Nurses' Perception about the Relationship between Talent Management and Organizational Commitment.

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Abstract: Background*Talent management is founded to ensure that the right nurses' talents are in the right place at work with the best professional skills. Also, talent management focuses on developing and improving nurses' skills and compensates them with the suitable compensations even financial or nonfinancial to increase their organizational commitment.* **Aim****of the study:** *This study aimed to identify nurses' perception about the relationship between talent management and organizational commitment.* **Design:** *A descriptive correlational research design was utilized for this study.* **Setting:** *The study was carried out at the Medical, Surgical and ICUs Departments of governmental and non-governmental hospitals.* **Subjects:** *Non- probability convenience sampling of 329 nurses with more than one-year experience were included in this study* **Tools:** *Two tools were used for data collection: tool I (talent management questionnaire) and tool II (organizational commitment questionnaire).* **Results:** *The results of this study showed that the relevance in both governmental and non-governmental hospitals of statistical significance is high with moderate positive correlation between levels of talent management and organizational commitment (r=0.576 and p=0.000).Also, nurses' mean scores of all dimensions of talent management and organizational commitment at non-governmental hospitals were higher than those in governmental hospitals.* **Conclusion:***The study concluded that there was a high statistically significance moderate correlation between levels of talent management and organizational commitment in both governmental and non-governmental hospitals .***Recommendation***: Improve nurses' talent management and organizational commitment through providing orientation and training programs , promotion opportunities, flexible time schedule, improving financial reward, providing effective compensation program, also it is important to perform continuous supervision , effective performance appraisal and constructive feedback.*
Key Words: Nurses; Talent management; Organizational Commitment.

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I. Introduction

Conservation of human resources is an important challenge for policy makers in the field of health services. Human resources are considered the main component of patient care. Lack of concern for human resources management talents prevents improvement of health care services provided to patients. Many studies nationally and internationally confirmed that nurses perceived inadequate managerial support, ineffective supervision, inadequate interpersonal relation , lack of promotion , inadequate conduct of induction and orientation program , lack of adequate budget for staff development and inadequate recognition and reward; thus, nurses areless committedto the health care organizations leading to increase the rate of turnover (**Aliyu, Mathew, Paul, Shinaba, Oyewole&Olusanya, 2014;Bogonko and Kathure, 2015 ; El-Hosany&Hassan, 2018**)

Moreover, **Gheith and Zakaria (2016)** reported that nurses perceived lack of professional development, Poor quality of nursing leadership, weak interdisciplinary relationships and lack of clarity of personnel policies; these factors hinder attracting the best and brightest nurses' talents and retaining them. Healthcare managers can play a key role in the overall improvement of human resources performance in healthcare organizations and overcome all factors that lead to turnover, absenteeism, dissatisfaction and leaving of healthcare organizations through talent management strategies (**Stahl, Björkman, Farndale, Morris, Paauwe, Stiles, et al., 2007**).

Talent management is an active management system used by the organizations to identify, capture, utilize, develop and nurture the talent of employees to the benefits of the teamwork and the all organization. It is

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crucial in nursing profession. It is effective in the growth and development of nurses, it maximizes the potential of nurses' roles to support innovation and changes, decreases their turnover, enhances their engagement, increases efficiency and healthcare quality, helps nurses to develop the profession's future leaders, creates culture of excellence and much more; this will increase morale and motivation among nurses (**Scullion, Collings, & caligiuri, 2010;Lyria, 2013;Griffith, 2012;Titzer & Shirey, 2013;Haines, 2013; Nojedh & Ardabili, 2015**).

The determinants of talent management include four strategies: Talent attraction, talent retention, learning and development and career management. **The talent attraction** is a specific recruitment technique that actively selects the highest calibre and most competent nurses. **The talent retention** is an effort in which the nurses are encouraged to remain with the health care organization for lifetime or maximum period of time. **Learning and development** refers to educational activities within health care organizations designed to enhance the fulfillment and performance of nurses learning and development. **Career management** is the process for enabling nurses to better understanding and developing their career skills and interests. Each of these determinants must be designed to fit the strategic requirements of the healthcare organization and integrate with each other.The talent management strategy must be aligned with the organizational strategy to be successful (**Haines, 2013; Heinen & O'Neill, 2004; Lyria, 2013; Richards & Terkanian, 2013;Ahmed, 2016;Mathis & Jackson, 2008;Fapohunda, 2014;Aurangzeb & Bhutto, 2016;Richards & Terkanian, 2013**).

Abd Elaziz (2012) and Gaber (2013) found that insecure environment, lack of incentives, lack of promotion and high workload to nurses make them feel uncommitted to work and increase their absenteeism then leave the organization. Organizational commitment is defined by **Meyer and Allen (1997**) as a behavior that supports individuals' decisions to be permanent members of the organizations. Nurses' commitment is very important not only for the quality of patient care, but also for nurses and patient satisfaction **Haines, 2013; Heinen & O'Neill, 2004; Lyria, 2013; Richards & Terkanian, 2013;Rtaimeh, Azzam & Khaddam, 2016; Azizollah, 2016).**

Organizational commitment implies three dimensions including: Affective, continuance and normative. **Affective commitment** is the emotional attachment of nurses to their employing organizations. **Continuance commitment** is the attachment of nurses to their employing organizations based on the consequence related to leaving. **Normative commitment** is the moral attachment of nurses' attachment level to their employing; nurses with a strong moral commitment have the conviction to serve the healthcare organization with a high degree of loyalty to organizations(**Abd-El Rahman, 2004; Hafiz, 2017; Meyer et al., 1991**)

The significance of the Problem:
Talent management is effective in the growth and development of nurses. Without it, there will no takingthe full advantages of the potentials of nurses' roles to support innovation and changes.Also, their turnover will be increased due to lack of commitment, decreasing their engagement, negatively affect efficiency and healthcare quality. Nurses are hindered to develop the profession's future leaders and to creates culture of excellence and much more; this will decrease morale and commitment among nurses.

Many studies nationally and internationally attempts to investigate the relationship between nurse's commitment and each of the following variables separately as work engagement, organization citizen behaviors , bullying, turnover intention and performance (**Beukes et al 2012; Khaleh et AL 2016; Elabasy 2019;Bhatti et al 2016; Metin et al 2018)** . Up to the researchers' knowledge, no previos studies were done to investigatethe relationship between talent management and organization commitment as perceived by nurses in Egyptian society.This study aims to identify nurses' perception about the relationship between talent management and organizational commitment.Findings of such study can improve healthcare managers awareness about talent management strategies in their workplace. Also, it will highlight various approaches that will assist healthcare managers in gaining better practical skills of talent attraction, retention, enhance nurses career development and to develop strategies that will maintain nurses' commitment; which in turn overcome the shortage in nurses . Also, this study can increase effectiveness and productivity of nurses in the healthcare organizations.

The aim of the Study
This study aims to identify nurses' perception about the relationship between talent management and organizational commitment.

II. Materials and Method
With this in mind the following research question is postulated:

What is the nurses' perception about the relationship between talent management and organizational commitment?

2.1. Research design:
A descriptive correlational design was utilized for this study.

2.2. Setting:
This study was conducted at Alexandria Main University Hospital in Medical care units (n=17), surgical care units (n=25) and intensive care units (n=13) that presented the governmental sector and at Mabert El Asafra Shark Hospital in Medical and surgical care units (n=5) and intensive care units (n=5); also, at Alexandria Medical Center Hospital in Medical and surgical care units (n=3) and intensive care units (n=4) that presented the non-governmental sector. These hospitals were selected because they have the largest number of bed capacity more than 50 beds, different qualifications of nurses and provide wide range of services such as inpatient, outpatient, radiological services, laboratory services and physiotherapy.

2.3. Sample:
Non- probability convenience sampling of 329 nurses with more than one-year experience and they were working in the previous mentioned setting were included in this study.

Data Collection Tools:
The researchers used two tools to gather data pertinent to fulfill the study aim as follows:

Tool (1): Talent Management Questionnaire
It was developed by Lyria RK (2013) and adopted by the researcher to assess nurses' perception toward talent management. It consists of 35 items and classified into 4 dimensions namely: Talent attraction (8 items); talent retention (9 items); learning and development (8 items) and career management (10 items).

The overall score level ranged from 35 - 175. Low level of talent management ranged from 35 ≤82, moderate level ranged from 82≤128 and high level ranged from 128≤175. The reversed score was applied for negative statements.

Tool (2): Organizational commitment Questionnaire
It was developed by Allen and Mayer (1997) and adopted by the researcher to assess nurse's organizational commitment. It consists of 24 items classified into three dimensions namely: affective commitment (8 items) normative commitment (8 items) and continence commitment (8 items).

The overall score ranged from 24-120.Low level of organization commitment ranged from 24≤56, moderate level ranged from 57≤88 and high level ranged from 89≤120. The reversed score was applied for negative statements.

In addition, apart of socio-demographic data sheet was developed by the researcher included items such as: Gender, age, name of department, marital status, education qualifications, years of experience worked in hospital and attendance of training program about talent management and organizational commitment.

Scoring System:
2.4. The study subject's responses were measured on 5 points likert scale ranged from strongly agree =5 to strongly disagree =1

2.5. Procedure for Data Collection:
Foremost, An official permission to conduct the study was obtained from the ethical committee and the dean of Faculty of Nursing.

An official permission was obtained from managers of the selected hospitals, nursing director and first line nurse managers in each unit to collect the necessary data.

Study tools were tested for face validity and translation by five experts in the field of the study. Necessary modifications were done based on their opinions.

Reliability analysis for internal consistency of the study tools was assessed using cronbach's alpha co-efficient test. The results of two tools revealed that they are reliable with value r=0.895 for tool I (talent management questionnaire) was highly reliable with value 0.911. Tool II (organizational commitment questionnaire) was reliable with value 0.765.

A pilot study was carried out on 10% of the sample (n=33), they were not a part of the study subjects. The pilot study was carried out in order to check and ensure clarity, applicability, and feasibility of the study tools, identify obstacles and problems that may be encountered during data collection and the necessary modifications were made.

Data collection: were conducted by the researcher through self-administered questionnaires. The study tools were distributed to the study subjects after explaining purpose of the study and completed in the presence of the researcher to ensure the following: Objectivity of respondents' responses, non-contamination of their perceptions and check that all items were answered. Data collection lasted for a period of two months started from 30/6/2019- 31/8/2019.

2.6. Statistical Analysis

The collected data were coded and analysis using PC with the Statistical Package for social science (SPSS) software version 20. Tabulated frequency and percentages were calculated. **Descriptive statistics as number, frequency, percentage** minimum, maximum, mean, standard deviation. **Analytical statistics as** Pearson's correlation, Chi-square test, T- TEST and Analysis of variance test (ANOVA). Significant difference was considered if $p \leq 0.05$.

2.7. Ethical considerations:

An informed consent from the study subjects was obtained after explaining aim of the study.
Confidentiality and anonymity of the data were maintained, also, privacy of the study subjects in data collection was maintained.
The subjects had right to withdrawal from the study at any time was assured.

III. Results

Table (1) Distribution of the studiednurses according to their sociodemographic characteristics.
Table (1) showed that vast majority of nurses in governmental hospital (99.1%) and the more than half of nurses in non-governmental hospitals (55. 6%) were female. Regarding age of the study subjects, this table revealed that one third of nurses in governmental hospital(36.2%) were in the age group ranged from 30 years to less than 40 years with mean age 41.7±9.14, while, the vast majority of nurses in non-governmental hospital (91.7%) were in the age group less than 30 years with mean age 26.0±3.58 .

Regarding the marital status, more than three quarters of nurses in governmental hospital (78,73%) was married. While the majority of nurses in non-governmental (88%) was single. Also, more than three quarters of nurses in governmental hospital (76.5%) held Diploma of Secondary Technical Nursing School, and majority of nurses in non-governmental hospital (91.7%) held Bachelor of Nursing Science.

Concerning the years of experience since graduation, more than two third of nurses in governmental hospital (67%) had more than 25 years of experience with mean 23.4±8.69.While in non-governmental hospitals the highest percentage of nurses (87%) had less than 5 years of experience with mean 2.81±3.09.

In relation to years of experience worked in the hospital this table illustrated that around two thirds of the study subjects in governmental hospital (65.6%) had more than 20 years of experience with mean 22.9±9.05, while in the non-governmental, hospitals the majority of nurses (88%) had less than 5 years of experience with mean 2.46±2.51. concerning current working unit 46.6% of nurses in governmental hospital worked in surgical unit, while, 64.8% of nurses in non-governmental hospital worked in intensive care unit.

Regarding their previous attendance of training program about talent management and organizational commitment, 72,40% of nurses did not attend such a program in governmental hospital and 74.01% did not attend such a program in non- governmental hospital.

Table (2) Distribution of the studied nurses according to their mean scores of talent management dimensions at the study hospitals.
Table (2) showed that there was a highly statistically significance difference between nurses' mean scores at both governmental and non-governmental hospitals regarding overall talent management strategies as well as all its dimensions namely (talent attraction, talent retention, learning and development, career management)(p=0.000) ,also, nurses mean scores of all dimensions of talent management at non-governmental hospitals were higher than those in governmental hospital namely (talent attraction, talent retention, learning and development, career management) (29.05 ± 6.333, 29.53 ± 8.469, 28.19 ± 7.142, 34.39 ± 8.372) respectively.
Table (3) Distribution of the studied nurses according to their mean scores of organizational commitment at the study hospitals.
Table (3) showed that there was a highly statistically significance difference between nurses' mean scores at both governmental and non-governmental hospitals regarding overall organizational commitment (p=0.000).Also, nurses mean scores of all dimensions of organizational commitment at non-governmental hospitals were higher than those in governmental hospital namely (affective commitment, continuance commitment, normative commitment) (26.37 ± 5.746 ; 24.61 ± 3.343 ; 25.96 ± 3.955) respectively.

Table (4) Relationship between levels of talent management and organizational commitment as perceived by the studied nurses.

Table (4) showed that there was a highly statistically significance between levels of nurse's perception of talent management and their levels of organizational commitment (P= 0.000) with the highest mean score (147.45 ± 19.91). Also, this table illustrated that the highest percentage (90.9%) was reported by nurses had perceived high level of both talent management and organizational commitment, expected by the lowest percentage (9.1%) was devoted to nurses exposed to moderate level of talent management and high level of organizational commitment.

Table (5) Relation between the nurses' mean scores of talent management and their sociodemographic characteristics:

Table (5) revealed that there was a a highly statistically significant difference between overall mean scores of nurses' perceptions of talent management and their sex, age, marital status, educational qualification, years of experience since graduation and years of experience in hospital.

In relation to nurses' sex, the highest mean score of perceived talent management was found among male nurses' (125.08 ± 26.52). Also, nurses' age, the highest mean score of perceived talent management (125.08 ± 26.52) was found among nurses' who had less than 30 years old (118.00 ± 28.25), while the lowest mean score was found among nurses' who had more than 50 years old (93.31 ± 27.89). Regarding to the marital status, the highest mean score of talent management was found among single nurses (115.55 ± 28.77).

Concerning nurses' educational qualification the highest mean score was found among nurses' present in professional nurses (116.97 ± 29.17).whereas, nurses' who have less than 5 years of experience since graduation showed the highest mean score(118.35 ± 27.57) followed by nurses with 5 years of experience to less than 10 years of experience since graduation (115.06 ± 33.67).

Concerning nurses' years of experience in the hospital, nurses' who have less than 5 years of experience in hospital showed the highest mean score (118.68 ± 26.82), followed by nurses with 5 years of experience to less than 10 years of experience since graduation (112.47 ± 34.03).

Table (6) Relation between the nurses' mean scores of organization commitment and their sociodemographic characteristics:

Table (6) revealed that there was a highly statistically significant difference between overall mean score of nurses' perception of organizational commitment and their sex, age, marital status, educational qualification, years of experience since graduation and years of experience in hospital. Moreover, this table showed that there was not statistically significance difference among overall mean score percentage of nurses' perception of organizational commitment and their working unit.

In relation to nurse's sex, the highest mean score of experience with organizational commitmentwas found among male nurses' (76.42 ± 8.940). additionally, nurses age, the highest mean score of perceived organizational commitment was found among nurses' who had less than 30 years old (76.16 ± 9.569). Regarding to their marital status, the highest mean score of organizational commitment was found among single nurses (76.16 ± 9.569).

Concerning nurse's educational qualification, the highest mean score of organizational commitment was found among professional nurses (76.20 ± 8.929). whereas, nurses' who have less than 5 years of experience since graduation showed the highest mean score (76.17 ± 9.694), followed by nurses with 5 years of experience to less than 10 years of experience since graduation (75.89 ± 10.01).

Concerning nurses' years of experience in the hospital, nurses' who have less than 5 years of experience in hospital showed the highest mean score (76.34 ± 9.036), followed by nurses with 5 years of experience to less than 10 years of experience since graduation (73.32 ± 12.19).

Table (7) Correlation Matrix between the dimensions of talents management and organizational commitment as perceived by study subjects:

Table (7) illustrated that there was a highly statistically significance with moderate correlation between the overall mean score of nurses' perceptions of talent management and overall mean score of organizational commitment.

Also, this table showed that there was a statistically significance with moderate correlation between all talent management dimensions namely (talent attraction, talent retention, learning and development and career management) and all dimensions of organization commitment namely (affective commitment, continuance commitment and normative commitment) respectively.

Table (1) Distribution of the studied nurses according to their sociodemographic characteristics

	Governmental (n=221)		Non-governmental (n=108)		Total (n=329)	
	No	%	No	%	No	%
Sex						
Male	2	0.90	48	44.4	50	15.2
Female	219	99.1	60	55.6	279	84.8
Age						
- < 30	20	9.1	99	91.7	119	36.2
- 30-	80	36.2	7	6.5	87	26.4
- 40-	73	33.0	2	1.9	75	22.8
- ≥ 50	48	21.7	0	0.0	48	14.6
Min-Max	25–55		25–45		25–55	
Mean ± SD	41.7±9.14		26.0±3.58		36.58±10.7	
Marital status						
Single	28	12.7	95	88.0	123	37.4
Married	174	78.7	12	11.1	186	56.5
Widowed	11	4.89	0	0.0	11	3.34
Divorced	8	3.62	1	0.9	9	2.74
Educational qualification						
Practical nurses	169	76.5	5	4.6	174	52.9
Technical nurses	26	11.8	4	3.7	30	9.1
Professional nurses	26	11.8	99	91.7	125	38.0
Years of experience since graduation						
- < 5	6	2.7	94	87.0	100	30.4
- 5-	9	4.1	9	8.3	18	5.5
- 10-	16	7.2	3	2.8	19	5.8
- 15-	42	19.0	1	0.9	43	13.1
- ≥ 20	148	67.0	1	0.9	149	45.3
Min-Max	2–40		1–22		1–40	
Mean ± SD	23.4±8.69		2.81±3.09		16.6±12.14	
Years of experience in hospital						
- < 5	10	4.5	95	88.0	105	31.9
- 5-	8	3.6	11	10.2	19	5.8
- 10-	17	7.7	1	0.9	18	5.5
- 15-	41	18.6	0	0.0	41	12.5
- ≥ 20	145	65.6	1	0.9	146	44.1
Min-Max	0–40		0–22		0–40	
Mean ± SD	22.9±9.05		2.46±2.51		16.20±12.23	
Working department						
-Medical	39	17.6	29	26.9	68	20.7
-Surgical	103	46.6	9	8.3	112	34.0
-ICU	79	35.7	70	64.8	149	45.3
Previous attendance of training programs about talent management / organization commitment						
Yes	61	27.6	28	25.9	89	27.1
NO	160	72.4	80	74.1	240	72.9

Table (2): Distribution of the studied nurses according to their mean scores of talent management dimensions at study hospitals:

Items	Hospital Sector		Total (n=329)	Test of significance
	Governmental (n=221)	Non-governmental (n=108)		
Talent attraction				
M ± SD	23.00 ± 6.762	29.05 ± 6.333	24.98 ± 7.201	t = 60.527
Min – Max	8 – 40	12 – 40	8 – 40	P= 0.000**
Talent retention				
M ± SD	22.56 ± 8.691	29.53 ± 8.469	24.85 ± 9.209	t = 47.395
Min – Max	9 – 45	12 – 45	9 – 45	P= 0.000**
Learning and development				

M ± SD **Min – Max**	23.56 ± 7.120 8 – 40	28.19 ± 7.142 8 – 40	25.08 ± 7.442 8 – 40	t = 30.597 P= 0.000**
Career management				
M ± SD **Min – Max**	28.72 ± 8.587 10 – 15	34.39 ± 8.372 12 – 50	30.58 ± 8.913 10 – 50	t = 32.143 P= 0.000**
Total talent management				
M ± SD **Min – Max**	97.83 ± 27.654 39 – 175	121.15 ± 27.525 48 - 175	105.49 ± 29.670 39 – 175	t = 51.728 P= 0.000**

X2 Chi square test   t= student t test   * Significant p at ≤0.05   ** high significant p at ≤0.001

Table (3):Distribution of the studied nurses according to their mean scores of organizational commitment at study hospitals.

Items	Hospital Sector		Total (n=329)	Test of significance
	Governmental (n=221)	Non-governmental (n=108)		
Affective commitment				
M ± SD **Min – Max**	22.34 ± 5.014 8 – 35	26.37 ± 5.746 14 – 40	23.67 ± 5.587 8 – 40	t = 42.437 P= 0.000**
Continuance commitment				
M ± SD **Min – Max**	23.94 ± 4.055 12 – 36	24.61 ± 3.343 18 – 34	24.16 ± 3.844 12 – 36	t =2.242 P=0.135
Normative commitment				
M ± SD **Min – Max**	24.70 ± 3.204 12 – 33	25.96 ± 3.955 12 – 38	25.12 ± 3.513 12 – 38	t = 9.603 P= 0.002*
Total organizational commitment				
M ± SD **Min – Max**	70.98 ± 7.530 41 – 94	76.94 ± 9.393 52 – 97	72.94 ± 8.641 41 – 97	t = 38.487 P= 0.000**

X2 Chi square test   t= student t test   * Significant p at ≤0.05   ** high significant p at ≤0.001

Table (4): Relationship between levels of talent management and organizational commitment as perceived by the studied nurses.

Nurses' organizational commitment	Nurses' Talent Management Levels						Total (n=329)		Test of significance
	Low (n=72)		Moderate (n=182)		High (n=75)				
	No	%	No	%	No	%	No	%	
- Low	7	70.0	3	30.0	0	0.0	10	3.0	X^2 = 43.874 P= 0.000**
- Moderate	65	21.1	178	57.8	65	21.1	308	93.6	
- High	0	0.0	1	9.1	10	90.9	11	3.3	
									M ± SD
- Low			-	77.20 ± 5.203					F = 17.144 P= 0.000**
- Moderate			-	104.91 ± 28.94					
- High			-	147.45 ± 19.91					

X2 =Chi Square test   **F=** ANOVA test   * Significant p at ≤0.05   ** high significant p at ≤0.001

Table (5): Relation between the nurses' mean score of talent management and their sociodemographic characteristics:

Items	Talent Management	Test of significance
	M ± SD	

Sex		
- Male	125.08 ± 26.52	t = 27.815 P= 0.000*
- Female	101.97 ± 28.87	
Age		
< 30	118.00 ± 28.25	F= 12.939 P= 0.000*
30-	100.07 ± 30.29	
40-	99.71 ± 25.54	
≥ 50	93.31 ± 27.89	
Marital status		
- Single	115.55 ± 28.77	F = 12.216 P= 0.000*
- Married	99.18 ± 28.81	
- Widowed/divorced	102.61 ± 25.73	
Educational qualification		
- professional nurse	116.97 ± 29.17	F = 16.54 P= 0.000*
- Technical nurse	97.53 ± 28.39	
- Practical nurse	98.61 ± 27.76	
Years of experience since graduation		
< 5	118.35 ± 27.57	F = 8.518 P= 0.001*
5-	115.06 ± 33.67	
10-	96.84 ± 31.38	
15-	106.74 ± 26.94	
≥ 20	94.95 ± 24.34	
Years of experience in hospital		
< 5	118.68 ± 26.82	F= 9.079 P= 0.000*
5-	112.47 ± 34.03	
10-	95.89 ± 32.79	
15-	105.85 ± 26.84	
≥ 20	97.93 ± 26.57	
Working department		
- Medical	101.71 ± 25.30	F = 0.7315 P= 0.534
- Surgical	97.79 ± 31.29	
- ICU	103.51 ± 35.85	
- Pediatrics	105.43 ± 17.61	
Previous attendance of training programs about talent management / organization commitment		
Yes	117.00±27.86	t =19.403 p=0.000**
No	101.22±29.24	

X2 Chi square test   *Significant p at ≤0.05   ** high significant p at ≤0.001

Table (6): Relation between the nurses' mean score of organization commitment and theirsociodemographic characteristics:

Items	Organization Commitment M ± SD	Test of significance
Sex		
-Male	76.42 ± 8.940	t = 9.824 P= 0.002*
-Female	72.32 ± 8.453	
Age		
< 30	76.16 ± 9.569	F= 9.785 P= 0.000*
30-	70.49 ± 8.612	
40-	71.11 ± 6.272	
≥ 50	72.25 ± 7.103	
Marital status		
-Single	75.76 ± 9.287	F = 11.356 P= 0.000*
-Married	71.22 ± 7.902	
-Widowed/divorced	71.33 ± 5.657	
Work status		
- professional nurse	76.20 ± 8.929	F = 15.979 P= 0.000*
- Technical nurse	69.83 ± 10.21	
- Practical nurse	71.13 ± 7.370	
Years of experience since graduation		
< 5	76.17 ± 9.694	F = 5.568 P= 0.000*
5-	75.89 ± 10.01	
10-	69.42 ± 8.468	
15-	71.21 ± 8.590	
≥ 20	71.51 ± 6.458	
Years of work for the hospital		
< 5	76.34 ± 9.036	F= 5.477 P= 0.000*
5-	73.32 ± 12.19	
10-	69.72 ± 8.850	
15-	71.07 ± 8.707	
≥ 20	71.28 ± 6.518	
Working department		
-Medical	73.54 ± 8.846	F = 1.433 P= 0.233
-Surgical	75.59 ± 6.276	
-ICU	76.08 ± 9.760	
-Pediatrics	75.65 ± 4.933	
Previous attendance of training programs about talent management / organization commitment		
Yes	74.02±9.520	t =1.923 p=0.233
No	72.54±8.277	

X2 Chi square test   *Significant p at ≤0.05   ** high significant p at ≤0.001

Table (7): Correlation Matrix between the dimensions of talents management and organizational commitment as perceived by study subjects:

		Talent Management Dimensions				
		Talent attraction	Talent Retention	Learning & Development	Career management	Total talent management
Affective Commitment	R	0.471	0.437	0.455	0.443	0.497
	P	0.000**	0.000**	0.000**	0.000**	0.000**
Continuance Commitment	R	0.223	0.196	0.278	0.313	0.279
	P	0.000**	0.000**	0.000**	0.000**	0.000**
Normative Commitment	R	0.265	0.274	0.315	0.308	0.551
	P	0.000**	0.000**	0.000**	0.000**	0.000**
Total Organizational Commitment	R	0.511	0.481	0.546	0.551	0.576
	P	0.000**	0.000**	0.000**	0.000**	0.000**

r = Pearson correlation
* Significant p at ≤0.05
** high significant p at ≤0.001
r ≥0.9 very strong correlation
r 0.7-<0.9 strong correlation
r 0.5-<0.7 moderate correlation
r < 0.5 weak correlation

IV.   Discussion

Talent management is a critical area for developing committed nurses, competent nurses and creating bench strength in human resources. Talent management focuses on developing and improving skills of talented nurses and compensate them with suitable compensations even financial or nonfinancial benefits to increase their commitment and loyalty to the healthcare organization. Nurses' professional commitment positively influences their job performance and when high, promotes positive outcomes and satisfaction for their patients ((**Lockwood, 2007; Donkor & Andrews, 2011; Mrayyan& Al-Faouri, 2008).**

Regarding the relationship between talent management and organizational commitment as perceived by nurses, the findings of this study illustrates that there is a highly significant with a moderate positive correlation between overall nurses' perception of talent management and overall organizational commitment. This finding may be attributed to the results in the current study where a significant positive correlation was found between all underlying dimensions of nurses' perception of talent management and all underlying dimensions of nurses' organizational commitment.

These findings may be due to many factors in both the governmental and private hospitals such as selection of the highly qualified physicians to work within, deputizing physicians from outside the country especially in Mabert El Asafra Shark Hospital, availability and adequacy of equipment and supplies, fairness in resources distribution among nursing units and flexible time schedule through equal distribution of working hours and days off among nurses, conducting orientation program to new hired nurses such as program about infection control, medication administration and acquaint nursing staff with related policies and salary that the hospital will pay to them ,also, conduct continuous training programs every 2 weeks and when renewed the policies in hospital, participation of nurses in the decisions making related to nursing care and hospital activities, selection of professional and well-experienced nurses during the recruitment process especially in non- governmental hospitals, provide health insurance especially in Alexandria Main University Hospital, also provide affordable healthcare in case of nurses illness.

The study findings are consistent with **Kheirkhah, Akbarpouran and Haqhani (2016)** found that there were a significant correlation between talent management and organizational commitment as hospital managers in public and private hospitals can improve nurses' commitment using new management methods to encourage the growth of human force talents and capabilities. these results can be used for increasing nurses' commitment. With increasing commitment, turnover will decrease, performance and quality of services will increase. Moreover, **Malkawi (2017); Abazeed (2018)** who stated that there were significant positive correlations between talent management with organizational commitment. They developed via education, training and providing them with challenging tasks. Also, found that talent management plays an important role in improving employee psychological state in terms of his or her attachment, need to stay and obligation to be committed to the organization.

Regarding dimensions of talent management results of this study shows that nurses in non-governmental hospitals had high mean scores than in governmental hospitals. This may be attributed to that the majority of the studied nurses were in the age group less than 30 years old, single, as well as hold Bachelor of Nursing Science so nurses are not burdened with personal life responsibility. In addition to another factors that can be considered as factors provide work-life balance such as present children nursery and transportation services after work that present in non-governmental hospitals and. Also, non-governmental hospitals included in this study provide nurses opportunities for promotion and continuous education distributed in healthcare organizations according to their level of performance and their qualifications.

As a result they are open -minded, more energetic, having willing to invest effort in work, more enthusiastic, able to make an accurate decision, have more time for development and learning. All these rational are considered as a factors that enhanced study subject's commitments This finding is supported by **ZeinEldin and Abd El-Rahman (2013)** who found that highly experienced nurses had more organizational commitment than those less experienced nurses. Due to a long time spent in the work and the much social relation developed. Conversaly, **Khalifa (2012)** reported that there is no significant relation between commitment and years of experience. This goes in line with **Motazedi et AL (2012)** found no significant commitment difference regarding the staff age.

This result is supported by **Mwanzi (2017)** they found the existence of a strong relationship between talent management and employees' performance in private sector organizations due to private hospital provide enhance motivation of staff by enhancing working conditions so as to create a conducive environment for talent utilization. In the same respect, the result of the study by **Manafa et al., (2009)** showed that healthcare workers 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 didn't want to stay in environments that support their career progression.

Moreover, these results are supported by **Maamari and Alameh (2016)** who reported that talent management process had a positive significance weak correlation with gender, education qualification and moderate correlation with the recruitment of highly skilled and experienced employees. Conversely, **Elsaid (2017)** reported that there were no significant differences between gender, age, education and experience and talent management.

The finding of the present study reveale that nurses have a moderate level of organizational commitment. It can be attributed to direct personal contact with nurses and their managers, recognition from healthcare organization and great involvement in decision making.

This finding goes relatively with the result of **Labrague et al (2018)** who concluded that nurses perceived moderate commitment, with higher scores observed in the affective commitment subscale. This may be suggested as the studied nurses have a strong emotional attachment to their organization and to the work that they do. According to **Meyer and Herscovitch (2001)**, managers who communicate daily with a subordinate, giving feedback on performance and executing performance appraisal, facilitate developing subordinate organizational commitment. According to this finding **weathington, et AL (2000)** founded a positive relation between fringe benefit and commitment. This result is contradictory with **Israel et al (2017)** who found a low level of organizational commitment among nurses. This discrepancy might be due to poor working environment and low attention given to nurses is low by the hospital management.

Moreover, the study revealed that the highest mean scores in the governmental hospitals were found on normative commitment dimension. This may be due to nurses believe that they must always be loyal to his or her organization and sense of moral obligation to remain. These results contradicted **Azizollah (2016)** who reported the lowest mean score pertained to the normative commitment because the staff do not leave the organization not due to the organization itself, but they do not have better alternatives outside the organization

Additionally, the highest mean scores in non-governmental hospitals were related to continuance commitment. This finding may be due to that most nurses reported they received benefits from hospitals which may not be obtained from anotherhospital such as presence of housingfor living especially to nurses living outside the governorate, provision of meals during shifts and transportation, also, this is costly for nurses if they left the hospitals and provision of good nurses-patient ratios. On the other hand, this result was contradicted with **Labrague (2018)** reported continuance commitment was the lowest- rated subscale.

V.   Conclusion

The study concluded that there is high a statistically significance moderate correlation between talent management and organizational commitment as perceived by nurses in both governmental and non-governmental hospitals.

VI.   Recommendations

Based on the finding of the currentstudy, the following recommendations havebeengenerated:

Hospital managers should:
- Introduce talent management strategies in their strategic planning to remain competitive in today's healthcare market.
- Create strategies and policies to develop the necessary vision to retain the talents.
- Incorporate talent management strategies with all aspect of human resource management.
- Utilize talent search matrix during selection strategy in order to get experienced and qualified nurses.
- Provide orientation programs to the new nurses to decrease turnover.
- Provide suitable opportunity for promotion and development for their nurses with a clear path of career, to attract the good talent from the first stage in recruiting nurses.
- Improve the financial reward for nurses gained from their work. This will lead to enhance their performance which leads to organizational success.
- Provide effective compensation program such as bonus, flexible work hours and fringe benefits to increase the commitment of the employees.
- Enhance a healthy work environment with open communication through conducting a schedule for nurses meeting and attending conferences and workshop with their managers in order to reach high level of commitment.
- Incorporate nurses' views and opinion into Healthcare organizations functions.

First line nurse managers should:
- Provide supportive work condition through availability of adequate staff and resources to decrease workload and provide high quality care.
- Motivate nurses through appropriate reward and recognition.
- Arrange for supervision process to identify needs and they provide continuous and constructive feedback.
- Establish an effective performance appraisal policy that help in the development and improvement of nurse's performance.
- Arrange and conduct continuous training programs according to needs assessment of nursing staff.
- Develop and implement change strategies that will improve work environment for nurses such as flexible schedule, clear communication and feedback and fair treatment of all nurses in the unit.

- Encourage teamwork through building team activities and communicate effectively and openly.
- Encourage nurse's participation in decision making that related to unit that increase their empowerment.
- Establish effective leadership styles according to situations and they are careful on how to handle with workforce issues.

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