

Effectiveness of Talent Management Training Program on Nurses' Empowerment

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Abstract

Background: As nurses develop their talents, talent management is crucial for helping them add unique value and benefit hospitals. **Aim:** To assess how a training program in talent management affects nurses' empowerment. **Design:** A Quasi experimental study with a single-group pre-posttest approach was employed. **Setting:** Fayoum University hospitals served as the research site. **Subjects:** For the study, 145 nurses were selected. **Tools:** Talent management and empowerment questionnaires were the two tools used. **Results:** Following program implementation, the talent management dimensions' overall score was higher (63.6720 ± 8.71111) than it was before the intervention phase (36.4640 ± 3.24421). Furthermore, the overall empowerment dimension score among nurses was low (162.8080 ± 11.56935) prior to program implementation, but it improved (273.2400 ± 28.81515) after program implementation. **Conclusion:** There was a statistically significant positive association between total talent management and total empowerment among nurses across all intervention stages. In addition, the degree of empowerment of the participants was enhanced by the implementation of a talent management training program. **Recommendations:** Newly recruited staff courses and/or training programs should be offered to improve staff efficiency. All healthcare organizations must incorporate a talent management strategy into their strategic planning to remain competitive in the modern healthcare market.

Keywords: Talent Management, Nurses, Empowerment

Introduction:

Currently, governments are struggling to maintain an inclusive workplace due to a variety of factors, including intense competition and advances in information technology. Instead of only concentrating on growing production and differentiating their structure and products, organizations are now focused on their distinctive capitals, especially their human resources. In some health organizations, science nurses are the most essential human resources (Al Aina & Atan, 2020).

Nurses are viewed by associations as having the ability to shape company values and empower others. Notably, companies use technology to effectively manage, empower, and retain qualified personnel (StarMeUp, 2018). Recently, talent management has come to acknowledge the increasing importance of studies that align with their capacity to produce and satisfy the justifiable advantage of the company. The objectives of talent management include developing a skill set from both internal and external sources and using these

roles and behaviors to support organizational success effectively (Cappelli & Keller, 2018).

A new brand definition created by experts, which is intended to be implemented on a permanent basis and aims to put the right workers in the accurate position at the correct minute, is a definition of talent management. These include the management of a profession, the growth of individual growth, work planning, and advancement (Cappelli & Keller, 2018). Additionally, it is described as "a combined set of procedures, systems analysts, and cultural standards in an organization planned and used to attract, advance, organize, and recollect capabilities to accomplish tactical objectives and meet the needs at hand" (Mihelič, 2020; Pearce, et al., 2020).

It is therefore referred to as the development of human resources and involves a number of methods related to the replacement of extremely effective working conditions, which are mutually be

neficial for the organization and its personnel. Many areas are integrated into talent management, such as attracting external talent, discovering potential internal talent, increasing talent, reminding talent, and measuring talent efforts (**Tedgul, 2020**). Talent management affects employees' strengths and lays outstanding capacity management on the embodied schedule. Contributing to goals such as making expressive efforts for employees, building a high-performance workplace, fostering connectivity and diversity, inspiring ongoing scholarship, increasing engagement in "personal employees," and recovering employee analysis for good reporting and increased production (**Ally, 2020**).

To be successful in a company that uses talent management effectively, there are a few things to remember. When workers have the freedom and authority to decide for themselves, solve problems, and make stronger human connections and lower employee turnover, when organizations effectively delegate and foster independence, and when staff members take on more responsibility and feel more driven to work, the organization becomes more effective (**StarMeUp, 2018**). Authorization demonstrates a proactive nature in highlighting the positive differences seen in every profession as well as in society at large. The result of empowering nurses is increased job satisfaction, a strong commitment to the organization they join, increased retention, and increased efficiency in terms of organizational goals (**Dweik et al., 2016**).

Empower is seen as a performance that comprises the development of the ability of workers to choose and act because of its tricks in asking workers to act to make fast choices and apply variations, specifically those at dynamic levels and minor levels of organization, and their power is derived from their capacity and energy to perform their duties as well as from the act of giving. Additionally, it is a shared process that encourages employment, involvement, and support to progress and thrive (**Hasan et al., 2019**).

There are two lines of thought that influence how empowerment is defined and explained: structural empowerment, which is described as the capacity to do things that arises from the physical circumstances of the organization and not from the individual features of persons (**Echebiri et al., 2020**). It gains access to information sources that state the mastery of information, practical data, and capability necessitated to exertion successfully

in the work and to inform political and administrative decisions. Receiving criticism and assistance from colleagues, assistants, and heads is necessary for receiving work support (**Hock, 2020**).

Access to work opportunities is also necessary to improve nurses' knowledge and abilities through involvement in committees, conferences, and training programs, among other activities. Professional development options include awards. Finally, the ability to obtain the financial indicators, supplies, time, and other elements commanded to meet the objectives of the organization is referred to as access to work resources (**Park, 2017**).

Intrinsic motivation, meaning, and significance provide a way to manage their work in terms of social regulators; practitioners' efforts to increase the power of employees and their intelligence in the ability to stimulate imperative results in the organization are referred to as psychological empowerment (**Wong, 2020**).

Study significance:

Enhancing the ability of patients to fully understand their disease and to think critically is considered a major challenge for healthcare organizations. It is therefore essential to keep talented managers in these organizations ready to face the market (**Salau et al., 2018**). A structured approach to talent management implies organizational integration and a reliable approach to management. When healthcare approaches are more common, customer compensation levels are typically better. It is therefore necessary to define a talent management approach in the company. Thus, this research is interested in measuring the effectiveness of employing a talent management training program to empower nurses.

Aim of the Study:

This research aims to measure the effectiveness of the implementation of a talent management program to empower nurses through the following elements:

- 1- Assessing the level of talent management among nurses.
- 2- Evaluating the empowerment level of nurses.
- 3- The program is introduced and

implemented since the measurement requirements are met.

- 4- Evaluating the impact of the talent management program on the level of empowerment of nurses.

The research questions were as follows:

1. What are the levels of talent management and empowerment among nurses before the program was implemented?
2. What are the levels of talent management and empowerment among nurses after the program's implementation?
3. Is there an effect of a training program related to talent management on the level of empowerment of nurses?

Subjects and methods

Study design:

A quasi experimental design with a pre/posttest group was used to conduct the present study.

Setting:

The study was carried out at Fayoum University hospitals, namely, medical, surgical, and neonatal hospitals.

Subject:

Nurses employed in the above study setting served as the study's subjects.

Sample size:

A convenience sample (145 nurses) agreed to participate in the research.

Inclusion criteria:

Since talent management is an advanced tendency in the nursing sector, there is a need for gifted staff regardless of their qualifications.

No criteria have been mentioned for the selection of study subjects, except for the level of nurses registered in nursing education.

Data collection tools:

The data were collected via two instruments.

Tool I: Talent Management Questionnaire: This tool assesses the level of talent management among nurses (Oehley, 2007), was developed by researchers on the basis of Optimis (2011) and El Nakhala (2013) and consists of two parts:

Part I: Personal characteristics, e.g., Units, educational qualifications, marital

status, sex, age, years of experience, and participation in talent management training and seminars.

Part II included forty-three statements grouped into eight dimensions: demonstrating a talent management mindset (4 items), attract and recruit talent (5 items), identify and distinguish talented employees (6 items), develop others (6 items), build and sustain positive relationships (6 items), provide meaningful and challenging work (5 items), offer fair remuneration and rewards (6 items), and manage work-life balance (5 items).

Scoring system

A five-point Likert scale ranging from never (1), rarely to (always) five was used. Subscale scores are assessed by summing the scores separately, and then the overall score is divided by the number of items to calculate the mean score for each section. These means were transformed to percentages. A score below 60% indicates a low level, a score between 60% and 75% indicates a moderate level, and a score above 75% indicates an elevated level (Oehley, 2007).

Tool II: Empowerment questionnaire: This tool was developed by Laschinger et al. (2014) and was intended to assess the subject's empowerment level. It comprises thirty-eight statements, which are grouped into four dimensions of access: information source (12 items), work support (9 items), work opportunities (9 items), and work resources (8 items).

Scoring system:

A five-point Likert scale ranging from never (1) to always (5) was utilized. The total scores for each subscale were summed, and then the overall score was divided by the number of items to calculate the mean score for each section. These averages were then converted into percentage points and median percentages. A score below 60% is considered low, whereas a score above 60% is considered high (Laschinger et al., 2014).

Validity of tools:

The instruments utilized in the study

were verified for their content validity by a judge of five specialists in the area, professionals from the Universities of Ain Shams, Zagazig, Fayoum, Mansoura and Cairo. The recommended changes and the rebuild of the tool are completed.

Reliability of the tools:

The instruments demonstrate high reliability, as evidenced by a Cronbach's alpha coefficient of 0.762 for the total talent management scale and 0.846 for the total empowerment scale.

Pilot study:

A pilot study was conducted prior to the factual data collection to select the study tools. Fifteen nurses, representing ten percent of the total study sample, participated in the pilot study, and their data were ultimately not included. The pilot study aimed to evaluate the clarity and feasibility of the research methodology and applicability of the tool and to determine the time needed to complete the questionnaire, which varied from 15-25 minutes.

Fieldwork:

After receiving official authorization from the director general of the Fayoum University hospitals, the researchers begin the following stages.

Preparation phase: The researchers must present and describe the determination of the research to the contributors; then, the pretest sheets are distributed to them immediately before the start of the program meetings to assess the level of talent management of the main participants. With respect to the pre-test score, their knowledge requirements were identified. Consequently, the objectives of the program were detailed, and the subject matter was designed.

Implementation phase: The program was carried out from early January 2020 to mid-February 2020, spanning a total of six weeks. A training program was specifically developed for this research, with a focus on both theory and practical application. The sessions began with an orientation, providing an overview and objectives of the intervention, and were conducted in a manner that conveyed concern, interest, and kindness. The program covered various topics, including the concept, definition, objectives, components, resources, types, advantages, importance, principles, and conditions necessary for successful talent management. Additionally,

factors, processes, strategies, tools of talent management discovery, inputs and outputs, and applied portions in the shape of actions, drills, and scenarios for talent management.

To teach the programmed assemblies, a special class was assigned at Fayoum University Medical Hospital. The researchers used a variety of instructional strategies, including lectures, group discussions, brainstorming sessions, and role playing. They also used materials such as PowerPoints, blackboard with colored pens and flyers covering the program subject.

Talent management program: A total of five theoretical and practical sessions of the talent management program were held for 2 hours/session, with a total of ten program hours in total/2 weeks (3 sessions per workweek shadowed by two sessions the following workweek). These five meetings were repeated 3 times for 3 shifts, with rotation conferring to the list of the hospital, to ensure that all contributors had equal intentions to participate in the research: the primary time (2 weeks) for those on the morning shift, the 2nd time (2 weeks) for individuals on the nightfall shift and the 3rd time (2 weeks) for those on the nightly shift, with an overall duration of 6 weeks to implement the program until the end of all the theoretical and practical content by 145 nurses.

Evaluation phase: Similar tools are used to assess the effectiveness of the talent management training program in empowering nurses before conducting the program evaluation.

Administration and ethical consideration:

Approval was secured from the Director General of Fayoum University Hospital. The researchers then manually sent this authorization to the nursing directors of the three hospitals to help coordinate and facilitate the research activities.

The participants were requested to give oral informed consent after the objectives and nature of the research were explained. The researchers clarified that participation is voluntary, anonymity is assured, confidentiality is maintained on a password-protected computer, and the data collected will be used exclusively for scientific research

purposes.

Statistical design:

After review, the data were collected, coded, and tabulated via SPSS (Statistical Package for the Social Sciences) software version 25.0. The collected data were presented, and appropriate analyses were performed on the natural data for each parameter. Independent *f* tests and paired *t* tests were used to assess differences between more than two averages of continuous variables. Pearson correlation analysis was used to assess associations between variables. Hierarchical regression analysis was performed to discover the independent variable of empowerment (dependent variable), with the mean, standard deviation and median percentage calculated for the numerical parametric data and the frequency and percentage calculated for the data not numerical. Statistical significance was considered present at *p* values ≤ 0.01 and 0.05 .

Results:

Table (1): A total of 20% of the participants worked in intensive care units, followed by 17.2% in dialysis units, neonatology units and pediatric units (26%). The sample included the following nursing educational qualifications: 60.7% had a bachelor's degree, 26.9% had a diploma in nursing, and 12.4% had a technical institution degree. Additionally, the majority (59.7%) of them were women; 75.9% of them were aged 20-25, with $M \pm S$ (21.98 \pm 2.05). In terms of years of experience (35%), the studied sample had less than one year of experience. Most members of the study sample (75.2%) did not receive training or seminars on talent management.

Table (2) reveals that the highest average score (10.5680 \pm 1.06511) was obtained before the application, which was distributed in the dimensions of a talent management mindset, provide meaningful and challenging work, and manage work-life balance, but the lowest mean score (8.4960 \pm 1.04437) was equally distributed between the dimensions of attract and recruit talent and offer fair remuneration and rewards.

In addition, the overall talent management score after implementation was higher (63.6720 \pm 8.71111) than that before implementation (36.4640 \pm 3.24421). There were statistically significant differences in the general dimensions of talent management before and after the intervention ($P \leq 0.001$).

Figure (1) shows that the overall level of talent management among nurses significantly improved after the intervention phase.

Table (3) shows that nurses had a statistically significant positive relationship with talent management during the application of the preprogram in terms of educational qualifications, marital status and sex ($P < 0.05^*$) and that a greater number of nurses with high talent management were women (36.8942 \pm 3.02391) and had a bachelor's degree (36.8505 \pm 2.99624). After the implementation of the talent management program, the table reveals a statistically significant relationship between the number of subjects who join talent management training and the number of workshops ($P \leq 0.001$).

According to Table (4), the lowest mean score before the program application was allocated for access to resources (19.6080 \pm 1.81346). The implied total scores of the empowerment dimensions were minimal before program implementation (162.8080 \pm 11.56935) and improved after program implementation (273.2400 \pm 28.81515). There were statistically highly significant differences in the overall dimensions of empowerment before and after program implementation.

Figure (2) shows that the total level of empowerment of nurses significantly improved after the intervention phase.

Table (5) shows that there is a statistically significant positive relationship between the empowerment of nurses before program implementation and educational requirements, marital status, age, and sex ($P < 0.05^*$); additionally, participants with great empowerment were among those who had a diploma in nursing (65.6000 \pm 5.82385). With respect to the implementation of the program, the table shows a highly statistically significant relationship between the nurses who participated in the training and the talent management workshop and the personal characteristics of the nurses ($P \leq 0.001$).

Table (6): Specifies that there are highly statistically significant positive correlations between the results of total talent management and the empowerment of nurses before/after the intervention phase (.302^{**}). The highest correlation was observed for the talent management mindset with access to the following dimensions: support (249^{**}), opportunities (.208^{*}) and resources (215^{**}), with total empowerment scores that appear ($r = 0.312^{**}$). Additionally, there were highly statistically

significant positive correlations concerning the dimension of providing meaningful work and challenge with the access dimensions of opportunity (.178*) and resources (.208*), with the result of empowerment ($r= 0.268^{**}$).

Table (1): Distribution of personnel characteristics among the understudied nurses (n=145)

Variable	Frequency	%
Units		
ICU	29	20
Internal units	18	12.4
OR	20	13.8
ER	15	10.3
Dialysis	25	17.2
Neonate	20	13.8
Pediatric	18	12.4
Educational qualification		
Bachelor of nursing	88	60.7
Technical institute of nursing	18	12.4
Diploma of nursing	39	26.9
Marital status		
Married	100	69
-Unmarried	45	31
Gender		
Male	44	30.3
Female	101	59.7
Age		
20-25	110	75.9
25-30	13	9
31- 40	4	2.7
Above 40	18	12.4
Mean \pmSD 21.98\pm2.05		
Years of experience		
Less than one year	71	35
1-3 years	32	27
4- 8 years	23	22.9
More than 9 years	19	12.1
Talent management training& workshop attendance		
No	109	75.2
Yes	36	24.8

Table (2): Mean score of talent management among understudied nurses in all stages of the program (n=145).

Dimensions	Item No.	Pre implementation	Post implementation	Paired T	-test P-value
		Mean ± SD	Mean ± SD		
A talent management mindset	1-4	10.5680±1.06511	19.1440±3.35700	-25.403	.000
Attract and recruit talent	5-9	8.4960±1.04437	15.5280±3.06798	-23.551	.000
Identify and distinguish talented employees	10-15	8.7840±1.21539	14.5600±2.96594	-18.719	.000
Develop others	16-21	8.6160±1.21007	14.4400±2.93587	-20.266	.000
Build and sustain positive relationships	22-27	9.5680±1.06511	18.1440±3.35700	-25.403	.000
Provide meaningful and challenging work	28-32	10.5680±1.06511	19.1440±3.35700	-25.403	.000
Offer fair remuneration and rewards	33-38	8.4960±1.04437	15.5280±3.06798	-23.551	.000
Manag work-life balance	39-43	10.5680±1.06511	18.1440±3.35700	-25.403	.000
Total scores	1-43	36.4640±3.24421	63.6720±8.71111	-30.911	.000

Paired t test: Differences between preintervention and postintervention scores

P: Probability of difference between preintervention and postintervention.

**Highly significant at P ≤ 0.001

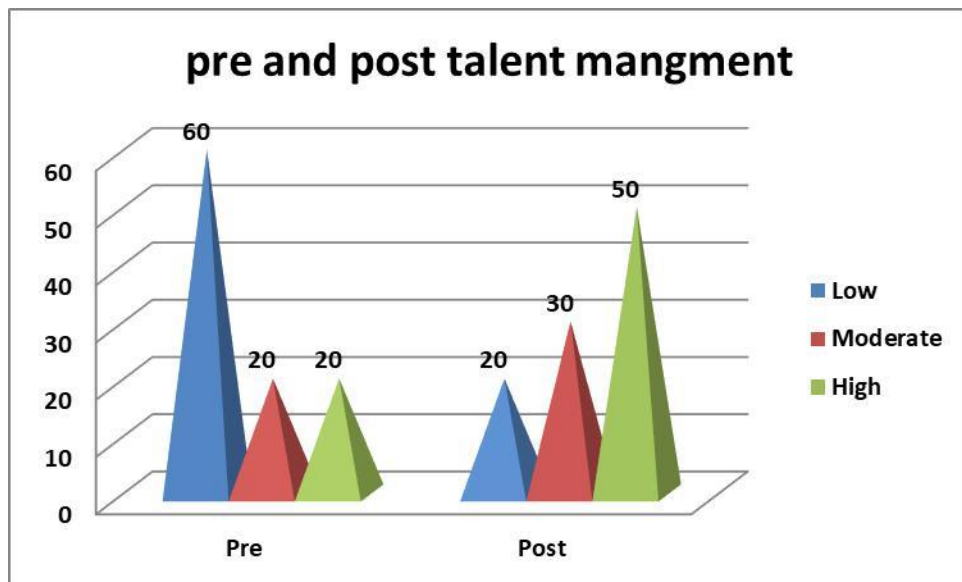


Figure (1): Total level of nursing talent management in the phases of the program (n= 145).

- Less than 60% →Low.
- 60%<75% → moderate
- 75% or more → High

Table (3): Relationships between the mean score of talent management and the personnel characteristics of understudied nurses during the phases of the program (n=145)

Personnel characteristics	Pre implementation			Post implementation		
	Mean \pm SD	Statistical test		Mean \pm SD	Statistical test	
		Independent /F test	P 1 value		Independent /F test	P2 value
Units						
Surgical ICU	36.5238 \pm 3.07602	1.13	>0.05	60.3810 \pm 12.06846	1.22 (F test)	>0.05
Adult ICU	35.6111 \pm 4.72962			63.5000 \pm 6.90482		
CCU	37.3333 \pm 3.30774			62.6667 \pm 8.73128		
OR	37.2500 \pm 3.27470			65.2000 \pm 8.17956		
Dialysis	36.6000 \pm 2.13739			67.2000 \pm 7.01577		
Neonate	36.6667 \pm 2.74138			63.7500 \pm 9.26504		
Pediatric	35.0625 \pm 2.64496			62.9375 \pm 6.77711		
Educational qualification						
Bachelor	36.8505 \pm 2.99624	2.86	<0.05*	63.7944 \pm 8.69150	0.371 (t test)	>0.05
Associate diploma	34.1667 \pm 3.77686			62.9444 \pm 9.04546		
school nursing	35.8800 \pm 3.80242			63.7059 \pm 9.02750		
Marital status						
Married	35.8800 \pm 3.80242	2.84	<0.05*	63.7059 \pm 9.02750	0.066 (t test)	>0.05
Unmarried	37.3400 \pm 1.86930			63.6000 \pm 8.10761		
Gender						
Male	34.3333 \pm 3.52609	3.10	<0.05*	63.1923 \pm 8.55715	1.30 (t test)	>0.05
Female	36.8942 \pm 3.02391			66.0476 \pm 9.28696		
Age						
20-25	36.2667 \pm 3.18430	1.48	>0.05	64.0762 \pm 9.01889	1.46 (t test)	>0.05
25-30	37.5000 \pm 3.44124			61.5500 \pm 6.66076		
Above 31	35.0960 \pm 4.75602			60.5300 \pm 6.66076		
Years of experience						
Less than one year	10.4 \pm 3.3	2.4	>0.05	3.5 \pm 2.0	0.003	<0.05**
1-3 years	11.4 \pm 5.7			2.4 \pm 3.3		
4- 8 years	16.2 \pm 3.8			2.9 \pm 3.5		
More than 9 years	23.5 \pm 8.5			6.3 \pm 8.0		
Talent management training & workshop attendance						
No	36.6078 \pm 3.48450	1.55	>0.05	61.6373 \pm 7.98611	7.90	<0.001**
Yes	35.8261 \pm 1.74908			72.6957 \pm 5.53037		

* Significant at the 0.05 level (2-tailed).

** Significant at the 0.01 level (2-tailed).

P1: Probability of difference between personal characteristics and pre implementation values P2: Probability of difference between personal characteristics and postimplementation values

**Highly significant at P \leq 0.001

Table (4): Mean scores of empowerment among the understudied nurses in the phases of the program (n=145)

Dimensions	Pre implementation	Post implementation	Paired t -test	P- value
	Mean \pm SD	Mean \pm SD		
Access to information source	25.4800 \pm 2.33349	41.9120 \pm 6.79423	-25.647	.000
Access to work support	24.0480 \pm 2.29606	39.6640 \pm 5.42239	-27.035	.000
Access to work opportunity	23.9360 \pm 2.49109	38.5440 \pm 5.11245	-27.735	.000
Access to work resources	19.6080 \pm 1.81346	35.0960 \pm 4.75602	-28.980	.000
Total scores	162.8080 \pm 11.56935	273.2400 \pm 28.81515	-35.242	.000

Paired t test: Differences between preintervention and postimplementation

P: Probability of difference between pre implementation and post implementation

**Highly significant at P \leq 0.001

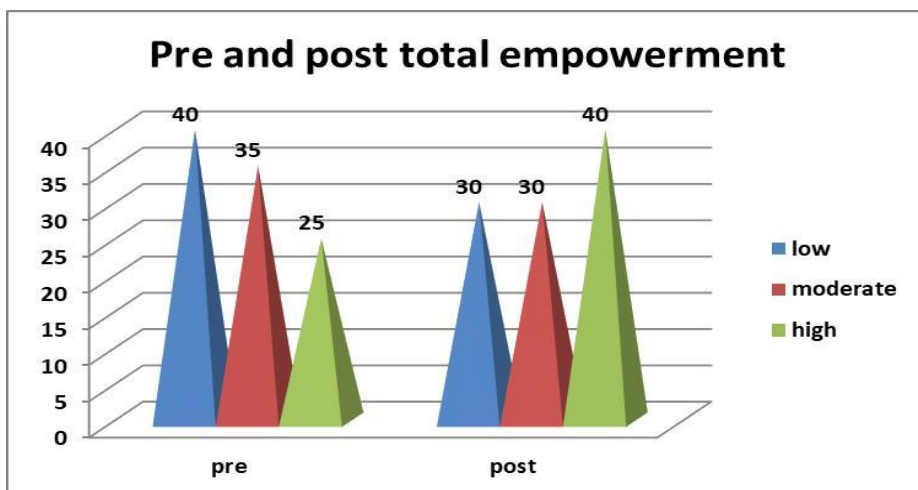


Figure (2): Total level of empowerment of nurses in all phases of the program (n=145).

Table (5): Relationships between empowerment and personnel characteristics of the studied nurses throughout the program phases (n=145)

Personnel characteristics	Pre implementation			Post implementation		
	Mean ±SD	Statistical test		Mean ±SD	Statistical test	
		Independent /F test	P1 value		Independent /F test	P2 value
Units						
Surgical ICU	65.5714±12.86690	0.602	>0.05	65.7619±12.77478	1.33 (F test)	>0.05
Adult ICU	60.2222±8.71480			71.9444±19.79039		
CCU	63.1667±14.87695			65.1667±17.58570		
OR	62.7500±10.90087			83.7000±12.46391		
Dialysis	64.6000±10.60486			82.6500±16.99371		
Neonate	62.4167±10.37881			69.5833±15.08335		
Pediatric	59.8125±12.00122			71.5000±13.88805		
Educational qualification						
Bachelor	63.7103± 12.02435	3.33	<0.05*	73.2804± 8.41764	0.205 (t test)	>0.05
Associate diploma	57.4444± 6.26120			73.0000± 1.95217		
school nursing	65.6000± 5.82385			71.0750± 3.26449		
Marital status						
Married	60.2800± 13.62486	3.55	<0.05*	72.8471± 6.67329	0.066 (t test)	>0.05
Unmarried	66.6000± 5.82395			74.0750± 3.26459		
Gender						
Male	60.2381± 11.22900	1.14	>0.05	93.1905± 3.88016	2.30 (t test)	>0.05
Female	63.3269± 11.62057			60.4327± 9.48284		
Age						
20-25	63.7905±11.82703	2.73	<0.05*	73.33± 9.077	0.85 (t test)	>0.05
25-30	57.6500±8.63454			72.75± 8.116		
Above 31	35.0960±4.75602					
Talent management training& workshop attendance						
No	62.8922±12.07149	0.202	>0.05	69.0294±16.91293	3.35 (t test)	<0.001**
Yes	62.4348±9.23347			91.9130±10.13291		

* The results are significant at the 0.05 level (2-tailed).

** Significant at the 0.01 level (2-tailed).

P1: Probability of difference between personal characteristics and pre implementation values P2: Probability of difference between personal characteristics and post implementation values

**Highly significant at P ≤ 0.001

Table (6): Correlations between talent management and the empowerment of understudied nurses (n=145)

Talent management dimensions	Statistical Test	Empowerment dimensions				Total Empowerment
		Access to information source	Access to work support	Access to work opportunity	Access to work resources	
A talent management mindset	r	.177	.249**	.208*	.215**	.312**
	p value	.063	.007	.015	.008	.001
Attract and recruit talent	r	.211*	.115	-.023	.066	.136
	p value	.018	.202	.802	.463	.130
Identify and distinguish talented employees	r	.057	.138	.167	.215*	.200*
	p value	.529	.124	.063	.016	.025
Develop others	r	.067	.062	.049	.175	.123
	p value	.458	.495	.588	.051	.171
Build and sustain positive relationships	r	.171	.136	.204*	.123	.225*
	p value	.057	.132	.022	.170	.012
Provide meaningful and challenging work	r	.210*	.161	.178*	.208*	.268**
	p value	.019	.073	.047	.020	.002
Offer fair remuneration and rewards	r	.202*	.105	.151	.154	.218*
	p value	.024	.245	.093	.086	.014
Manage work-life balance	r	.057	.138	.167	.215*	.203*
	p value	.529	.124	.063	.016	.025
Total talent management scores	r	.167	.239**	.218*	.235**	.302**
	p value	.063	.007	.015	.008	.001

** Correlation is significant at the 0.01 level (2-tailed).

* The correlation is significant at the 0.05 level (2-tailed).

Discussion:

The attraction and hiring of talented employees have become an issue of substantial magnitude in various categories of organizations around the world (Bosstijancic and Slana, 2018). Talent management has become an effective mechanism to attract employees exponentially. Health organizations must recognize the extent to which they use and apply effective talent management strategies in their personnel selection. Such strategies have been shown to promote inventive performance (Smith et al., 2019). Therefore, the health sector must adopt talent management for superior excellence services (Leggat et al., 2020).

Talent management

From the perspective of this study, the participants had a small average score for the dimensions of "attract and recruit talent

by paying and rewarding well". These poor results may be because nurse managers do not have the authority to provide additional incentives to high-performing nurses due to administrative rules and regulations, according to Gholami et al. (2019), which proves that excellent recognition and appreciation of job performance is a foundation of the science of talent management, encouraging talented people to invest in their talents and improve their performance.

This conclusion is consistent with research conducted in Nigeria on the impact of the implementation of a talent management strategy on employee performance, which reported significant positive effects of these strategies (Oludayo et al., 2018). Similarly, Chan et al. (2017), who studied "Singapore emphasized the importance of creating healthy work interactions in the application

of talent management approaches", reported that the level of perception of the participant regarding talent management was minimal.

In addition, this study is consistent with that of **Gholami et al. (2019)**, who conducted research on training programs related to talent management and its influence on leadership effectiveness among nurse managers and reported that the average scores of leaders' talent management applications were low before program implementation. In contrast to the current results, **Elkady et al. (2019)** conducted a study on nurses' perceptions of the relationship between talent management and organizational commitment and reported a moderate level of talent management perception among the study subjects.

The outcome of this study revealed that there was a statistically significant improvement in the dimensions of talent management, an elevated level for the dimensions of a talent management mindset and provide meaningful and challenging work. Overall, the mean scores of the talent variable were higher after the program than before the program, and there was a statistically significant difference between all dimensions of talent management before and after the program. From our point of view, this is because the implementation of the study has been recognized as the main constructive analyst of the total results of the talent variable. These results support those of **Obeidat et al. (2018)**, who studied the consequences of talent management for the effectiveness of organizations in the healthcare sector and reported a constructive impression of the training intervention on the participants, in which more than half of them stated a significant improvement in the information and application of talent.

Similarly, **Ogabari et al. (2018)** reported improvements in nurse managers' satisfactory knowledge post programmed and highly statistically significant differences between every scope of talent management and the overall talent variable across program stages.

The purpose of this research was to ensure the effectiveness of the intervention, which allowed us to identify the needs of the

nurses, including their teaching efforts, the distribution and resources employed in its implementation, and the active participation of the participating nurses.

Empower of nurses

The conclusion of the research revealed that the empowerment of nurses was unsatisfactory (less than 60%) before the implementation of the program. This may be due to the characteristics of the work itself that affect the empowerment of nurses, such as the requirements and integration concerning decision-makers, who are usually doctors, low pay, and increased working hours, which can have disruptive impacts on employees' lives in terms of spending time with their loved one.

These outcomes contrast with research conducted by **Atefi et al. (2014)**, who investigated the problem affecting registered nurses' awareness of their overall job satisfaction, who reported vague job descriptions for employees and who have regularly approved the additional duties of nurses and secretaries. Given the involvement of staff, these circumstances generate a struggle with nurses' responsibilities and put them under stress.

Additionally, in agreement with **Abdelatef (2017)**, who applied research on the associations between the factors of work motivation and the empowerment of nurses, more than half of the participants who were understudied had minimal work pressure and time of availability, respectively, for the provision of nursing attention. The investigators' perspective on this finding was related to changes in work, workload, the clarity of the role and uncertainty as factors exposed to employee demand.

In addition, the total mean scores of the dimensions of nurse empowerment were low before the programmed intervention, which improved after the programmed intervention. Additionally, there were highly statistically significant differences between all dimensions of empowerment before and after program implementation. This finding showed that the intervention had a constructive effect on enhancing the empowerment of nurses and answered the third research question.

After the implementation of the program,

the results revealed highly statistically significant differences compared with those of the preprogram in all the dimensions that measure the empowerment of nurses, possibly because the time spent on the training of nurses who have learning and development opportunities allows them to feel more involved in their organization, their personal growth, their career development, their satisfaction and their desire to advance, especially if the hospital recognizes them objectively, requires training and pursues transmission expertise from highly qualified staff to less experienced staff, which positively influences their empowerment. Overall, this finding was consistent with the research of **Weerasinghe (2017)**, who investigated the "impact of talent management on worker retention", which reported a constructive effect on employee retention. In addition, **El noted (2017)** that a study revealed a significant relationship between the elements of talent management and the intention of employees to quit, such as training, advancement, and improvement of work, which also has a significant effect on staff retention.

Access to work resources, which is the most limited point in the implementation of the preprogramme, may be due to the lack of a budget system that directly affects financial incentives, the resources necessary for work, and the salary of nurses and imposes a heavy burden on current nurses, which is considered an important factor leading to a reduction in nurses' empowerment.

This finding aligns with that of **Fischer et al. (2019)**, who argue that extrinsic incentives first increase the intrinsic compensation that staff receive from work and that layoffs have altered the motivation of staff. Additionally, **Abdelatef (2017)** reported that most participants had a low perception of the time needed to accomplish the work requirements, while the uppermost half had the lowest perception of participation in decisions related to obtaining tools and tasks at work in the hospital, and the majority related to the attractive part to obtain the reward system in the work.

Correlation between talent management totals and nurse empowerment.

The outcome of the research results implies highly statistically significant positive correlations in the phases of the program. Similarly, the talent management mindset is closely related to the dimensions of access to work support, opportunities, and resources, including overall empowerment. In addition, highly statistically significant constructive associations were observed between the dimensions of provide meaningful and challenging work with access to work opportunities, resources, and information sources and, finally, with global empowerment variables. The existing findings are consistent with the outcome of the study on empowerment strategies and their role in talent management conducted by **Salim et al. (2015)**, who reported that empowerment strategies and talent management dimensions are significantly related.

Relationships between personal characteristics and the studied variables.

With respect to the relationships among the personal characteristics of the studied nurses, talent management and their empowerment, it seems that before the implementation of the program, the characteristics of the studied nurses influence their talent management. The study revealed statistically significant positive relationships between education (a bachelor's degree), marital status (being married), sex (female) and experience (less than one year). Similarly, after the implementation of the program, there was a significant constructive relationship between the nurses attending the talent management training and the workshop.

The results of the present study are consistent with those of **Abdrabou and Ghonem (2020)**, who reported positive dependent predictors of age, experience, and total knowledge of the talent management of managers after the intervention of the program. Similarly, the results of **Khor (2017)** revealed that the ages of the participants and their talent practices and knowledge management were significantly related. On the other hand, this result is not

consistent with a study conducted by **Dahshan et al. (2018)** on nurses' talent management and organizational performance in Saudi Arabia, which did not reveal an insignificant relationship.

The results of the existing study reveal a statistically significant constructive relationship regarding the empowerment of nurses before the implementation of the program in terms of education, marital status, age, and sex. The most qualified participants were more self-sufficient than were those with other nursing qualifications. In addition, after the implementation of the program, there was a statistically highly significant relationship between the nurses who attended the training and the talent management workshop.

This may be because as nurses who participate in talent management training programs become highly empowered, they understand the benefits of this modern phenomenon in the health arena and start research on websites, attend seminars, or read related reviews.

Conclusions:

According to the outcomes, the level of talent management and the level of empowerment of nurses increased significantly during the separate phases of the program. Furthermore, a highly statistically significant positive correlation was found between total talent management and total nurses' empowerment during the separate phases of the program. The application of a talent management training program improved the level of empowerment of the recruited subjects.

Recommendations:

- Provide courses and/or training programs for newly recruited staff to improve staff efficiency.
- A talent management strategy must be introduced by all healthcare organizations in their strategic proposal to be viable in today's healthcare marketplace.
- Nurses and other health care

providers are encouraged to participate in donating their various talents as part of collaborative talent excursions.

- Future research should examine the effect of perceived support on talent management among nurses.

Limitations of the study:

- The study was conducted without external funding.

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