Effect of a Talent Management Educational Program on Nurse Managers' Organizational Commitment

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Abstract

Background: Talent Management is of increasing importance in nursing to optimize human resources and improve the quality of care through enhancing organizational commitment. **Aim of the study**: to measure the effect of a talent management educational program on nurse managers' organizational commitment. **Subjects and methods**: This quasi-experimental pre-posttest study was carried out in 4 Ain-Shams University Hospitals, namely El-demerdash Hospital, Pediatric Hospital, Ain-Shams University Hospital, and the Academic Cardiac Surgeries Institute University Hospital. It included all 100 nurse managers in these settings. Data were collected using a self-administered questionnaire with Talent Management and Organizational Commitment questionnaires. The fieldwork was applied through assessment, planning and implementation of a training program to improve talent management, and evaluation of its effect. **Results**: Nurse managers' median age was 40.0 years old, mostly females (72%), with diploma degree (53%). Only 51% had high pre-intervention total talent management, which increased to 86% at the post-intervention phase with $p<0.001$. The post-intervention phase revealed statistically significant improvements in all three types of commitment. The talent management score was a positive predictor of all types of commitment. **Conclusion and Recommendations**: The training program is effective in improving nurse managers' talent management, and consequently in increasing their organizational commitment. The study recommends inclusion of talent management topic in nursing curricula, with pertinent on-job training for nurse managers. Hospital administration support is needed. A study of the impact of improving nurse managers' talent management on staff nurses' job satisfaction, and burnout is proposed.

Keywords: Talent management, organizational commitment, educational program, nurse managers.

Introduction

The world is witnessing a dramatic change in work dynamics, with more emphasis given to organizational effectiveness and staff development. Such work dynamics with wide globalization, advancing technology, and marked demographic changes mandates more focus on identifying, recruiting, and retaining talented employees **(Claus, 2019; Reiche et al., 2019)**. The recent import given to talent management is a kind of paradigm shift from traditional human resources focusing on organizational elites towards managing talents suiting an increasingly competitive environment **(Prieto-Ayuso et al., 2017; Järvi and Khoreva, 2020)**, also sourcing and retaining the quality and quantity of talent has been a continual challenge for organizations **(Vaiman et al., 2017)**. The organizations that recognize the value of having talented workforce will have better sustainability and more success **(Lawler, 2015; Boštjančič and Slana, 2018)**.

Talent Management increase importance in health care services, and particularly in nursing. It has been defined as an "integrated organizational Human Resources processes designed to attract, develop, motivate, and retain productive, engaged employees." By adopting it, organizations can optimize their human resources to increase their competitive advantage in the market, and improve the quality of care, with consequent increases in

employee and patient satisfaction **(Leggat et al., 2020)**.

Talent management creates a mutual commitment between employees and the organization by providing an optimal work environment, with positive impact on their performance **(Berger and Berger, 2014)**. It can also be linked to organizational commitment and professional affiliations **(Rajabipour and Dehghani, 2013)**, with more likelihood to achieve the goals of the organization **(Karami et al., 2017)**. Organizational commitment indicates more employee involvement in the organization and faith in its values and goals, with more loyalty and obligation towards it **(Carman-Tobin, 2011)**. Therefore, it is one of the fundamental values, and can served as a valid employee evaluation criterion **(Bastami, 2014)**.

Nonetheless, talent management research is still limited in health care **(Cascio and Boudreau, 2016)**. Although hospitals' related awareness is increasing in view of organizations' scarce resources **(Rodríguez-Sánchez et al., 2019)**. The challenges of retaining the best employees, talent management, and employee engagement are thus becoming a hot issue in health research **(Juarez Tarraga et al., 2019; Slåtten et al., 2019)**.

Significance of the study

Talent management has become an issue of great interest in health care services. This is of particular importance in nursing, which is faced with the major challenge of staff shortage, mostly due to quitting the job or even the profession. It is supposed that improving talent management would help solve these problems through its positive effect on organizational commitment.

Aim of the study

This study aims to measure the effect of a talent management educational program on nurse managers' organizational commitment. It was hypothesized that the talent management educational program will improve nurse managers' organizational commitment.

Subjects and Methods

Research design: An open-label quasi-experimental one group pre-posttest design was used in this study.

Setting: The study was conducted in four Ain-Shams University Hospitals, namely El-demerdash Hospital, Pediatric Hospital, Ain-Shams University Hospital (Medical Hospital), and the Academic Cardiac Surgeries Institute University Hospital.

Subjects: The study included all the nurse managers working in these settings at the time of the study. Their total number was 100 nurse managers: 25 from El-demerdash Hospital, 20 from Pediatric Hospital, 33 from Ain-Shams University Hospital, and 22 from the Academic Cardiac Surgeries Institute University hospital.

Data collection tools: Data were collected using a self-administered questionnaire with two tools, namely the Talent Management questionnaire and the Organizational Commitment questionnaire.

Talent Management questionnaire: This included a section for respondent's demographic characteristics as age, gender, marital status, qualifications, experience years, and attendance of training courses. The second section was adopted from **Oehley (2007)** to assess nurse managers' talent management before and after the intervention. It has 43 items divided into 8 dimensions: displaying a talent management mindset (4 items), attracting and recruiting talent (5 items), identifying and differentiating talented employees (6 items), developing others (6 items), building and maintaining positive relationships (6 items), providing meaningful and challenging work (5 items), remunerating and rewarding fairly (6 items), and managing work-life balance (5 items).

❖ **Scoring system:**

The responses to tool items are on a 5-point Likert scale: "never/rarely/sometimes/often/always," scored respectively from "1" to "5" so that a higher score indicates more talent management. The scores of the statements of each dimension and of the total scale were summed-up and divided by the numbers of corresponding items, and converted into percent scores. The nurse manager's talent management was considered high if the percent score was 75% or higher and low if less.

Organizational Commitment questionnaire: This was adopted from **Reiche et al., (2019)** to assess the level of organizational commitment among nurse managers. It has 24 items equally divided into three dimensions: Emotional, Normative, and Continuance commitment.

❖ **Scoring system:**

The response to each item is on a 5-point Likert scale ranging from "strongly agree" to "strongly disagree." For scoring, these were scored from 1 to 5 respectively; the scores were reversed for negative items so that a higher score indicates more commitment. The scores of each dimension were summed up, divided by the number of items, and converted into percent scores. For categorical analysis, a score of 60% or higher in each dimension was considered as high commitment while a lower score was considered low commitment. A nurse manager with high commitment in two or more of the dimensions was considered having high overall commitment.

The tools used are standardized, and they were presented to two experts in nursing administration from the Faculty of Nursing, Ain-Shams University for final review. They were then pilot tested on a sample of head nurses representing about 10% of the main study sample, and finalized accordingly. The reliability of the scales was assessed through testing their internal consistency and calculating their Cronbach alpha coefficients. They

demonstrated excellent levels of reliability with coefficients 0.97 for the Talent management tool, and 0.94 for the organizational commitment tool.

Fieldwork: The fieldwork was applied through assessment, planning, implementation, and evaluation phases.

Assessment phase: After securing official approvals, the researcher met with the nursing director of each hospital to determine the suitable time to collect the data and apply the training. The researcher then met individually with each nurse manager to explain the aim and procedures of the study, and invited her/him to participate. Those who gave their oral informed consent were handed the tool and asked to fill it in at the workplace. Then, the completed tools were collected and checked for completeness. These were considered as the baseline or pretest data.

Planning phase: The data collected in the assessment phase were analyzed to identify the levels of nurse managers' awareness of talent management and of organizational commitment in order to tailor the training program according to their needs. Then, the researcher started to construct the training program based on these needs and in view of the related literature. The program was aimed at improving talent management, which is expected to have a positive impact on organizational commitment. It consisted of 14 theoretical hours. The topics covered introduction to talent management and organizational commitment, leadership, employee development, training, engagement, empowerment, motivation, job satisfaction, negotiation, communication skills and performance appraisal.

Implementation phase: The researcher divided the nurse managers into small groups also according to the workplace availability and workload for conducting the training. Each group had one session per week. Sessions included group discussions and mini-lectures. The teaching media used were data show,

flipchart, and whiteboard. The sessions were on Saturdays or Thursdays. The duration of each session was two hours, with a 15-minute break. Sessions were from 9:00 am to 10:00 am and from 10:15 am to 11:00 am. The program was implemented over seven weeks for each group. The implementation phase lasted from January first to mid-February 2020.

Evaluation phase: Upon completion of the program implementation, the same data collection tools used in pretest were applied in posttest to assess its effectiveness.

Administrative and ethical considerations: Official letters were issued from the Faculty of Nursing, Ain Shams University to the nursing director of each of the four hospitals. The purpose of the study and its procedures were explained to them to get their approval and cooperation. The study protocol was approved by the research ethics committee at the Faculty of Nursing. The researcher met with the potential subjects to explain the purpose of the study and to obtain their oral consent to participate after being informed of their rights to refuse or withdraw at any time. They were reassured about anonymity and confidentiality of the data collected. The study maneuvers could not entail any harm to participants.

Statistical analysis: Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Qualitative categorical variables were compared using chi-square or Fisher exact tests as suitable. In order to identify the independent predictors of the scores of talent management and organizational commitment, multiple linear regression analysis was used and analysis of variance for the full regression models was done. To identify the independent predictors of overall commitment, multiple logistic regression analysis was used. Statistical significance was considered at p-value <0.05.

Results:

Table (1): The study sample consisted of 100 nurse managers whose age ranged between 22 and 59 years old, median 40.0 years old, with more females (72%) as presented in. The great majority were married (80%). Slightly more than a half of them were diploma degree nurses (53%). Their medians years of total and management experience were 19.7 and 11.5 respectively. More than a half of them reported having previously attended training courses in administration (52%).

Table (2): As indicates, the percentages of nurse managers having high talent management were variable. They ranged between 54% for "Remunerating and rewarding fairly" and 69% for "Building and maintaining positive relationships." The post-intervention phase revealed statistically significant improvements in all talent management areas, reaching as high as 97% for the areas of "Managing work-life balance." Only 51% of the nurse managers had high pre-intervention total talent management, which increased to 86% at the post-intervention phase, p<0.001.

Table (3): As regards organizational commitment, shows that high percentages of nurse managers were having high commitment before the intervention. The highest was the continuance type (75%), while the lowest was the normative one (69%). The post-intervention phase revealed statistically significant improvements in all three types. This was most evident in emotional commitment (p<0.001). Overall commitment rose from 78% before intervention to 88% after intervention. However, the difference did not reach statistical significance (p=0.089).

Table (4): demonstrates statistically significant relations between nurse managers' post-intervention total commitment and most of their talent management areas, as well as with total talent management (p<0.001). The only exceptions were in the areas of "Remunerating and rewarding" and "Managing work-life balance." In all these relations, high total

commitment was associated with high talent management.

Table (5): In multivariate analysis, illustrates that the statistically significant independent positive predictors of nurse managers' talent management score were the study intervention as well as their years of experience in management. The model explains 24% of the variation in this score. None of the other nurse managers' characteristics had a significant influence on their talent management score.

Table (6): As for nurse managers' organizational commitment, shows that the study intervention and the total talent management score were the statistically significant independent positive predictors of the emotional commitment score. On the other hand, the nursing qualification was a negative predictor. The model explains 35% of the variation in this score. The table also shows

that nurse managers' age, female gender, and their talent management score were statistically significant independent positive predictors of their continuance commitment score. Conversely, their total experience years was a negative predictor. The model explains 29% of the variation in this score. Concerning normative commitment, it indicates that its statistically significant independent positive predictors were the study intervention, female gender, and the talent management score. Meanwhile, the attendance of training courses in administration was a negative predictor. The model explains 29% of the variation in this nurse managers' score.

Table (7): Regarding nurse managers' overall organizational commitment, illustrates that older age, female gender, and a higher talent management score increased the odds of being committed. Conversely, the longer total experience years decreased the odds of being committed.

Table (1): Demographic characteristics of nurse managers in the study sample (n=100).

	Frequency		Percent
Age:			
<40	44		44.0
40+	56		56.0
Range		22.0-59.0	
Mean±SD		40.9±7.8	
Median		40.0	
Gender:			
Male	28		28.0
Female	72		72.0
Marital status:			
Married	80		80.0
Unmarried	20		20.0
Nursing qualifications:			
Diploma	53		53.0
Bachelor	47		47.0
Experience years (total):			
<20	51		51.0
20+	49		49.0
Range		2.0-39.0	
Mean±SD		19.7±8.4	
Median		19.7	
Experience years (management):			
<10	39		39.0
10+	61		61.0
Range		0.0-30.0	
Mean±SD		11.1±7.1	
Median		11.5	
Courses attended:			
Administration	52		52.0
Talent management	12		12.0
Organizational commitment	11		11.0

Table (2): Pre-post intervention changes in nurse managers' talent management.

Talent management	Pre (n=100)		Post (n=100)		X^2 test	p-value
	No.	%	No.	%		
Displaying a talent management mindset:						
High	59	59.0	91	91.0		
Low	41	41.0	9	9.0	27.307	<0.001*
Attracting & recruiting talent:						
High	56	56.0	86	86.0		
Low	44	44.0	14	14.0	21.855	<0.001*
Identifying/differentiating talented employees:						
High	68	68.0	88	88.0		
Low	32	32.0	12	12.0	11.655	0.001
Developing others:						
High	60	60.0	87	87.0		
Low	40	40.0	13	13.0	18.714	<0.001*
Building and maintaining positive relationships:						
High	69	69.0	87	87.0		
Low	31	31.0	13	13.0	9.441	0.003*
Providing meaningful and challenging work:						
High	58	58.0	83	83.0		
Low	42	42.0	17	17.0	15.026	<0.001*
Remunerating and rewarding fairly:						
High	54	54.0	93	93.0		
Low	46	46.0	7	7.0	39.045	<0.001*
Managing work-life balance:						
High	55	55.0	97	97.0		
Low	45	45.0	3	3.0	48.355	<0.001*
Total talent management:						
High	51	51.0	86	86.0		
Low	49	49.0	14	14.0	28.386	<0.001*

(*) Statistically significant at p<0.05

Table (3): Pre-post intervention changes in nurse managers' organizational commitment.

Organizational commitment	Pre (n=100)		Post (n=100)		X^2 test	p-value
	No.	%	No.	%		
Emotional:						
High	73	73.0	94	94.0		
Low	27	27.0	6	6.0	16.004	<0.001*
Continuance:						
High	75	75.0	87	87.0		
Low	25	25.0	13	13.0	4.678	0.046*
Normative:						
High	69	69.0	88	88.0		
Low	31	31.0	12	12.0	10.695	0.002*
Overall commitment:						
High	78	78.0	88	88.0		
Low	22	22.0	12	12.0	3.544	0.089

(*) Statistically significant at p<0.05

Table (4): Relations between nurse managers' post-intervention overall commitment and their talent management dimensions.

Talent Management	Overall commitment				X^2 test	p-value
	High		Low			
	No.	%	No.	%		
Displaying a talent management mindset:						
High	85	93.4	6	6.6		
Low	3	33.3	6	66.7	Fisher	<0.001*
Attracting & recruiting talent:						
High	83	96.5	3	3.5		
Low	5	35.7	9	64.3	Fisher	<0.001*
Identifying & differentiating talented employees:						
High	84	95.5	4	4.5		
Low	4	33.3	8	66.7	Fisher	<0.001*
Developing others:						
High	85	97.7	2	2.3		
Low	3	23.1	10	76.9	Fisher	<0.001*
Building and maintaining positive relationships:						
High	85	97.7	2	2.3		
Low	3	23.1	10	76.9	Fisher	<0.001*
Providing meaningful and challenging work:						
High	82	98.8	1	1.2		
Low	6	35.3	11	64.7	Fisher	<0.001*
Remunerating and rewarding fairly:						
High	83	89.2	10	10.8		
Low	5	71.4	2	28.6	Fisher	0.20
Managing work-life balance:						
High	86	88.7	11	11.3		
Low	2	66.7	1	33.3	Fisher	0.32
Total:						
High	84	97.7	2	2.3		
Low	4	28.6	10	71.4	Fisher	<0.001*

(*) Statistically significant at p<0.05

Table (5): Best fitting multiple linear regression model for the talent management score.

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Constant	63.90	2.60		24.539	<0.001	58.77	69.04
Intervention	11.40	1.45	0.49	7.837	<0.001	8.53	14.26
Experience (management)	0.22	0.10	0.13	2.170	0.031	0.02	0.42

r-square=0.24

Model ANOVA: F=32.10, p<0.001

Variables entered and excluded: age, gender, qualification, marital status, total experience, training courses

Table (6): Best fitting multiple linear regression model for the organizational commitment scores.

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	**Std. Error**				**Lower**	**Upper**
Emotional commitment							
Constant	27.72	5.79		4.790	<0.001	16.31	39.14
Intervention	5.27	1.84	0.19	2.871	0.005	1.65	8.90
Qualification	-3.25	1.63	-0.12	1.998	0.047	-6.46	-0.04
Talent management score	0.59	0.08	0.49	7.583	<0.001	0.44	0.75

r-square=0.35　　　Model ANOVA: F=37.07, p<0.001
Variables entered and excluded: age, gender, marital status, experience, training courses

			Continuance commitment				
Constant	16.20	8.59		1.886	0.061	-0.74	33.14
Age	0.39	0.24	0.22	1.653	0.100	-0.08	0.86
Female gender	5.29	2.01	0.18	2.633	0.009	1.33	9.26
Total experience	-0.45	0.23	-0.27	1.949	0.053	-0.91	0.01
Talent management score	0.59	0.07	0.51	8.512	<0.001	0.46	0.73

r-square=0.29　　　Model ANOVA: F=21.07, p<0.001
Variables entered and excluded: qualification, experience in management, marital status, total experience, training courses, intervention

			Normative commitment				
Constant)	20.46	7.43		2.754	0.006	5.81	35.12
Intervention	9.09	2.38	0.29	3.820	<0.001	4.40	13.78
Female gender	4.59	2.02	0.14	2.277	0.024	0.62	8.57
Courses in administration	-5.20	2.57	-0.14	2.022	0.045	-10.28	-0.13
Talent management score	0.52	0.09	0.40	5.798	<0.001	0.34	0.70

r-square=0.29　　　Model ANOVA: F=21.61, p<0.001
Variables entered and excluded: age, qualification, experience, marital status, total experience, training courses in talent, commitment

Table (7): Best fitting multiple logistic regression model for organizational commitment**.**

	Wald	Df	P	OR	95.0% CI for OR Upper	Lower
Constant	21.097	1	.000	.000		
Age	5.036	1	.025	1.132	1.016	1.262
Female gender	8.725	1	.003	4.599	1.671	12.658
Total experience	4.981	1	.026	.883	.792	.985
Talent management score	24.898	1	.000	1.099	1.059	1.141

Nagelkerke R Square: 0.34
Hosmer and Lemeshow Test: p=0.497
Omnibus Tests of Model Coefficients: p<0.001
Variables not in equation: qualification, experience (management), marital status, training courses, intervention

Discussion:

This study aim was to measure the effect of a talent management educational program on nurse managers' organizational commitment. The results demonstrate significant improvements in their talent management following the implementation of the study intervention, and this consequently led to significant improvements in their commitment. The findings lead to acceptance of the set research hypothesis.

Before implementation of the present study educational intervention, the nurse managers had low knowledge and reported practice regarding talent management. This was most evident in the area of "Remunerating and rewarding fairly." Overall, only around a half of them had high total talent management. This significantly rose to a majority of them having high talent management after implementation of the intervention. The finding is undoubtedly due to the study intervention, which was identified as the main positive predictor of the total talent management score. The findings are in line with previous studies which reported the positive impact of training interventions on participants' talent management knowledge and practice **(Obeidat et al., 2018; Ogbari et al., 2018)**.

The success of the present study educational intervention could have more than one reason. The first is the content of the training program, which was tailored to the identified nurse managers' needs. The second is the process used in its implementation, which followed the adult learning approach with active participation of the attendants. The third is the material provided and the media used in training, which were attractive and appealing as reported by attendants in their evaluation of the training program.

The dimension of talent management that demonstrated the most significant improvements after implementation of the study intervention was that of "Managing work-life balance." Such improvement reflects nurse managers' improved knowledge and reported practice regarding issues such as the flexibility of the work schedule to help staff nurses exploit their talents at work to the maximum without worrying about any negative impact or stress from their work on their family life. Such positive and compassionate attitudes of the leaders towards subordinates had been associated with more innovative performance among them in a study of talent management influences in South Korea **(Li et al., 2020)**.

The present study research hypothesis was that the talent management training program for nurse managers will improve their organizational commitment. For this, their commitment was assessed before the intervention as a baseline or pretest. The study results revealed that three-fourth of them were having high continuance commitment in the pretest, reflecting the importance they give to job as a source of income, along with the scarcity of better work opportunities. Meanwhile, more than two-thirds of them had

high level of normative commitment, reflecting their moral and ethical belonging to workplace and career, thus increased their intention to stay as shown by **Arslan Yürümezoğlu et al. (2019)**.

The implementation of the current study intervention led significant improvements in all three types of commitment among the nurse managers. This was in part due the implementation of the study intervention, but also indirectly due to improvement of the nurse managers' talent management. Thus, the multivariate analyses identified the study intervention as well as the total talent management score as significant positive predictors of the emotional, and normative commitment scores. Additionally, the talent management score alone was a positive predictor of the continuance commitment score. These findings lead to accept the research hypothesis.

Moreover, the present study nurse managers' overall commitment improved although the difference did not reach statistical significance level, which could be due to the relatively high pre-intervention level of commitment. However, the multivariate analysis revealed that a higher talent management score increased the odds of being committed, thus adding to the evidence for accepting the research hypothesis set. This might be attributed to the positive impact of the talent management practices which involve subordinates in their own performance. These results are in agreement with a study in the United States investigating the effect of a training fellowship on nurses' organizational commitment, which showed significant improvements in the study group commitment **(Wentland and Hinderer, 2020)**. Similar findings were also reported in a study done in Iceland **(Sveinsdóttir et al., 2016)** and in Iran **(Sepahvand et al., 2020)**.

According to the present study, female gender was associated with higher continuance, normative, and total commitment. The finding is expected given the long history of the nursing profession feminine nature, although this keeps attenuating during the last two decades. The finding is in agreement with a study of gender differences and organizational commitment in Iran **(Khalili and Asmawi, 2012)**. Meanwhile, a higher nursing qualification was also identified as a negative predictor of emotional commitment. This might be explained by the relatively longer years of diploma degree nurses in the profession, with more wide and profound work relationships, in addition, it is more close to the subordinate staff nurses who are mostly diploma degree nurses. The finding is in agreement with a study done on Filipino nurses **(Labrague et al., 2018)**.

The nurse managers' age was also identified in the current study as a significant positive predictor of their continuance and total commitment scores. This might be attributed to that as age advances, the chances of changing job decrease, also the opportunities for better job diminish. Thus, the older the nurse manager, the higher is his/her continuance commitment to the organization. In agreement with this, a study done in Saudi Arabia showed significant increases in the organizational commitment scores of nurses with their age **(Al-Haroon and Al-Qahtani, 2020)**. On the other hand, the present study results demonstrated that nurse managers' experience years was a negative predictor of their continuance and total commitment, which is paradoxical with the effect of age. This paradox could be explained by that the younger age nurse gaining good experience could have better opportunities for work in private settings or even abroad, which would decrease their continuance commitment. In congruence with this, a study done in Japan reported a decrease of nurses' organizational commitment with their early experience years. However, with aging and longer years, their commitment tends to increase **(Sasaki et al., 2019)**.

Conclusion:

The implemented training program is effective in improving nurse managers' talent

management, and consequently in increasing their organizational commitment.

Recommendations:

The study recommends inclusion of Training courses and programs should be conducted for the nurse managers concerning how to implement talent management within the hospital. Hospital administration should support such programs and the process of talent management should be continually evaluated and improved. The hospital administration should address the factors identified as most influencing on commitment such as the policies and procedures, hospital reputation, and intention to leave among nurses.

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