Effectiveness of Talent Management Training Program on Nurses' Empowerment

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Abstract

Background: Talented nurses create differential value and make contributions to the hospital; talent management has been advocated as an important scheme to empower those nurses. The study aimed to measure the effect of a talent management training program on nurses' empowerment. **Research design:** A quasi-experimental one-group pre-posttest research design was used. **Subjects and Setting:** The sample consisted of 145 nurses who were invited to participate in the study. The study was conducted at Fayoum University Hospitals. **Tools of data collection:** Two tools were used for data collection namely; Talent management and empowerment questionnaires. **Results**: Findings of the study indicates that there were highly statistically significant positive correlations among nurses' total talent management and total empowerment scores pro/post-program implementation, the strongest correlation was for talent management mindset with domains of access to support, access to opportunity, and access to resources, and with total empowerment scores. **Conclusion:** Nurses' total talent management level and total empowerment level were improved evidently throughout the program phases. There was a highly statistically significant positive correlation among nurses' total talent management and total empowerment scores throughout program phases. **Recommendations:** All health care organizations should introduce a talent management strategy in their strategic planning to remain competitive in today's healthcare market. Encourage complete involvement of nurses and other health care providers to donate their varied talent on the cooperative journey to talent advantage.

Keywords: Talent Management, Nurses, and Empowerment

Introduction:

At present, organizations strive to sustain their presence in a comprehensive marketplace, due to related challenges as, stiff competition, and technological improvements. Organizations have moved their patterns from only aiming at increasing their productivity and differentiating their products and services to focusing on their unique resources; namely, their human investment, as nurses who are the most important human resource in any health organization **(Al Aina, and Atan, 2020).**

Organizations believe that nurses are qualified to be influencers of the organizational culture and empower others. It is important to note, that organizations use technology to find an efficient way to empower, manage and retain talented employees within it **(StarMeUp, 2018)**. Talent management recently has received increased research attention due to its ability to create and sustain the competitive advantage of the organization. Talent management is related

to creating a talent group from external and internal sources, adequately deploying these roles behaviors that contribute to organizational performance **(Cappelli and Keller, 2018)**.

Talent management is a new, practitioner-generated term shell a range of long-lasting practices that aim at getting the right employees in the right job at the right time. These include workforce planning, succession planning, employee development, and career management **(Cappelli& Keller, 2018)**.

Talent management is defined as "an integrated set of processes, programmers, and cultural norms in an organization designed and implemented to attract, develop, deploy, and retain talent to achieve strategic objectives and meet future needs" **(Mihelič, 2020 and Pearce, et al 2020)**.

Talent management is described as a development of human resources; it's made up of many components that are combined to foster a high-performance work environment

that is mutually helpful for the organization and its employees. Talent management encompasses five key components such as: attracting external talent; identifying internal potential talents; developing talent; retaining talent; and measuring talent engagement efforts **(Tedgul, 2020)**.

Talent management affords a focus for investment in employees and puts managing talent high on the corporate agenda. It contributes to objectives including creating meaningful work for staff, building a high-performance workplace, contributing to attachment and diversity, encouraging continuous learning, adding significance to the 'employee proposition', accessing employees analytics for better decision making, and increasing productivity **(Ally,2020)**.

There are several points to keep in mind to achieve from an effective talent management organization. This organization becomes more efficient when their employees have the power and empowerment to make decisions and crack problems on their own, which result in strengthening human talent and lower employee turnover rate, the organization delegates effectively and encourage autonomy, and the employee takes ownership and feels more motivated to work **(StarMeUp, 2018)**.

Empowerment plays a vital role in mentioning positive changes in any profession and professionals and society as a full. The result of empowerment for nursing and nurses is within the style of increased job satisfaction, strong commitment towards the organization they add, and increased retention, and productivity in achieving the structure goals **(Dweik, et al, 2016)**.

Empowerment is defined as an act that involves increasing the ability of employees to decide and act as it lies in the need for performance workers to make quick decisions and implement changes especially those at dynamic and lower organizational levels, it is the process of giving nurses the power, capacity, and energy to decide on their work. In addition, it is an interactive process that develops, increases power through cooperation, sharing, and working together **(Hasan, Mohammed, and Mhaibes, 2019)**.

The diverse definitions and descriptions of empowerment follow two streams of analysis structural empowerment and psychological empowerment. Structural empowerment is the ability to get things done, which is derived from structural conditions in the organization and not from the personal characteristics of the individuals **(Echebiri, Amundsen, and Engen, 2020)**.

Structural empowerment includes access to information which refers to having data, technical knowledge, and experience needed to work effectively in the workplace and be considerate of administrative policies and decisions. Access to support: involves receiving feedback and guidance from peers, subordinates, and supervisors **(Hock, B, A, (2020).**

In addition access to opportunities: as rewards and professional development to increase nurses' knowledge and skills through the participation in activities as committees, conferences, and training programs. Finally, access to resources: refers to one's ability to acquire the economic means, materials, time, and articles required to accomplish the organizational goals **(Park, 2017)**.

While psychological empowerment focuses on intrinsic motivation, relevance, or meaning supply a way of management over their work instead of on the social control practices want to increase employees' levels of authority and sense of being able to influence important outcomes within the organization **(Wong, 2020)**.

Significance of the Study:

Healthcare organizations becomes in a great challenges due to the increasing ability of patients who become highly knowledgeable about their disease and think critically about it, keeping talented management in these organizations is vital to stay ready in the marketplace **(Salau et al., 2018)**. A systematic approach to talent management means that there is an organizational integration and a consistent approach to management. When health care systems are more integrated, client satisfaction rates are usually higher; consequently, a talent management approach should be established within the complete firm. So this study aimed to measure the effectiveness of implementing talent

management training program on the empowerment of nurses

Aim of the Study:

The present study aimed to measure the effectiveness of implementing talent management training program on the empowerment of nurses through the following:

1- Assessing talent management level among nurses.

2- Evaluating empowerment level among nurses.

3- Introducing and implementing program-related talent management based on assessment needs.

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

Research questions were:

1. What are the nurses' levels of talent management and empowerment before implementing the program?

2. What are the nurses' levels of talent management and empowerment after implementing the program?

3. What is the effect of a talent management training program on the empowerment level of nurses?

Subjects and Methods

The study presented under the following designs

Research Design: A Quasi-Experimental one group pre/posttest design was used to conduct the present study

Setting: The study was conducted at Fayoum University Hospitals namely Medical, Surgical, and Neonate Hospitals.

Subject: Convenience sample methods of (145 nurses) who were working in the previously mentioned settings and accepted to participate in the study. As talent management is a new trend in nursing, and talented nurses are needed regardless of their norms, so no criteria were mentioned to select study subjects except having licensed nursing educational level.

Tools of data collection:

Two tools were used for data collection.

Tool I -Talent management questionnaire for assessing talent management level among nurses by **Oehley (2007)**, and developed by researchers based on **Optimis (2011), and El Nakhala (2013)**, consisted of two parts:

Part I: Personal data e.g., department, educational qualification, marital status, gender, age, years of experience, and talent management training& workshop attendance.

Part II: Talent management questionnaire which composed of (43) items divided into eight dimensions as the following: (1) Displaying a talent management mindset 4 items. (2) Attracting and recruiting talent 5 items. (3) Identifying and differentiating talented employees 6 items. (4) Developing others 6 items. (5) Building and maintaining positive relationships 6 items. (6) Providing meaningful and challenging work 5items), (7) Remunerating and rewarding fairly 6 items, (8) Managing work-life balance 5 items).

Scoring system

Responses to the items will be on a five-point Likert scale (never 1, rarely 2, sometimes 3, often 4, always 5). Scores of sub-scales were summed up and the total score was divided by the number of the items, giving a mean score for the part. These scores were transformed into a percent score. It is considered low if the percent score was less than 60%, moderate from 60% - <75%, and high if 75% or more

Tool II: The empowerment questionnaire by **(Laschinger., et al 2014)**, aimed at assessing the empowerment level among nurses. It includes 38 statements under four dimensions: as follows (1) Access to Information 12 items. (2) Access to Support 9 items. (3) Access to Opportunity 9 item. (4) Access to Resources 8 item

Scoring system:

Responses of study participation were according to Likert scale ranging from never to always; those scored respectively from1 to 5: The scores of the items were summed-up and the total divided by the number of the items. These scores converted into a percent score. Empowerment was considered low if the score was less than 60% while it was considered high if the total score was 60% and more.

Operational Design:

Preparatory phase: It begins with reviewing the theoretical and empirical literature of national and international resources concerning talent management by using textbooks, articles, magazines, research, and internet search to get a clear picture of all aspects related to the study.

Validity and reliability:

Tools utilized as a part of the study were checked for their content validity by a jury of 5 experts in the field, the experts were from the Universities of Ainshams, Zagazig, Fayoum, Mansoura, and Cairo. Recommended modifications and reconstructions of the tools were done.

The tools have high reliability with a Cronbach alpha coefficient of 0.762 for the total scale of talent management, and 0.846 for the total scale of empowerment

Pilot study: A pilot study was carried out to test the questionnaire's feasibility, understandability and to estimate the time consumed for filling in the forms. The pilot study was carried out on 10% of the study sample (15 nurses). A brief explanation of the purpose of the study was provided to every participant in the pilot study, and then they were provided with a copy of each study tool. The time consumed in answering the questionnaires was about 15-25 minutes. Nurses in the pilot study were excluded from the main study sample.

Fieldwork:

After obtaining the official permission from the chief director of Fayoum University hospitals, the researchers start the following phases.

Preparatory phase: The researchers need to introduce themselves and explain the purpose

of the study to the participants, then pre-test forms were distributed to them immediately before beginning program sessions to assess the baseline participants' talent management level, based on the result of the pre-test, their learning needs were identified. Accordingly, the objectives of the program were stated and the content was designed.

Implementation phase: The program was implemented from the beginning of Jan 2020 to the mid of February 2020 (6 weeks for the whole). A training program designed for this study theory and practice. Program sessions starting with orientation, introduction, and purpose of the program were done by using simple words, tone of voice that shows interest, concern, and friendliness followed by the covered topics as; the concept, definition, objectives, components, sources, types, benefits of talent management to nurses, importance of talent management, conditions for successful talent management, principles of talent management, factors of talent management, strategies and tools for the detection of talent management, talent management processes, and talent management inputs and outputs, and practical part in form of giving activities, exercises, and situations for talent management.

A special class was allocated for teaching the program sessions at Fayoum University Medical hospital, the researchers used various teaching strategies include lectures, group discussion, brainstorming, and role-play. Using media include Powerpoint, colored pen blackboard, and a program booklet which covered program content.

Talent management program:

Total 5 sessions of talent management program theory and practice 2hrs/session with a total of 10 hrs. of the program as a whole/ 2weeks (3 sessions in a week followed by 2 sessions in the next week) these 5 sessions were repeated respectively three times for three shifts by rotation according to hospital roster, to ensure that all nurses are given the same chance for participation in the study, the first time (2weeks) for who was in the morning shift, the second time (2 weeks) for who was in the evening shift, and the third time (2 weeks) who were in the night shift, in total 6 weeks for implementing the program until 145 nurses completed the entire theory and practice content.

Evaluation Phase: Focused on estimating the effectiveness of implementing a talent management training program on nurses' empowerment by using the same tools used in the pre-program assessment.

Administration and Ethical consideration:

To conduct the study official permission was obtained from the chief director of Fayoum University hospitals, this permission was sent manually by the researchers themselves for three hospitals' nursing directors to facilitate and coordinate the researchers' work.

Oral approval was taken from the participants after informing them about the nature, aim, and of the study. The researchers clarify that the participation is voluntary and anonymity is guaranteed for all, confidentiality was secured in a password-protected computer, and the collected data will be used only for scientific research,

Statistical Design:

The collected data were organized, tabulated, and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 26, SPSS Inc. Chicago, IL, USA). The categorical variables were represented as frequency and percentage. Continuous variables were represented as mean and standard deviation. An independent f-test was used to test the difference between two means of continuous variables. Paired t-test was used to test the difference between more than two means of continuous variables. Pearson correlation coefficient test was conducted to test the association between two continuous variables. Hierarchical regression analysis was performed to explore the independent variable of empowerment (dependent variable). Statistically significant was considered as (p-value ≤ 0.01&0.05).

Results:

Table (1): Shows the distribution of personnel characteristics among the studied nurses, it appears that (20%) of the study subjects work in ICUs, followed by (17.2%) working in the Dialysis unit, neonate and pediatric unit represent (26%). The sample includes educational qualifications in nursing as follows, (60.7%) was a bachelor's degree, (26.9%) were school diploma nurses, and (12.4 %) of the sample were had an associate diploma. Moreover, the majority (59.7%) of them were females. Mean and standard

deviation for study subjects' age were (21.98±2.05) as (75.9%) of them from 20-25 years old. concerning years of experiences35% of the study, the sample has less than one year of experience. The majority of the study sample (75.2%), did not attend training& workshop in talent management

Table (2): Shows mean score of talent management among the studied nurses throughout program phases; it is revealed that in pre-implementation; the highest mean score (10.5680±1.06511) was equally between dimensions of displaying a talent management mindset, providing meaningful and challenging work and managing work-life balance, While the lowest mean score was (8.4960±1.04437) were equally for dimensions of attracting and recruiting talent, and remunerating and rewarding fairly.

In addition, the total score of talent management in post-implementation was higher than (63.6720±8.71111) pre-implementation (36.4640±3.24421). There were highly statistically significant differences between all talent management dimensions pre/post program ($P \leq 0.001$).

Figure (1): Shows significant improvement in total nurses talent management level post-program implementation.

Table (3): Relation between the mean score of talent management and personnel characteristics among the studied nurses throughout program phases, shows that there was a statistically significant positive relation between nurse's talent management in preprogram implementation about educational qualification, marital status, and gender ($P < 0.05*$), it is evident that more nurses with high talent management were among those with female (36.8942±3.02391) and bachelor degree (36.8505±2.99624). While post talent management program implementation the table points to a highly statistically significant relation between nurses who attend training& workshop in talent management ($P \leq 0.001$).

Table (4): Shows mean score of empowerment among the studied nurses throughout program phases, it is demonstrated that the lowest mean score in preprogram implementation was for access to resources (19.6080±1.81346). Total mean scores of nurses' empowerment dimensions were low before program implementation (162.8080±11.56935)

which improved post-program implementation (273.2400±28.81515), there were highly statistically significant differences between all empowerment dimensions pre/post-program implementation.

Figure (2): Shows significant improvement in total nurses' empowerment level post-program implementation.

Table (5): Relation between empowerment and personnel characteristics of the studied nurses throughout program phases the table demonstrates that there statistically significant positive relation between nurses empowerment in preprogram implementation with educational qualification, marital status, age, and gender (P < 0.05*), it is evident that more nurses with high empowerment were among those with school diploma nurse (65.6000± 5.82385). While post-program implementation the table point to a highly statistically significant relation between nurses who attend talent management training&

workshop with nurses' personal characteristics (P ≤ 0.001).

Table (6): This shows the correlation between talent management and empowerment of the studied nurses, it indicates that there were highly statistically significant positive correlations among nurses' total talent management and total empowerment scores pro/post-program implementation (.302**). The strongest correlation was for talent management mindset with domains of access to support (249**), access to opportunity (.208*), and access to resources (215**), finally with total empowerment scores which displaying (r= 0.312**). Additionally, there were highly statistically significant positive correlations between the domain of providing meaningful and challenging work with domains of (access to opportunity (.178*), and access to resources (.208*), finally with total empowerment scores which displaying (r= 0.268**).

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

Variable	Frequency	%
-Department		
- 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	88	60.7
-Associate diploma	18	12.4
-School 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 ±SD 21.98±2.05		
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 the studied nurses throughout program phases. (n=145)

Talent management dimensions	Item No.	Pre-implementation	Post-implementation	Paired T	-test P-value
		Mean ± SD	Mean ± SD		
1 - Displaying a talent management mindset	1-4	10.5680±1.06511	19.1440±3.35700	-25.403	.000
2- Attracting and recruiting talent	5-9	8.4960±1.04437	15.5280±3.06798	-23.551	.000
3 -Identifying and differentiating talented nurses	10-15	8.7840±1.21539	14.5600±2.96594	-18.719	.000
4- Developing others	16-21	8.6160±1.21007	14.4400±2.93587	-20.266	.000
5- Building and maintaining positive relationships	22-27	9.5680±1.06511	18.1440±3.35700	-25.403	.000
6 - Providing meaningful and challenging work	28-32	10.5680±1.06511	19.1440±3.35700	-25.403	.000
7- Remunerating and rewarding fairly	33-38	8.4960±1.04437	15.5280±3.06798	-23.551	.000
8- Managing 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: Difference between pre-intervention and post-intervention
P: Probability of difference between pre-intervention and post-intervention.
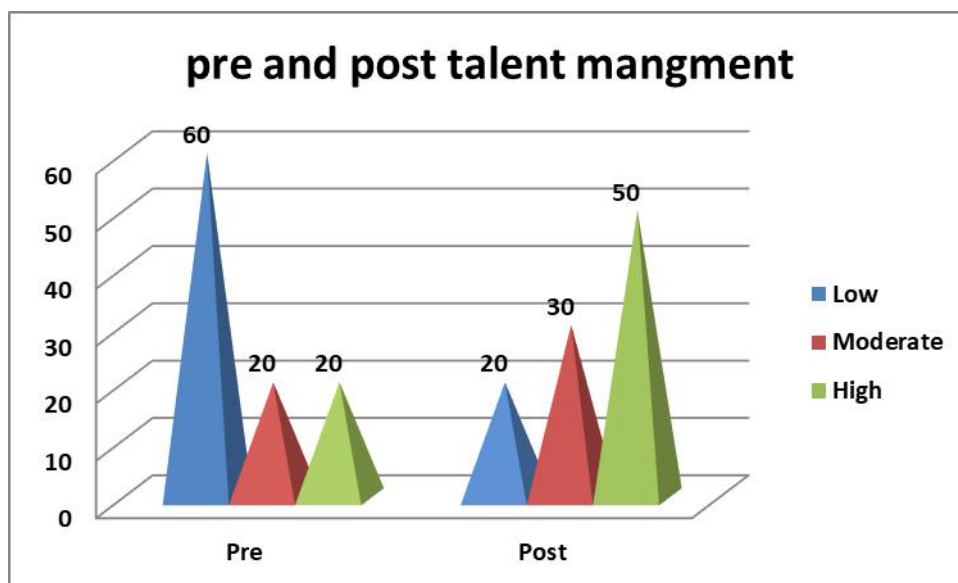**Highly significant at P ≤ 0.001

Figure (1): Total nurses' talent management level throughout program phases (n= 145).

- Shows significant improvement in total nurses talent management post-program implementation.
  - Less than 60% →Low.
  - 60%<75%   → moderate
  - 75% or more → High

Table (3): Relation between the mean score of talent management and personnel characteristics of the studied nurses throughout program phases (n=145)

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

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).
P1: Probability of difference between personal characteristics and pre-implementation
P2: Probability of difference between personal characteristics and post-implementation
**Highly significant at P ≤ 0.001

Table (4): Mean score of empowerment among the studied nurses throughout program phases (n=145)

Empowerment dimensions	Pre-implementation Mean±SD	Post-implementation Mean±SD	Paired t -test	P- value
Access to Information	25.4800±2.33349	41.9120±6.79423	-25.647	.000
Access to Support	24.0480±2.29606	39.6640±5.42239	-27.035	.000
Access to Opportunity	23.9360±2.49109	38.5440±5.11245	-27.735	.000
Access to Resources	19.6080±1.81346	35.0960±4.75602	-28.980	.000
Total scores	162.8080±11.56935	273.2400±28.81515	-35.242	.000

Paired t-test: Difference between pre-intervention and post-implementation
P: Probability of difference between pre-implementation and post-implementation
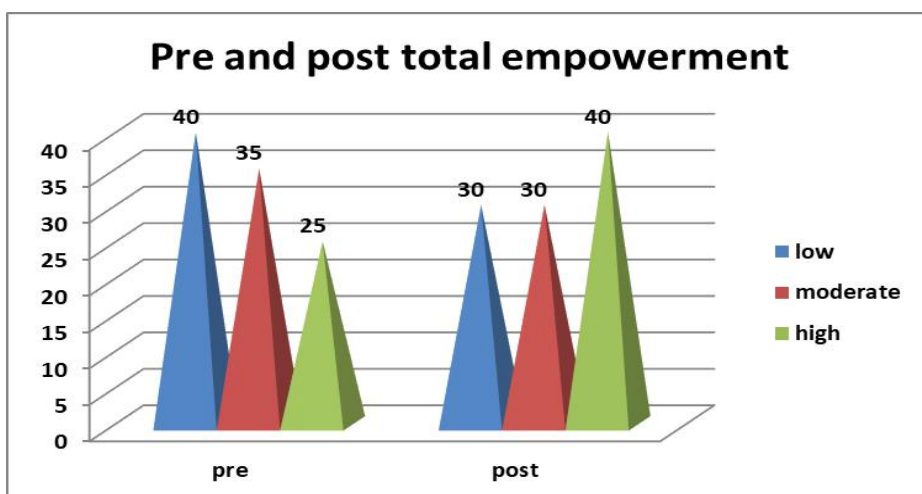**Highly significant at P ≤ 0.001

Figure (2): Total nurses' empowerment level throughout program phases (n= 145).

Shows significant improvement in total nurses empowerment level post-program implementation.

Table (5): Relation between empowerment and personnel characteristics of the studied nurses throughout 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
Department						
-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		

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).
P1: Probability of difference between personal characteristics and pre-implementation
P2: Probability of difference between personal characteristics and post-implementation
**Highly significant at P ≤ 0.001

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

Talent management dimensions	Statistical Test	Empowerment				Total Empowerment
		Access to Information	Access to Support	Access to Opportunity	Access to Resources	
1- Displaying a talent management mindset	r	.177	.249**	.208*	.215**	.312**
	p-value	.063	.007	.015	.008	.001
2- Attracting and recruiting talent	r	.211*	.115	-.023	.066	.136
	p-value	.018	.202	.802	.463	.130
3- Identifying and differentiating talented nurses	r	.057	.138	.167	.215*	.200*
	p-value	.529	.124	.063	.016	.025
4- Developing others	r	.067	.062	.049	.175	.123
	p-value	.458	.495	.588	.051	.171
5- Building and maintaining positive relationships	r	.171	.136	.204*	.123	.225*
	p-value	.057	.132	.022	.170	.012
6- Providing meaningful and challenging work	r	.210*	.161	.178*	.208*	.268**
	p-value	.019	.073	.047	.020	.002
7- Remunerating and rewarding fairly	r	.202*	.105	.151	.154	.218*
	p-value	.024	.245	.093	.086	.014
8- Managing 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).
* Correlation is significant at the 0.05 level (2-tailed).

Discussion

Talented employees' attraction and employment become an issue of considerable importance in various types of organizations worldwide **(Bosstijancic and Slana, 2018)**. Talent management has become a key in the competitiveness for attracting outstanding employees. Healthcare organizations must acknowledge the importance of the use and application of effective talent management strategies in the selection of their workforce. Such strategies have been shown to foster innovative performance **(Smith et al., 2019)**. Hence the healthcare sector should adopt talent management for better quality services **(Leggat et al., 2020).**

Talent Management

Point of that to the present study, the studied nurses had a relatively low mean score for dimensions of "attracting and recruiting talent remunerating and rewarding fairly". Such low results could be due to that nurse managers may not have the authority to provide extra – incentives for high nurses performance due to administrative rules and regulations**,** this in accordance with a study done in Iran **by Gholami et al,. (2019)** who confirmed that the

recognition and appreciation of excellent performance at work is a cornerstone in talent management science it encourages talented individuals to invest on their talents and improve their work.

This result in congruence with a study done in Nigeria investigating the impact of the implementation of a talent management strategy on employee's performance reported significant positive effects of such strategies **(Oludayo et al., 2018)**. In the same line**,** **Chan et al., (2017)** who conducted a study in "Singapore underscored the importance of building sound work relations in the implementation of talent management strategies" revealed that the nurses had a low level of perception towards talent management.

Also, this study is consistent with **Gholami et al, (2019)** who conduct a study on Talent Management Training Program and its Effect on Leadership Effectiveness among Nurse Managers and who reported that nurse managers' talent management practices mean scores were low before implementing the program.

In contrast, this study result was incongruent with **Elkady, Bassiouni, and**

Atalla (2019) who conducted a study on" Nurses' Perception about the Relationship between Talent Management and Organizational Commitment" which indicated that nurses at hospitals have a moderate level perception about talent management.

After program implementation the results of the present study revealed that there was a statistically significant improvement in all talent management dimensions, reaching as high as for the dimensions of displaying a talent management mindset and providing meaningful and challenging work. In total, the mean scores of talent management in the post was higher than pre-implementation and the difference between all talent management dimensions was highly statistically significant pre/post-program, this is undoubtedly due to the study implementation which was identified as the main positive predictor of the total talent management scores. The findings are in line with **Obeidat, et al., (2018)** who studied the effect of talent management on organizational effectiveness in the healthcare sector and reported the positive impact of training intervention on participant's talent management more than half of the participants reported significant improvement in talent management knowledge and practice.

Also, this study is congruent with **Ogabari, et al, (2018)** who reported that the nurse managers' satisfactory knowledge had improved in the post-intervention phases, and there were highly statistically significant differences between all talent management dimensions as well as total talent management practices throughout program phases.

The success of the present study is due to the content of the training program, which tolerated to identify nurses' needs, in addition, the learning approaches, media, and material used in the implementation of it, with the active participation of participating nurses.

Nurses Empowerment

Findings of the study showed that empowerment of nurses was unsatisfactory (less than 60%) before program implementation. This may be due to the job characteristics itself which effects staff nurses' empowerment, these characteristics as dependence and integration

between decision-makers who usually are doctors, low salary, and increase of work shifts which may be impacted negatively on the nurse's life regarding their time spend with their families.

These results agreed with **Atefi et al, (2014)** who study the factors influencing registered nurses' perception of their overall job satisfaction reported that, there was an unclear job description for the nurses and that they usually carried out auxiliary nurses' and secretaries' responsibilities. Based on nurses' experiences, these factors create a conflict with the role of the nurses and put them under pressure. Also in agreement with **(Abdelatef, A, (2017)** who conduct a study on the Relationship between Motivating Work Factors and Empowerment among Staff Nurses and revealed that there is slightly less than three-quarters of studied subjects had low perception regarding workload, and availability time for the provision of nursing care respectively, from his point of view, this finding related to shifting work, heavy workload, role clarity and ambiguity as shown to be stressful factors among nurses.

In addition, the total mean scores of nurses' empowerment dimensions were low before program implementation which is improved post-program implementation also, there were highly statistically significant differences between all empowerment dimensions pre/post-program implementation. This proved that the program had a positive impact on improving nurses' empowerment and answering the third research question.

After program implementation, study findings revealed that there were highly statistically significant differences concerning preprogram in all dimensions measuring nurses' empowerment, this may be due to the spending time in training nurses who are having the opportunities for learning and development directly makes them feels more involved in their organization, personal growth, career development, satisfaction, and willingness to advancement especially if the hospital identify training needs objectively and seeks to transfer expertise from highly skilled staff for the less experienced, which consequently affects their empowerment positively.

Typically, this finding was in agreement with a study done by **Weerasinghe, (2017)** who conducted a study on "Impact of talent management on employee retention" and proved that there's a positive impact of talent management on employee retention. Also, **El said, (2017)** revealed that there was a significant relationship between the components of talent management and employee retention as both training and development and job enrichment were found to have a significant impact on employee retention.

As regarded access to resources domain which is the lowest mean score in preprogram implementation, this may be due to the shortage of budgetary system which directly affects financial incentives, work required resources, affects nurses' salary and puts a high workload on the existing nurses considered as an important factor leading decrease of nurses' empowerment.

This result was consistent with **Fischer, Malycha, and Schafmann (2019)** who argued that extrinsic rewards will only increase the internal satisfaction that the individual receives from doing the job and can have different effects on individuals' motivation. regarding **(Abdelatef, A, (2017)** who reported that total staff nurses' perception regarding work resources, showed that more than three-quarters of studied subjects had low perception regarding the necessary time to accomplish work needs, while more than, half of them had low perception regarding taking part in decisions concerning getting the tools and tasks in the hospital work, and two thirds regarding taking part in putting the reward system in work.

Correlation between totals of talent management and empowerment of studied nurses

Concerning the correlation between nurses' totals of talent management and empowerment**,** the findings of the study indicate that there were highly statistically significant positive correlations among nurses' pro/post-program implementation. The strongest correlation was for talent management mindset with domains of access to support, access to opportunity, and access to resources, finally with total empowerment scores

Additionally, there were highly statistically significant positive correlations between the domain of providing meaningful and challenging work with domains of (access to opportunity and access to resources and access to information. finally with total empowerment scores which displayed. This result of the present study was in congruence with the result of study Empowerment strategies and their role in talent management done by **Salim, et al, (2015)** who found that, significant relationship between empowerment strategies and the dimensions of talent management.

Relationship between personal characteristics, talent management, and empowerment among the studied nurses

Regarding the relationship among the studied nurses' personal characteristics, talent management, and their empowerment, it appears that preprogram implementation the studied nurses' characteristics influence their talent management, the study revealed that there were statistically significant positive relationships between educational qualification (bachelor degree), marital status (married), gender (female), and years of experiences (less than one year). Also, post-program implementation there was a highly significant positive relation between nurses who attend training & workshop in talent management. The current study result is consistent with Abdrabou **and Ghonem, (2020)** who reported that nurse managers' age, experience, and total talent management knowledge scores were positive dependent predictors for the score of total talent management immediate post-training program Also, **Khor (2017)** who found that there is a significant relationship between participants' ages and their talent practice and knowledge management

In contrast, this result is not consistent with a study of nurses' talent management and organization performance in Saudi Arabia done by **Dahshan et al, (2018)**

The results of this study demonstrate that there was a statistically significant positive relationship among nurses' empowerment preprogram implementation concerning educational qualification, marital status, age, and gender, it is evident that more nurses with diploma school were highly empowered than

other nursing qualifications. In addition post-program implementation, there was a highly statistically significant relation between nurses who attend talent management training& workshop.

Thus may be due to that, the nurse who attends training programs about talent management becomes highly empowered, nurses know the importance of this new phenomenon in the repaid change health field they start to search about it as in websites, attending workshops or read related reviews

Conclusion:

The results of this study concluded that total talent management level and total empowerment level were improved evidently throughout program phases. There was a highly statistically significant positive correlation among nurses' total talent management and total empowerment scores throughout program phases. Implementing a talent management training program had a positive effect on enhancing the empowerment level among participated nurses.

Recommendations:

- Training programs/courses for newly hired nurses to enhance their effectiveness.

- All health care organizations should introduce a talent management strategy in their strategic planning to remain competitive in today's healthcare market.

- Encourage complete involvement of nurses and other health care providers to donate their varied talent on the cooperative journey to talent advantage.

- Future research to examine the influence of organizational support on nurses' talent management.

Study Limitations

- The study was conducted with no external funding.

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