

Implementing Talent Management Program for Head Nurses on Nurses' Commitment Hafar Al-Batin Central Hospital, Saudi Arabia

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Abstract:

Background: Talent management has emerged as a strategic imperative in healthcare organizations, particularly in nursing leadership, where head nurses play a crucial role in attracting, developing, and retaining skilled nursing staff. Organizational commitment among nurses is essential for ensuring quality patient care, reducing turnover, and maintaining organizational stability. **Aim:** This study aimed to investigate the effect of implementing a talent management educational program for head nurses on nurses' organizational commitment at Hafar Al-Batin Central Hospital, Saudi Arabia. **Design:** A quasi-experimental (pre-post) research design was employed. **Setting:** The study was conducted in all inpatient units at Hafar Al-Batin Central Hospital, Saudi Arabia. **Participants:** A convenience sample of 85 head nurses and 120 staff nurses with at least one year of experience, who were available at the time of data collection, participated in the study. **Tools:** Three instruments were utilized: (1) Talent Management Knowledge Questionnaire (2) Talent Management Scale and (3) Organizational Commitment Scale. **Results:** The training program significantly improved head nurses' knowledge of talent management from low to high levels, with correct responses increasing from 38.8% at pre-test to 94.1% immediately post-test, and retained at 84.7% after three months. Head nurses' perceptions of talent management practices showed marked improvement, with mean scores increasing from 64.56 to 98.55 post-program, remaining at 94.91 at follow-up. Staff nurses' organizational commitment improved substantially, with the percentage of nurses exhibiting high commitment levels increasing from 6.7% pre-program to 78.3% post-program, remaining at 67.5% after three months. A strong, positive, and statistically significant correlation was found between head nurses' knowledge and perceptions of talent management across all study phases ($r = 0.854$ to 0.867 , $p < 0.001$). **Conclusion:** The talent management educational program was highly effective in improving head nurses' knowledge and perceptions of talent management, which positively influenced staff nurses' organizational commitment. The sustained improvements at three-month follow-up demonstrate the program's lasting impact. **Recommendations:** Implement mandatory talent management training for all head nurses, establish continuous professional development programs with periodic refresher training, develop formal talent management frameworks integrating workforce planning and career development pathways, empower bedside nurses through decentralized decision-making.

Keywords: Head Nurses, Talent Management, Organizational Commitment, Nurses.

1. Introduction

Today's uncertain and turbulent health care environment brought about by the current global economic crisis makes it even more imperative for organizations to find ways of gaining full potential from their staff. Organizations need to be more adaptable, resilient, agile, and customer-focused to succeed. These new trends among other factors had made organizations seek ways to become more flexible, adaptive, and competitive, so that it can measured up to standard (Jovanović, Stojković-Zlatanović & Čudanov,2023). Organizations require a number of resources, strategies and techniques in order to succeed. Talent management is recognized as a vital tool, especially in enabling organizational transformation, enhancement, performance and success (Al Aina & Atan, 2020).

Talent is defined as the inherent ability of an individual to do a particular task in a particular way (Harsch & Festing, 2020). Talent is seen as the sum of an individual's abilities, which includes his or her intrinsic gifts, skills, knowledge, experience, intelligence, judgment, attitude, character, and drive. It also incorporates the individual's ability to learn and grow (Napp & Breda, 2022). In addition to, it refers to unique characteristics, qualities, traits or abilities of people who utilize this to reach the objectives of organizations (Tobon & Luna-Nemecio, 2026). Talent represents greater mastery of developed abilities and knowledge systematically in the field of human endeavor (Abid, Arya, Arshad, Ahmed & Farooqi, 2026).

There are four relevant factors can affect the quality, quantity and characteristics of talent including global demographic and economic trends; rising mobility of people and organizations; transformational changes to business conditions and cultures; and increasing levels of workforce diversity (Allal-Chérif, Aranega, & Sánchez, 2026).

Talent management is a systematic attraction, identification, development, commitment, retention and deployment of nurses with high potential, who are of particular value to healthcare organization (Yildiz & Esmer, 2023). Also, it describes a complex range of processes that aims to place the right nurse in the right positions within healthcare organization (Owolabi, 2020). Talent management is a persistent process that includes attracting, retaining and hiring high-talented nurses, developing their skills and motivating them to improve their performance (Wobodo, Konya & Nweake, 2020).

Talent management competencies are the implementation of integrated strategies designed to increase workplace productivity by developing improved processes for attracting, developing, retaining and utilizing nurses with the required skills and aptitude to meet current and future work needs. It includes seven competencies; talent attraction, talent selection, talent recruitment, talent development, talent retention, talent motivation and work life balance practices (Kaliannan, Darmalinggam, Dorasamy & Abraham, 2023).

Talent attraction is refers to the process of attempting to locate and attract a pool of suitably qualified and experienced nurses to apply for existing or anticipated positions within healthcare organization. It is the process by deciding who will or will not be allowed into healthcare organization as a process of legal discrimination because it is based on job related factors (Ahmad, Khan & Haque, 2020). Talent recruitment refers to the process of searching for prospective nurses and stimulating them for jobs in the healthcare organization through identification of personnel sources, evaluation of valuation of different sources available, selection of a particular source and stimulating the prospective nurse to apply for the job so that right nurse is obtained for right job (Weng, Shen & Kan, 2023).

Talent development means the process of helping talented nurses to acquire knowledge and skills that they need to succeed and improve healthcare organizational performance. Talent retention is an efficient method practiced by head nurses that permit nurses to remain for longer period. Talent motivation is a state of feeling in which nurse is energized or aroused to perform a task or engage in a particular behavior (Milani, Setti & Argentero, 2026). So, talent management is used for employing the right nurses, developing their competencies, maintaining and engaging them and improving their productivity in the workplace. Therefore, nurses able to adapt to dynamic changes and growth as well as increase innovation in market place (Wobodo, Konya & Nweake, 2020). Talent management has a positive effect on nurses' commitment by exploring the potential energies of them and filling the vacant positions with highly qualified talented nurses, which is reflected in increasing their satisfaction (Mohammed, Sliman, & El Azab, 2020).

Head nurses focus their attention on processes of talent management that have the biggest impact through attracting, identifying, hiring the right nurses at the right jobs, developing, motivating, promoting and retaining them that has a strong potential to succeed the healthcare organization (Mitosis, Lamniso & Talias, 2026). Nurses' success is affected by job satisfaction and

organizational commitment, which are in turn having a great impact on the organizational achievement. Organizational commitment is defined as a desire to remain a member of the organization, a willingness to perform well within the organization, and faith in the organization's aims and ideals. It reflects the loyalty of an employee towards his or her organization (Nguyen et al., 2020).

Nurses' commitment is created through constant involvement in different organizational activities. The continuous participation is usually done by searching for important suggestions from team members, listening to their issues and by increasing their involvement in organizational decision making process to a certain extent. By doing so, nurses would feel to be participative and appreciated in the organization (Rodríguez-Fernández, Herrera& de Las Heras-Rosas, 2026).

There are three main factors affecting organizational commitment including a strong belief in acceptance of the organization's goals and values; a willingness to exert considerable effort on behalf of the organization; and a strong desire to maintain membership in the organization (Purwanto, 2026). Also, personal traits, roles and job features, structural characteristics, work experience, and the state of the working environment are all described as variables influencing the degree of organizational commitment in a similar way (Haque, Fernando& Caputi, 2026) .

The organizational commitment includes three essential domains, namely affective, continuance and normative commitment. First, continuous commitment reproduces the perceived costs-benefit analysis of maintaining organizational membership; second, affective commitment refers to emotional engagement to an organization; third, normative commitment refers to the duty to remain with the organization (Oamen, 2023). The most commonly known forms of commitment are affective or emotional commitment which emphasize on nurse attachment to an organization by accepting its values and having the desire to keep the relationship with it (Al-Haroon & Al-Qahtani, 2020).

Being aware of the amount of organizational commitment among nursing staff can provide the proper information for authorities' making-decision and led to adopting proper methods to determine the effectiveness of the healthcare centers in the country. Nurses' commitment is very important for health care institutions, not only for the quality of care, but also for patients' satisfaction and organizational productivity while lowering staff turnover and absence rates (Rawashdeh & Tamimi, 2020).

Aim of the present study

The study aimed to investigate the effect of implementing talent management educational program for head nurses on nurses' commitment at Hafar Al-Batin Central Hospital, Saudi Arabia

. 1.2. Research Hypothesis

H1. The head nurses' knowledge of talent management improves after implementing educational program.

H2. The nurses' commitment improves after implementing talent management educational program of head nurses

Method**1.1. Design:**

Quasi experimental (pre – post) research design will be used to achieve the aim of this study. Quasi experimental research is research that resembles experimental research but is not true experimental research. They are often conducted to evaluate the effectiveness of a treatment or intervention (Miller, Smith & Pugatch, 2020).

1.2. Setting:

The study was conducted in all inpatient units at Hafar Al-Batin region in the Kingdom of Saudi Arabia. It occupied with 300 beds. It has many departments as Emergency, Surgical, Medical, One day surgery, Infection control and public health departments

1.3. Participants:

Convenience samples were utilized which includes of the studied head nurses (n=85), and staff nurses (n=120) were working in all previously mentioned units and were available at the time of data collection with at least one years of experience.

1.4. Tool of data collection

Three tools were used for data collection in the present study namely, Talent Management Knowledge Questionnaire, Talent Management Scale and Organizational Commitment Scale.

Tool (I): Talent Management Knowledge Questionnaire

This tool aimed to assess study head nurse's knowledge about talent management during different phases of educational program. It consists of two parts:

The first part: It was used to identifying personal characteristics of the study nurses such as, age, hospital, educational qualifications, years of experience, and attending educational program.

The second part: It was designed by the researcher based on literature review (Kaliannan, Darmalingam, Dorasamy & Abraham, 2023, Kwon & Jang, 2022, Aguinis & Burgi-Tian, 2021 & Gül, D., Akkaya & Yildirim, 2023). It consists of questions in the form of true and false and multiple choices that related to talent management. The questions were scored as 1=true and zero=false answer

Scoring system:

The scoring system of Talent Management Knowledge Questionnaire was classified into three categories based on a predetermined cut-off point, as follows:

- ☐ Low level (<60% of total scores),
- ☐ Moderate level (60-75% of total scores)
- ☐ High level (>75% of total scores).

Tool (II): Talent Management Scale

The scale was developed by Yener, Gurbuz & Acar (2017) and was used to assess the talent management dimensions. It is short structured, self-administered rating scale. It contains 26 items classified into six dimensions namely; talent planning (4 items), workplace culture (7 items), talent recruitment and retention (4 items), talent development (4 items), professional advancement (4 items) and rewarding (3 items). The responses were measured by a five-point Likert scale ranging from 1= strongly disagree to 5= strongly agree.

Scoring system:

The scoring system of Talent Management Scale was classified into three categories based on a predetermined cut-off point, as follows:

- ☐ Low level (<60% of total scores),
- ☐ Moderate level (60-75% of total scores)
- ☐ High level (>75% of total scores).

Tool (III): - Organizational Commitment Scale

This tool developed by Meyer and Allen (1997). It was used to assess the organizational commitment of staff nurses. It was made up of (18) items that were divided into three dimensions, namely; affective commitment (6 items), continuance commitment (6 items) and normative commitment (6 items). Nurses' responses were measured on a five point Likert scale ranging from 1=strongly disagree to 5=strongly agree.

Scoring system:

The scoring system of Organizational Commitment Scale was classified into three categories based on a predetermined cut-off point, as follows:

- ☐ Low level (<60% of total scores),
- ☐ Moderate level (60-75% of total scores)
- ☐ High level (>75% of total scores).

1.1.1.Validity and Reliability

Study tools were tested for its face and content validity by five experts in the field of the study, and accordingly the necessary modification was done. Reliability testing was done and judged by how well the items that reflect the same construct yield similar results and were tested for its reliability by using Cronbach alpha test and knowledge test was modified and translated to Arabic language by the researcher.

Reliability test of the study tools, Talent Management Knowledge Questionnaire, Talent Management Scale and Organizational Commitment Scale were tested by Cranach's Alpha. Reliability was computed and found (0.79), & (0.86) & (0.93) respectively.

2.6. Ethical Considerations

Ethical approval was obtained from the Research Ethical Committee of Faculty of Nursing, Mansoura University. An official permission to conduct the study will be obtained from the administrator responsible for the hospital. All participants were informed that their participation is voluntary, and they have the right to withdraw from the study at any time. All participants were assured about the confidentiality of the collected data, and the privacy of the study sample were assured at all phases of the study. A written informed consent were obtained from the participants who accept to participate on the study after explanation of the nature and aim of the study.

2.7 Pilot study

A pilot study was carried out for 10% (n=8 head nurses & 12 staff nurses) of the study participants to check and ensure the clarity and applicability of the tools in addition to calculate the duration required for filling all questionnaires. All head nurses and staff nurses who participated in pilot study were excluded from the study participants. Necessary modifications were made accordingly.

2.8. Data Collection Process

- An official permission was issued from the Faculty of Nursing, Mansoura University to carry out the study.
- An official letter was issued with approval from the director of Hafar Al-Batin Central Hospital after explanation of the purpose of the study and the schedule of data collection.
- The researcher met the participants individually to explain the aim of the study and get the approval to participate in the study.

- A pretest of talent management knowledge questionnaire, talent management scale were distributed to head nurses according to predetermined unit schedule. Organizational Commitment Scale was distributed to nurses according to predetermined unit schedule. The researcher was presenting all the time of data collection for clarification tools that were distributed to nurses.
- Based on the data collected and with the help of literature review, the researcher was designing a training program about talent management for head nurses.
- Following the completion of the surveys, the training program was launched by the researcher. The time plan of the program was implemented over the period from the beginning of December 2024 to end of June 2025. Staff nurses were divided into three groups. The training program implemented in the morning and evening shifts three days a week. The training program has taken 8 hours distributed as the following: 4 sessions for each group every session (2) hour.
- Talent management training program was implemented; and was take 4 weeks with 4 sessions once per week, every session has one hour for each group of the studied sample. The head nurses were divided into small groups. Each group consists of a number of head nurses (10-12) according to availability and workload for conducting the training. Different methods of teaching was used such as brainstorming, lectures, videos, discussion, and handouts that are prepared by the researcher and were distributed to the participants.
- Immediately after completion of training program the three tools of data collection (Talent Management Knowledge Questionnaire, Talent Management Scale and Organizational Commitment Scale) were distributed to the participants. The researcher was started to follow up the proposed progress after training program through comparison of post test results with the baseline finding obtained in the pretest assessment by using the same four tools of data collection.

2.8. Statistical Analysis

The collected data were coded, entered, tabulated and analyzed using SPSS (Statistical Package for Social Science) version 25 (IBM Corporation, Armonk, NY, USA). For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, which describes a categorical set of data by frequency, percentage or proportion of each category, comparison between two groups and more was done using Chi-square test (χ^2). For comparison between means of two groups of non-parametric data of

independent samples, Z value of Mann-whitney test was used. For comparison between more than two means of non-parametric data, Kruskal-Wallis (χ^2) value was calculated. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Statistical significance difference was determined at 0.05 level using the appropriate regression test.

3. Results

Table (1): Illustrates the personal characteristics of the studied head nurses. This table showed that that head nurses' age mean score was 42.47 ± 5.63 years, and more than three quarters of them (77.6%) were in the age group from (41-50 years). Regarding sex, the majority (80.0%) were females. Concerning educational qualifications, the majority (78.8%) hold a bachelor's degree in nursing, followed by diploma in nursing (18.8%), and only (2.4%) hold a master's degree in nursing. In addition to years of experience, the head nurses' years of experience mean score was 10.0 ± 3.9 years, nearly half of them (49.4%) were in the (6-10) years of experience group, followed by (37.6%) with more than 10 years of experience. Regarding previous talent training program, the majority (81.2%) had not attended any previous talent training program.

Figure (1) Illustrates the total response of the studied head nurses regarding knowledge about talent management throughout the training program phases. They showed that marked improvement in overall knowledge from pre-program to post-program, with moderate decline after 3 months. Total correct responses increased substantially from 38.8% pre-program to 94.1% post-program, remaining at 84.7% after 3 months. Regarding True/False questions, correct responses improved from 40.0% pre-program to 93.3% post-program, with retention at 80.2% after 3 months. Concerning multiple choice questions (MCQs), correct responses increased from 38.8% pre-program to 95.5% post-program, maintaining 87.8% after 3 months. The retention rate was higher for MCQs (87.8%) compared to True/False questions (80.2%) at the 3-month follow-up.(hypothesis accepted)

Figure (2): Illustrates total mean scores of talent management among the studied head nurses throughout the training program phases. The figure showed that a sharp increase in mean scores from pre-program (64.56) to post-program (98.55), followed by a slight decrease after 3 months (94.91).

Table (2): Illustrates the correlation between total knowledge of talent management and total talent management among the studied head nurses across all phases. There was a strong, positive, and statistically significant

correlation between knowledge and talent management at pre-program ($r=0.854$, $p<0.001$), post-program ($r=0.821$, $p<0.001$), and after 3 months ($r=0.867$, $p<0.001$). These findings indicate that head nurses with higher knowledge levels consistently demonstrated higher perceptions of talent management practices across all study phases.

Table (3): Illustrates the personal characteristics of the studied staff nurses. The table showed that that staff nurses' age mean score was 29.07 ± 6.58 years, with nearly half of them (45.0%) in the age group (20-30 years). Regarding sex, the majority (83.3%) were females. Concerning educational qualifications, less than half (45.0%) hold a BSC in nursing, followed by diploma of technical nursing institute (29.2%) and diploma of secondary nursing school (25.8%). Regarding years of experience, the mean score was 7.19 ± 3.07 years, with more than half (54.2%) having 6-10 years of experience, followed by 1-5 years (35.8%) and more than 10 years (10.0%).

figure (3) illustrate organizational commitment score levels among the studied staff nurses throughout the training program phases. They show Pre-program, only 6.7% of staff nurses had a high total organizational commitment level, with the majority at moderate (56.7%) or low (36.7%) levels. Post-program, the percentage with a high level increased dramatically to 78.3%, while low level dropped to only 2.5%. At three-month follow-up, the high level remained strong at 67.5%, with low level at just 5.0%. Mean scores improved from 42.98 ± 7.9 pre-program to 65.93 ± 7.08 post-program, then slightly declined to 62.94 ± 8.62 at three months.

Figure (4): Illustrates total mean scores of organizational commitment among the studied staff nurses throughout the training program phases. The figure showed that a sharp increase in mean scores from pre-program (42.98) to post-program (65.93), followed by a slight decrease after 3 months (62.94). This pattern indicates that the training program was highly effective in enhancing overall organizational commitment, with a retention rate of 95.5% at the 3-month follow-up.

Table (1): Personal characteristics of the studied head nurses (n=85).

Personal characteristics	The studied head nurses	
	No	%
■Age years		
31 < 40	19	22.4
41 > 50	66	77.6
Mean±SD	42.47±5.63	
■Sex		
Male	17	20.0
Female	68	80.0
■Educational qualification		
Diploma in nursing	16	18.8
BSC in nursing	67	78.8
MSc in nursing	2	2.4
■Experience years		
1-5 Years	11	12.9
6-10 Years	42	49.4
More than 10 Years	32	37.6
Mean±SD	10.0±3.9	
■ Previous talent training program		
Yes	16	18.8
No	69	81.2

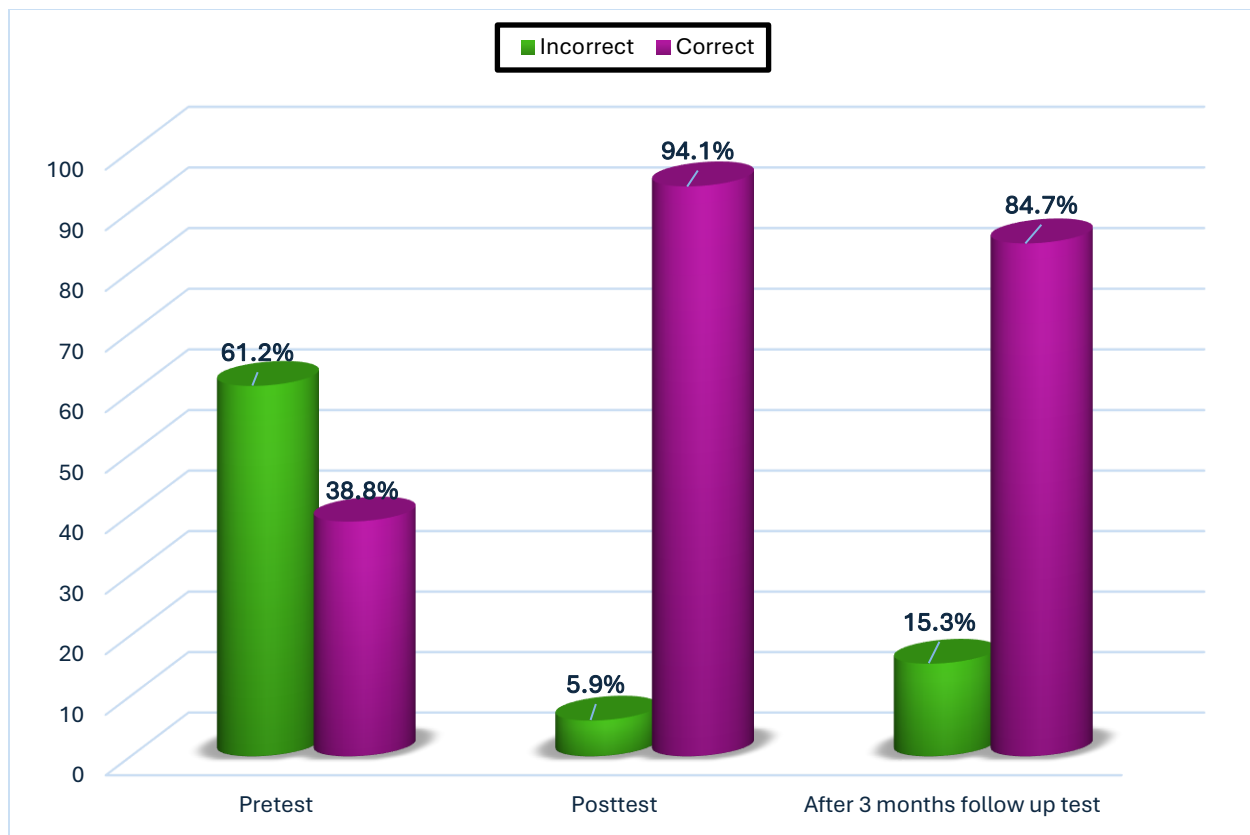


Figure (1): Total response of the studied head nurses about talent management Knowledge throughout the training program phases .

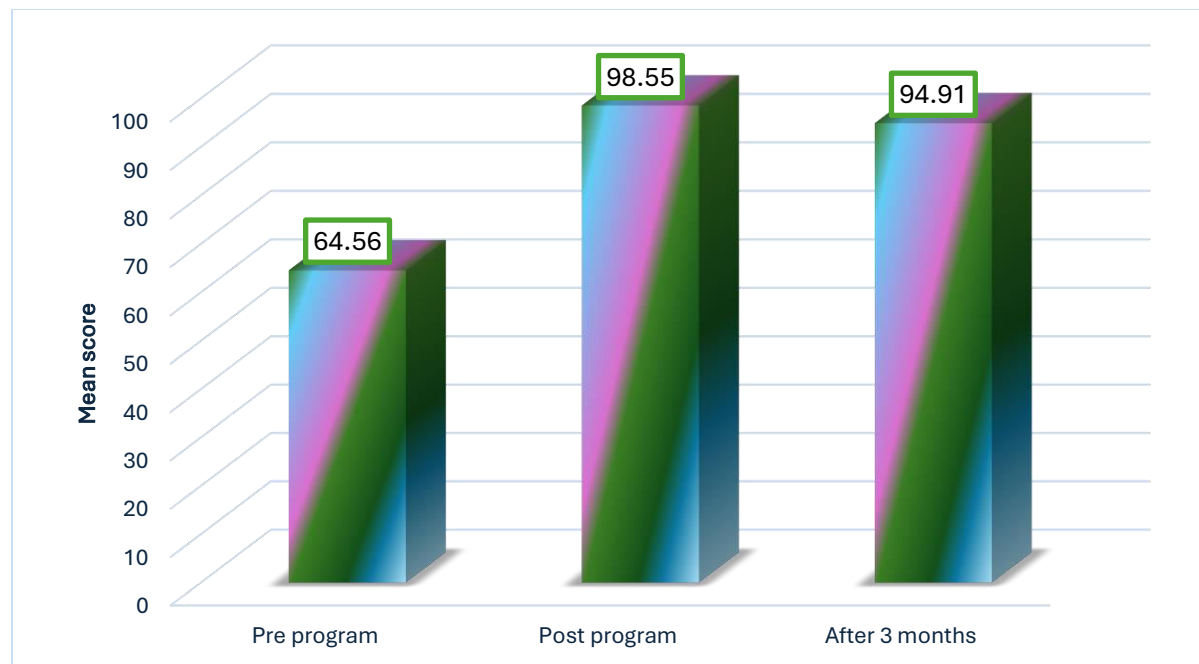


Figure (2): Total mean scores of talent management among the studied head nurses throughout the training program phases (n=85).

Table (2): Correlation between total knowledge of talent management and total talent management throughout the study periods among the studied head nurses (n=85)

Variable	Total knowledge of talent management		
	Time	r	p
Total talent management	Pre program	0.854	<0.001**
	Post program	0.821	<0.001**
	After 3 months	0.867	<0.001**

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

r, Pearson Correlation

Table (3): Personal characteristics of the studied staff nurses (n=120).

Personal characteristics	The studied staff nurses	
	No	%
■Age years		
20< 30	54	45.0
31< 40	48	40.0
More than 40	18	15.0
Mean±SD	29.07±6.58	
■Sex		
Male	20	16.7
Female	100	83.3
■Educational qualification		
Diploma of secondary nursing school	31	25.8
Diploma of technical nursing institute	35	29.2
BSC in nursing	54	45.0
■Experience years		
1-5 Years	43	35.8
6-10 Years	65	54.2
More than 10 Years	12	10.0
Mean±SD	7.19±3.07	

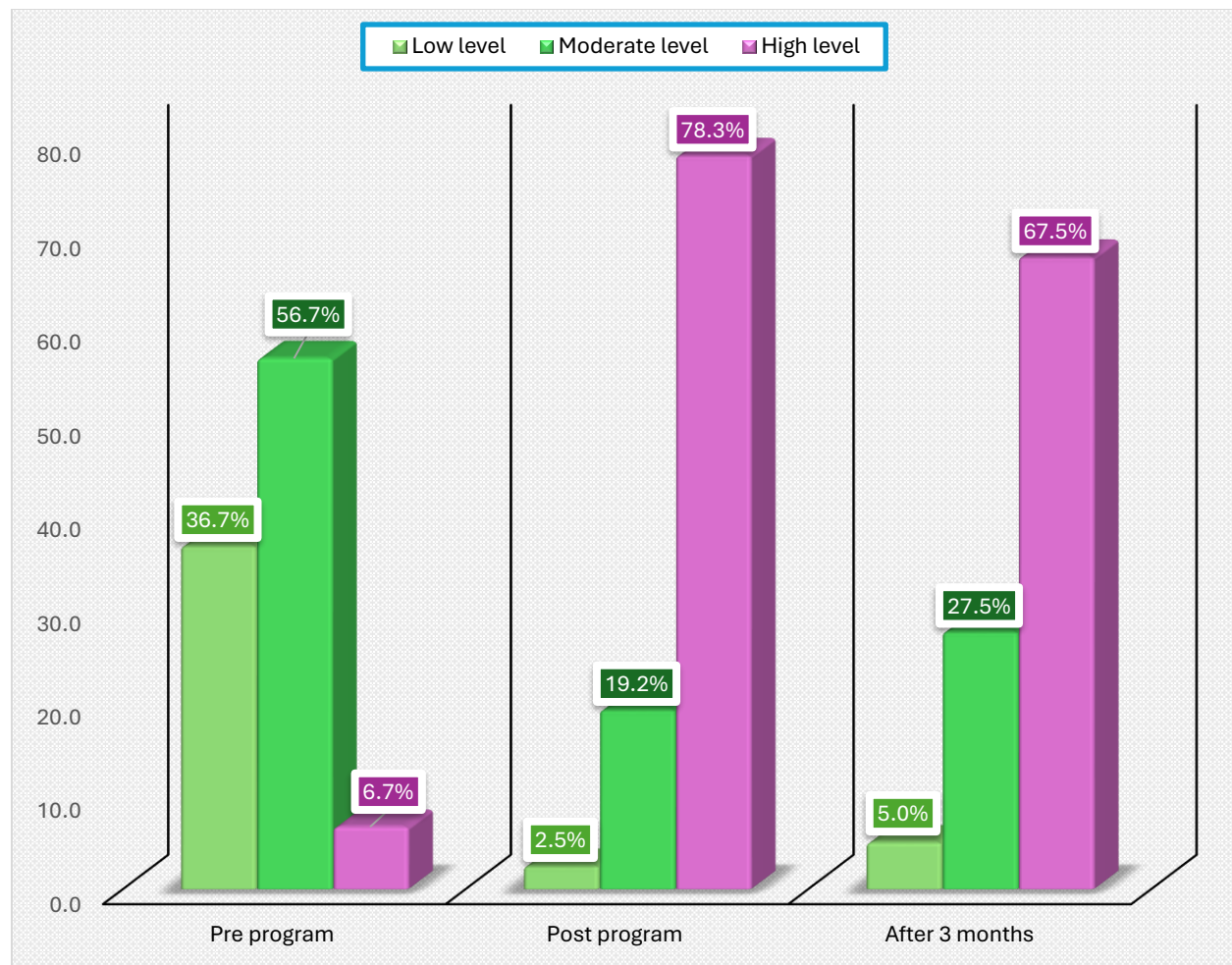


Figure (3): Total organizational commitment of the studied staff nurses throughout the training program phases (n=120).

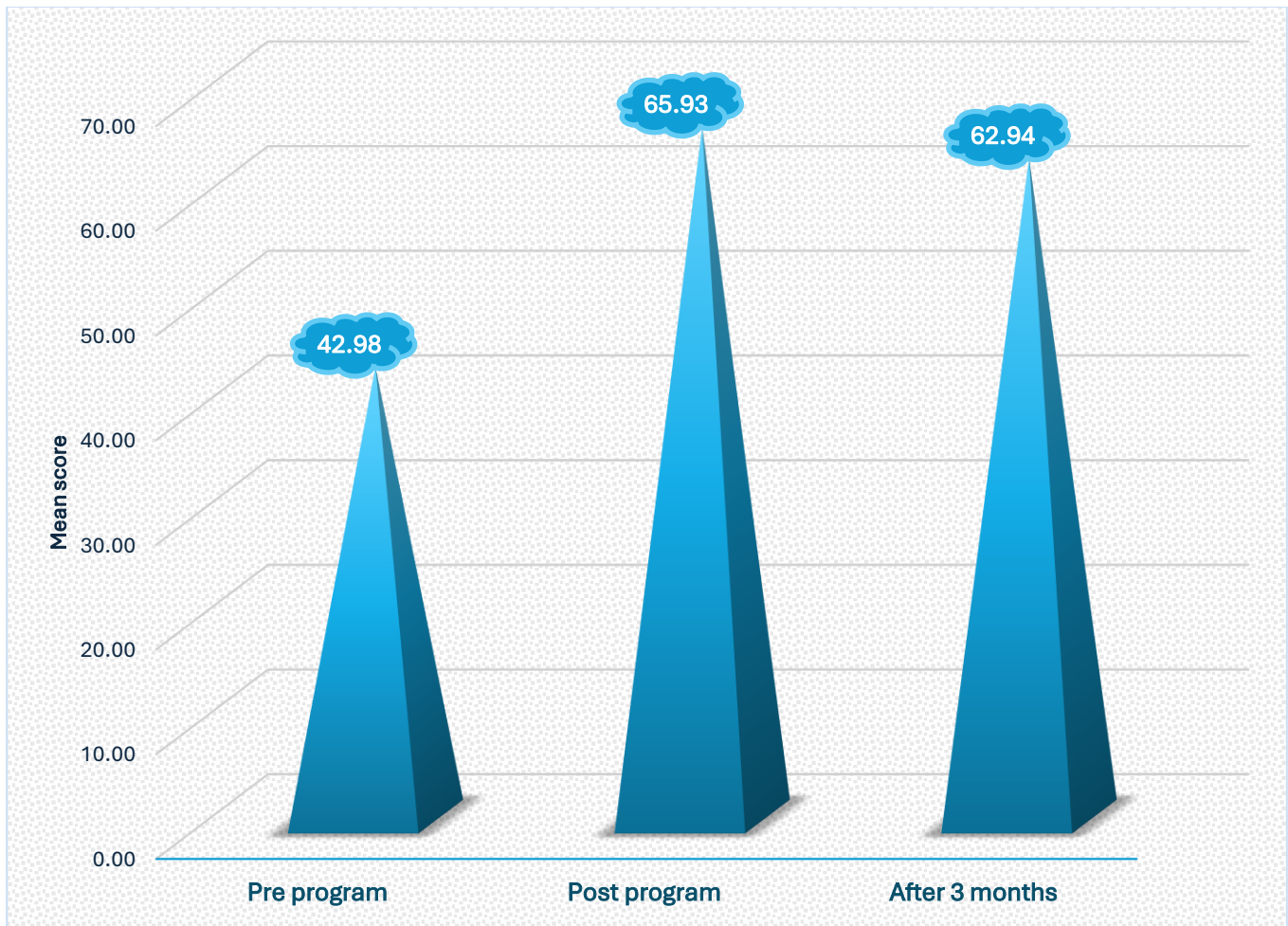


Figure (4): Total mean scores of organizational commitment among the studied staff nurses throughout the training program phases (n=120).

4. Discussion

Head nurses who adopt transparent communication, empowerment strategies, and recognition systems create a positive work environment that fosters psychological safety and organizational commitment. Such practices not only enhance nurses' sense of belonging but also reduce burnout and turnover intention, thereby sustaining engagement over time. Comprehensive talent management practices were positively correlated with nurses' work engagement and job satisfaction, highlighting the strategic importance of leadership-driven talent initiatives in healthcare organizations. Therefore, strengthening head nurses' competencies in talent management is essential for promoting an engaged and resilient nursing workforce (Alatawi, 2024).

So, the current study aims to evaluate the effect of implementing talent management educational program for head nurses on nurses' commitment Hafar Al-Batin Central Hospital, Saudi Arabia

The present study revealed a significant and sustained improvement in head nurses' total knowledge of talent management following the implementation of the training program. Prior to the intervention, overall correct answers were low, indicating a considerable knowledge deficit among participants. Immediately after the program, correct responses increased markedly, reflecting the immediate effectiveness of the educational intervention. Although a slight decline was observed at the three-month follow-up, knowledge levels remained substantially higher than baseline values.

These results may due to the training program likely employed a structured and comprehensive curriculum that covered all essential aspects of talent management, including theoretical foundations, practical applications, and contemporary best practices. This systematic approach may have ensured that head nurses received complete and coherent knowledge rather than fragmented information, facilitating better understanding and retention.

On agreement with, Abdullah and Lee (2023), in their study on a talent management curriculum, reported that participants' mean knowledge scores increased substantially from pre-intervention to post-intervention, remaining high after six months and confirming the durability of the training effects. In a similar vein, Rodriguez and Cruz (2024), evaluating a competency-based talent identification program, found that the intervention group demonstrated significantly higher knowledge acquisition compared to the control group, with effect sizes indicating a large practical significance. Further supporting these findings, Nakamura and Williams (2023), in their longitudinal study of

strategic talent management training, reveal significant time effects, with post-hoc tests confirming that follow-up scores, while slightly reduced from immediate post-test, remained significantly above baseline.

In contrast, some studies reported limited or non-sustained improvements in knowledge after training interventions. Garcia and Lopez (2021) in "Evaluation of Short-Term Talent Management Training for Clinical Managers" found only modest post-program improvement, with knowledge scores returning near baseline at follow-up. Similarly, Rahman and Islam (2022) in "Barriers to Knowledge Retention After Leadership Development Programs" reported no statistically significant differences between pre- and follow-up assessments.

The present results reported that staff nurses demonstrated significant improvements across all three dimensions of organizational commitment affective, continuance, and normative following the talent management training program implemented for head nurses. Mean scores increased substantially from low levels at pre-intervention to markedly higher levels immediately post-program, and these gains were sustained at the three-month follow-up assessment. The total organizational commitment, most of nurses exhibiting high-level commitment increased dramatically from pre-intervention to post-intervention, remaining substantially elevated at follow-up.

These findings may be attributed to the force of positive changes initiated by head nurses' participation in comprehensive talent management training. Through enhanced leadership behaviors, creation of positive practice environments, implementation of structured professional development opportunities, fostering of meaningful recognition, and strengthening of staff nurses' sense of belonging and psychological safety, trained head nurses appear to have transformed their units into workplaces where staff develop deeper affective, normative, and continuance commitment to their organizations.

These findings align with Abdelrahim and Mohamed (2024), in "The Impact of Head Nurses' Talent Management Training on Staff Nurses' Organizational Commitment," found that staff nurses under the supervision of trained head nurses showed significant increases across all commitment dimensions, with affective commitment demonstrating the most pronounced improvement immediately post-intervention and remaining elevated at six-month follow-up.

Also, Asaad, Shazly, and Abd-elazeem (2022) demonstrated that talent management training significantly enhances nurse managers' leadership capabilities, with post-intervention phases revealing statistically significant improvements in all three types of organizational commitment. They confirmed that talent management scores served as positive predictors of affective, continuance, and normative commitment, suggesting that trained head nurses become more effective at fostering staff attachment to the organization through improved supervisory practices .

Similarly, Hassan and Ibrahim (2023), in "Talent Management Competencies Among Nurse Leaders and Staff Retention Outcomes," reported that staff nurses whose head nurses completed talent management training exhibited substantially higher normative commitment scores, reflecting a stronger sense of moral obligation to remain with the organization. These gains were sustained at follow-up assessment, with only minimal decline observed over time.

However, several studies have reported findings that contrast with these results. Peterson and Wright (2023), in "The Limited Transfer Effect of Leader Training on Staff Commitment Outcomes," found that while head nurses demonstrated significant knowledge gains following talent management training, these improvements did not translate into measurable changes in staff nurses' organizational commitment. Mean commitment scores across all three dimensions remained statistically unchanged from pre-intervention to three-month follow-up, suggesting a disconnect between leader learning and staff outcomes.

Similarly, Thompson and Davies (2024), in "Examining the Boundary Conditions of Leadership Training Effectiveness," reported that staff nurses under the supervision of trained head nurses showed no significant improvements in affective or normative commitment, with only minimal, non-significant gains in continuance commitment. The authors concluded that leader training alone may be insufficient to shift staff-level attitudes without concurrent direct staff interventions.

The present findings indicated that a strong, positive, and highly significant correlation was found between head nurses' total knowledge of talent management and their total talent management perception scores throughout all study phases. Pre-program, a strong correlation indicated that higher knowledge was associated with better talent management perceptions even before the intervention. the head nurses' previous managerial experience and

exposure to human resource concepts, which naturally fostered an intuitive understanding of talent management principles.

These results may be attributed to the close conceptual relationship between knowledge and perception in managerial practice. Head nurses who possess higher levels of knowledge about talent management concepts are more likely to develop accurate, positive, and comprehensive perceptions toward its importance and application. Knowledge enhances awareness of strategic workforce planning, staff development, succession planning, and retention strategies, which in turn shapes favorable perceptions about the value of talent management within healthcare organizations.

On the same line with, Mohamed, El-Sayed, Abou Gad and Abou Ramadan (2022), who examined the efficacy of a talent management competencies educational program for head nurses on nurses' engagement in intensive care units, found that prior to the intervention, the majority of head nurses demonstrated poor knowledge and low levels of total talent management competencies, while seventy percent of nurses exhibited low levels of total work engagement.

In contrast, some studies have found weaker or inconsistent associations between knowledge and perception in relation to talent management practices. Khan and Uddin (2023) in "Educational Level, Knowledge, and Perception of Talent Management Among Nurse Leaders" reported that although knowledge increased following training, this did not consistently translate into more positive perceptions for all participants, suggesting other mediating factors such as organizational culture. Chen and Huang (2024) in "Examining Predictors of Perception Toward Talent Initiatives in Healthcare" found that head nurses' perceptions were more strongly influenced by leadership support and work environment than by knowledge level alone. Patel and Desai (2024) in "Talent Management Education and Perceptual Change Among Healthcare Managers" concluded that knowledge gains did not significantly predict perceptual outcomes when stress and workload were high.

Finally, Rahman and Chowdhury (2025) in "Barriers to Positive Perceptions of Organizational Initiatives in Nursing Leadership" reported that personal attributes such as resilience and coping style had a greater effect on perception than knowledge level, indicating that knowledge was not the primary predictor of perception in every context.

4.1. limitations

This study involved two main limitations. First, generalizability constraints due to single-site and convenience sampling design. Second, the quasi-experimental pre-post design employed in this study lacks a control group of nurses who did not receive lean leadership training program.

5. Conclusion and Recommendations

The present study provides compelling evidence for the effectiveness of a structured training program in enhancing head nurses' knowledge and perceptions of talent management, as well as staff nurses' organizational commitment. The findings demonstrated statistically significant improvements in head nurses' knowledge about talent management across all question types, with sustained learning outcomes observed at the three-month follow-up. Similarly, head nurses' perceptions of talent management practices showed marked improvement across all six dimensions talent planning, workplace culture, talent recruitment and retention, talent development, professional advancement, and rewarding with a notable shift toward higher talent management levels that remained sustained after three months.

Regarding staff nurses' organizational commitment, the training program yielded substantial improvements across all three commitment dimensions (affective, continuance, and normative), with the majority of nurses exhibiting high organizational commitment levels that were maintained at follow-up.

In light of the study findings, the following recommendations are suggested:

For Hospital Director

1. Empowering bedside nurses by decentralizing critical decision-making authority to accelerate rapid safety interventions without hierarchical delays.
2. Establishing a formal talent management framework that integrates workforce planning, succession planning, and career development pathways for nursing staff at all levels.
3. Implementing continuous professional development programs with periodic refresher training to sustain knowledge gains and prevent the decline observed at three-month follow-up.

4. Allocating dedicated resources and budget for ongoing talent management initiatives, including training facilities, educational materials, and protected time for staff participation.

For Head Nurses

1. Applying acquired talent management knowledge in daily practice by actively identifying, developing, and retaining talented nursing staff within their units.
2. Creating a positive workplace culture that makes talented nurses want to stay and join the organization by fostering collaboration, respect, and professional growth opportunities.
3. Implementing structured performance evaluation systems that recognize good work, celebrate success, and provide constructive feedback for continuous improvement

For Staff Nurses

1. Actively participating in professional development opportunities and training programs to enhance clinical competencies and career advancement potential.
2. Seeking regular feedback and performance evaluations to understand areas for growth and develop action plans for professional improvement.
3. Engaging in self-directed learning to stay current with evidence-based practice, emerging technologies, and evolving healthcare trends.
4. Building professional networks and collegial relationships within and across units to enhance communication, collaboration, and career opportunities.

For Further Studies

1. Investigating the relationship between talent management practices, organizational commitment, and quality of nursing care using multi-site designs to enhance generalizability of findings.
2. Exploring the mediating and moderating effects of organizational culture, leadership styles, and psychological safety on the relationship between talent management and nursing outcomes.

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