

TALENT MANAGEMENT AND ORGANIZATIONAL PERFORMANCE IN OMAN GOVERNMENT HOSPITALS

Khalood Farzah¹
Nor Azilah Husin²

¹ Faculty of Business and Accountancy, Universiti Selangor, 40000 Shah Alam, Selangor, Malaysia,
(Email: khalood222@gmail.com)

² Faculty of Business and Accountancy, Universiti Selangor, 40000 Shah Alam, Selangor, Malaysia,
(Email: nor_azilah@unisel.edu.my), ORCID iD: <https://orcid.org/0000-0002-1513-8550>

Article history

Received date : 2-4-2022
Revised date : 3-4-2022
Accepted date : 10-7-2022
Published date : 15-7-2022

To cite this document:

Fatah Farzah, K. S., & Husin, N. A. (2022). Talent Management and Organizational Performance in Oman Government Hospitals. *International Journal of Accounting, Finance and Business (IJAFB)*, 7(40), 196 - 211.

Abstract: *Effective talent management requires an understanding of what core talent means, and how to leverage the talent in a manner that allows management to act decisively to drive competitive advantage as well as to secure the future success and sustainability of organisations. Research in healthcare setting in Oman reported non-punitive response to errors, inadequate staffing and hand offs and transition as areas of healthcare that require improvement in Oman. Given their engagement through talent management and great leadership is critical to improving morale and strengthening Oman healthcare professionals for optimum performance of healthcare system. Despite numerous studies on the topic so far little attention has been paid to talent management and the role of leadership in public hospitals setting. The aim of this research is to integrate elements from the individual, organisational and societal levels to gain a more comprehensive understanding of interactive relationship between talent management, healthcare professionals' engagement and performance in Oman Government Hospitals. The study will contribute to the literature that exists on the concepts of this study, namely, talent management, employee engagement, leadership and hospital performance. The study seeks to benefit the hospital administrators particularly hospital management and government of Oman in general. A cross-sectional study among respondents from Sultan Qaboos Hospital Salalah and West Salalah Health Centre will be adequate as a good sample to conduct this study. A questionnaire containing four sections will be used to measure the variables in this study from healthcare professionals; points of view. A pre-test analysis will be carried out on 30 nurses in health centre in Salalah, not included in the sample of the study, to test the tool practicality and applicability. The data gathered will be analysed in AMOS software for structural equation modelling and the results will be disseminated.*

Keywords: *Talent Management, Healthcare Professionals' Engagement, Organizational Performance, Government Hospital*

Introduction

The healthcare and pharmaceuticals industry constitutes of healthcare professionals who provide diagnosis, treatment and prognosis of disease, preventive, rehabilitative and palliative care. Diagnostics and treatment are offered by a system of healthcare experts, including clinical specialists, radiologists, drug specialists, laboratory technicians and other healthcare providers. All these people will play a major role in patients' treatment and recovery (Osman, Husin, & Lukito, 2017). Administrations are given at essential, optional and tertiary care offices, which incorporate medical clinics, private centres and general health offices. Healthcare guidelines and government healthcare policies also assume a necessary job in forming the business. The pharmaceutical business creates, delivers, showcases and disperses drugs available to be purchased in the market (Al-Farsi & Al-Balushi, 2018). These include prescribed as well as over-the-counter medication. Medication dissemination are also significant parts of the business, as per government-led dispersion guidelines and testing prerequisites.

Since the 1970s, the Omani government has put intense effort in the healthcare field, bringing about the current healthcare framework. Positive health indicators, for example, average life expectancy of 78.5 years, place Oman on a standard with the its local neighbours (gulf countries) and with numerous Western countries. The nation's healthcare foundation is additionally satisfactory, with 1.6 medical clinic beds per 1,000 residents, but still require for additional speculation and advancement in the coming years. The increasing expense of public healthcare joined with ongoing long periods of dormant profits has brought about an increasing government expenditure shortage and a threat to existing resources. The Ministry of Health (MOH) at present records for around 80% of Oman's complete healthcare service. In 2014, the administration of Oman discharged a program for the public healthcare, Health Vision 2050, planned for making an efficient, productive and responsive health framework inside the nation (Almukhaini et al., 2016). The activities include the foundation of 10,000 health communities, and the assurance of patient security and quality control according to the World Health Association (WHO). Hence, looking forward, to the legislature to be able to execute its goal-oriented framework advancement plan with rising healthcare costs to achieve Health Vision 2050 activities, with private sector hoping to enter the market (Al Mawali et al., 2017).

Problem statement

In relation to Omanis healthcare sector, the health workforce situation in Oman was unsatisfactory before the Omani renaissance in the early 1970s (Ingram & Glod, 2016). The Sultanate had only 13 physicians and a few nurses in 1970. The physician-population ratio was abnormally low: two physicians per 100,000 people. Even in 1980, there were only 514 physicians and 1096 nurses. At that time, there were only 5.1 physicians per 10 000 people. There were hardly any Omani health professionals in 1970, and only a few in 1980.

The physician, nurse and most other professional categories in Oman have grown substantially during 2006-2010, depicts the significant rise in the numbers of physicians and nurses in Oman during this period. This growth was necessitated by expansion or upgrading of the health care infrastructure. The Sultanate undertook that task through systematically formulated five-year health development plans. Substantial growth in health workforce stocks enabled the Sultanate to step up its workforce population ratios to reach satisfactory levels fairly comparable to those of other countries in the region, which presents intercountry comparisons (Al-Abri, Al-Rawahi, Abdelhady, & Al-Abaidani, 2018). Since Oman is still a net importer of health workforce, the Sultanate's achievement in building up its health workforce stocks can be fully appreciated only if one considers the growth in health workforce along with its increased self-reliance in workforce. The Minister of Health, Oman said that the need for the health system is steadily

increasing due to many factors influencing the rates of demand for these resources, including: rapid population growth, near-total reliance on government health institutions, and the Sultanate's geographical characteristics, which make covering all regions an expensive matter, in addition to the nature of the health system. It should be noted that these circumstances place extra strain on health-care resources. This context makes healthcare professionals' engagement to public setting crucial in order to reduce financial burden on the government. Concerning the issues in health services, there is a scarcity of beds at public hospitals, particularly critical care beds, as well as a scarcity of specialized human cadres, particularly in emergency, birthing, critical care, and premature baby care. Even in the case of leading categories such as physicians, nurses, laboratory technicians, etc., the Omanization level increased steadily over the plan periods.

The Sultanate as a whole has emerged from the stage where it used to rely heavily on workforce imports to be able to extend its health care infrastructure (Dent et al., 2017). The Ministry of Health accounts for 72 percent of the Omanisation rate in 2019 (The Arabian Stories, 2021). An examination of the existing situation showed that sustaining the existing rate of the number of physicians assigned to the population necessitates a growth in the number of specialist physicians, in the process of expanding health services, and in the variety of subspecialties. The situation represents a real challenge in terms of the quality of the outputs, especially given the current financial crisis, which leads to the unavailability of financial degrees.

A recent study in healthcare setting in Oman reported non-punitive response to errors, inadequate staffing and hand offs and transition as areas of healthcare that require improvement in Oman (Al Lawati, Short, Abdulhadi, Panchatcharam & Dennis (2019). Nowadays, Oman is of high middle-income countries in the region but with round two thirds of its current inhabitant are citizens and around one third are foreigner workers. Oman spends a very small percentage of its GNP on healthcare services and research is required to be seen how such a small investment fosters its healthcare (Al-Mandhari, Al-Zakwani, Al-Kindi, Tawilah, Dorvlo, & Al-Adawi, 2014). After decades of insufficient investment, poor management, inadequate attention, and ill-advised policies, many organisations attention is now focused on the health workforce. Despite numerous researches on the topic so far little attention has been paid to talent management and the role of leadership in public setting (Al Lawati et al., 2019). The World Health Organization has advised Oman to invest more in achieving professionalism and medical education should be provided on a continuing basis to these young and enthusiastic workers who lack experience (Issa Al Salmi & Suad Hannawi, 2018). The present study will try to fill in this gap by presenting the results of the study carried out in Omani public hospitals.

The main research question of this study is: What is the interactive relationship between talent management, healthcare professionals' engagement and performance in Oman Government Hospitals?

The aim of this research is to integrate elements from the individual, organisational and societal levels to gain a more comprehensive understanding of interactive relationship between talent management, healthcare professionals' engagement and performance in Oman Government Hospitals?

Literature Review

Dimensions of Talent Management

Talent Attraction

Anlesinya and Amponsah-Tawiah (2020) defines talent acquisition as a strategic approach to identifying; attracting and on boarding top talent to efficiently and effectively meet dynamic business needs. It means a view of not only filling positions, but also utilization of the candidates and their skills that come out of a rigorous recruiting process as a means to fill similar positions in the future (Whysall et al., 2019).

The process of talent acquisition includes talent acquisition planning & strategy which ensures business alignment, examines workforce plans, requires an understanding of the labour markets, and looks at global considerations. In the healthcare system, it is important for the organization to evaluate its strategy to ensure that it attracts on board staff that meet its strategic needs. When employees are employed in alignment with an organizational mission, then the process of employee engagement and commitment becomes easier (Michailova & Ott, 2019a).

It also includes recruiting which entails the activities of sourcing, screening, interviewing, assessing, selecting and hiring staff (Michailova & Ott, 2019b). It emphasizes that the recruitment plan should include plans for attracting good candidates by ensuring that the organization will become an “employer of choice”. It is at this stage that an employer has the option of hiring the desired staff with an aim of retaining the staff long enough to serve the organization’s mission.

Maqueira, Bruque, and Uhrin, (2019) states that effective retention practices start with good hiring practices. Poor hiring practices increases turnover in two ways: one, new staff members who are mismatched and disoriented will leave quickly, experienced staff on the other hand can become highly frustrated at the revolving door of newcomers that places continual burden on their time and performance and therefore leave to organization perceived as “stable” in terms of staff staying. A study by Oladipo, (2014) on the impact of talent management on retention of healthcare workers in Uganda showed that, 69% of those studied recognized the value of talent acquisition on retention: the process of actively selecting desired qualities in the positions being filled.

Workforce Segmentation requires an understanding of the different workforce segments and positions within these segments, as well as the skills, competencies, and experiences necessary for success. A study by Anlesinya, Amponsah-Tawiah, et al. (2019) classified talent into four categories as follows: Top talent, valued talent, talent under watch and incompatible talent. Staff classified under top talent had high potential and high or solid performance. These were staff that an organization must keep through maximum compensation and opportunities for growth. Staff classified as valued talent needed coaching, mentorship and action learning through projects and stretch assignments. Staff classified as “talent under watch” need an assessment of their job fitness and also needed general training and development with clearly defined job expectations and frequent evaluation. Staff classified as Incompatible talent must be put under probation for 3-6 months and a redundancy plan designed for such staff as they may not be the right fit for the organization.

Talent Motivation

Talent motivation includes motivation of people by providing positive feedback and recognition. It is a deliberate process that appraises staff continuously in regard to their performance. This is an important evaluation tool for grading talent and creating mechanisms for rewards (Davern, 2021). Reward Systems are strategies that provide for both financial and nonfinancial Rewards; this is a demonstration that employees are valued for their contribution to a company's success. The reward systems can be in form of promotions, wall of fame displays, bonuses or variable pays or letters of appreciation (Sivathanu & Pillai, 2020).

In a study by Kwon and Jang (2021), in which he was reviewing published articles from 20 studies covering several countries, almost all (90%) of the studies discussed the importance of financial incentives on health worker motivation. However, it was noted that financial incentives should be integrated with other incentives, particularly with regard to migration where it was concluded that financial incentives alone would not keep health workers from migrating. Nevertheless, low salaries were found to be particularly de-motivating as health workers felt that their skills were not valued. Furthermore, they became overworked when taking a second job to supplement their income

Herzberg (1968) theorized that there are a set of factors which if absent cause dissatisfaction. When employees are dissatisfied, they become less motivated and soon leave for an environment perceived as friendlier to their psychosocial states. Herzberg proposed the following ways that would enhance motivation: Quality training (Improving the skills in performing a variety of tasks), job rotation (Improving the variety of tasks and responsibilities), job enlargement (making a person capable of handling more) and focusing on quality and not quantity of communication.

The health worker crisis in the sub-Saharan region has numerous dimensions: Inadequate numbers, brain drain, low salaries, poor unsafe environments, lack of defined paths, poor quality education and lack training facilities (Mohammed et al., 2020a). In another study by Davern (2021), Kenya was noted to be losing skilled staff to other countries and from the public sector to the private sector with a bias towards the urban areas because of issues of remuneration. However, this study does not show the situation in mission hospitals which continually continue to loose talented staff to the private sector.

Talent Development

Talent development is all about nurturing and guiding those star employees who are able to contribute to the company's success and growth. Thus, the key to continued success lies not only in the ability to retain these employees in the organization, but also in understanding, managing and developing their talents in the best possible way (Kravariti et al., 2021). Talent development includes talent audit which identifies those employees with potential and provides the basis for career planning and development. An audit ensures that talented people have the sequence of experience supplemented by coaching and learning programs that will fit them to carry out more demanding roles in future. It can also be used as a risk analysis tool that indicates the possible danger of talented people leaving and what action may need to be taken to retain them (Garavan et al., 2021).

Talent Development also involves role development: Talent management is concerned with the roles people carry out. Role development ensures that roles given provide the responsibility, challenge and autonomy required to create role engagement and motivation. It also involves taking steps to ensure that people have the opportunity and are given the encouragement to learn

and develop in their roles. It also focuses on role flexibility; giving people, the chance to develop their roles by making better and extended use of their talents (Mohammed et al., 2020b). This is the process of building effective relationships with people's roles. It is concerned generally with creating a great place to work, particularly treating individual employees fairly, recognizing their value, giving them a voice and providing opportunities for growth (Whysall et al., 2019). The aim is to achieve "talent engagement", ensuring that people are committed to their work and the organization. As Anlesinya and Amponsah-Tawiah (2020) points out, that it is better to build an existing relationship rather than try to create a new one when someone leaves.

A study by Michailova and Ott (2019) on retention of healthcare workers showed that they were particularly dissatisfied with what they perceived as unfair access to continuous education and career development opportunities as well as inadequate supervision. Most of these workers did not want to stay in environments that did not support their career progression. Talent development is a major component in managing talent and when organizations do not set aside budgets, or even set aside time that allows for employee career progression, this influences retention.

Talent Retention

Tlaiss (2021) stated that once an organization has captured talented people, closing the backdoor to prevent them from walking out is a must. There is a positive correlation between the calibre of staff and the share price of an organization. Furthermore, Vecchi, Della Piana, Feola, and Crudele (2021) input that employee retention increases the likelihood that employees will think long term and avoid short sighted decisions: It also means happier, more productive employees, satisfied customers, enhanced company profitability and employees with greater skills/ knowledge of products/ services and internal processes.

Retention reduces recruitment exercises and costs, reduces the learning and training curve and time taken to orientate new employees hence increased productivity. Only few studies have addressed the issue of retaining and developing younger employees, but these studies agree that young employees today have lesser obligation to their employers than similarly aged employees did a few decades ago. However, the fact that people of all ages feel less loyalty to their employers today than a few decades ago poses the question whether belonging to a particular generation is a critical factor for organizational commitment at all.

Another study (Ogbeibu, Chiappetta Jabbour, Burgess, Gaskin, & Renwick, 2021), showed that Malawi's population largely depends on public facilities, with a 37% contribution from church based health facilities under the Christian Health Association of Malawi. The country faces poor retention of staff, out migration to the United Kingdom, poor working conditions and poor conditions of service. However, in a different study on why midwives were attracted to stay in Malawi, generous retirement packages, access to post basic training, flexible leave policy, job security and country wide job opportunities were cited as factors that influenced retention (Dzimbiri & Molefakgotla, 2021). This shows that the intention to stay is highly linked to how you manage valued talent in this case, the midwives who were quite instrumental in healthcare delivery in any country.

A study (Anlesinya, Amponsah-Tawiah, et al., 2019) in which factors influencing retention of healthcare workers at primary facilities in 3 different setting in Kenya showed that adequate training, job security, salary, supervisor support and manageable workload were identified as

critical satisfaction factors to the intention to stay. This means that any identified talent in all the three settings would be willing to stay in a facility if those satisfaction factors were in place.

Hospital Performance

Patient safety and Quality of health care

Patient safety and patient centred care are emerging as key drivers in healthcare reform. The quality of patient care is one of the priorities of practitioners and healthcare organizations. The assessment of safety culture in the health-care is the most important first step which will provide a basic understanding to safety-related perceptions of health care providers. The quality of patient care is dependent on how healthcare institutions implement their vision, mission, and objectives.

There is a clear interrelationship between employee satisfaction, the quality of care, and patient satisfaction. This is also what a study (Graham Lowe, 2003) found that nurses who are satisfied with their jobs exhibit higher levels of patient safety and less medication errors which help increase patient satisfaction (Wallenburg, Essén, & Bal, 2021). Health care employee morale also demonstrates a strong correlation with patient satisfaction scores, showing that the lack of commitment and engagement have far-reaching impacts on more than just employee turnover (Leach et al., 2021). Increasingly, healthcare organizations are using a variety of tools to assess the quality of patient care and of the non-clinical services provided. These tools range from wait times and hospital readmissions to patient satisfaction surveys, awards for service quality and informal client feedback. The Employee Experience Survey (EES) provides another equally useful metric for assessing quality: employees' perceptions of the quality of patient care and other services provided by their work unit. The results of a study conducted in Canada suggest that achieving higher levels of employee engagement is part of the solution to quality improvement. In both clinical and non-clinical units (based on whether or not EES respondents have direct patient contact), two thirds of highly engaged employees report that their work units "always" provide top-quality service.

Despite advances in medical technology, healthcare is still a people-intensive business. Hospital and health system leaders have long been challenged by the dual pursuits of clinical and operational excellence in a highly competitive environment. Healthcare reform has added to the challenge by bringing a focus to patient satisfaction, provider preventable conditions and readmission rates. The federal government recently cut Medicare payments to 721 hospitals—totaling \$371 million—which had unacceptably high rates of hospital-acquired conditions (HACs), and fined 2,610 hospitals for having too many readmissions (The ROI of Employee Engagement in Hospitals).

Amos, Au-Yong, and Musa (2021) showed that employee dissatisfaction negatively impacts the quality of care and ultimately has an adverse effect on patient loyalty and in turn hospital profitability. Graham Lowe states: 'The more-engaged employees are better able than their less-engaged colleagues to achieve organizational goals.' (G. Lowe, 2012). In a Gallup study of 200 hospitals, they found that the engagement level of nurses was the number one variable correlating to mortality, even beating out the number of nurses per patient day. As patient advocacy and loyalty increases, and as Medicare reimbursement is maximized, revenue inevitably climbs. Given the sweeping and unstoppable market forces exerting pressure on health systems and hospitals, evidence of the compounding effect of patient experience and employee engagement on business outcomes should command the attention of health care leaders.

One of the major human resource goals of any healthcare organization is to the loyalty of employees and retention of competent staff. Turnover is costly. It is widely assumed that more-engaged employees stay and contribute. In a study in Canada, survey showed that close to half of disengaged employees will be job hunting in the next 12 months, only one in 10 of those who are highly engaged will be looking for a new job with a different employer. In other words, 90% of highly engaged employees plan to stay with the organization, at least for the near future. 'If health care organizations want to become patient-centered, they must create and nurture an environment in which their most important asset—their workforce—is valued and treated with the same level of dignity and respect that the organization expects its employees to provide to patients and families.'

Patient-centered care

Creating and maintaining a patient-centered care environment has become a strategic goal for many hospitals. Health care organizations are striving to improve quality by refocusing organizational policy and care delivery centered around the patient, bolstered by evidence for benefit in clinical outcomes, patient experiences and a business case that helps in heading toward “patient-centered care” (Vanichinchai, 2021). The overall quality of care received by the patient can be improved by enhancing the patient care experience, with “patient-centeredness” included as a dimension of quality in its own right (Amos, Au-Yong, & Musa, 2020). The data pertaining to employee engagement particularly in healthcare setting is relatively low in developing countries due to lack of research in this direction which is important to be able to deliver quality healthcare services. A lot of research needs to take place in such countries to measure the employee engagement, identify key driving forces of engagement and implement the changes to give better results. Even in the developed countries most of the researchers have measured and identified the levels of employee engagement, but there is limited literature on the implementation aspects of improving engagement. There is a need to develop result-oriented approaches to improving engagement in healthcare organizations, and this can happen through constant experimentation and quantification of results.

Relationship between Talent Management and Organizational Performance

The success of an organization depends on the hard working, loyal and involved managers and employees. Management of employees is largely dependent on the quality of leadership organizations have (Albion & Gagliardi, 2007). In this context Talent Management and Employee Engagement concepts have been extensively studied in management literature (Aljunaibi, 2014).

On talent attraction, Poorhosseinzadeh and Subramaniam (2012). study that was carried out through a quantitative research design on Malaysian multinational companies found a positive and significant relationship between talent attraction and success in an organization with correlation of 0.543 and p value of 0.000 at 0.05 level of significance. They also noted that a company's probability of attracting the right talent depends on the company's values and how the supposed talent views the organization. Also Poorhosseinzadeh and Subramaniam (2012), study found positive and significant relationship between talent retention and success with correlation of 0.684 and p value of 0.000 at 0.05 of significance level.

The Chartered Institute of Personnel and Development (CIPD, 2010) study on learning and talent development results indicated that in-house development programmes at 56% and coaching by line managers at 51% ranked among the top effective learning and development practices. E-learning was also identified as key in learning and development. Moreover, the

study found that senior managers and the human resource department were tasked with ensuring that courses were delivered and overall planning of the learning process carried out effectively. This study was carried out through a survey of various organizations. The study also found that the skills the employer said they needed to focus on in order to meet their business objectives were mainly leadership skills at 65%, frontline people management skills at 55% and business awareness at 51%.

Azara & Mohammed (2013) studied employee performance appraisal and the organization performance and reported a significant and positive association between appraisal and the organization performance. The study used both the qualitative and quantitative research designs and questionnaires were the main data collection instruments. Poorhosseinzadeh and Subramaniam (2012), cross sectional study done on Malaysian Multinational companies also found a positive and significant relationship between developing talents and the success of the companies with correlation of 0.728 and p value of 0.000 at 0.05 level of significance. Yahya Othman & Meruda (2004) in the study about the relationship between organizational career management and performance, results of the study indicated that there was significant and positive relationship between organization career management and the individual performance. Questionnaires were the main data collection instrument and the sample comprised insurance sales people.

Kehinde (2012) carried out a study on talent management effect on organization performance in Nigeria and had the following findings; the results showed that there was evidence that talent management, profitability and return on investment variables were highly correlated. However, talent management index had a higher correlation with profitability level at 3.72 than with return on investment at 3.64 which was attributed to the general belief in Nigeria that the organizations pursue the profit motive at all cost including the use of talent management. The study results showed that 95% of organizations visited were either applying talent management or partially applying talent management. The questionnaires were used as the survey method of primary data collection. Correlation coefficient and t-student distribution were methods used in the analysis of data gathered.

Relationship between Employee Engagement and Organizational Performance

Evidences show that there is relation between employee engagement and organization performance, whereby, the better the employee is engaged and committed, the better the performance of the organization. Employee engagement influence positively the non-attendance, continuation, advancement, facilitate client's services and encouragement to staff towards organization performance (Saks et al., 2021).

Managers and other financial put their emphasis on financial factors to achieve organization performance dealing with earnings and accounting returns, calculating financial benefits from project operations. They put little emphasis on employee engagement and satisfaction, which are nonfinancial factors that are important to bring long-term organization performance (Meskelis & Whittington, 2020). A study (Kundi et al., 2021) indicated that the human related issues were neglected, while it is now a well-known aspect that employees' satisfaction will translate into a higher financial performance, through their creativity and dedication the organization's goals. However, the study concluded that managers face problems to enhance organization performance due to lack of knowledge and ability to consider non-financial factors that are based on human capital which is the balance for work environment, organization performance for long run goals.

Many employers understand that business outcome depends on the human resource that promotes organizational objectives. It is estimated that disengaged employees cost U.S. organizations a significant amount of money – between \$250 and \$350 billion a year. According to a survey done around 10 years ago of about 600 CEOs from countries around the world, improving employee engagement is one of the most important problems being faced by management (Mani & Mishra, 2021). There has been increasing evidence that success of any organization depends on the level of employee engagement. A recent CIPD survey in 2006 of 2,000 employees in Great Britain found that only 30% of the employees were engaged at their work (Mohanty & P, 2021).

Studies indicate (Laulié, Pavez, Martínez Echeverría, Cea, & Briceño Jiménez, 2021) that solution to employee engagement for enterprises performance is to provide employee with opening to share their ideas and feelings. Also that managers and leaders are to accommodate employees concerns to maintain organization performance. Well performing employees are considered with high motivation and values to ensure positive outcome in their organization (James, 2021). In addition, consideration of well-being of employees is an acknowledgement to his contribution for organization performance (Ghlichlee & Bayat, 2021). Meskelis and Whittington (2020) also confirm that engagement is a double side of sharing information between managers and employees and find out the weaknesses of employee that needs attention. Consideration of top management to employees' satisfaction is a lead towards organization performance.

Leadership, Employee Engagement and Organizational Performance

Nurses prefer managers that are participative, facilitative, and emotionally intelligent, and these styles are associated to increased team cohesion, reduced stress, and increased empowerment and self-efficacy. Flexible, collaborative, power sharing, and the use of personal values to encourage high-quality performance are all characteristics of effective nurse leaders. The impacts of nursing environments and burnout on job outcomes and care quality were investigated by Van Bogaert, Clarke, Roelant, Meulemans, and Van de Heyning (2010). This study identified a link between nursing management and perceived quality of care and staff satisfaction, while other studies found links between medication errors and staff well-being, burnout, and turnover intentions. Wong, Cummings, and Ducharme (2013) found a link between nurses' relational leadership styles and decreased death rates and prescription errors in their literature evaluation.

Katrinli, Arabay, Gunay, and Guneri (2008) investigated the quality of nurse managers' connections with their employees, as well as nurses' organisational identification and if work participation mediated any association between these variables. Nurses reported high levels of organisational identification and work performance as a result of nurse leaders allowing nurses to participate in decision-making. The literature suggests that empowering nurses to bring about quality improvement is a possible key component. Authentic leadership, according to Wong and Laschinger (2013), can improve job satisfaction and outcomes by empowering employees. Leaders who are aware of and open about their basic principles, as well as those who model ethical behaviour, appear to communicate integrity and openness to their followers.

The research clearly points to the importance of transformational and authentic leadership in health-care settings as a predictor of excellent results. Such leadership styles are characterised by good role models who are congruent with the values and vision of health care, individualised consideration of employees, inspirational motivation, and the development of creativity and innovation among employees. Honesty, generosity, kindness, justice, accountability, and

optimism are characteristics of authentic leadership; authenticity indicates adherence to values of providing high-quality, compassionate patient care.

The need of effective teamwork for organisational performance is widely highlighted in the grey literature. An NHS sample of 3,447 respondents from 98 primary health care teams, 113 community mental health teams, and 72 breast cancer care teams participated in the largest study to date, which used team member ratings of leadership. The findings found that clear team objectives, high levels of involvement, commitment to high-quality treatment, and support for innovation were all linked to leadership clarity. Across all three samples, these team procedures consistently predicted team innovation. When there was internal debate regarding who should lead the team, the team's processes and outcomes suffered. Recent meta-analyses of research show that shared leadership in teams predicts team success across sectors (e.g. D'Innocenzo, Mathieu, & Kukenberger, 2014; Wang, Waldman, & Zhang, 2014). These results are not contradictory. Having a clearly defined team leader may result in less leadership conflict and let team members effortlessly assume leadership roles and duties when their expertise is needed.

Mediating Effect of Employee Engagement on Organizational Performance

Many studies reveal that mediation between employee and manager is one of the key factors to improve organization performance. For example, (Kaur et al., 2020) both mutual gains (positive mediation) and counteracting (inconsistent mediation) these are relevant for understanding the impact of involvement-centered talent management on employee engagement and organizational performance (Kulkarni et al., 2020). With dedication and happiness, employees at their workplace ensure that their organization attain a remarkable and visible competitive advantage. Workers with higher engagement to their organizations increase their retention and reduce staff turnover and absenteeism. Further, organization result will be accountable on productivity, customer satisfaction, saving costs, and profitability level will increase (Sekhar, 2021).

Yucel et al. (2021) in a study reported that employee outcomes act as a mediation between human resource management and long-term organizational outcomes such as corporate financial performance. The researcher thus, aims to find out the mediating effect of healthcare professionals' engagement on the relationship between talent management and hospital performance in Oman. Shipton, Armstrong, West, and Dawson (2018) studied the impact of leadership and climate for high-quality care on hospital performance in two NHS studies at the organisational level. In the first, data on top management team and supervisor/manager leadership were collected from 5,564 employees at 33 hospitals and linked to data on employee job satisfaction and intent to leave, hospital 'star rating' (an external audit body's assessment of hospital performance), and patient complaints. In the second study, workers from 108 NHS hospitals provided information on senior management team leadership, which was then linked to clinical governance review scores (a comparable external audit), hospital star ratings, patient complaints, and patient happiness. In both studies, top management team leadership was found to predict hospital performance: in the first, it was linked to high hospital star ratings and high clinical governance review ratings, as well as significantly lower levels of patient complaints; in the second, it was linked to high hospital star ratings and high clinical governance review ratings. This is one of the few studies that looks at leadership and organisational results in health-care organisations.

Proposed Framework of the Study

A conceptual framework explores the relationship between the independent and the dependent variables. An independent variable is the presumed cause of changes in the dependent variable (Kothari, 2004) and the mediating variable that accounts for the relationship between independent variable and outcome (Baron & Kenny, 1986). This conceptual framework illustrates the perceived link between the independent variables (talent management and leadership) and the dependent variable (hospital performance) with the mediating effect of healthcare professional engagement. The variables considered to affect the Omani Government Hospitals' performance in this study are organizational policies, patient safety, patient-centered care and quality of health care. The healthcare professionals' engagement is mediating variable in this study. The independent variable talent management has talent attraction, talent motivation, talent development and talent retention as components that make it up. Another independent variable is leadership. Together these variables will show the effect of having the right people in the right places and in the right time is critical for hospitals to achieve the competitive advantage. Furthermore, the success of hospitals depends strongly on having talented and engaged healthcare professionals.

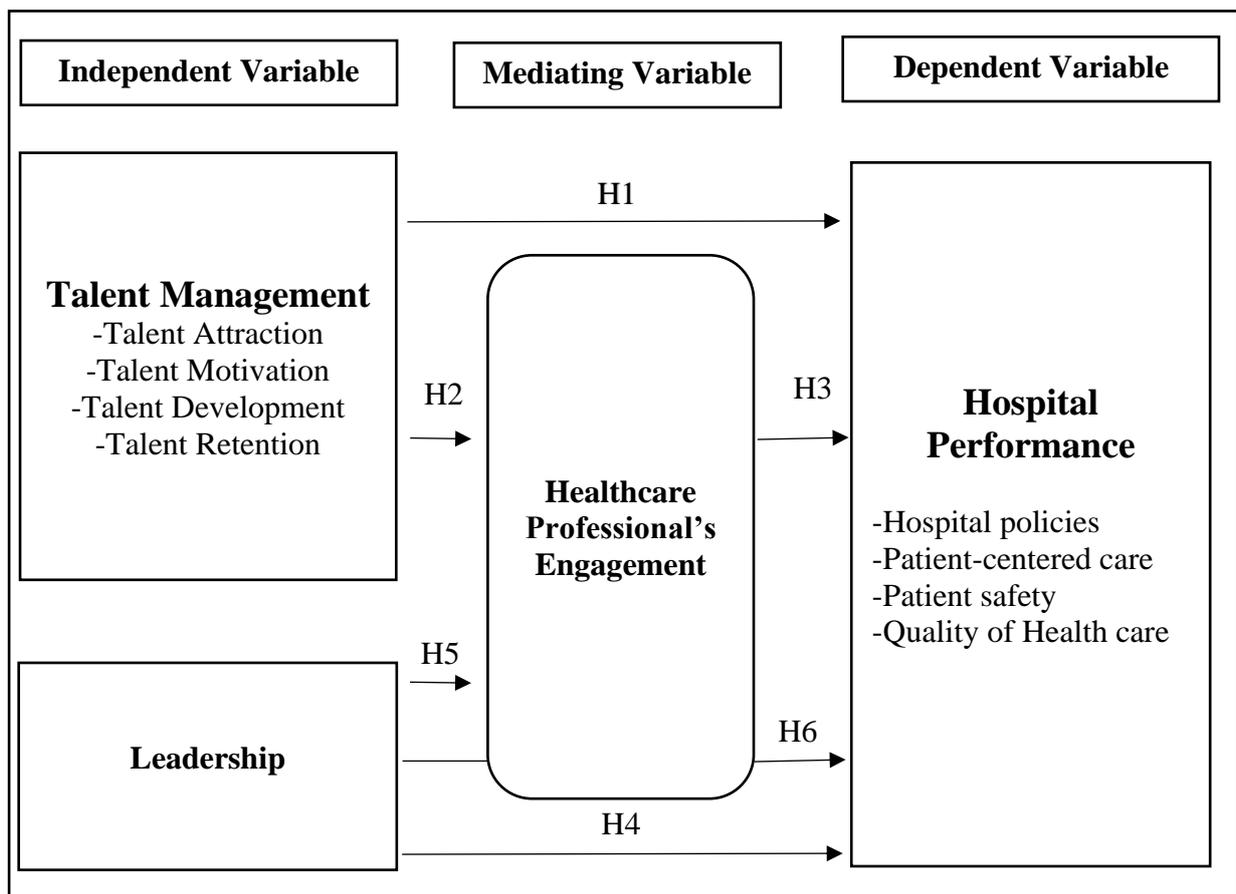


Figure 1: Conceptual Framework

Methodology

Analysis is carried out on the basis of a hypothesis that is drawn from a deep study of literature and helps to add to the existing knowledge. Basically, the hypothesis acts as a basis for the analysis to be carried out. The study is carried out using various methods and procedures. The qualitative and quantitative approaches are the most suitable way of performing an analysis.

Qualitative Methodology analyzes, interprets, and gathers information by analyzing the actions of individuals, how they behave, and how they react (Creswell, 1994). It is viewed as an inductive technique in which evidence is gathered and evaluated using interviews and case study approaches. As Garson (2002) pointed out, "qualitative research approach is described for an in-depth understanding of topics, through participant observation or narrative study of those methods, or through strategies such as exegesis or deconstruction, for an in-depth understanding of texts." The approach to qualitative analysis is non-statistical and is used in a qualitative manner to understand behavior and motivations (Creswell, 1994).

Quantitative approach is based on number of respondents, pre-determined questions are asked and response choices are given. The quantitative analysis strategy, according to Svensson (2003), is best to explore the perceptions and issues related to a study and to discover the subjects' hidden beliefs, behaviors and reasons for emotions. This uses a deductive approach; the emphasis is on evaluating and gathering the evidence to validate the hypotheses relevant to the subject (Bryman and Bell, 2007). Quantitative analysis approach will be used to accomplish the objective of this study.

Conclusion

Healthcare is considered important nowadays and is a service-based industry. Healthcare organizations face many challenges of retaining their talents to meet their beneficiaries' satisfaction which is a critical success factor in measuring organizational performance in the government hospital in Oman. According to Nabeel Al Amiri and Ahlam Abu Shawali (2021), lack of resources, encouragement, motivation, and engagement, absence of policies, and routines, which are the common organizational factors that inhibit the hospital talent management. This study addresses an important research gap by advancing our limited knowledge of Talent Management and organizational performance in the government hospital in Oman. The result of the study will be beneficial and favourable for each stakeholder, including the Patients, Providers (professionals and institutions), Payors, and Policymakers.

References

- Al Amiri, N., & Abu Shawali, A. (2021). Talent management strategies of a public UAE hospital in the industry 4.0 era: A qualitative analysis. *Problems and Perspectives in Management*, 19(2), 14-27. doi:10.21511/ppm.19(2).2021.02
- Al Lawati, M. H., Short, S. D., Abdulhadi, N. N., Panchatcharam, S. M., & Dennis, S. (2019). Assessment of patient safety culture in primary health care in Muscat, Oman: a questionnaire -based survey. *BMC family practice*, 20(1), 50. <https://doi.org/10.1186/s12875-019-0937-4>
- Al Mawali, A. H. N., Al Qasmi, A. M., Al Sabahi, S. M. S., Idikula, J., Elaty, M. A. A., Morsi, M., & Al Hinai, A. T. (2017). Oman vision 2050 for health research: A strategic plan for the future based on the past and present experience. *Oman medical journal*, 32(2), 86.
- Al Salmi, I. and Hannawi, S. (2018) Health Workforce in the Sultanate of Oman: Improving Performance and the Health System. *Journal of Internal Medicine and Patient Care Health*, 1, 6.
- Al-Abri, S. S., Al-Rawahi, B., Abdelhady, D., & Al-Abaidani, I. (2018). Effective vaccine management and Oman's healthcare system's challenge to maintain high global standards. *Journal of infection and public health*, 11(5), 742-744.
- Albion, M. J., & Gagliardi, R. E. (2007). A study of transformational leadership, organizational change and job satisfaction. Retrieved from http://eprints.usq.edu.au/3098/1/Albion_Gagliardi.pdf

- Al-Farsi, Y. M., & Al-Balushi, S. M. (2018). Go Lean, Get Leaner: The application of lean management in Omani healthcare. *Sultan Qaboos University Medical Journal*, 18(4), e431.
- Aljunaibi, M.M. (2014). Talent Management and Employee Engagement in UAE oil company.
- Al-Mandhari, A., Al-Zakwani, I., Al-Kindi, M., Tawilah, J., Dorvlo, A. S. S., & Al-Adawi, S. (2014). Patient safety culture assessment in Oman. *Oman Medical Journal*, 29(4), 264-270. <https://doi.org/10.5001/omj.2014.70>
- Almukhaini, S. J., Donesky, D., & Scruth, E. A. (2016). OMAN: The emergence of the clinical nurse specialist. *Clinical Nurse Specialist*, 30(2), 71-73.
- Amos, D., Au-Yong, C. P., & Musa, Z. N. (2020). Developing key performance indicators for hospital facilities management services: a developing country perspective. *Engineering, Construction and Architectural Management*, 27(9), 2715-2735. doi:10.1108/ECAM-11-2019-0642
- Amos, D., Au-Yong, C. P., & Musa, Z. N. (2021). The mediation effects of finance on the relationship between service quality and performance of hospital facilities management services. *Facilities*, ahead-of-print(ahead-of-print). doi:10.1108/F-12-2020-0130
- Anlesinya, A., & Amponsah-Tawiah, K. (2020). Towards a responsible talent management model. *European Journal of Training and Development*, 44(2/3), 279-303. doi:10.1108/EJTD-07-2019-0114
- Anlesinya, A., Amponsah-Tawiah, K., & Dartey-Baah, K. (2019). Talent management research in Africa: towards multilevel model and research agenda. *African Journal of Economic and Management Studies*, 10(4), 440-457. doi:10.1108/AJEMS-12-2018-0371
- Anlesinya, A., Dartey-Baah, K., & Amponsah-Tawiah, K. (2019). Strategic talent management scholarship: a review of current foci and future directions. *Industrial and Commercial Training*, 51(5), 299-314. doi:10.1108/ICT-11-2018-0095
- Azara, S. & Mohammed, A.K. (2013) Employee Training and Organizational Performance : Mediation by employee Performance. *Interdisciplinary Journal of Contemporary Research in Business*. 5 (4) pp 490-503
- Bell, E., & Bryman, A. (2007). The ethics of management research: An exploratory content analysis. *British Journal of Management*, 18(1), 63-77. doi:10.1111/j.1467-8551.2006.00487.x
- Chartered Institute of Personnel and Development (CIPD, 2010). https://www.cipd.co.uk/Images/annual-review_2010-11_tcm18-11767.pdf
- Creswell, J. W. (1994). *Research Design Qualitative and Quantitative Approaches*. Thousand Oaks, CA Sage.
- Davern, D. (2021). Talent Management, The Employer Brand, and Employee Retention: Evidence from the Irish Hotel Sector. In S. Jooss, R. Burbach, & H. Ruël (Eds.), *Talent Management Innovations in the International Hospitality Industry* (pp. 79-98): Emerald Publishing Limited.
- Dent, E., Toki, D., Dupuis, N., Marquis, J., Suyeshkumar, T., & Benlamri, M. (2017). Healthcare systems within the Middle East. *University of Western Ontario Medical Journal*, 86(2), 35-36.
- Dzimhiri, G. L., & Molefakgotla, A. M. (2021). Talent management practices: perception of registered nurses in Malawian public hospitals. *African Journal of Economic and Management Studies*, 12(3), 423-438. doi:10.1108/AJEMS-11-2020-0570
- Garavan, T., Matthews-Smith, G., Gill, A. M., & O'Brien, F. (2021). Strategic Talent Management in the Hospitality Industry. In S. Jooss, R. Burbach, & H. Ruël (Eds.), *Talent Management Innovations in the International Hospitality Industry* (pp. 9-30): Emerald Publishing Limited.
- Garson, G.D. 2002. Case study research in public administration and public policy: standards and strategies. *Journal of Public Affairs Education*. 8(3):209–216

- Graham Lowe (2003). Identifying the building blocks of a healthy health care work environment.
- Herzberg, F. (1968) One More Time: How Do You Motivate Employees? *Harvard Business Review*, 46, 53-62.
- Ingram, T., & Glod, W. (2016). Talent management in healthcare organizations-qualitative research results. *Procedia Economics and Finance*, 39, 339-346.
- Kehinde, J. S. (2012). Talent Management : Effect On Organizational Performance, 4(2): 178–186
- Kravariti, F., Oruh, E. S., Dibia, C., Tasoulis, K., Scullion, H., & Mamman, A. (2021). Weathering the storm: talent management in internationally oriented Greek small and medium-sized enterprises. *Journal of Organizational Effectiveness: People and Performance*, ahead-of-print(ahead-of-print). doi:10.1108/JOEPP-01-2021-0022
- Kwon, K., & Jang, S. (2021). There is no good war for talent: a critical review of the literature on talent management. *Employee Relations: The International Journal*, ahead-of-print(ahead-of-print). doi:10.1108/ER-08-2020-0374
- Leach, L., Hastings, B., Schwarz, G., Watson, B., Bouckenooghe, D., Seoane, L., & Hewett, D. (2021). Distributed leadership in healthcare: leadership dyads and the promise of improved hospital outcomes. *Leadership in Health Services*, 34(4), 353-374. doi:10.1108/LHS-03-2021-0011
- Lowe, G. (2012). How employee engagement matters for hospital performance. *Healthc Q*, 15(2), 29-39. doi:10.12927/hcq.2012.22915
- Maqueira, J. M., Bruque, S., & Uhrin, Á. (2019). Talent management: two pathways to glory? Lessons from the sports arena. *Employee Relations*, 41(1), 34-51. doi:10.1108/ER-11-2017-0271
- Michailova, S., & Ott, D. L. (2019a). Talent Management in Small Advanced Economies *Talent Management in Small Advanced Economies* (pp. 51-75): Emerald Publishing Limited.
- Michailova, S., & Ott, D. L. (2019a). Talent Management in Small Advanced Economies *Talent Manageme*
- Michailova, S., & Ott, D. L. (2019b). Talent, Talent Management, and Why They Matter *Talent Management in Small Advanced Economies* (pp. 7-32): Emerald Publishing Limited.
- Mohammed, A. A., Baig, A. H., & Gururajan, R. (2020a). An examination of talent management processes in Australian higher education. *International Journal of Productivity and Performance Management*, 69(6), 1271-1299. doi:10.1108/IJPPM-10-2018-0352
- Nabeel Al Amiri and Ahlam Abu Shawali (2021). Talent management strategies of a public UAE hospital in the Industry 4.0 era: A qualitative analysis. *Problems and Perspectives in Management*, 19(2).
- Ogbeibu, S., Chiappetta Jabbour, C. J., Burgess, J., Gaskin, J., & Renwick, D. W. S. (2021). Green talent management and turnover intention: the roles of leader STARA competence and digital task interdependence. *Journal of Intellectual Capital*, ahead-of-print(ahead-of-print). doi:10.1108/JIC-01-2021-0016
- Oladipo (2014). The impact of talent Management on retention. *A Journal of Business Studies Quarterly*. Vol. 5, no 3.
- Osman, A. M., Husin, N. A., & Lukito, H. (2017). Conceptualising The Framework for Healthcare Employee Loyalty in Malaysia Hospital. *Sustainability Development in Achieving Economic Independence*, 10.
- Poorhosseinzadeh, M. & Subramaniam, I.D. (2012). ‘Determinants of successful talent management in MNCs in Malaysia’, *Journal of Basic Applied Science Research*, 2: 12.
- Sivathanu, B., & Pillai, R. (2020). Technology and talent analytics for talent management – a game changer for organizational performance. *International Journal of Organizational Analysis*, 28(2), 457-473. doi:10.1108/IJOA-01-2019-1634

- Svensson, L. E. (2003). What is wrong with Taylor rules? Using judgment in monetary policy through targeting rules. doi:10.3386/w9421
- The Arabian Stories (2021). <https://www.thearabianstories.com/2021/01/24/72-omanisation-in-ministry-of-health-says-minister/>
- Tlaiss, H. (2021). Exploring talent management in practice: an Arab country-specific empirical investigation. *Employee Relations: The International Journal*, 43(1), 63-81. doi:10.1108/ER-10-2019-0411
- Vanichchinchai, A. (2021). Relationships among lean, service quality expectation and performance in hospitals. *International Journal of Lean Six Sigma, ahead-of-print*(ahead-of-print). doi:10.1108/IJLSS-11-2020-0210
- Vecchi, A., Della Piana, B., Feola, R., & Crudele, C. (2021). Talent management processes and outcomes in a virtual organization. *Business Process Management Journal, ahead-of-print*(ahead-of-print). doi:10.1108/BPMJ-06-2019-0227
- Wallenburg, I., Essén, A., & Bal, R. (2021). Caring For Numbers: Performing Healthcare Practices through Performance Metrics in Sweden and the Netherlands. In L. Ringel, W. Espeland, M. Sauder, & T. Werron (Eds.), *Worlds of Rankings* (Vol. 74, pp. 153-172): Emerald Publishing Limited.
- Whysall, Z., Owtram, M., & Brittain, S. (2019). The new talent management challenges of Industry 4.0. *Journal of Management Development*, 38(2), 118-129. doi:10.1108/JMD-06-2018-0181
- Whysall, Z., Owtram, M., & Brittain, S. (2019). The new talent management challenges of Industry 4.0. *Journal of Management Development*, 38(2), 118-129. doi:10.1108/JMD-06-2018-0181.
- Yahya, K. K., Othman, S. Z., & Meruda, N. (2004). Relationship Between Organizational Career Management and Individual Performance. *International Journal of Management Studies*, 11(2), 73-90. Retrieved from <https://e-journal.uum.edu.my/index.php/ijms/article/view/9177>