**International Journal of Economics and Management Sciences**
Volume 5, Issue 2 (2026), pp. 1-23
ISSN 2823-9350

# Readiness for change, Trust in leadership and Turnover intentions in Times of Reform: Qualitative insights from Moroccan healthcare professionals.

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**Cite this article** El Boukhari, M., Hafidi Alaoui,M.-S. (2026). Readiness for change, Trust in leadership and Turnover intentions in Times of Reform: Qualitative insights from Moroccan healthcare professionals. International *Journal of Economics and Management Sciences*, Volume 5, Issue 2 (2026), pp. 1-23

**Submitted: 14/02/2026**
**Accepted: 26/03/2026**



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**International Journal of Economics and Management Sciences**
Volume 5, Issue 2 (2026), pp. 1-23
ISSN 2823-9350

**Abstract**

This research seeks to examine the change from the professionals' perspectives, to shed light on their readiness for it, their trust in leadership and the extent to which the current reform affects their intentions to leave, in a department struggling with turnover. Adopting a qualitative exploratory design, data was collected through semi-structured interviews with 10 healthcare professionals representing various organizational layers. Findings indicate that change was associated with negative emotions, even though its legitimacy was unanimously recognized. Individuals reported a prevailing sense of uncertainty, an unwillingness to engage with the change and expressed a low readiness to embrace it. Poor communication emerged as a major factor intensifying professionals' stress and explaining low levels of trust toward the hierarchy. This situation did not significantly increase turnover intentions among professionals who were not previously considering leaving. However, it did prompt those who had been postponing their departure to consider leaving soon.

**Key words:** Readiness for change; organizational change; trust in leadership; turnover intentions; healthcare.

## Introduction

Change has become a constant feature in the life cycle of organizations due to the increasing frequency of unpredictable events. However, not all changes are unplanned, some are required and prepared intentionally to overcome a perceived failure. In the field of healthcare, change is vital because challenges are enormous and continuously growing. On the other hand, change can potentially have a destabilizing effect, heavily affect turnover intentions and lead to resistance **(Buss & Kearney, 2024)**. Retaining professionals remains a major problem for healthcare systems, suffering to different degrees from shortages in highly qualified practitioners **(Wynendaele et al., 2025)**.

Since 2020, the Department of Health has been engaged in a large-scale reform of the system, focused on four dimensions: improving governance, valuing human capital, upgrading healthcare infrastructure and implementing a new information system **(MSPS, 2023)**. Human resources are a key component of the reform's success. However, the latest social report of the Ministry **(MSPS., 2020)** notes that the department has been struggling to attract and retain its professionals. This issue is highly problematic as the performance of the healthcare sector is closely tied to the willingness of workers to commit to their organization's goals **(Franco et al., 2002)**, which makes public healthcare reforms even more complicated to conduct **(Edwards & Saltman, 2017)**.

Reinventing forms of public management to overcome protocols of a traditional hierarchical model is no longer optional but essential for future growth **(Baker, 2007)**. As stakes are high, top management is often the body responsible for launching and leading an organizational change according to an established schedule. However, the evolution of the staff mindset does not necessarily follow the same pace **(Bareil, 2008)**. For that purpose, building a positive emotional experience during change starts even before its execution and implies giving a specific attention to the concept of readiness for change.

From the employees' lens, leaders are seen as the firm's representatives **(Kashyap & Rangnekar, 2016).** The nature and quality of the ongoing social exchange is very influential on the degree of subordinates' dedication. When dealing with difficult circumstances, employees seek guidance and strength from their leaders **(Milligan, 2003)**. In fact, implementing change in a supportive organizational climate makes employees more inclined to cooperate and adopt positive attitudes toward it **(Ahmad et al., 2017)**.

In low- and middle-income countries, leadership is often perceived as inefficient and as purposefully monopolizing decision-making **(Gilson & Agyepong, 2018)**. As a result, leaders

fail to engage employees in adopting appropriate responses during periods of uncertainty **(Belrhiti et al., 2020)**. In fact, change can degenerate into an emotionally draining experience for individuals, which increases the likelihood of denial and dysfunctional outcomes such as turnover **(Khaw et al., 2023)**. Moreover, the existence of highly politicized public departments makes forming trusting relationships between leaders and followers quite difficult **(Bligh, 2017)**.

Both trust in leadership and readiness for change remain underexplored in the healthcare sector **(Gibson & Petrosko, 2014; Harrison et al., 2022)** and need further attention, particularly in African settings **(Gilson & Agyepong, 2018)**. The intersection of trust, readiness, and turnover intentions becomes especially salient in healthcare settings, where change is frequent and often disruptive and structures are overwhelmed by citizens' demand **(Chênevert et al., 2019)**. While the motivators of change may be external, its outcomes are largely dependent on the behaviors of people conducting it **(Neves, 2009)**.According to **Kotter (1996)**, human resistance is the main barrier to successful change.

In this exploratory qualitative study, we aim to understand how healthcare professionals in a Moroccan public health department perceive an ongoing organizational reform; assess their readiness to embrace it and examine its influence on their intentions to leave. Additionally, we investigate the role of trust in leadership during this ambiguous phase. To our knowledge, this is the first study to examine the intersection of these three constructs in the Moroccan healthcare setting.

## 1. Theoretical background

### 1.1. Turnover intention

Job market is continuously progressing and opening up for talented profiles, which makes the race between organizations in terms of recruiting and retaining valuable workers, quite intense. In these challenging conditions, turnover remains a phenomenon of great concern for organizations due to its significant financial implications **(Park & Min, 2020)**.

The term turnover refers to the termination of an employment relationship between an individual and a company **(Ngo-Henha, 2018)**. Scholars distinguished between voluntary and involuntary turnover **(Bluedorn, 1978; Price, 2001)**, based on the initiator of the separation. When the decision of quitting is made by the employee, turnover is voluntary. According **Maertz & Campion (1998)**, voluntary turnover is when "instances wherein management agrees that the employee had the physical opportunity to continue employment with the company, at the time of termination" (p. 50). Since this form of turnover can be avoidable, it

has been the focus of extensive research aiming to understand its causes to improve retention strategies **(Mobley et al., 1979; Sheridan & Abelson, 1983)**. In contrast, involuntary turnover is typically driven by organizational needs or directives such as downsizing or performance issues **(Parker & Gerbasi, 2016)**.

Among the predictors of voluntary turnover, there is a broad consensus about intention to leave as the strongest cognitive precursor **(Bluedorn, 1982; Tett & Meyer, 1993)** and represents the final stage in the decision-making process before resignation **(Mccarthy et al., 2007)**. This link is supported by the theory of planned behavior, which posits that intentions are reliable predictors of actual behavior **(Kan & Fabrigar, 2017; Steil et al., 2019)**, offering a solid framework for understanding employee withdrawal.

### 1.2. Readiness for change

Building a positive emotional experience during change starts even before its execution and implies giving a specific attention to the concept of readiness for change. This construct remains of great concern for scholars in the field of organizations management **(Al-Ghazali & Afsar, 2022; Rafferty et al., 2013; Rahi et al., 2022)** and can be approached from different angles as both individuals and organizations should be in constant readiness to embrace change **(Alwheeb & M Rea, 2017)**. In our study, the focus is on employee's readiness for change.

Readiness for change can also be referred to as receptivity for change **(Holt et al., 2007)**, which varies from a person to another due to individual and situational components **(Oreg, 2003)**. It can be defined ''as a state of mind reflecting a willingness or receptiveness to changing the way one thinks'' **(Bernerth, 2004, p.39)**.

According to **Armenakis et al., (1993)**, employee's readiness for change is a ''cognitive precursor to the behavior of either resistance to, or support for a change effort'' (p. 681-682). In the same vein, **Wang et al., (2020)** define readiness as '' the extent to which individuals are cognitively and emotionally inclined to accept and adopt a particular plan to purposefully alter the status quo and move forward''(p.2). Through these definitions, the impact of readiness for change on potential behavioral outcomes towards change is explicitly recognized.

### 1.3. Trust in leadership

"Trust as a cognitive state, is the willingness to place resources at others disposal" **(Edmondson & Moingeon, 1999, p.158)**. This definition highlights the importance of such concept in channeling staff contributions to the best of the organization, which makes it a relevant variable for studies on organizational change **(Agote et al., 2016; Ertürk, 2008; Islam et al., 2020)**. Trust can also offer a sustainable competitive advantage in competitive markets

**(Wickramasinghe, 2021)** enhancing both performance **(Davis et al., 2000)** and productivity **(Savolainen & Häkkinen, 2011)**.

Trust is a dynamic psychological state, grounded on the individual's willingness to accept vulnerability, based on positive expectations towards the leader's behaviors or intentions **(Bligh, 2017)**. In other words, it involves risk-taking, particularly during change, where outcomes are uncertain and the potential for opportunism exists **(Balkan et al., 2014)**.

In his cross-discipline review, **Rousseau (1995)** proclaim that two conditions must be met in order for trust to emerge: risk and interdependence. As "trust begins where prediction ends" **(Lewis & Weigert, 1985, p.976)**, the notion of risk implies a probability of loss and uncertainty. While interdependence refers to "where the interests of one party cannot be achieved without reliance upon another"**( Rousseau et al., 1998, p.395)**.

The extent, to which trust can develop between a trustor and a trustee, depends on the traits of both of them. For **Mayer et al., (1995)**, the openness of a trustor to put his trust in a trustee, prior to any effective judgement of his trustworthiness, is called propensity to trust. Individually, trust is a stable trait but it varies from a person to another, as backgrounds, personalities and previous experiences are divergent **(Mayer et al. 1995)**. Thus, some people are more willing to trust than others are

Depending on the trust referents, **Costigan et al., (2011)** and **Dirks & Ferrin (2002)** distinguished between trust in the direct leader and trust in top management. The first type relies on the nature of direct interpersonal interactions with subordinates, whereas the second is related to the reputation of the organization particularly in large companies where the interaction between employees and top management are limited **(Costigan et al., 2011)**.

### 1.4. Trust in leadership, readiness for change and turnover intentions in a setting of uncertainty

Organizational change is often linked to disruptions in workflow (L. Lewis, 2025) as it aims to rethink what used to be the norm. Within the organizational context, many factors influence employees' openness to change and trust in leadership has proved to be one of the key prerequisites for employees' readiness for change. Previous research **(Matthysen & Harris , 2018; Memon et al., 2020)** has demonstrated a significant positive association between trust in leadership and readiness for change. The findings converge around the idea that trustworthy leadership makes individuals more inclined to engage for the change implementation. In other words, trust in leadership nurtures a sense of security **(Tripuspita et al., 2023)**, which

contributes to better coping with the anxiety and fear caused by the painful emotional process of change.

In the face of great adversity, a climate of mutual trust between internal stakeholders is fundamental for the organization's success **(Thakur & Srivastava, 2018)**. Transparent communication is also an essential tool to spread reassurance and mobilize employees around the vision of the leadership in times of uncertainty **(Memon et al., 2020)**.

On the other hand, lack of trust can lead to resistance and withdrawal behaviors **(Baş, 2023; Mürşide & Hamitoğlu, 2019; Rai & Koodamara, 2025)**, as change is more perceived as a threat than an opportunity for growth. Accordingly, negative emotions manifest through various behavioral forms of resistance such as turnover **(Cunningham, 2006; Khaw et al., 2023)**. In this situation, turnover reflects the attempt of individuals to protect their interests from potential perceived risks of the change.

## 2. Material and methods

### 2.1. Design

In health services research, a qualitative approach is more appropriate for use **(Green & Thorogood, 2018),** as it enables researchers to deepen the understanding of a phenomenon and its contextual particularities from those involved in it **(Merriam & Tisdell, 2015)**, providing in-depth information rather than statistical patterns **(Lim, 2025)**.

Accordingly, we chose to conduct a qualitative study to approach the concept of employees' readiness for change, trust in leadership and turnover intentions within a context of change in order to understand professionals' perception of the status quo. To do so, we carried out semi-structured interviews, a flexible tool that allows researchers to capture a fuller picture due to the richness of participants' detailed narratives **(Ruslin et al., 2022)**.

### 2.2. Participants

The participants were selected through purposeful sampling to identify information-rich cases likely to provide meaningful insights into our research problem **(Palinkas et al., 2015)** as the number of professionals interviewed was limited due to a lack of resources **(Stratton, 2024)**. Professionals were included if they had been part of the system for more than 5 years to ensure that they witnessed the evolution of the system before the initiation of the reform in 2020. Professionals were excluded if they held a senior management position to avoid succumbing to pure subjectivism and to reduce the influence of hierarchical bias. Saturation was reached by the eighth interview as all major themes had been identified and subsequent interviews only confirmed the existing data.

### 2.3. Data collection

In qualitative research, multiple methods exist but interviews remain the tool commonly used to gather data **(Naz et al., 2022)**. For our study, we opted for individual semi-structured interviews for which a guide was developed using an inductive approach to provide support for contextual understanding. Interviews are particularly effective in encouraging participants to open up freely, especially given the sensitivity of topics discussed **(Grossoehme, 2014)** such as trust in leadership. Additionally, semi-structured interviews allow other relevant topics to rise as the guide contains predetermined questions with potential follow up questions **(Grossoehme, 2014)**.

In-person interviews were all conducted in a convenient setting and vocally recorded by the author after the verbal permission of the interviewees. The conversations took place between January 2025 and June 2025 and each lasting between 30 and 45 minutes.

### 2.4. Analysis

The authors transcribed all interviews verbatim, and the data was anonymized to protect participants' privacy. Following Braun and Clarke's six-step process **(Braun & Clarke, 2006)**, a thematic analysis was conducted, starting from familiarization with the data to writing the final report. Coding was inductive and carried out manually. As the analysis progressed, recurring patterns and themes emerged, which were refined through peer debriefing among the authors to enhance the credibility and coherence of the findings.

## 3. Results

### 3.1. Demographic characteristics of the participants (Source: authors own work)

| **Characteristics** | **Participants in interviews (n=10)** |
|---|---|
| **Gender** (%) | |
| Male | 4 |
| Female | 6 |
| **Work experience in the department** | |
| 5-10 | 2 |
| 11-15 | 6 |
| 16 and over | 4 |
| **Work level** | |
| Central administration | 6 |
| Regional level | 4 |

| **Middle Management position** | |
|---|---|
| Yes | 2 |
| No | 8 |

### 3.2. Perception of the current healthcare system, the change and its legitimacy

The participants negatively assessed the national healthcare system. Various causes were cited: the absence of leadership and a managerial strategy, an unfair compensation system and the discontinuity of strategies with the change of ministers. One of the participants with 12 years of experience reported that: "Since 1956, the Ministry operates practically with the same system and management. Periodically, the appellation of strategies is modified depending on emerging diseases but no significant interest was given to rethinking the managerial paradigm".

Another professional adds that: "a lack of leadership and persistent bureaucracy remain. Managers develop a feeling of ownership for projects. Unfortunately, the common practice is based on an individualistic approach consisting of monopolizing projects and skills, which makes the transfer of knowledge among individuals very poor".

Additionally, during all interviews, the compensation system emerged as a major weakness of the system, while stability emerged as the most valuable advantage offered by the public function. Most of the sample highlighted that stability and time flexibility are the only benefits that make working in the public sector attractive even with low wages and late promotions. One participant commented that: "From my recruitment in 2011 till now, I did not see any benefit of public function except for stability, no financial benefit, late promotion, lack of financial and moral motivation and an absence of meritocracy".

Change was deemed necessary and legitimate to correct the system's current weaknesses. On the other hand, worries were expressed regarding the adequacy of the upcoming change in meeting the needed adjustments. A participant released a statement confirming that the actual system is "no longer capable of achieving the expected outcomes for either citizens or professionals''.

For the potential impact of change, those working in the central administration had major concerns about the dramatic reduction of their responsibilities. Furthermore, high expectations were expressed regarding the future compensation system, expected to bring solutions to actual pay issues. Optimistic and pessimistic responses were both present in the participants' statements. They were split into a minority (n=2) who felt underestimated for years because their performance was never measured at fair value to improve their salaries and a majority who

believe that pay by performance will violate their financial and professional stability. One of the participants insisted on the necessity to establish fair safeguards for performance evaluation in order to protect professionals from the misuse of power by managers.

### 3.3. Skilled but unseen

The way this phase is being conducted, sparks anger among professionals. One respondent commented: "we only hear echoes; this recast is unknown and mysterious".

Another respondent complained about how the expertise of healthcare professionals was neglected and the planning was contracted out to external consultants. In fact, participants strongly believed in their own skills and ability to face future challenges. Those working in the central administration highlighted how beneficial the continuous training was for them to improve their competencies.

Another participant says: "as a professional who spent 14 years working for the department and as I was always highly devoted to my job, I can say that we feel excluded and demotivated. I feel puzzled and rejected as they destroyed team spirit and the sense of belonging to the system".

### 3.4. Trust and support of leadership

All the participants agreed about the absence of any form of support by their direct managers. One of them mentioned: "we have a strong bond with our manager that goes beyond a regular professional connection. But under the current circumstances, no support was provided as she wasn't better informed than us and had absolutely no guidance to give".

Another participant states: "it is hard to speak about leadership support, when our organization registered many managers' departures during this period. It shows that even those occupying management positions do not have positive expectations about the future of the department".

For the higher leadership, a participant working at the regional level mentions that: "Theoretically the change should be supported by a plan of communication to guarantee that it will be executed fluidly. Unfortunately, there is a huge silence from top management about the future and implication of this change. No one communicates about it. Therefore, I confirm that there is a lack of long-term vision related to this change. They work in the shadows with no involvement of stakeholders in both the central and regional levels". Another professional criticizes the absence of interaction with the top management and says: "I find it illogical that we only know our top managers by appearance while I am part of the central administration for years. So how can I trust and expect to be supported by people I never interact with".

### 3.5. Turnover intentions

In the middle of uncertainty, respondents were divided into two groups: those who were ready to quit their job and those who intended to stay.

The first group raised the desire to stay if the system protects their existing achievements and offers equal chances to professionals. A participant mentioned: "For now, I decide to stay to see what is going to happen and if the department will prioritize me and if new opportunities will be offered fairly and in a transparent way. I prefer to wait and see the impact of the change to decide whether it is attractive to stay or to leave".

Another respondent said: "my work circumstances allow me to maintain a good work-life balance. That is why I never had the idea of leaving my actual job".

Across the second group, the decision of quitting was already taken and leaving was just a matter of time. A participant states: "I always believed that I am here temporary. In the light of the current situation, I do consider leaving sooner because staying is no longer appealing to me, especially knowing that my profile is very demanded by the private sector and NGOs. So I am trying to map out a career plan to prepare my departure".

In the same line, a professional advances: "As the majority, I ignore the potential outcomes of the change and this is encouraging me to look forward to move on and explore my options outside of the department especially with the long experience I accumulated over the years. I am honestly just waiting for the right opportunity to present itself".

### 3.6. Total blackout

In terms of what could be done better in the current phase, communication was the main aspect that all the interviewees were significantly dissatisfied with. According to them, the department failed to ensure a clear communication around the change and its objectives. A total blackout was imposed which consequently opened the doors for rumors and speculation. A professional commented: "Honestly, the way things are managed at the communication level doesn't shock me as the ministry of health never had a communication strategy for the department. This says a lot about the value they attribute to communication".

According to a participant, in the absence of facts and transparency, anxiety rises and individuals become more prone to show resistance.

## 4. Discussion

The Moroccan Ministry of Health is leading a large-scale change. Giving that every change experience is unique, this research aims to shed light on the readiness for change of healthcare professionals, their trust in leadership and the impact of the current circumstances on their

intentions to quit. To obtain valuable insights, interviews were conducted with healthcare professionals representing different organizational levels.

Turning to the findings, the healthcare system was widely perceived as ineffective. The results highlighted leadership, funding and compensation system as its main weaknesses. The statements underscore the unanimous consensus regarding the legitimacy of change to fix existing problems. In fact, the success of organizational change is highly related to how it affects employees' emotional experience and to what extent they believe in the need for it **(Campbell, 2020; Kim et al., 2013)**.

To survive, public structures are required to modernize their operating system to face growing challenges. Accordingly, public sector reform has been inspired by principles of New Public Management (NPM) such as quality and performance, which are often contradictory with traditional public sector ideology and values **(Kuipers et al., 2014)**. These elements explain the negative perception of the potential impact of change among our respondents, mainly because the stability of their jobs has become of great concern.

The feeling of job insecurity repeatedly evoked by professionals can be explained by the fact that the employment relationship in the public sector is often built on the principle of job stability. While this promise is implicit, it plays a major role in making professionals interpret the new feeling of job insecurity as a breach of the psychological contract **(Rousseau, 1995)**, which nurtures turnover intentions **(Maqableh et al., 2023)**.

Interviews also revealed that change was commonly associated with a range of negative emotions, which aligns with research linking change to experiencing depression, stress and anxiety **(Raza et al., 2023)**. Based on Lewin's change theory, human change is a dynamic process that entails a painful psychological experience **(Schein, 1996)**. The affective experience in early stages of change strongly influences the commitment of individuals in later phases and subsequently shapes their positive or negative behavioral responses toward it **(Seo et al., 2012)**. Within this process, emotions tend to surface and may evolve into forms of resistance and withdrawal **(Agote et al., 2016)**. In fact, ignoring the content of the change made the professionals very skeptical regarding the intentions motivating it. In this climate, individuals perceive change as a real threat and feel unready to engage in supportive behaviors.

Research has shown that a higher feeling of individual self-efficacy translates into more contributions for change success **(Benzer et al., 2017)**. Interestingly, our findings reflect the paradox of self-efficacy as professionals who exhibited high confidence in their abilities sought opportunities outside the public sector rather than engaging for the change process.

From a readiness perspective, the dominance of uncertainty and fear among professionals has a particularly detrimental effect on their preparedness for the organizational change even when they are fully convinced of the need for it. In fact, readiness for change was proven to be one of the main reasons behind change failures in organizations **(Lizar et al., 2015)**.While major changes in healthcare are often driven by political reforms, healthcare professionals tend to perceive self-initiated changes as easier to implement than those imposed by the hierarchy **(Nilsen et al., 2020)**.

The absence of communication emerged as the primary factor responsible for making the experience more stressful, which was also exacerbated by departures of many middle managers. Research supports this finding, as ineffective communication during change can impede the achievement of desired outcomes **(Errida & Lotfi, 2021)**.

Drawing on the sensemaking theory **(Weick, 1995)**, individuals see reality through their own interpretation of events. By withholding information, professionals rely on scarce data, rumors and emotions to build their understanding of the situation, even if inaccurate, which raises the risk of misconception, as was the case for our respondents. A negative affective experience initiates a sensemaking process, that only a good communication grounded on thoughtful persuasive narratives can reverse **(Wasieleski et al., 2024).**

Due to limited interaction, participants have a blurry image of the leadership, which causes the establishment of a complete state of mistrust. Managerial philosophy is often the only available information for staff to form an impression about the trustworthiness of the leadership. Leaders must recognize their key role in shaping employees' behavior and fostering trust **(Cao & Le, 2024)**, as severe implications can occur if this role is not properly fulfilled. In fact, leaders are more likely to get support from their teams when they develop an appealing image of the future **(Buss & Kearney, 2024)**. Working in a high trusting environment combined with an effective communication, has a significant impact on elevating individuals' readiness for change because trust in management persuade individuals that the positive outcomes of change can overtake the negative ones **(Vakola, 2014)**.

Regarding turnover intentions, the findings were far from homogenous. Half of the respondents confirmed their intentions to quit the department even before the change, but admitted that the current ambiguous circumstances enforce them to consider leaving sooner. However, other participants prefer to cope, stay, and wait for the implementation of change to assess the situation and decide accordingly. **Gibson & Petrosko (2014)** demonstrate that trust in

leadership exerted a stronger influence on turnover intentions than job satisfaction, paradoxically the most extensively studied variable in predicting actual turnover.

Generally, prior research reports an inverse relationship between turnover intentions and tenure **(Fitton, 2017; Guidetti et al., 2021)** as people tend to develop a sense of organizational belonging and consequently perceive the separation as an emotionally significant decision. However, our findings reveal that the intentions to quit were expressed by participants across all tenure levels, including those holding management positions. This suggests that for this group of professionals, neither tenure nor promising career opportunities were sufficient to retain them within the organization.

## Conclusion

In the healthcare industry, public reforms are often difficult to implement, especially in contexts marked by a severe global shortage of human resources **(Poon et al., 2022)**. Staff retention remains problematic and more attention should be given to avoidable turnover, to maintain valuable workers. During periods of uncertainty and transition, effective communication plays a vital role in fostering trust and strengthening team spirit. Furthermore, involving professionals early in the planning process is crucial to enhance their readiness and encourage supportive behaviors in subsequent phases. It is important to rethink public decision-making processes in a way that makes optimal use of internal expertise, which has a good knowledge of the institutional realities and is therefore well positioned to provide feasible and practical solutions rather than completely rely on external consulting firms. This form of recognition can enhance motivation and promote a culture of meritocracy within public administrations.

Like any other academic paper, our study has limitations. It focuses exclusively on the Moroccan healthcare setting and involves a small group of respondents, which reduces the transferability of the results to other contexts. Nonetheless, our findings contribute to enriching the research field that examines these constructs within a lower-middle-income context.

In light of these limitations, opportunities for future research emerge. Future research could focus on identifying mediating factors of turnover intentions in times of uncertainty and employ longitudinal designs to examine how readiness evolves across different stages of the reform process. Additionally, the qualitative relationships identified in this study deserve further investigation and could be empirically tested using quantitative methods.

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