts as a stabilizing factor, reinforcing both employee engagement and attachment to the organization (Griffeth and al., 2000; Harris and al., 2005).

It therefore constitutes an essential lever for reducing turnover and improving talent retention. Conversely, when that trust is damaged or lost, the likelihood that employees will consider leaving the organization increases (Gilbert and Tang, 1998; Costigan, R.D., and al., 2011).

Our third and final hypothesis posits that perceived organizational support is a direct predictor of the intention to leave: **“A decrease in perceived organizational support is positively associated with the intention to leave among nurses and midwives in Morocco.”**

This hypothesis is embedded in a well-established theoretical framework. Indeed, within the perspective of social exchange theory, it has been widely demonstrated that POS generates in employees a sense of obligation toward their organization. This support also exerts a significant and positive influence on performance, both in terms of prescribed tasks and discretionary behaviors related to contextual performance (Tremblay and al., 2010).

This sense of obligation encourages employees to invest more, particularly through the development of strong affective organizational commitment (Allen and al., 2003). This emotional attachment plays a key role in employee retention by significantly reducing voluntary turnover intention (Griffeth et al., 2000; Kurtessis and al., 2015; Gechev, 2025).

Eisenberger and al. (1986) demonstrated that when employees perceive support from their organization, they tend to develop affective commitment, reduce their intention to seek alternative employment, and consequently show lower turnover intention. Similarly, Guzzo and al. (1994) highlighted the mediating role of POS in the relationship between HRM practices and turnover intention. Rhoades and Eisenberger (2002) also confirmed a significant negative relationship between POS and the intention to leave.

In other words, employees who perceive genuine, sustained, and sincere support from their organization are generally less likely to consider other professional opportunities and are more invested in their work. It is thus reasonable to assume that when an organization consistently

demonstrates concern for the material and psychological well-being of its staff by fostering a positive social climate it significantly contributes to their retention. This aligns with findings by [El-Akremit et al. \(2014\)](#) and [Eriksson et al. \(2021\)](#), who confirm that a negative perception of organizational support is a key precursor to both intention to leave and actual turnover

Numerous empirical studies support this dynamic, showing that the more HRM policies are perceived as centered on employee well-being, the less likely they are to express an intention to leave ([Masterson and al., 2000](#); [Al-Nimer, 2025](#)).

3. METHODS

This study adopted a quantitative research approach based on a cross-sectional survey. The survey was administered to Moroccan nurses and midwives who had initiated a professional emigration process to Canada through the relevant departments of the Ministry of Health and Social Protection. The fact that they had engaged in this process served as a clear indicator of their intention to leave the public health sector in Morocco to work abroad. The questionnaire, developed in both Arabic and French, was distributed in person on site to the targeted professionals, rather than through an online form. In total, 337 valid responses were collected.

The study employed a non-probability convenience sampling method, appropriate given the operational constraints such as limited access to participants, time restrictions, and the absence of a comprehensive database of health professionals engaged in emigration procedures. In accordance with the methodological recommendations of [Hair and al. \(2013\)](#), the questionnaire introduction outlined the research objectives, ensured the confidentiality of the collected data, and emphasized the voluntary nature of participation. Informed consent was obtained prior to questionnaire completion.

The variables used in the study were drawn from validated literature in the fields of human resources and occupational psychology, with specific adaptations to the Moroccan context. Three main dimensions were measured using a five-point Likert scale, ranging from “strongly agree” (5) to “strongly disagree” (1): perceived organizational support (POS), organizational trust (OT), and intention to leave (IL). To measure perceived organizational support, we used the short version of the scale developed by [Eisenberger and al. \(1986\)](#), consisting of six items that are commonly used in the literature and exhibit high factor loadings. Organizational trust was assessed using a seven-item scale developed by [Gabarro and Athos \(1976\)](#), which evaluates the perceived integrity, honesty, and reliability of the employer. To measure the turnover intention of Moroccan public sector physicians, we used the measurement items adopted by [Vandenberghe et al. \(2004\)](#), based on the works of [Hom and Griffeth \(1991\)](#) and [Jaros \(1997\)](#). Intention to leave was assessed through three items capturing the frequency of thoughts about leaving and the willingness to consider alternative professional opportunities.

This structured measurement framework enabled a rigorous assessment of the relationships among the studied variables.

Table 1. Items of the measurement instrument

Variable	Code	Item (Likert Scale Statement)
Perceived Organizational Support (POS)	POS1	My work organization really cares about my well-being.
	POS2	My work organization values my contributions to its well-being.
	POS3	My work organization is willing to help me when I need a special favor.
	POS4	My work organization shows little concern for me.
	POS5	My work organization takes pride in my accomplishments at work.
	POS6	My work organization strongly considers my goals and values.
Organizational Trust (OT)	OT1	I am not sure I fully trust my employer. (<i>reverse scored</i>)
	OT2	My employer is open and honest with me.
	OT3	I believe my employer is highly ethical.
	OT4	Overall, I believe my employer's motives and intentions are good.
	OT5	My employer is not always honest and sincere. (<i>reverse scored</i>)
	OT6	I do not believe my employer treats me fairly. (<i>reverse scored</i>)
	OT7	I can expect my employer to treat me in a consistent and predictable manner.
Intention to Leave (IL)	IL1	I often think about leaving my current organization.
	IL2	I intend to leave my current job in the coming years.
	IL3	I plan to look for a better job opportunity in the coming years

Source: Author's elaboration

As shown in Table 1, the measurement instrument includes items for each construct (POS, OT, and IL) rated on a five-point Likert scale. Each item reflects a specific aspect of the construct, such as perceived recognition, trust in the employer's integrity, and frequency of thoughts about leaving the organization. This detailed list ensures clarity and transparency in how each latent variable was operationalized.

Within the framework of this study on perceived organizational support and intention to emigrate among healthcare professionals in Morocco, data analysis was conducted using structural equation modeling (SEM), employing the partial least squares approach (PLS-SEM) via Smart-PLS software version 4. This method was chosen for its ability to model complex relationships between latent and observed variables, making it particularly suitable for testing the proposed conceptual model in the context of this research.

3. 1. MEASUREMENT MODEL ANALYSIS

Within the framework of structural equation modeling, the assessment of the measurement model constitutes a crucial step prior to interpreting the structural relationships. This phase aims to ensure that latent variables are measured reliably and validly through their observed indicators. To achieve this, several criteria are employed, including convergent validity, discriminant validity, and internal consistency reliability, assessed notably through factor loadings tables, internal consistency indices, the Fornell-Larcker criterion, and the HTMT ratio.

3. 1. 1. CONVERGENT VALIDITY

Validity refers to the ability of a measurement instrument to adequately assess a given construct. It ensures that the concepts employed by researchers are accurately measured through appropriate tools. Valid data thus reflect a faithful correspondence between the collected responses and the studied reality.

Convergent validity assesses the extent to which different items intended to measure the same construct are highly correlated with one another. It relies on two main indicators: outer loadings

and the Average Variance Extracted (AVE). An item is considered reliable if it exhibits an outer loading greater than 0.70, indicating that it is well explained by the construct to which it is related. Moreover, an AVE greater than 0.50 means that the construct explains more than half of the variance of its observed indicators.

These criteria were used to verify the measurement quality of variables such as perceived organizational support, organizational trust, and intention to leave, within the specific context of professional migration among Moroccan nurses and midwives.

The formula is as follows:

$$AVE = \frac{\sum \lambda_i^2}{\sum \lambda_i^2 + \sum \theta_i} \quad (1)$$

Where:

- λ_i : represent the factor loadings of the indicators for a given construct.
- θ_i : denote the error variances of the indicators.

3. 1. 2. INTERNAL RELIABILITY

Reliability reflects the stability and consistency of the instruments used to measure concepts. It allows for the assessment of measurement precision as well as the degree of error. Although Cronbach's alpha, being a conservative measure, is commonly used to estimate reliability based on the intercorrelations among observed indicator variables, its limitations have led to the use of composite reliability to better assess the internal consistency of the measures.

In this study, a reliability value is considered acceptable if it ranges between 0.70 and 0.90, with the optimal range lying between 0.80 and 0.90.

The formula is as follows:

$$\alpha = \frac{N}{N-1} \left(1 - \frac{\sum_{i=1}^N \sigma_i^2}{\sigma_{total}^2} \right) \quad (2)$$

3. 1. 3. DISCRIMINANT VALIDITY

Discriminant validity compares the factor loadings of an indicator with those related to other latent constructs. It is assessed using the Heterotrait-Monotrait ratio (HTMT) and the Fornell-Larcker criterion. HTMT evaluates discriminant validity by examining whether the correlations between constructs within the same measurement model differ significantly from those observed between different constructs.

If the HTMT value is significantly below 0.90, discriminant validity is considered satisfactory; however, if it approaches or exceeds 1, this may indicate a problem. The Fornell-Larcker criterion, on the other hand, compares the square root of a construct's AVE with the correlations observed between that construct and other latent variables.

3. 2. STRUCTURAL MODEL ANALYSIS

The test of the internal model (or structural model) aims to describe the relationships between latent variables. In this study, several elements are considered, including:

3. 2. 1. R² VALUES

This table presents the R² (coefficient of determination) values for endogenous variables (those explained within the model). R² indicates the percentage of variance explained by the exogenous constructs.

- A high R² value (e.g., > 0.50) suggests that the structural model has good explanatory power.
- R² > 0.75 is considered substantial, between 0.50 and 0.75 as moderate, and between 0.25 and 0.50 as weak.

3. 2. 2. RESEARCH HYPOTHESIS RESULTS

After running the PLS-SEM algorithm, researchers use path coefficients to test the hypothetical estimates regarding the relationships in the structural model. The significance of these coefficients depends on the standard error, obtained through the bootstrap method, which assesses the contribution of the indicators to the corresponding construct. The standard error is used to calculate the t-values and p-values for all structural path coefficients.

Hypothesis testing helps determine whether the estimated hypothesis should be accepted or rejected. Critical t-values are used to assess the significance of a coefficient. If the empirical t-value exceeds the critical t-value (typically > 1.65 for a 5% significance level in one-tailed tests), the hypothesis is considered statistically significant and thus the null hypothesis is rejected.

4. RESULTS

To ensure the reliability and validity of the questionnaire, the measurement model was evaluated in accordance with recommendations established in the literature on Partial Least Squares Structural Equation Modeling (PLS-SEM). The analysis was conducted using the SmartPLS software, which allows for a rigorous assessment of both the latent constructs and the associated structural model. This evaluation step is essential to ensure that the questionnaire items accurately reflect the theoretical dimensions they are intended to measure (Becker, 2022).

First, we provide a brief description of the respondents. The participants were predominantly women (216), with an average age of 28.7 years. Their average professional experience was five years. They worked in various healthcare settings, including rural dispensaries (12%), provincial and regional hospitals (17%), and University Hospital Centers (UHC) (71%).

4. 1. CONVERGENT VALIDITY

The results of the factor loadings show high coefficients for each item corresponding to their respective constructs, indicating strong internal consistency of the latent variables: Perceived Organizational Support (POS), Organizational Trust (OT), and Intention to Leave (IL). For the POS construct, the loadings range from 0.733 (POS2) to 0.863 (POS5), all above the recommended threshold of 0.70 (Hair et al., 2013), reflecting a significant contribution of the items to the measurement of perceived support by professionals. This suggests that the surveyed nurses and midwives perceive a certain degree of recognition and interest from their organization, although the level of perception varies depending on the dimensions explored.

Regarding Organizational Trust (OT), the loadings are exceptionally high, ranging from 0.728 (OT1) to 0.963 (OT3), indicating strong homogeneity among the items. This suggests that trust in the employer is a well-defined dimension for the respondents, even though some reverse-coded items (such as OT1) show slightly lower loadings, which is common in reversed measures. Finally, the Intention to Leave (IL) construct also displays very high loadings (ranging from 0.933 to 0.953), indicating strong consistency among the items measuring the intention to emigrate. This reflects a clear determination among professionals to leave their current positions in search of opportunities abroad, particularly in Canada.

Table 2. Factor loadings results

	POS	OT	IL
POS1	0.777		
POS2	0.733		
POS3	0.86		
POS4	0.843		
POS5	0.863		
POS6	0.846		
OT1		0.728	
OT2		0.786	
OT3		0.963	
OT4		0.954	
OT5		0.961	
OT6		0.938	
OT7		0.943	
IL1			0.933
IL2			0.943
IL3			0.953

Source: Author's elaboration based on SmartPLS

As shown in Table 2, all factor loadings exceed the recommended threshold of 0.70, indicating that the items are strongly correlated with their respective constructs. This confirms convergent validity for the three latent variables. Notably, IL items have the highest loadings, reflecting a strong consistency in respondents' intention to emigrate.

The results suggest that the three constructs, Perceived Organizational Support (POS), Organizational Trust (OT), and Intention to Leave (IL), were measured reliably and validly within the scope of this study. The high level of factor loadings indicates strong item convergence within each construct, confirming that the theoretical dimensions selected are relevant for explaining emigration behavior among healthcare professionals in Morocco. The robustness of the Intention to Leave construct, in particular, shows that this target population expresses a serious willingness to leave, which supports growing concerns over the medical brain drain to countries such as Canada.

Moreover, the findings related to Perceived Organizational Support and Organizational Trust point to a potential area for intervention: strengthening institutional support and the quality of the trust relationship between professionals and their employers could help mitigate turnover intentions. Overall, these results support the notion that organizational factors play a crucial role in emigration decisions and that a retention policy could effectively build on the improvement of these psychosocial determinants.

4. 2. INTERNAL RELIABILITY

The internal consistency indicators Cronbach's alpha, rho_A, composite reliability (rho_C), and Average Variance Extracted (AVE) confirm the robustness of the three constructs measured in this study: Perceived Organizational Support (POS), Organizational Trust (OT), and Intention to Leave (IL).

For POS, Cronbach's alpha is 0.767, slightly above the acceptable threshold of 0.70, indicating satisfactory internal reliability. The composite reliability (rho_C = 0.784) and AVE (0.593) also confirm a good level of consistency among the construct's items, with sufficient capacity to capture the shared variance of the indicators.

As for Organizational Trust (OT), the results are excellent: Cronbach’s alpha reaches 0.94, and rho_C rises to 0.953, reflecting a very high level of reliability. The AVE of 0.775 largely exceeds the recommended threshold of 0.50, indicating that the majority of the variance in the indicators is explained by the construct itself.

The construct Intention to Leave (IL) demonstrates the strongest internal consistency, with an alpha of 0.971, a rho_C of 0.973, and an AVE of 0.879, showing very high homogeneity among items. This suggests that respondents clearly and consistently express their intention to emigrate.

Table 3. Internal consistency results

	Cronbach’s alpha	Rho_A	Rho_C	Average variance extracted (AVE)
POS	0.767	0.771	0.784	0.593
OT	0.94	0.975	0.953	0.775
IL	0.971	0.952	0.973	0.879

Source: Author’s elaboration based on SmartPLS

As shown in Table 3, all constructs meet or exceed the acceptable thresholds for Cronbach’s alpha, rho_A, composite reliability, and AVE. This indicates that the items within each construct reliably measure the intended concept, with Organizational Trust and Intention to Leave demonstrating particularly high reliability.

These results confirm that the measurement instruments used in the questionnaire are reliable and valid for exploring the psychosocial dimensions related to the emigration of Moroccan healthcare professionals. Although slightly less robust than the other two constructs, Perceived Organizational Support remains reliable and valid, reflecting a certain diversity in the perception of support across public healthcare facilities. This may be due to heterogeneous managerial practices or varying working conditions depending on the institution.

The very high levels of consistency observed for Organizational Trust and especially for Turn-over Intention reinforce the centrality of these dimensions in explaining the migration phenomenon. In other words, the professionals surveyed have a clear and stable perception of their intention to leave the Moroccan public healthcare system, suggesting a profound and widely shared sense of discomfort, likely linked to a loss of trust in their employing organization.

In conclusion, these results provide statistical validation of the study’s theoretical hypotheses. They also indicate that any strategy aimed at retaining skilled professionals must be based on a tangible reinforcement of institutional support and the trust relationship with healthcare workers otherwise, the emigration trend toward more attractive systems, such as Canada’s, is likely to intensify.

4. 3. DISCRIMINANT VALIDITY

Following the evaluation of the internal consistency of the measurement model, it was necessary to assess its discriminant validity. To this end, the Fornell–Larcker criterion was applied (see Table 5). This criterion is used to evaluate discriminant validity between the latent constructs of the model. Discriminant validity is established when the square root of the AVE (displayed in bold on the diagonal) is greater than the cross-correlations (off-diagonal values) between the other constructs.

The results presented in the table confirm that this condition is met, thereby supporting the discriminant validity of the constructs:

- POS ($\sqrt{AVE} = 0.702$) is higher than its correlations with OT (0.468) and IL (0.095).
- OT ($\sqrt{AVE} = 0.880$) is also higher than its correlation with IL (0.281).
- IL ($\sqrt{AVE} = 0.938$) is well above all its cross-correlations.

Thus, each construct shares more variance with its own indicators than with other constructs, which empirically validates the distinction between Perceived Organizational Support (POS), Organizational Trust (OT), and Intention to Leave (IL).

Table 4. Fornell-Larcker results

	POS	OT	IL
POS	0.702		
OT	0.468	0.88	
IL	0.095	0.281	0.938

Source: Author's elaboration based on SmartPLS

As shown in Table 4, the square roots of the AVEs (diagonal values) are greater than the correlations between constructs (off-diagonal values), confirming discriminant validity. This means that each construct is statistically distinct from the others, justifying their separate treatment in the model.

These results indicate that the three conceptual dimensions measured are well differentiated statistically, thereby strengthening the psychometric credibility of the model. In particular, the low correlation between POS and IL (0.095) suggests that perceived organizational support does not have a strong direct effect on intention to leave. This may reflect a situation where, even if healthcare professionals feel supported in their work, this alone is insufficient to contain their aspirations to emigrate, which are likely driven by systemic or structural factors (working conditions, career prospects, remuneration, etc.).

Conversely, the moderate correlation between OT and IL (0.281) points to a more tangible link between organizational trust and the intention to leave. This suggests that perceptions of the employer's honesty, transparency, and integrity may carry greater weight in the emigration decision than the material or emotional support perceived on a daily basis.

Finally, the correlation of 0.468 between POS and OT confirms a notable association between perceived support and trust in the organization, without redundancy between the two constructs. This indicates that although these dimensions are interconnected, they measure distinct aspects of healthcare professionals' work experience.

To further assess discriminant validity, the Heterotrait-Monotrait ratio (HTMT) criterion was applied. According to Henseler et al. (2015), HTMT values below the threshold of 0.85 (or, more conservatively, 0.90) indicate satisfactory discriminant validity. As shown in the HTMT matrix (see Table 6), all values between constructs are well below the 0.85 cutoff. The values obtained are as follows: 0.526 between Perceived Organizational Support (POS) and Organizational Trust (OT), 0.19 between POS and Intention to Leave (IL), and 0.294 between OT and IL. All these values are considerably lower than the recommended threshold of 0.85 by Henseler et al. (2015), indicating a clear distinction between constructs and thus adequate discriminant validity.

Table 5. HTMT criterion results

	POS	OT	IL
POS			
OT	0.526		
IL	0.19	0.294	

Source: Author's elaboration based on SmartPLS

As shown in Table 5, all HTMT values are below the conservative threshold of 0.85, further confirming discriminant validity between constructs. The relatively higher value between POS and OT reflects their conceptual relatedness but remains within acceptable limits.

These results suggest that the constructs measured in the study POS, OT, and IL indeed represent distinct dimensions. The value of 0.526 between POS and OT, although higher than the others, remains within the acceptable range, confirming that while there may be a link between perceived support and trust in the organization, these two concepts are not interchangeable. The lower values between IL and the other variables (0.19 with POS, 0.294 with OT) reflect a clear differentiation between intentions to emigrate and perceptions of the organizational environment. This reinforces the validity of the conceptual model used and justifies the independent interpretation of each construct's effects in the structural analysis.

The collinearity assessment results presented in Table 6 indicate that all Variance Inflation Factor (VIF) values fall well below the commonly accepted threshold of 5, suggesting that multicollinearity is not a significant concern in this model. Items related to perceived organizational support (POS) demonstrate particularly low VIF values, ranging from 1.153 to 2.974, which highlights the distinctiveness and reliability of these indicators in explaining the construct without excessive redundancy. Similarly, intention to leave (IL) items show moderate VIF values (2.498 and 3.417), remaining within acceptable limits and confirming that these indicators contribute unique explanatory power to the model.

Table 6. Colinearity assessment - VIF

Item	VIF
POS1	1.226
POS2	1.153
POS3	1.616
POS4	1.544
POS5	2.974
POS6	2.093
OT1	1.942
OT2	3.370
OT3	2.104
OT4	2.450
OT5	2.115
OT6	4.604
OT7	2.908
IL1	3.417
IL2	2.498
TL3	1.282

Source: Author's elaboration based on SmartPLS

Organizational trust (OT) items, however, show comparatively higher VIF values, with OT6 (4.604) being the highest across the dataset. While this is still under the critical threshold, it suggests that some degree of overlap may exist among trust-related indicators, potentially reflecting conceptual closeness within the construct. Nevertheless, since all values remain within the acceptable range, the measurement model can be considered robust, and no corrective actions such as item removal are required. Overall, the VIF analysis confirms the absence of problematic multicollinearity, ensuring that the structural model's path coefficients and explanatory relationships can be interpreted with confidence.

4. 4. R² VALUES

To evaluate the structural model, the coefficient of determination (R²) was examined to assess the predictive power and reliability of the model's relationships. The R² value for the endogenous variable "Intention to Leave (IL)" is 0.692, indicating that approximately 69.2% of the variance related to the intention to emigrate among Moroccan healthcare professionals can be explained by the exogenous constructs, namely Perceived Organizational Support (POS) and Organizational Trust (OT). The adjusted R² value, which accounts for model complexity, is 0.681, further reinforcing the robustness and reliability of the relationships established in the conceptual model.

Table 7. R² values

	R-square	R-square adjusted
DF	0.692	0.681

Source: Author's elaboration based on SmartPLS

As shown in Table 7, the R² value for Intention to Leave is 0.692, indicating that Perceived Organizational Support (POS) and Organizational Trust (OT) together explain 69.2% of the variance in IL. According to Chin's (1998) guidelines within the PLS-SEM framework, values above 0.67 are considered substantial, placing this model among those with strong explanatory power. This finding is particularly relevant given the complexity of the psychosocial mechanisms influencing emigration decisions and underscores the decisive impact of organizational factors on intention-to-leave behaviors, thereby calling for more proactive managerial policies to retain qualified human resources.

To assess the proposed structural relationships within the research model, path coefficients were tested using the bootstrap procedure. The significance of each relationship was examined based on the coefficient value, standard error, t-statistic, and corresponding p-value. Table 7 presents a summary of the hypothesis testing results.

4. 5. RESEARCH HYPOTHESIS RESULTS

The following table displays the SmartPLS output corresponding to the results of our hypothesis testing:

Table 8. Research hypothesis results

	Coefficient	Standard Error	T Statistic	P values
POS -> OT	0.342	0.044	7.772	0.000
OT -> IL	0.561	0.174	3.224	0.001
POS -> IL	0.413	0.069	5.985	0.000

Source: Author's elaboration based on SmartPLS

As shown in Table 8, all three hypothesized relationships are statistically significant. POS positively influences OT ($\beta = 0.342$, $p < 0.001$), OT positively influences IL ($\beta = 0.561$, $p = 0.001$), and POS directly influences IL ($\beta = 0.413$, $p < 0.001$). These results confirm the central role of organizational support and trust in predicting turnover intentions.

H₁: A low level of perceived organizational support hinders the development of organizational trust among nurses and midwives in Morocco

The results show a significant positive coefficient between perceived organizational support (POS) and organizational trust (OT), with a coefficient of 0.342, a standard error of 0.044, a

high t-statistic of 7.772, and a p-value of 0.000. These statistics indicate a strong and highly significant positive effect of perceived organizational support on organizational trust. In other words, high perceived organizational support promotes the development of organizational trust. Therefore, hypothesis H_1 is confirmed: low perceived organizational support indeed hinders organizational trust.

H₂: Broken organizational trust fosters the development of intention to leave among nurses and midwives in Morocco

The analysis reveals a positive and significant coefficient between organizational trust (OT) and intention to leave (IL), with a coefficient of 0.561, a standard error of 0.174, a t-statistic of 3.224, and a p-value of 0.001. This positive relationship means that a decrease or breakdown in organizational trust is accompanied by an increase in the intention to leave. This confirms that when nurses and midwives lose trust in their organization, their motivation diminishes, leading to a stronger desire to leave. Hypothesis H_2 is thus validated. This insight is critical for human resource managers as it highlights the direct impact of relational perceptions on potential turnover, especially in sensitive sectors such as healthcare.

H₃: Perceived organizational support as a direct predictor of intention to leave

The direct relationship between perceived organizational support (POS) and intention to leave (IL) is also positive and highly significant, with a coefficient of 0.413, a standard error of 0.069, a t-statistic of 5.985, and a p-value of 0.000. This result shows that perceived organizational support not only has an indirect effect via organizational trust but also a direct effect on intention to leave. This means that independently of organizational trust, a low level of perceived support can increase nurses' and midwives' intention to leave. This dual influence underscores the necessity for organizations to strengthen the support felt by their staff to reduce voluntary turnover risks.

The three hypotheses are validated by empirical results. Perceived organizational support acts as a key lever in building organizational trust, which in turn directly influences the willingness to stay or leave the organization. Moreover, organizational support also directly affects intention to leave. These relationships highlight the strategic importance of fostering a supportive organizational environment to maintain the stability of nursing and midwifery staff in Morocco. These findings reinforce the literature on the fundamental role of organizational perceptions in human resource management, particularly in professions with high emotional and professional demands.

5. DISCUSSION

5. 1. INTERPRETATION OF THE RESULTS IN LIGHT OF THE LITERATURE

This study aimed to gain a deeper understanding of the psychosocial factors influencing the emigration intentions of Moroccan nurses and midwives, through the lens of Perceived Organizational Support (POS) and Organizational Trust (OT). The results obtained using structural equation modeling validated the three proposed hypotheses.

- *H₁: Perceived Organizational Support has a significant positive effect on Organizational Trust ($\beta = 0.342, p < 0.001$).* This finding confirms the work of Rhoades and Eisenberger (2002), Dirks and Ferrin (2002), Robinson and Morrison (1995), as well as Dulac et al. (2008), who emphasized that the perception of both tangible and emotional support from the organization constitutes a key lever in establishing a climate of trust among healthcare professionals. POS, through recognition, attention to individual needs, and daily support, thus plays a crucial role in shaping the quality of the relationship between the individual and the institution. In the Moroccan context, this result takes on particular significance. The national healthcare system is frequently described by professionals as

lacking in support, both materially and emotionally. Nurses and healthcare technicians often report a sense of being undervalued, excluded from decision-making processes, and insufficiently recognized for their efforts. Such a climate contributes to a negative perception of organizational support and leads to a deterioration of trust toward both direct supervisors and the broader institutional framework. The erosion of this trust relationship reflects deeper systemic challenges and highlights the importance of re-establishing supportive, fair, and communicative managerial practices within public healthcare institutions.

- H_2 : *Organizational Trust is positively associated with the intention to leave* ($\beta = 0.561$, $p < 0.01$). This relationship indicates that a breakdown in trust with the organization significantly increases the desire to leave, which corroborates the findings of Gilbert and Tang (1998), and Eisenberger and Stinglhamber (2011). This association further highlights the central role of trust as a protective factor against disengagement and voluntary departure (Brashear et al., 2003; Naumann, Widmier, and Jackson, 2000). In the Moroccan healthcare system, the weakening of organizational trust is a recurring issue. Repeated reforms, lack of transparency in career progression, and perceived favoritism in administrative decisions have fostered feelings of injustice and marginalization among healthcare professionals. The absence of participatory governance mechanisms and the limited involvement of staff in institutional choices exacerbate this rupture in trust. This breakdown of trust is further accentuated by the widespread lack of perceived organizational support, which deprives professionals of the recognition and backing necessary to maintain a strong psychological attachment to their institutions. As a result, many professionals experience a growing sense of detachment from their organizations, which fuels their desire to seek more stable, fair, and predictable work environments abroad.
- H_3 : *Perceived Organizational Support also has a direct effect on the intention to leave* ($\beta = 0.413$, $p < 0.001$). This confirmation supports the findings of Kurtessis et al. (2015), Eisenberger et al. (1986), Guzzo et al. (1994), and Rhoades and Eisenberger (2002). The dual influence, both direct and indirect through trust, underscores the strategic importance of POS in retention policies. This is especially relevant in the Moroccan context, where limited career development opportunities, inadequate working conditions, and high workloads create a professional environment perceived as unsupportive and unrewarding. In such a context, the lack of perceived organizational support becomes a strong predictor of departure, even in the absence of a complete breakdown of trust. These findings suggest that improving daily support, managerial responsiveness, and institutional recognition could play a critical role in retaining healthcare workers and countering the current wave of emigration.

These results confirm the relevance of Social Exchange Theory in explaining the underlying mechanisms of emigration intentions. The feeling of being supported and recognized by the organization goes beyond mere perception, it deeply affects the trust and attachment of professionals to their work environment. More subtly, the modest correlations between POS and the intention to leave may suggest that other systemic factors, such as working conditions, career prospects, and the attractiveness of the host country, also weigh heavily in the decision to emigrate. These elements warrant further exploration in future research.

While the findings offer robust statistical evidence within the sampled population, the use of non-probability sampling limits the extent to which the results can be generalized to all Moroccan nurses and midwives. Nonetheless, the strong internal consistency and significant structural relationships observed suggest that similar dynamics could be present in comparable low- and middle-income country contexts, warranting further cross-national validation.

MANAGERIAL IMPLICATION

The findings of this research provide concrete avenues for action for healthcare system managers and policymakers. Strengthening Perceived Organizational Support should not be confined to formal mechanisms; it requires a managerial culture grounded in recognition, transparent communication, and consideration of professionals' career aspirations. Similarly, restoring Organizational Trust calls for tangible actions on the ground, such as fairness in promotions, involvement in decision-making, and transparency regarding strategic directions.

At a time when Morocco is facing a concerning exodus of its healthcare professionals, this study demonstrates that the response cannot be solely financial or regulatory. It is essential to act upon symbolic and relational levers, which are critical to fostering long-term commitment and a sense of belonging.

Thus, it is recommended to complement this research with a qualitative study among healthcare professionals in order to gain deeper insights into their expectations and needs. Such an approach would help identify priority levers to enhance their perception of organizational support and to rebuild trust in their institutions. In this regard, several practical avenues can be considered, including:

1. Establish transparent and merit-based promotion systems: Clear, written criteria for career advancement should be communicated and consistently applied to reduce perceptions of favoritism;
2. Improve working conditions with targeted interventions: This includes ensuring adequate staffing levels to reduce workload, improving access to medical supplies, and investing in workplace safety;
3. Create recognition and reward mechanisms: Beyond salary, symbolic recognition such as "best practice awards," annual ceremonies, or digital platforms celebrating staff achievements can reinforce organizational support;
4. Develop retention-focused HR policies: Introducing financial and non-financial incentives (e.g., housing support, continuous training, international exchange programs) can reduce emigration pressures by aligning organizational support with long-term career aspirations

5. 2. LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

This study has certain limitations. It is based on a non-probabilistic sample, which limits the generalizability of the results to the entire population of nurses and midwives in Morocco. A longitudinal study would allow a better understanding of the evolution of Perceived Organizational Support (POS) and trust over time, as well as their actual impact on actual departures. Finally, contextual variables such as workload, quality of work life, or social representations of migration deserve to be integrated into a more comprehensive explanatory model in future research. A mixed-methods approach, combining quantitative data and qualitative interviews, would offer a deeper understanding of the underlying motivations driving emigration.

6. CONCLUSION

Ce This research rigorously evaluated the validity and reliability of the measurement model used to explore the psychosocial determinants of migration intention among nurses and midwives in Morocco. By employing Partial Least Squares Structural Equation Modeling (PLS-SEM) via SmartPLS, the key constructs of Perceived Organizational Support (POS), Organizational Trust (OT), and Intention to Leave (IL) were measured reliably and validly. Results from factor analy-

ses, internal consistency coefficients, and discriminant validity criteria confirm that the selected dimensions are relevant and distinct, thus ensuring the psychometric robustness of the questionnaire. Descriptive analysis revealed that participants primarily young women working across various healthcare settings express varied perceptions of organizational support but demonstrate strong organizational trust alongside a clearly affirmed intention to migrate. These findings reflect latent dissatisfaction among healthcare personnel, exacerbated by sometimes challenging working conditions and an organizational environment perceived as insufficiently supportive. The high consistency of intention-to-leave indicators underscores the severity of medical talent drain towards attractive destinations such as Canada.

Hypothesis testing highlighted significant and coherent relationships among the studied variables: low perceived organizational support hampers the development of organizational trust, which, when broken, significantly increases the intention to leave. Additionally, perceived organizational support also directly influences this intention to depart. These results confirm the strategic importance of strengthening institutional support and the quality of trust relationships to reduce turnover and promote the retention of healthcare professionals within the Moroccan system.

In conclusion, this study offers significant contributions to understanding the psychosocial factors motivating the migration of nurses and midwives in Morocco. It provides concrete insights for policymakers and public health managers, emphasizing the need to implement targeted managerial policies aimed at improving perceived support and restoring organizational trust. Without such measures, the healthcare system risks losing a substantial portion of its talent, thereby compromising the quality of care and continuity of essential services.

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