

**TALENT MANAGEMENT AND ITS INFLUENCE ON  
ORGANISATIONAL PERFORMANCE AMONG STAFF NURSES**

Thesis submitted to the

**University of Calicut**

for the award of the degree of

**Doctor of Philosophy in Commerce**

**Under the Faculty of Commerce and Management Studies**

By

**THANZEELA EBRAHIM K**

Under the Supervision of

**Dr. PRINCY FRANCIS**

**Assistant Professor**



**RESEARCH DEPARTMENT OF COMMERCE**

**MES ASMABI COLLEGE, P VEMBALLUR, KERALA**

**(AFFILIATED TO UNIVERSITY OF CALICUT)**

**JUNE 2025**

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I hereby declare that the work presented in the thesis entitled "**Talent Management and its influence on Organisational Performance among Staff Nurses**" is based on the original work done by me under the guidance of Dr. Princy Francis and has not been included in any other thesis submitted previously for the award of any degree. The contents of the thesis are undergone plagiarism check using iThenticate software at C.H.M.K. Library, University of Calicut and the similarity index found within the permissible limit. I also declare that the thesis is free from AI generated contents.



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Thanzeela Ebrahim K

Research Scholar (Part-time)

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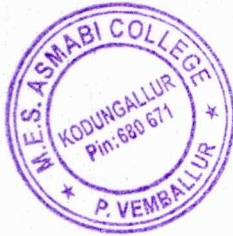


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This is to certify that the thesis entitled "**Talent Management and its influence on Organisational Performance among Staff Nurses**", submitted to the University of Calicut by Ms. Thanzeela Ebrahim K, for the award of the degree of Doctor of Philosophy in Commerce, is a bonafide record of the original research work carried out by her under the supervision of Dr Princy Francis, Assistant Professor and Research Guide, Research Department of Commerce of our college, affiliated to the University of Calicut during the period 2021-2025. No part of this thesis has formed the basis for the award of any other degree or diploma earlier.



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## CERTIFICATE

This is to certify that the thesis entitled "**Talent Management and its influence on Organisational Performance among Staff Nurses**" is a record of the bonafide research work done by **Ms. Thanzeela Ebrahim K**, Part Time Research Scholar under my supervision and guidance. The thesis is the outcome of her original work and has not formed the basis for the award of any degree, diploma, associateship, fellowship or any other similar title and is worth submitting for the award of the Degree of Doctor of Philosophy in Commerce under the Faculty of Commerce and Management Studies, University of Calicut. All the relevant corrections and modifications recommended by the Doctoral Committee during the pre-submission seminar have been incorporated in the thesis.



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***Thanzeela Ebrahim K***

## **ABSTRACT**

### **Talent Management and its influence on Organisational Performance among Staff Nurses**

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The healthcare industry is one of the fastest changing sectors in the world, and nursing professionals are the linchpins of healthcare delivery. NABH-accredited hospitals in Kerala, India uphold the standards of quality and patient experience. All healthcare organisations adopt some talent management practices: recruitment, training, appraisal, career development and retention of skilled healthcare staff are all essential practices to attract and retain a skilled workforce. Research suggests that organisations with strong talent management practices promote motivation and strong commitment of employees, collectively promoting a positive environment and engaged workplace. Conversely, when employees perceive talent management practices to be unfair, it can undermine perceptions of organisational justice, increase disengagement, and diminish performance. Nurses moderate care quality, patient satisfaction, and hospital performance, which is particularly relevant in NABH-accredited hospitals. Yet many organizations struggle to maintain high levels of nurse engagement. It is critical for hospital administrators and policymakers to understand what influences nurse engagement to be able to maintain a motivated nursing workforce. One important factor is the quality of the talent management practices. There has been limited research conducted on nurse engagement as a mediating variable between talent management, organizational justice, and performance in NABH-accredited hospitals in Kerala. The present research utilised an exploratory, descriptive, and causal design involving 384 staff nurses from 62 NABH-accredited multi-specialty hospitals in Kerala. The study collected data from the staff nurses through self-administered questionnaires. Data analysis was conducted using SPSS and various statistical tools, including factor analysis, t-tests, ANOVA, regression,

and structural equation modelling. The study offers a unique research opportunity because of noting the link between talent management practices, engagement of family members, and organizational outcomes; the results will be useful for healthcare administrators developing targeted intervention to improve nurse engagement, organizational justice perceptions, and overall outcomes for the hospital. Of interest, nurse engagement is the important link illustrating how talent management initiatives influence justice perceptions and perceptions of job performance. As a result, engaged nurses typically have greater job satisfaction, organizational commitment, and job performance, which influences hospital performance. The current study highlights the engagement of nurses as meaningful work, proper engagement notes the significance of justice or fairness, supportive work environment, and opportunities for the nurse's professional development. When organizations explore engagement, and add engagement to the process they manage talent, improves care quality, the retention of nurses, and creates engaged nursing workforce. Lastly, engagement of nurses for the current study suggests a critical focus area of developing sustainability in quality of care to improve health care environments in NABH hospitals located in Kerala.

**Keywords:** Talent Management Practices, Nurse Engagement, Organizational Justice, Hospital Performance, NABH Accreditation, Healthcare Management, Staff Nurses, Human Resource Management, Healthcare Outcomes.

സംഗ്രഹം

**സ്റ്റാഫ് നേഴ്സുമാരുടെ സംഘടന കാര്യക്ഷമതയിൽ ടാലന്റ് മാനേജ്മെന്റിന്റെ സ്വാധീനം**

<p>തൻസീല ഇബ്രാഹിം കെ.          പാർട്ട്-ടൈം റിസേർച്ച് സ്കോളർ          റിസേർച്ച് ഡിപ്പാർട്ട്മെന്റ് ഓഫ് കൊമേഴ്സ്          എം.ഇ.എസ് അസ്മാബി കോളേജ്, പി. വെമ്പെള്ളൂർ</p>	<p>സുഷർവൈസിംഗ് ഗൈഡ്: ഡോ. പ്രിൻസി പ്രാൻസിസ്          അസിസ്റ്റന്റ് പ്രൊഫസർ          റിസേർച്ച് ഡിപ്പാർട്ട്മെന്റ് ഓഫ് കൊമേഴ്സ്          എം.ഇ.എസ് അസ്മാബി കോളേജ്, പി. വെമ്പെള്ളൂർ</p>
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ലോകത്തിലെ ഏറ്റവും വേഗത്തിൽ മാറിക്കൊണ്ടിരിക്കുന്ന മേഖലകളിൽ ഒന്നാണ് ആരോഗ്യ സംരക്ഷണ വ്യവസായം, മാത്രമല്ല ആരോഗ്യ സംരക്ഷണത്തിന്റെ നട്ടെല്ലാണ് നഴ്സിംഗ് പ്രൊഫഷണലുകൾ. ഇന്ത്യയിലെ കേരളത്തിലെ എൻ എ ബി എച്ച് - അക്രഡിറ്റഡ് ആശുപത്രികൾ ഗുണനിലവാരത്തിന്റേയും രോഗാനുഭവത്തിന്റേയും മാനദണ്ഡങ്ങൾ ഉയർത്തിപ്പിടിക്കുന്നു. എല്ലാ ആരോഗ്യ സംരക്ഷണ സ്ഥാപനങ്ങളും ചില കാര്യക്ഷമതയുള്ള മാനേജ്മെന്റ് രീതികൾ സ്വീകരിക്കുന്നു. നിയമനം, പരിശീലനം, വിലയിരുത്തൽ, കരിയർ വികസനം, കഴിവുള്ള ആരോഗ്യ സംരക്ഷണ ജീവനക്കാരെ നിലനിർത്തൽ എന്നിവയെല്ലാം വൈദഗ്ധ്യമുള്ള തൊഴിലാളികളെ ആകർഷിക്കുന്നതിനും നിലനിർത്തുന്നതിനും അത്യാവശ്യമായ രീതികളാണ്. കാര്യക്ഷമമായ മാനേജ്മെന്റ് രീതികളുള്ള സ്ഥാപനങ്ങൾ ജീവനക്കാരുടെ പ്രചോദനവും ശക്തമായ പ്രതിബദ്ധതയും പ്രോത്സാഹിപ്പിക്കുകയും, ഒരു പോസിറ്റീവ് അന്തരീക്ഷവും ഇടപഴകുന്ന ജോലിസ്ഥലവും കൂട്ടായി പ്രോത്സാഹിപ്പിക്കുകയും ചെയ്യുന്നവെന്ന് ഗവേഷണങ്ങൾ സൂചിപ്പിക്കുന്നു. നേരെമറിച്ച്, കാര്യക്ഷമമായ മാനേജ്മെന്റ് രീതികൾ അന്യായമാണെന്ന് ജീവനക്കാർ കാണുമ്പോൾ, അത് സംഘടനാ നീതിയെക്കുറിച്ചുള്ള ധാരണകളെ ദുർബലപ്പെടുത്തുകയും, വിച്ഛേദിക്കൽ വർദ്ധിപ്പിക്കുകയും, പ്രവർത്തനമികവ് കുറയ്ക്കുകയും ചെയ്യും.

നഴ്സുമാർ പരിചരണ നിലവാരം, രോഗി സംതൃപ്തി, ആശുപത്രി നിലവാരം എന്നിവ മികച്ചതാക്കുന്നു. ഇത് എൻ എ ബി എച്ച് അംഗീകൃത ആശുപത്രികളിൽ പ്രത്യേകിച്ചും പ്രസക്തമാണ്. എന്നിരുന്നാലും, ഉയർന്ന നിലവാരത്തിലുള്ള നഴ്സ് ഇടപെടൽ നിലനിർത്താൻ പല സ്ഥാപനങ്ങളും പാടുപെടുന്നു. ഒരു പ്രചോദിത നഴ്സിംഗ് വർക്ക്ഫോഴ്സ് നിലനിർത്താൻ നഴ്സ് ഇടപെടലിനെ സ്വാധീനിക്കുന്നതെന്താണ് ആശുപത്രി അഡ്മിനിസ്ട്രേറ്റർമാരും നയരൂപീകരണക്കാരും മനസ്സിലാക്കേണ്ടത് വളരെ പ്രധാനമാണ്. ഒരു പ്രധാന ഘടകം ടാലന്റ് മാനേജ്മെന്റ് രീതികളുടെ ഗുണനിലവാരമാണ്. കേരളത്തിലെ എൻ എ ബി എച്ച് അംഗീകൃത ആശുപത്രികളിലെ ടാലന്റ് മാനേജ്മെന്റ്, സംഘടനാ നീതി, പ്രകടനം എന്നിവയ്ക്കിടയിലുള്ള ഒരു മീഡിയേറ്റ് വേരിയബിളായി നഴ്സ് ഇടപെടലിനെക്കുറിച്ച് പരിമിതമായ ഗവേഷണങ്ങൾ മാത്രമേ നടന്നിട്ടുള്ളൂ. കേരളത്തിലെ 62 എൻ എ ബി എച്ച് അംഗീകൃത മൾട്ടി-സ്പെഷ്യാലിറ്റി

ആശുപത്രികളിൽ നിന്നുള്ള 384 സ്റ്റാഫ് നഴ്സുമാരെ ഉൾപ്പെടുത്തി ഒരു വിവരണാത്മകവും കാര്യകാരണപരവുമായ രൂപകൽപ്പന ഉപയോഗിച്ചാണ് ഈ ഗവേഷണം നടത്തിയത്. സ്വയം നിയന്ത്രിത ചോദ്യാവലികൾവഴി സ്റ്റാഫ് നഴ്സുമാരിൽ നിന്ന് ഡാറ്റ ശേഖരിച്ചു. എസ് പി എസ് എസ് ഉം ഫാക്ടർ അനാലിസിസ്, ടി-ടെസ്റ്റുകൾ, അനോവ, റിഗ്രഷൻ, സ്ക്രക്ട്ചറൽ ഇക്വേഷൻ മോഡലിംഗ് എന്നിവയുൾപ്പെടെ വിവിധ സ്റ്റാറ്റിസ്റ്റിക്കൽ രീതികൾ ഉപയോഗിച്ചാണ് കണ്ടെത്തിയ വിവരങ്ങളെ വിശകലനം ചെയ്ത് ടാലന്റ് മാനേജ്മെന്റ് രീതികൾ, കുടുംബാഗങ്ങളുടെ ഇടപെടൽ, സംഘടനാ ഫലങ്ങൾ എന്നിവ തമ്മിലുള്ള ബന്ധം എന്നിവയിലൂന്നിയത് പഠനത്തിന്റെ വേറിട്ട സവിശേഷതകളാണ്; നഴ്സുമാരുടെ ഇടപെടൽ, സംഘടനാ നീതിയെക്കുറിച്ചുള്ള ധാരണകൾ, ആശുപത്രിയുടെ മൊത്തത്തിലുള്ള ഫലങ്ങൾ എന്നിവ മെച്ചപ്പെടുത്തുന്നതിന് ലക്ഷ്യമിട്ടുള്ള ഇടപെടൽ വികസിപ്പിക്കുന്ന ആരോഗ്യ സംരക്ഷണ ദരണാധികാരികൾക്ക് ഈ ഗവേഷണ ഫലങ്ങൾ ഉപയോഗപ്രദമാകും. കാര്യക്ഷമതയുള്ള മാനേജ്മെന്റ് സംരംഭങ്ങൾ നീതിയുടെ ധാരണകളെയും ജോലി പ്രകടനത്തെക്കുറിച്ചുള്ള ധാരണകളെയും എങ്ങനെ സ്വാധീനിക്കുന്നു എന്ന് ചിത്രീകരിക്കുന്ന ഒരു പ്രധാന കണ്ണിയാണ് നഴ്സ് ഇടപെടൽ എന്ന് തെളിയിക്കുന്നതാണ് ഈ പഠനത്തിന്റെ പ്രത്യേകത. തൽഫലമായി, ഇടപെടുന്ന നഴ്സുമാർക്ക് സാധാരണയായി കൂടുതൽ ജോലി സംതുപ്തി, സംഘടനാ പ്രതിബദ്ധത, ജോലി പ്രകടനം എന്നിവയുണ്ട്, ഇത് ആശുപത്രി മികവിനെ സ്വാധീനിക്കുന്നു. ഈ ഗവേഷണ പഠനം നഴ്സുമാരുടെ ഇടപെടലിനെ അർത്ഥവത്തായ ജോലിയായി എടുത്തുകാണിക്കുന്നു, ശരിയായ ഇടപെടൽ നീതിയുടെ പ്രാധാന്യം, പിന്തുണയ്ക്കുന്ന ജോലി അന്തരീക്ഷം, നഴ്സിന്റെ പ്രൊഫഷണൽ വികസനത്തിനുള്ള അവസരങ്ങൾ എന്നിവ രേഖപ്പെടുത്തുന്നു. സംഘടനകൾ ഇടപെടൽ പരിയവേഷണം ചെയ്യുകയും അവർ കഴിവുകൾ കൈകാര്യം ചെയ്യുന്ന പ്രക്രിയയിൽ ഇടപെടൽ ചേർക്കുകയും ചെയ്യുമ്പോൾ, പരിചരണ നിലവാരം മെച്ചപ്പെടുത്തുകയും നഴ്സുമാരുടെ നിലനിൽപ്പ് മികവുറ്റതാക്കുകയും നഴ്സുമാരുടെ തൊഴിൽ ശക്തി സൃഷ്ടിക്കുകയും ചെയ്യുന്നു. നഴ്സുമാരുടെ തൊഴിൽ ശക്തി സൃഷ്ടിക്കുകയും ചെയ്യുന്നു. നഴ്സുമാരുടെ ഇടപെടൽ കേരളത്തിൽ സ്ഥിതി ചെയ്യുന്ന എൻ എ ബി എച്ച് ആശുപത്രികളിലെ ആരോഗ്യ പരിപാലന അന്തരീക്ഷം മെച്ചപ്പെടുത്തുന്നതിന് പരിചരണത്തിന്റെ ഗുണനിലവാരത്തിൽ സുസ്ഥിത വികസിപ്പിക്കുന്നതിന്റെ നിർണ്ണായക ശ്രദ്ധാകേന്ദ്രം ആകേണ്ടതാണെന്ന് ഈ ഗവേഷണ പഠനത്തിന്റെ നിഗമനങ്ങളെ ആസ്പദമാക്കി നിർദ്ദേശിക്കുകയും ചെയ്യുന്നു.

**പ്രധാന വാക്കുകൾ:** ടാലന്റ് മാനേജ്മെന്റ് പ്രാക്ടീസുകൾ, നഴ്സ് ഇടപെടൽ, സംഘടനാ നീതി, ആശുപത്രി കാര്യക്ഷമത, എൻ എ ബി എച്ച് - അക്രഡിറ്റേഷൻ, ഹെൽത്ത്കെയർ മാനേജ്മെന്റ്, സ്റ്റാഫ് നഴ്സുമാർ, ഹ്യൂമൻ റിസോഴ്സ് മാനേജ്മെന്റ്, ഹെൽത്ത്കെയർ ഫലങ്ങൾ

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## **List of Abbreviations**

AGFI	Adjusted Goodness of Fit Index
AMOS	Analysis of Moment Structures
ANOVA	Analysis of Variance
Ante	Antecedents
AVE	Average Variance Explained
BG	Between Group
CAHO	The Consortium of Accredited Healthcare Organizations
CFA	Confirmatory Factor Analysis
CFI	Comparative Fit Index
CIF	Customer Intimacy Framework
CMIN/df	Chi-square statistic divided by degrees of freedom
Conseq	Consequences
COVID	Corona Outbreak Virus Infection Disease
df	Degree of freedom
df1	Degree of Freedom 1
df2	Degree of Freedom 2
EG	Entrepreneurial Growth
F	F – Test (ANOVA)
GFI	Goodness of Fit Index
IC	Involvement and Commitment
KMO	Kaiser-Meyer-Olkin
LS	Life Satisfaction
MF	Motivational factors
MS	Mean Square
N	Number of items or Number of samples
NABH	National Accreditation Board for Hospitals & Healthcare Providers

NFI	Normed Fit Index
NPH	National Public Health
OCB	Organizational Citizenship Behaviours
PC	Pearson Coefficient
QCI	Quality Council of India
R	Correlation coefficient
RMR	Root Mean Square Residual
RMSEA	Root Mean Square Error of Approximation
ROI	Return On Investment
SC	Standardized Coefficient
SD	Standard Deviation
SE	Standardized Estimate
SEM	Structural Equation Modelling
SET	Social Exchange Theory
Sig.	Significance level
SPSS	Statistical Package for the Social Sciences
SS	Sum of Squares
Std. Error	Standard Error
TLI	Tucker-Lewis's coefficient Index
UC	Unstandardized Coefficient
VE	Variance Explained
VIF	Variance Inflation Factor
WG	Within Group
WLB	Work life Balance
WS	Work Satisfaction

## **CHAPTER I**

### **INTRODUCTION AND DESIGN OF THE STUDY**

## **CHAPTER I**

### **INTRODUCTION AND DESIGN OF THE STUDY**

#### **1.1 Introduction**

The healthcare industry is consistently changing, and one of the most essential segments of the industry is nursing. In India, and especially in Kerala, NABH-accredited hospitals are committed to high-quality patient care and quality. Retaining and engaging nurses and their performance remains a challenge. Engagement of staff nurses is significant and provides a successful impact on care and quality, as well as important outcomes for the organization. The basic elements of talent management-recruitment, training, evaluation, performance, career development, and retention-are considered fundamental to develop and retain key healthcare personnel. When these elements are collectively the main focus, this could develop a positive work setting that motivates and builds commitment. However, talent management that is perceived as unfair can hurt organizational justice and affect engagement levels for nurses.

Organizational justice incorporates four components: distributive, procedural, interpersonal and informational, and drives employees' perceptions about how fair the organization is. Nurses who perceive fairness in the decision-making process, distribution of resources, and during interpersonal relationships will be more engaged and more satisfied. When nurses feel they are treated badly, they can also have lower job satisfaction, which leads to low morale and attrition, which will impact their patients quality of care, and the efficient use of organizational resources. Engagement connects general talent management with performance outcomes. Engaged nurses will demonstrate quality of care, willingness to do more than required, a greater experience for the patient, and the productivity of the hospital will improve. On the other end of the spectrum is disengagement, which can lead to low levels of absenteeism, greater dissatisfaction, and less efficiency.

Factors contributing to engagement for nurses include recruitment practices, staff training, performance appraisals, career advancement, and retention.

Professional development keeps nurses updated on their role and enhances confidence. Always clearly documenting performance appraisals is key to motivating nurses, recognizing accomplishments, and giving them opportunities for growth to reduce nurse turnover. Engaging in organizational justice promotes nurse engagement with fair and just processes, implementation of policy, and respectful and competent communication. Fostering supportive styles, either transformational or participative leadership, will also contribute to nurse engagement. Leaders who inspire, empower, and guide nurses show their commitment to them and their team, thus motivating them to choose to stay with an organization. Engagement for nurses can be influenced by a positive workplace, engaging with teamwork and communication/frequent interactions, and mutual respect. Nurses need their workload managed and to have enough resources to perform their responsibilities adequately and safely, which prevents burnout, enhances satisfaction with the job. Building on nurse engagement perspectives includes job dimensions, which consist of role clarity, autonomy, diversity in tasks that will facilitate motivation, and commitment to the job. A perceived opportunity for professional development through a successful learning environment, e.g., specialty training or specialization learning experiences, will motivate nurses to engage for the long term. Regardless of involving financial reimbursement or non-financial, appreciative recognition indicates the nurse has made a valuable contribution, is an important member of the group, and enhances morale. Practicing some strategy for supporting work-life balance, a flexible schedule works best, as well as preserving mental well-being for implementing as needed, could also contribute to maintaining engagement.

Given its importance, there is scarce research on the mediating role of nurse engagement between talent management practices and organizational justice and performance, especially in NABH-accredited hospitals in, Kerala. Understanding this relationship is essential for administrators and policymakers to develop programmes to enhance nurse engagement, guarantee organizational justice, and improve organizational performance. This study will identify factors contributing to nurse engagement and how nurse engagement contributes to organizational outcomes. The study will address how talent management practices relate to organizational justice and nurse engagement. This study will provide new insight into the area of

healthcare HRM and also provide recommendations on how to create a supportive work environment and a high-performing workforce in accredited hospitals.

## **1.2 Statement of the Research Problem**

Nursing services are considered a core service to the hospital, and the organization invests to allow nurses to have an environment for keeping nurses healthy, functioning, and meet multiple patient needs. The organization must provide the opportunity for nurses to grow professionally and deliver the correct care, at the correct time and in the correct place. The organization's administrative policies should support professional development and create motivation for employees to sustain their skills. Nurses need organizational support to assess, introduce, and maintain change; considering the national push for total quality management in health systems nationally and internationally, nursing should be structured at all levels of management to lead to policy change that supports worker quality. Each program must be prepared to realize the training and resource needs for staff to competently offer nursing care. Actions to individualize bedside workload and workflow complexity reduce stress and regenerate staff energy and emotional health.

In a country like India, there are about 8.6 lakh trained nurses and only about 30,000 will be trained each year; even so, only 45% are actually in active practice. In fact there were about 7.37 lakh nurses registered in the 10th Five Year Plan, of which only 40% were in active practice (Academy for Nursing Studies, 2005; Newman et al., 2001). Of the 5 lakh ANMs, only 1.5 lakh are in government service. There is also a gap between the filled and unfilled nursing positions and sanctioned and found positions, which is compounded by absence and leave. For example, currently ANMs have a shortfall of 17.1%, while peripheral nurse-midwives have a shortfall of 44.91%. Many hospitals are only moderately to severely understaffed and function this way; peripheral hospitals are especially badly off. Specifically trained nurses tend to be utilized for non-clinical affairs both as nurses and trained health professionals, which only serves to increase shortages of nursing nurses (Blankenship & Winslow, 2003). These shortages then result in stress, illness, sentiments, as well as poor work-life balance.

As patient volume continues to rise in NABH-accredited hospitals, nurses will have increased workloads and increased demands to communicate, provide information, and create interpersonal relationships. (McCloskey & Grace, 1994) reported that the tasks of nursing have increased with complexity (e.g. the necessity to update skills, working with more complex patients and the accountability around patient education vs patient coordination), and this complexity can have negative effects on performance, the effectiveness of teamwork, job identity, job satisfaction and commitment to the profession. On the other hand institutional policies focused on education, collaboration and innovation can have positive impacts. Burnout, emotional exhaustion, and dissatisfaction among nurses can be attributed to low salary, working conditions, inadequate supplies and equipment, etc. Empowering nurses leads to job satisfaction and then job satisfaction can lead to empowerment.

Staff nursing engagement in NABH-accredited hospitals in Kerala is essential to provide quality care and at the same time improving efficiency. Talent management practices include recruitment, training, evaluation and retention. This study has yet to explore the relationship between these practices in regard to organizational justice and performance. Talent management practices can have negative effects on perceptions of injustice, engagement and performance if poorly enacted. Organizational justice includes distributive, procedural, and interactional justice perceptions within the workplace, and each of these affects the motivation and satisfaction of nurses. Behaviours and outcomes among nurses improve when they are receiving fair treatment, and when processes are viewed as unfair, it creates emotional distress, demotivates nurses, and increases turnover rates within nursing, which hurts patient wellbeing and outcomes. Staff nursing engagement mediates the relationship between talent management practices and performance. An engaged nursing workforce is happy, feels less burned out, and is productive in their role. However, its exploration is well documented, particularly in NABH-accredited hospitals in Kerala. The Research Problem is identified by the research is ‘In NABH-accredited hospitals in Kerala, how do talent management practices impact organizational justice and performance through staff nursing engagement?’. This research study aims to examine the impact of talent management practices on

organizational justice in respect to the mediated effect of nursing engagement and the impact of disengaged nursing staff.

### **1.3 Research Questions**

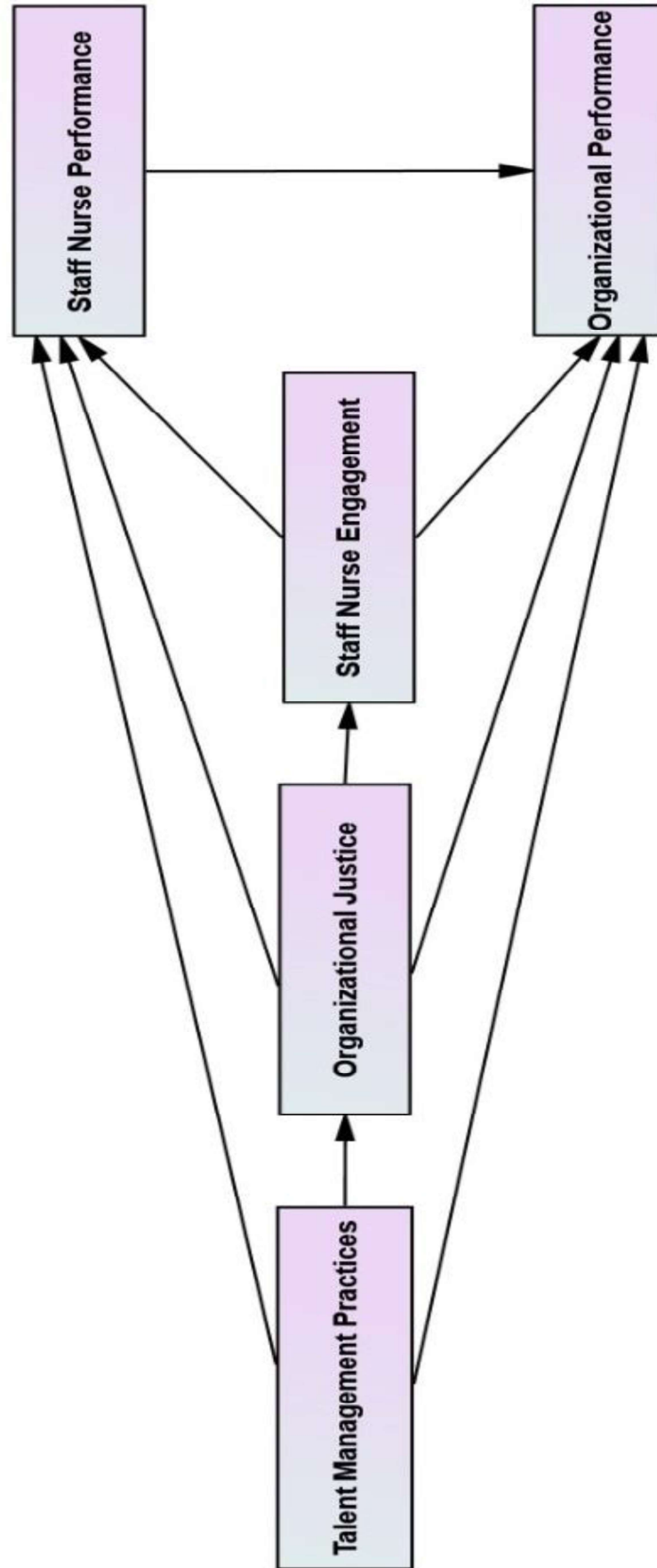
1. What are the talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses?
2. What is the impact of talent management practices on the staff nurse perception towards the organizational justice in their workplace?
3. What are the factors determining the level of engagement among the staff nurse in their workplace?
4. How does the performance of staff nurse vary according to their different levels of work engagement?
5. What is the role of staff nurse engagement between the influence of talent management practices on organizational justice and performance among the NABH-accredited hospitals in Kerala?

### **1.4 Objectives of the Study**

1. To study the talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses.
2. To analyse the impact of talent management practices on the staff nurse perception towards the organizational justice in their workplace.
3. To identify the factors determining the level of engagement among the staff nurse in their workplace.
4. To compare the staff nurse performance based on their level of engagement in their workplace.
5. To find out the mediating role of staff nurse engagement between the influence of talent management practices on organizational justice and performance among the NABH-accredited hospitals in Kerala.

### 1.5 CONCEPTUAL MODEL OF THE STUDY

Figure :1.1 Conceptual model of the study



## **1.6 Variables of the Study**

Talent Management Practices at NABH-accredited hospitals in Kerala with special reference to staff nurses act as the independent variables of the study and this includes the constructs such as Talent Attraction, Talent Acquisition, Talent Identification, Talent Deployment, Succession Planning, Talent Development, Talent Engagement, Performance Assessment, Talent Retention. Staff nurse perception towards the Organizational Justice in their workplace act as one of the dependent variables as it measures the impact of talent management practices and it includes the construct such as Distributive Justice, Procedural Justice, Interpersonal Justice, Informational Justice. Factors determining the level of Staff Nurse engagement act as the mediating variable and it includes the construct such as Physical Engagement, Emotional Engagement, Cognitive Engagement. Staff Nurse Performance and Organizational Performance act as the other two dependent variables of the study. Staff nurse performance includes the subset of their work quality, work involvement, work commitment, work satisfaction, work performance and retention in work. Organizational performance includes the subset of patient focus, staff efficiency, management efficiency and hospital service efficiency.

## **1.7 Hypotheses of the Study**

### **Objective 2**

1.  $H_0$ : Talent management practices have no relationship with the staff nurse perception towards the organizational justice in their workplace.
2.  $H_0$ : Talent management practices have no impact on the staff nurse perception towards the organizational justice in their workplace.

### **Objective 3**

3.  $H_0$ : There is no significant difference between the socio-demographic profile of the selected staff nurses at NABH-accredited hospitals in Kerala and their level of engagement in their workplace.
4.  $H_0$ : Talent management practices have no relationship with the different factors determining the staff nurse engagement in their workplace.

5. H<sub>0</sub>: Talent management practices have no impact on the staff nurse engagement in their workplace.
6. H<sub>0</sub>: Staff nurse perception towards the organizational justice has no relationship with the level of engagement in their workplace.
7. H<sub>0</sub>: Organizational justice has no impact on the staff nurse engagement in their workplace.

**Objective 4**

8. H<sub>0</sub>: There is no significant difference in the staff nurse performance based on their level of engagement in their workplace.

**Objective 5**

9. H<sub>0</sub>: Talent management practices have no relationship with the staff nurse performance in their workplace.
10. H<sub>0</sub>: Talent management practices have no impact on the staff nurse performance in their workplace.
11. H<sub>0</sub>: Staff nurse perception towards the organizational justice has no relationship with the staff nurse performance in their workplace.
12. H<sub>0</sub>: Organizational justice has no impact on the staff nurse performance in their workplace.
13. H<sub>0</sub>: Staff nurse engagement has no relationship with the staff nurse performance in their workplace.
14. H<sub>0</sub>: Staff nurse engagement has no impact on the staff nurse performance in their workplace.
15. H<sub>0</sub>: Talent management practices have no relationship with the organizational performance among the NABH-accredited hospitals in Kerala.
16. H<sub>0</sub>: Staff nurse perception towards the organizational justice has no relationship with the organizational performance among the NABH-accredited hospitals in Kerala.
17. H<sub>0</sub>: Staff nurse engagement and performance have no relationship with the organizational performance among the NABH-accredited hospitals in Kerala
18. H<sub>0</sub>: Staff nurse engagement has no mediating effect between the influence of talent management practices on organizational justice and performance among the NABH-accredited hospitals in Kerala

## **1.8 Research Methodology of the Study**

The study deals with measuring the talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses, analyzing the staff nurse perception towards the organizational justice in their workplace and also identifying the factors determining the level of engagement among the staff nurses in their workplace. This study also deals with the comparison of staff nurse performance based on their level of engagement in their workplace. This study proves the cause-and-effect influence of staff nurse engagement between the influence of talent management practices on organizational justice and performance among the NABH-accredited hospitals in Kerala. Thus, the research design of the study is exploratory descriptive and causal in nature.

Staff nurses working in multi-specialty hospitals ranked with NABH in Kerala, is selected for the study as the sampling units. There are 224 multi-specialty hospitals working in Kerala and it consist of 62 NABH-accredited hospitals in Kerala. The study population considers the staff nurses working at 62 NABH-accredited hospitals in Kerala and consist of 36,784 staff nurses. For the purpose of determining the sample size, researcher used the Krejcie and Morgan (1970) table. The adequate number of samples as per the Krejcie and Morgan table when the study population lies between 25,000 to 50,000 at a confidence level of 95 per cent and at 5 per cent margin of standard error is 381. Hence, the researcher decided to take the sample of 381 respondents from the total study population and randomly distributed the questionnaires to 400 selected staff nurses. Out of these 400 distributed questionnaires, 384 questionnaires are complete and eliminated 16 incomplete questionnaire and thus the response rate of the survey is about 96 per cent. Thus, the data was collected from the selected staff nurses at NABH-accredited hospitals in Kerala by using simple random sampling technique through self-administrated questionnaires.

The collected data is validated and the reliability is established by employing various statistical tests. After checking the normality assumptions, the data comes under normal distribution curve. Appropriate statistical tools are used for analyzing the data to empirically test the hypotheses developed from the literature review in

tune with the objectives of the study. The collected data is coded using SPSS package and various appropriate statistical tools are used for analysis on the basis of objectives such as Percentage analysis, Descriptive Statistics, Exploratory Factor Analysis, Confirmatory factor Analysis, Independent t test, ANOVA, Cluster Analysis, Discriminant Analysis, Multiple Correlation analysis, Multiple Regression analysis and Structural Equation Modelling. The researcher has applied different statistical tools for analysis by using the statistical package of SPSS 22 and AMOS 20, which are more appropriate to make inferences with regard to the subject matter of the study. (More details of research methodology are given in Chapter IV).

## **1.9 Significance of the Study**

The healthcare sector, particularly in NABH-accredited hospitals in Kerala, is constantly evolving to meet the demands of quality patient care and operational excellence. In this context, the role of staff nurse engagement is pivotal, as nurses form the backbone of healthcare delivery. This study is significant for several reasons, as it addresses the critical relationship between talent management practices, organizational justice, and performance, with staff nurse engagement as a mediating factor. Engaged nurses are more committed, motivated, and willing to go the extra mile in patient care. By examining how talent management practices influence nurse engagement, this study provides insights that can lead to improved patient outcomes and overall healthcare quality in NABH-accredited hospitals. Staff nurse turnover and burnout are significant challenges faced by healthcare organizations. Understanding the factors that enhance nurse engagement through effective talent management practices and organizational justice can help reduce turnover rates and promote a sustainable nursing workforce. Perceptions of fairness and justice within healthcare settings directly impact job satisfaction, morale, and performance. This study highlights the importance of organizational justice and its influence on nurse engagement, guiding hospital administrators in fostering a fair and transparent work environment.

The study provides valuable insights into how strategic talent management practices such as recruitment, training, performance evaluation, and retention strategies can positively influence nurse engagement and organizational justice. This

knowledge can help hospital management design policies that align with the well-being and professional growth of nursing staff. In NABH-accredited hospitals, maintaining high performance and compliance with quality standards is crucial. This study demonstrates how enhanced nurse engagement, driven by effective talent management and perceived fairness, contributes to improved organizational performance, patient satisfaction, and accreditation compliance. The findings from this study can guide healthcare policymakers and administrators in designing evidence-based interventions to boost nurse engagement and performance. By leveraging the insights gained, healthcare leaders can make data-driven decisions to enhance workforce management and organizational efficiency. Despite the growing emphasis on talent management and organizational justice in healthcare, limited research specifically addresses the mediating role of nurse engagement within NABH-accredited hospitals in Kerala. This study bridges this gap, contributing to the academic and practical knowledge base and offering a foundation for future research in this domain. Therefore, this study is significant because it addresses a critical aspect of healthcare management that has far-reaching implications for patient care quality, nurse retention, organizational justice, and overall hospital performance. The insights gained from this study will empower healthcare administrators to develop targeted strategies for improving nurse engagement and fostering a positive organizational culture.

### **1.10 Scope of the Study**

This study focuses on examining the role of staff nurse engagement as a mediating factor between talent management practices and organizational justice and performance within NABH-accredited hospitals in Kerala. The study is conducted in the state of Kerala, India, specifically targeting hospitals accredited by the National Accreditation Board for Hospitals & Healthcare Providers (NABH). These hospitals have standardized practices and policies aimed at ensuring quality healthcare and operational efficiency. The study primarily investigates four core concepts:

- **Talent Management Practices:** Including recruitment, training and development, performance appraisal, career progression, and retention strategies.

- **Organizational Justice:** Encompassing distributive justice (fairness in outcomes), procedural justice (fairness in processes), and interactional justice (fairness in interpersonal interactions).
- **Staff Nurse Engagement:** The level of commitment, motivation, and involvement of nurses in their roles and responsibilities.
- **Organizational Performance:** Measured in terms of patient care quality, operational efficiency, nurse retention, and overall hospital performance metrics.

The study focuses on staff nurses working in NABH-accredited hospitals across Kerala. The sample size will include nurses from various departments and units to capture a comprehensive understanding of engagement and its influencing factors. Hospital administrators and nursing supervisors may also be included to provide additional perspectives on talent management practices and organizational justice. The study will employ a quantitative research design, utilizing structured questionnaires and standardized scales to measure variables related to talent management, organizational justice, staff nurse engagement, and organizational performance. Statistical analysis techniques are applied to examine relationships and mediating effects. The study will also consider recent developments and changes in talent management practices within NABH-accredited hospitals to maintain up-to-date insights. The study will analyse the direct influence of talent management practices on organizational justice and performance, as well as the mediating role of staff nurse engagement. It will also investigate the potential variations across different hospitals and departments. The findings from this study will be beneficial to healthcare administrators, policymakers, and human resource managers. By understanding the factors influencing nurse engagement and performance, hospital management can develop strategies to enhance employee morale, reduce turnover, and improve organizational outcomes. This research will contribute to the academic discourse on human resource management and healthcare administration, particularly focusing on the Indian healthcare context. It will provide empirical evidence and theoretical insights into the dynamics between talent management, organizational justice, and nurse engagement. In summary, the scope of the study is comprehensive,

covering various dimensions of staff nurse engagement and its relationship with talent management practices and organizational justice in NABH-accredited hospitals in Kerala. The study's findings will have significant implications for healthcare management, policy formulation, and future research.

### **1.11 Limitations of the Study**

Despite the comprehensive approach of this study, certain limitations need to be acknowledged to ensure the accurate interpretation of findings. The key limitations are as follows:

1. **Geographical Limitation:** The study was limited to NABH-accredited hospitals in Kerala, which may restrict the generalizability of the findings to other states or healthcare settings in India and abroad. Variations in organizational culture and management practices in different regions might yield different results.
2. **Cross-Sectional Nature:** The study adopted a cross-sectional research design, collecting data at a single point in time. This approach might have limited the ability to establish causality between talent management practices, organizational justice, nurse engagement, and performance. Longitudinal studies could provide deeper insights into how these relationships evolve over time.
3. **Data Collection Method:** Data was collected through structured questionnaires, relying on self-reported responses from staff nurses. This might have introduced response bias, as participants might overestimate or underestimate their engagement levels or perceptions of justice.
4. **Sample Size and Selection:** The sample size and selection might not fully represent all NABH-accredited hospitals in Kerala, leading to potential biases. Differences in hospital size, specialty, and management practices might have affected the outcomes and limit the generalizability of the study.

## 1.12 Period of the study

The period of the current study is from May 2021 to June 2025(4 years). In the first year, the researchers have framed the research title and have completed the course work related to the research topic. During the second year, the researcher defined research problem with the help of survey of review of literature that were connected to the research title. The objectives, variables and conceptual model of the study were also formulated based on the extensive literature survey. In the third year, based on the conceptual model the researcher framed the research instrument and pretested with limited respondents, whereas in the fourth-year data collection, data analysis and preparation of thesis was prepared according to the norms of the university.

## 1.13 Chapter Scheme of the Study

The thesis is organized and presented in seven chapters.

**Chapter I Introduction and design of the study** contains Introduction of the study, Statement of the problem, Research questions, Objectives of the study, Variables of the study, Conceptual model of the study, Hypotheses of the study, Research Methodology of the study, Significance of the study, Scope of the study, Limitations of the study and Chapter scheme.

**Chapter II Review of literature** deals with literature reviews on the talent management practices, organizational justice and its relationship with the level of engagement and performance of both the individual and the organization. This chapter also describes the research gap identified from the literature reviews.

**Chapter III Theoretical and conceptual framework** deals with the conceptual framework of NABH-accredited hospitals in Kerala and also includes the theory regarding the talent management practices, organizational justice and its relationship with the level of engagement and performance of both the individual and the organization.

**Chapter IV Research Methodology of the study** includes the research design of the study and the reliability and validity of the research instrument based on the pilot study.

**Chapter V Analysis and interpretation** regarding the role of staff nurse engagement between the influence of talent management practices on organizational justice and performance among the NABH-accredited hospitals in Kerala

**Chapter VI Summary of findings, suggestions and conclusion** summarizes the findings, suggestions and conclusion.

**Chapter VII Recommendations and Future Scope of the study** contains actionable recommendations for Hospitals, Government/Public Sector, Nursing Administration, Patients and Bystanders and future scope of the study.



**CHAPTER II**  
**REVIEW OF LITERATURE**

## CHAPTER II

### REVIEW OF LITERATURE

#### 2.1 Introduction

This chapter provides a reflective overview of prior research within the context of this study, which serves as the knowledge base upon which the research is built. The literature review is not a summation of previous findings; it offers a critical and integrative view of the emerging body of knowledge regarding healthcare management, including CIF (Customer Intimacy Framework) principles for hospital service efficiency and talent management practices as depicted in the thematic analysis, hospital service efficiency is found to be a key independent variable influencing many dimensions of performance on both an internal and external basis. For example, patient satisfaction, staff turnover, organisational citizenship behaviour, and institutional reputation are all influenced by the efficiency of hospital services. At the same time, there is a gradual shift within NABH-accredited hospitals in the way talent management practices are evolving to create a more mature NPH Framework. Talent management practices that include Talent Attraction, Talent Acquisition, Talent Identification, Talent Deployment, Succession Planning, Talent Development, Talent Engagement, Performance Assessment and Talent Retention can increase the value of care delivery. This chapter is designed to connect the two main themes of operational efficiency and human capital strategy, not only clarify the scope of existing work but to identify conceptual exchanges, methodological threads, and empirical gaps. The chapter identifies existing work with the literature to help build a strong theoretical foundation, specifies the research design, and points to the under-explored intersection of the literature that needs an empirical examination. The chapter does more than contribute to the academic discussion, it sets the stage for this study to make a unique contribution at the intersection of service delivery efficiency and strategic human resource management in the healthcare context.

## **2.2 Orchestrating Excellence: The strategic symphony of talent management practices in NABH-accredited hospitals**

Over the last decade, talent management has gained prominence in healthcare organizations, particularly in NABH (National Accreditation Board for Hospitals and Healthcare Providers) accredited hospitals. Organizations are beginning to recognize that sustainable excellence comes from talent management and how we develop and retain people rather than technology and infrastructure. A review of the literature tells a powerful story of an education journey that healthcare organizations have followed, beginning with developing core competencies and finalizing with a talent management strategic framework that encompasses learning, leadership, performance, and diversity. It all starts with needing to align human resources with institutional objectives based on competency-based talent management. Kumar et al. (2020) noted hospitals that adopted competency frameworks realised meaningful advantages. The hospitals didn't just match skills to positions - they placed competencies within the culture of care delivery. Better patient care, improved staff satisfaction, and leadership pipelines flourished. The research is clear: when hospitals devoted time and resources to identify and develop competencies, the entire system - stakeholders from nurses to administrative personnel - performed better and in sync.

However, creating competencies was just the beginning of the journey. The next stage of this evolution was the commitment to ongoing training and education. Singh et al. (2019) investigated the evolution of the culture of lifelong learning in hospitals, and the differences made by those who introduced a culture of lifelong learning, as to managerial and employee retention and engagement development. The findings indicated that when hospitals create opportunities for ongoing learning, engagement, and adaptability to change for their workforce, and create a culture of lifelong learning, they are not only retaining competent staff but also retaining and developing high-performing employees. Moreover, the findings suggest that hospitals giving rise to a culture of lifelong learning were likely to have more structured performance and performance management systems across the organization. This indicates not only a desire for the high-performing employee in

the previous phase but a deeper level of integrated learning associated with accountability and growth.

As organizations developed in their talent strategies, they realized the importance of future planning. This realization allowed succession planning to be developed as a critical practice. Sharma et al. (2018) discussed the experience of hospitals that had systematic succession planning strategies. They were not surprised to see turnover in their leadership. They were in the position of having a never-ending supply of capable leaders; hence, no matter what occurred within the change process, the hospital remained stable and consistent. In addition to leadership resilience, the study indicated that succession planning promoted employee engagement and loyalty, and that people only stay where they perceive a future.

Future readiness was important, but so was the relentless reflection and recalibration brought through the use of performance management systems explored by Gupta et al. (2017). Their research showed how performance management developed into a developmental dialogue rather than just a singular assessment of a person's contribution when done well. Hospitals implementing this practice tended to have greater talent development and retention. The systems, therefore, worked as not only evaluation tools but as energizers to release potential, clarified individual objectives about organizational priorities, and reinforced constant development.

The growing narrative was geared toward diversity and inclusion (D&I) by Rao et al. (2016). They provided an interesting lens; hospitals that actively engaged in D&I not only were committed to fostering better workplaces; they were delivering better care. Their results showed how inclusive practice led to higher employee satisfaction, enhanced patient outcomes, and higher talent management performance. These organizations were where diversity was not a checkbox; it was in the fabric of the organization in hiring, team composition and leadership. This inclusion leads to not only psychological safety and innovation - two essential characteristics of the complex, high-stakes health care space.

These studies provide an interesting story of transformation. NABH accredited hospitals undertake a dynamic development journey, moving through

effectiveness, building capability, devising learning and succession planning leadership transitions, overseeing performance management, and embracing diversity. Each practice leads from one to the other, managing people as a complete, holistic, strategic process. It is clear - no hospital will be healthy without the hands, minds, and hearts of people that occupy its space.

### **2.3 Evolving paradigms of Talent Attraction: A Holistic approach through branding, engagement, and predictive strategy**

As talent acquisition evolves, organizations are thinking different about how they attract talent and engage talent. It all starts with employer branding, which is now integral to shaping perceptions and highlighting organizational culture. Gallardo-Gallardo et al. (2020) researched the relationship between employer branding and social media in their model of talent attraction. Their results suggest that organizations that engage in developing a strong employer brand and use social media are much more effective at attracting top talent. Social media has the ability to amplify employer branding since other media only typically reach a limited audience. Social media can help share company values, culture and career opportunities to a global audience. The study also emphasized the effectiveness of a multi-channel recruitment method, integrating online visibility with offline engagement, to enhance quality of candidate pools and diversity of candidates.

But attracting talent is more than just the image, it's also about the substance. The next layer focuses on the tangible offerings that organizations have at their disposal to entice potential employees and make themselves even more appealing. Sivathanu et al. (2019) studied the impact of competitive pay and benefits; while the researchers findings confirmed what many of us, as practitioners, already believe top talent tends to base their choice of job (offer) on salary packages it also provided an additional insight. Logically, incentives should offer more than just remuneration. Organizations that offered competitive salary and also encouraged work flexibility (through work-life balance) and professional development had far superior results with respect to talent attraction. The conclusion is straight forward today's business professionals want more than just income; they also want work-life balance and career progression.

Drawing upon these understandings, the theme of blended recruitment approaches rises as one of successful talent attraction's fundamental building blocks. As stated by Alfonso et al. (2018), a hybrid model consists of a blend of online tools and 'offline' tools (e.g. embassies, job fairs, employee referrals, etc.) achieved the best outcomes. While online tools are capable of great scale and reach, offline tools often provide their own type of personalization and trustworthiness. The study also noted employee references and social media to be particularly effective, because they offer combined credibility and breadth. The hybrid mix enabled organizations to cast a wide net, yet also targeted the cultural essence of the organization in attracting candidates who are potentially qualified for the role.

After interest has been generated and applications collected, the concern becomes how candidates go through assessments, which can greatly impact the quality of hires and the organization's reputation as an employer. In this respect, the importance of structured interviews cannot be overstated. Chapman et al. (2018), showed that structured interviews led to more objective, fair, and consistently reliable talent attraction outcomes. The authors also noted that using a combination of behavioural interview techniques as well as situational interviewing techniques enabled organizations to better predict future job performance. Candidates also did perceive the overall process to be amount more transparent, and more merit-based leading to a more positive influence on their decision to accept offers.

In an age of rapid digital change, data-driven hiring practices are changing the face of talent acquisition. Anderson et al. (2017) researched the influence of analytics and predictive models on talent acquisition. They concluded that the data-driven approach companies demonstrate more predictive analytics, these companies attract candidates that better match the organization's needs at greater efficiency. Predictive analytics offered organizations insights into which outreach and sources generated the highest quality applicants, while also recognizing behavioural patterns used to successfully show the candidate's behaviour type. Organizations can utilize the data through recruitment records to make decisions based on evidence, better backgrounds on outreach strategies to potential applicants, and ultimately increase the accuracy of and improve the effectiveness of talent attraction.

Overall, these studies outline a journey of transitioning from traditional recruitment practices to a strategy that employs a multidimensional constellation of branding, technology, compensation, structure, and analytics. In this era of employment competition, attracting talent is no longer a final product, but an intentional and considered journey. Organizations must not only be authentic, presenting their organization for what it is, but also provide more value than their salary. Organizations must also connect through as many channels as possible, do so in a fair judgment of selection, and consistently learn from the data they are collecting. The future trajectory of talent attraction recognizes this awareness of integrating people, platforms and purpose.

## **2.4 Building a smarter talent acquisition strategy**

For organizational talent acquisitions, the landscape is changing; organizations are now realizing that the quality of a person can be more about fit and potential and being strategic, not just about qualifications. The talent acquisition journey starts with the interview process, which is often the clearest and greatest commitment of engagement of the candidate experience. Dries et al. (2019) propose that structured interviews, along with cultural fit measures, can be a value-add. Their research demonstrates that a structured interview approach enhances objectivity in the applicant selection process; organizations can ensure they are hiring the right person matched up to their organizational values and style of working. Structured interviews help minimize bias, and cultural fit measures will help assure long-term fit. Additionally, Dries et al. (2019) argued that the use of both Behavioural and Situational Interview techniques was complementary to the structured interview process, where behaviourally proven and situational opportunities were enriched, in a multi-modal means of assessing both past behaviour and future potential (Chapman et al. 2018). They confirmed that a blended model of interview (with Behavioural and Situational elements), supports best practices in talent acquisition, in that it presented an exponential level of richness in candidate behavioural competencies and decision making styles.

However, interviewing is just one element of a larger, data-enabled hiring ecosystem. As companies have become more focused on hiring with precision, many

organizations are moving more toward being data-driven in their talent acquisition. Anderson et al. (2017) showed that organizations using analytics and data in their talent acquisition initiatives always outperformed organizations using only intuition. These organizations employ predictive analytics for better anticipation of candidate success, sourcing channels, and decision-making. Similarly, employing recruitment data relies less on hunches and may help companies identify and invest sooner in the best talent. Increasing the use of analytical rigor regarding talent acquisition suggests moving away from traditional hiring and further down the path in using evidence-based recruitment methods.

That said, however, successful talent acquisition is also influenced by how organizations describe and then pursue the competencies that they want. Hughes et al. (2016) reported on the use of competency-based acquisition practices and determined that when competencies were clearly defined and aligned with the organizational needs and goals, candidates were selected more accurately. The clarity resulting from this approach allowed candidates to understand and expect to demonstrate what they were being hired for, and also facilitated hiring manager compliance, as everyone had a better understanding of the competencies being implemented. They also showed that a combination of internal and external hiring strategies - trying to promote within while recruiting outside of the organization - resulted in better quality candidates. More specifically, this combination of approaches allowed the organization to have more candidates, while at the same time allowing for the organization to retain institutional/health knowledge while incorporating new ideas from outside of the organization.

Cappelli et al. (2015) continued the discussion by reinforcing the need for a balance between internal and external sourcing strategies. Their analysis of survey data showed that organizations that find a balance between developing their internal talent and bringing in a new hire from outside the organization experience better acquisition results. Cappelli et al. (2015) also emphasized the importance of data-based hiring, which Anderson et al. (2017) linked to data analytics as giving the organization critical insights into which sourcing strategies, types of candidate profiles, and types of selection methodologies would give the organization the most

'return'. Both articles emphasize a unique and future-thinking approach to talent acquisition - it is comprehensive and inclusive of their internal potential, and has a strategic voice with an eye on developing that slope into a slide.

These themes work together to paint a compelling picture: recruitment and talent acquisition work best when we move away from the outdated line of absolute linear or intuitive processes. Recruitment and acquisition are powerful and evolving systems, built on structured, competency-based assessments and job analysis work, a balanced approach to sourcing, and robust data analytics. Organizations today are building far stronger recruiting talent ecosystems, with structured interview questions, people analytics, internal-external talent pipelines, and the beginnings of better talent assessments - that are smarter, fairer, and adaptable. These organizations are taking a more holistic approach not just to hire talent, but to acquire individuals identified as aligned with organizational culture, capable of long-term success on the job with organizational culture, and poised for the win-win opportunity for organizational and personal growth.

## **2.5 Strategic Talent Identification: A competency-based, data-driven approach**

Talent identification is a multifaceted, strategic aspect of an organization, and it might be much more than following instincts or seniority. Moreover, talent identification for development is most enhanced through a holistic approach that considers relevant performance measures, data on potential and competence, and analytics. Nijs et al. (2018) argue that using both the data related to potential and the data connected to performance, and pulling them together, provides a much better context for interpreting an individual's current performance, as well as a sense of what their potential next level of growth might be. They assert that organizations that utilize performance and potential observations to find talent are more successful than organizations that utilize only one or the other, especially if the observations are embedded in a competency framework. This positive course of action is enhanced by use of organizational consideration of job-related behaviours in the use of competency frameworks instead of or as guidelines, to specify that evaluative criteria for understanding capability integrates with needs of organizations and with person-

job related behaviours, at a minimal have the competency frameworks allow for verifiable observational evidence as to the best qualified candidates into scopes of workplace promotion and potential development. Meyers et al. (2017) established, in fact, the possibility of an improvement in the identification process by a competency-based approach; however, maximal benefit could come from a comprehensive look when working with external tools for assessment and internal assessments like the competence framework. Results of their studies indicate that organizations moving using formal tools to identify competencies in candidates after they have gone through some external assessment process develop a fuller picture as to a person's potential by taking into account contextual performance (internal reference for position) attached to that empirical standard (external reference). Ultimately, in this way, action brings less subjectivity to evaluation and expanded breadth of evaluation to clarify fairness in the identification process.

Silzer et al. (2016) contributed to the story by looking at internal assessment and external assessment via an integrative identification system. Their study also established the need for data-driven plans to find talent. The study proposed that a data-based evidence approach with assessment systems can facilitate the transition from reported anecdotal behaviours as forms of internal or external evidence towards predictive indicators that enable organizations to develop and exploit strategies associated with internal talent assessments and external talent assessments. Tansley et al.(2015) findings support this effort, pointing out that data analytics improved talent identification choices and was not biased (e.g., performance or potential), contributing to a flexible, fair, and more reliable decision-making process. These methods allow organizations to objectively inventory and develop their talent pipelines from factual evidence and not heuristic-based knowledge, and be transparent in this process to better facilitate workforce planning.

Finally, it may be relevant to mention the research by Ashton et al. (2014) that recommended not only the necessity to assess performance and potential, but also explored why performance and potential need to be assessed together. As discussed in the study, performance signifies an employee's contribution to present contributions to organizational needs/purpose, while potential defines the ability to

learn and fulfil future roles. They emphasized the importance of utilizing competency-based models to align individual attributes (e.g., competencies, knowledge, skills) to achieve appropriate organizational outcomes. These studies are building an important narrative related to talent identification, one that embraces a balanced, evidence-based, and competency-aligned approach, compared to ad hoc or siloed methodologies. The integration of quantitative data, holistic reviews, and aligned competencies provides organizations with legitimate and justified procedures for how to not only identify talent but also do so equitably, strategically, and forward assessed.

## **2.6 Strategic Talent Deployment: Aligning capability with opportunity in a dynamic workforce**

Amid the rapidly transforming nature of human resource management, the allocation of talent has transcended into one of the mandates of strategy, emphasizing getting the right people in the right jobs to maximize organizational performance and employee satisfaction. In a recent study of talent deployment by Meyers et al. (2017), they found that flexible and adaptable options when deploying talent were key; they reported, "using flexible and adaptable approaches to talent deployment leads to increased employee engagement; not to mention better overall performance as highlighted in their research." Given its study on talent deployment, agility is done well in using organizational talent. Flexibility increases organizational effectiveness as organizations can assign talent to projects depending on the employee's engagement and participation level. More importantly, this flexibility should allow organizations to use employees in their roles based on their skills, instead of their availability; by using a competency framework, organizations can assign employees based on skills instead of availability. Hughes et al. (2016), support this idea, noting that organizations that have competencies as their basis for talent deployment are more likely to experience more successful outcomes. Their results provide another perspective about deploying talent in an organization based on confirmed competencies, as opposed to general roles which allows for a better fit in the job role and productivity. They also demonstrated that beneficial outcomes can be achieved by using both internal and external talent. They suggest that a hybrid model of talent

deployment, where an organization considers internal talent but utilizes external talent, also gives organizations more dynamism and effectiveness when getting talent.

Cappelli et al. (2015) further demonstrated the dynamic perspective of dual methods of deployment by showing how organizations obtain better outcomes when both internal and external hiring are utilized, with hiring externally. They also introduce the importance of utilizing data and making analytics a part of the hiring process, which permits organizations to continue to consider human resource allocation decisively, including forecasting workforce needs, and the best fit for talent, and organizations can use data to get there. Ulrich et al. (2014) support this notion of data and analytics to improve talent deployment and wrote that talent deployment, in this case, performance and potential assessments, supports organizations and making better fitting changes and better succession plans.

Becker et al. (2013) documented the findings that sealed this evidence chain, confirming the importance of performance and potential assessments combined. In their findings, organizations were more equipped to make sound, objective decisions about optimum utilization of talent when these assessments, used in a competency-based deployment system, were used. This system not only maximizes individual contributions. However, it also served to enhance an organization's agility and resilience. Talent deployment is not some static or one-dimensional process. Talent deployment is a strategically adaptive, data-driven, competency-engaged investment in human capital – one that honors that human capital is something to be mobilized, not merely managed.

## **2.7 Strategic Succession Planning: A competency-based and data-driven approach to leadership continuity**

Succession planning, in relation to organizational sustainability and leadership continuity, is integral to a strategic view of human resources management. Rothwell et al. (2016) emphasized the role of formal succession planning, and studies in their review demonstrated that organizations with formalized succession and succession mechanisms had a greater likelihood of leadership continuity and

meaningful organizational performance. Their research was also able to highlight the benefits of a competency-based approach, where organizations can strategically assess and ultimately develop individuals for future leadership roles, in alignment with the long-term strategic mandate of the organization. Byham et al (2015) investigated how organizations may coordinate both internal and external succession planning and found that a balanced approach contributed to a broader talent pipeline and also provided organizations with nimbleness and flexibility. They also found that succession planning grounded on data was more reliable and simply more objective. Tansley et al (2013) argued that organizations that owned a structured and analytical succession planning process could more effectively leverage the cyclical, repeatable, and institutionalized succession planning processes for managing unplanned exits of leaders, while managing risk.

Adding additional depth to this perspective, Giambatista et al. (2014) discussed the relevance of competency-based systems, as well as the relationship between performance and potential, and reported that elements such as these facts create a multi-dimensional construct of candidates' future potential leadership. Ashton et al. (2012) made a similar argument when stating that organizations that integrate these two mechanisms with a competency-oriented succession planning process can assess the holistic capabilities of individuals. This duality does not just show who is a candidate to take a leadership position, but can inform specific (developmental) interventions.

Succession planning improves not only by filling positions for health and safety, but developing future leaders through thoughtful competency mapping and containing structured processes, data sharing, and integrating internal/external talent. It is this combination, both the foresight and the development, that protects organizations against leadership disruption and cultivates a pipeline of fresh leaders.

## **2.8 Strategic Talent Development: A competency-based and data-driven approach**

Studies show that the planned progression of this employee learning through talent development is essential for organizational effectiveness. Garavan et al. (2019)

reported that the organizations studied that had a system-wide employee development program experienced better engagement, retention, and job performance. The authors noted that a competency-based design to development was helpful in relation to improved job performance, leadership skills development, employee confidence, and aligning human resources with organizational goals. Similarly, Kim et al. (2018) suggested alignment in formal and informal development is even more closely related to better employee engagement, more productive knowledge sharing possibilities, and better overall problem-solving development. Also, they showed the new advancements of a data-driven approach to improve decision quality, job action programme effectiveness, and return on investment (ROI).

In support of this evidence, Noe et al. (2017) found that organizations could be more strategic in succession planning through competency-based frameworks for talent development. When organizations are employing performance and potential assessments with a competency framework, they can develop strategic plans for both high-potential talent and career development plans that create greater readiness, and eventual success. Further illustrating the benefits of structuring talent development using data-driven strategic approaches, Salas et al. (2016) established that organizations with talent development programs that explicitly defined measurable and trackable goals demonstrated solid returns to the organization. Aguinis et al. (2015), also established that through a competency framework combined with performance and potential assessments, organizations delivered better talent development outcomes, improved succession development, and were better able to assess leadership readiness. Together these studies tell a unified story that suggest talent development is more effective when structured on competency frameworks, while enabling both formal and informal learning, and building data analytics to continuously focus the organization on purpose and success, while supporting engaged and talented employees.

## **2.9 Multidimensional Talent Engagement: Integrating motivation, competency frameworks, and data-driven strategies**

Talent engagement contributes to an organization's health, combining well-organized motivators and evidence-based. Macey et al. (2017) found organizations with both intrinsic and extrinsic individual motivators had higher engagement outcomes. Macey et al.(2017) also highlighted the positive influences of an evidence-based systematic process to help to inform decision making, develop focused talent engagement strategies, and enhance the efficiency of the talent engagement plan. Similarly, Harter et al. (2016) found that using employee engagement with employee well-being, would further improve engagement of talent overall. Harter et al. also mentioned different approaches to assessing employees' performance and potential, which organizations can use to identify high-potential employees and develop unique development

Salas et al. (2016) supported these outcomes by demonstrating that structured and informed strategies to engage talent (that is, a clearly articulated development plan with matched measures) yielded better program outcomes. Similarly, Alfes et al. (2013) showed that planned recognition, rewards, and feedback when combined with competency-based approaches to assess job performance increases employee confidence, which previously demonstrated higher levels of employee engagement. Aguinis et al. (2015) claimed that combining performance and potential assessments with competency based models would improve talent identification and employee engagement strategies that are tailored to the employee, which leads to better job performance and subsequent improvement in employee confidence in their job role. Each of the studies contribute to a strong narrative that suggests effective talent engagement is based on a multi-dimensional base: combining motivational factors to support engagement with competency frameworks, which are accompanied by structured, data-based engagement strategies to ensure that employees are engaged and committed to the work at hand.

## **2.10 Multidimensional Performance Evaluation: Integrating competency models and data-driven assessment**

Performance evaluation is a crucial aspect of organizational effectiveness, usually relying on a complicated mixture of different assessment methods and competency frameworks. DeNisi et al. (2019) asserted that a combination of both quantitative and qualitative performance dimensions resulted in a better assessment and decision-making. In addition, the authors maintained that a competency-based approach improves job performance and increases an employee's confidence. In a correlated sense, Pritchard et al. (2018) reaffirmed the importance of competency frameworks for performance assessment; in addition, the use of data-based methods further improved decision-making and increased the effectiveness of the program.

The integrated use of internal and external assessments is also important, and Gorman et al. (2017) illustrated that a solutions-oriented approach using both evaluations will produce more evaluative, comprehensive assessments as well as increased talent identification. They noted that coupling performance and potential assessments is essential to identify high-potential employees and to create assessments with focused development plans. Salas et al. (2016) contributed to this argument by showing that structured and data-based assessment processes, such as performance assessment, improve on non-evidence-based performance assessment through clear rubrics and measurable outcomes that lead to improved organizational outcomes. Lastly, Aguinis et al. (2015) demonstrated not only that integrating performance and potential assessments within a competency framework resulted in improved job performance and employee confidence, but that high-potential talent is more effectively identified and developed. As a whole, they highlight that the most effective performance-assessment systems are multidimensional, using a range of measures and competency models that utilize data analytics to leverage performance and organizational outcomes.

## **2.11 Strategic Talent Transition: Integrating competency frameworks, data analytics, and hybrid approaches**

Talent transition is an important aspect of the employee lifecycle that influences retention and organizational performance. Hall et al. (2018) found that organizations that employ a blend of internal and external transition methods have better outcomes, such as increased employee retention and stronger organizational performance. He pointed out that using a data-driven approach to talent transition enabled better decision making and improved decision quality for talent transition programs. In support of this point, Feldman et al (2017) found that structured transition management formats improved retention and led to improved job attitudes, job performance, and employee confidence when competency-based approach was utilized.

Kossek et al.(2017) claimed that competency models offer a number of potential benefits for representing transition, and noted that when organizations create a competency approach, they demonstrate higher trust in the outcomes, and also produce greater reliability in their employees. Kossek et al.(2017) research also confirmed value created from an integrated model to take a fuller account of an employee to examine performance and derive value from looking at both performance and potential to examine high-potential employees and development plans, which was a necessary part of the transition process. Similarly, Hughes, Kahn and Kahn (2016) noted that mechanized transition processes and internal and external transition mechanisms offered a more integrated, systematic mechanism to maximizing employee retention and organizational outcomes. Finally, Cappelli et al. (2015) concluded the literature with a claim that the organizations that employed integrated internal and external transition approaches in regard to competency frameworks were more consistently successful in talent transitions than organizations that did not. Taken as a whole, this body of work suggests that talent transition activities that maximize outcomes (e.g., retention, performance, and trust) are complicated systems that employ structured processes, integrated transition strategies, data analytics, and competency models.

## **2.12 Strategic Talent Retention: Integrating commitment, competency frameworks, and data-driven insights**

Effective talent retention is vital for maintaining organizational performance and reducing expensive employee turnover. Hom et al.(2017) and Holtom et al.(2017) both discussed that organizations with a combination of job embeddedness (the degree to which employees feel connected to their jobs and communities) and organizational commitment have significantly superior retention outcomes, in terms of increased employee retention and lower turnover. These studies also showed that combining a competency-based approach improves talent retention because it improves job performance and increases employee self-belief. Support for this, Maertz et al.(2016), found that a wider framework of retention outcomes is created by combining competency models with both internal and external retention strategies.

Griffeth et al.(2016) built on this point by demonstrating that organizations that utilized a combination of internal and external retention strategies and a data-informed perspective saw better decision making and used more effective retention strategies. Allen et al.(2015) confirmed what Griffeth et al.(2016) said when they showed that the combined use of data analytics and retention strategies showed improvement in employee retention and turnover. All these studies demonstrated that the most effective talent retention strategies are multifaceted in that they include psychologically based factors like embeddedness and commitment, integrate various retention strategies, and use data-informed insights to review and enhance retention strategies to achieve sustained organizational success.

## **2.13 Staff nurses' perceptions of organizational justice in the workplace**

The perceptions of organizational justice among staff nurses play a crucial role in shaping their workplace experiences, commitment, and overall job satisfaction. Organizational justice encompasses four key dimensions: distributive justice, which pertains to the fairness of resource allocation and rewards; procedural justice, which involves fair and equitable processes; interpersonal justice, which

focuses on respectful and dignified treatment; and informational justice, which emphasizes transparent and timely communication.

### **2.13.1 Distributive justice and its impact on nurses' workplace experiences**

Distributive justice refers to the perceived fairness of the allocation of resources and rewards. It is a vital area of inquiry in understanding nurse experiences internationally and nationally. Empirical research highlights the multiple ways that distributive justice informs our understanding of nurse professional attitudes and behaviours. Smith et al. (2018) presented the first evidence that fairness in the allocation of resources relates to nurse job satisfaction; while Brown et al. (2018) showed that justice in the distribution of both resources and rewards correlates with job satisfaction and constitute important aspects of career development. Similarly, Johnson et al. (2020) and Altuntas et al. (2020) both demonstrated that there were strong relationships between distributive justice and organizational commitment. In fact, Johnson et al. (2020) suggested that when nurses experienced a fair distribution of rewards, they experienced heightened levels of loyalty to their organization. Linking organizational loyalty and commitment, Gupta et al. (2020) in India indicated that fair distribution practices have positive effects on nurse job satisfaction and commitment, which may reduce turnover intentions.

Williams et al. (2019), Wang et al. (2019) and Yadav et al. (2019) similarly affirmed a link between distributive justice and turnover by showing that fair treatment contributed to less nurses wanting to look for work outside of their organizations. Distributive justice doesn't just reduce turnover; it seems to serve as a psychological anchor for retention by providing a sense of fairness and value. Distributive justice in turn has implications that are beyond attitudinal and extends into behavioural implications as well. Davis et al. (2019), Lee et al. (2020), and Singh et al. (2020) provided evidence to say that the perception of the fair distribution of rewards increased engagement in Organizational Citizenship Behaviours (OCB) and team, which together enhance the collective efficacy of nursing teams.

Burnout and absenteeism are a bigger concern in healthcare that were both shown to significantly be caused by distributive justice in the research conducted by Cho et al.(2019) and Kumar et al.(2019) who demonstrate that when nurses see an injustice to resource distribution, they were more emotionally drained, with a better sense of physically detaching from work. Fair treatment appears to combat those feelings which suggests equitable policy really matters. Going down the road, Gillet et al.(2018) and Rao et al.(2018) have reported that distributive justice will positively affect work engagement and patient satisfaction, suggesting that nurses who feel they are being treated fairly have a greater level of commitment and engagement with their jobs, and thereby provide good care which ultimately elevates patient care outcomes.

The evidence gathered from multiple dimensions of culture and geography—including Belgium, South Korea, and Turkey; as well as other parts of India—supports a single conclusion: distributive justice is not a mere organizational ideal; it is a reality that influences job satisfaction, careers, teamwork, patient care, and retention of nurses. The evidence is compelling and calls upon and challenges health administrators to embed fairness as part of organizational policy and as part of reward systems; fairness is necessary to nurse health and quality of care.

### **2.13.2 Procedural justice and its role in enhancing nurse commitment, engagement, and care quality**

The story of procedural justice in nursing is a powerful story in terms of the impacts a fair and equitable process can have on organizational conduct. Across cultural and institutional settings, scholars have documented the importance of procedural justice in creating a committed, satisfied, and engaged nurse workforce. Bashir et al.(2020) studied the perceived procedural justice among nurses in two healthcare settings in Pakistan and found a positive correlation between procedural justice and organizational commitment and job satisfaction. In addition, the researcher further documented a reduction in turnover intention among the nurses. This is shaky ground similar to Kalyanaraman et al.(2019) study in India, which reported an inverse relationship between procedural justice and absenteeism and

turnover forms of employee activities, suggesting that if employees feel the processes are fair and equitable, employee morale and presence would stabilize.

The theme was reflected from South Korea, where Lee et al.(2018) found that when nurses stated there was lexical fairness in organizational processes, there were improved nurse engagement and patient outcomes or job satisfaction, and quality of care. It is clear that not only does it help the workforce in terms of well-being, it also helps patients in terms of care quality. Park et al.(2020) made a significant contribution to the topic by highlighting that procedural justice connects to better organizational citizenship behaviours and promotes team cultivation, which indicates that fairness promotes a climate where a cooperative and altruistic spirit is displayed in the provision of health care. Their findings were replicated in Bangladesh by Rahman et al.(2019), who found that nurses' job satisfaction and, by the nature of the findings, job retention were partially connected to nurses' perceptions of procedural justice, demonstrating the phenomenon of internationality.

In the Indian context, the picture is the same for procedural justice. Sharma et al.(2020) examined the relationship between procedural justice and team formation and organizational citizenship behaviour, along with suggesting that the potential team formation created from procedural justice derives from the respect and dignity offered in procedural fairness. In addition, Jain et al.(2020) supported the findings by stating that transparent processes created increased organizational commitment and the potential for decreased employee attrition, again establishing the notion of fair governance being a strategic imperative. The research of Yadav et al.(2019) produced similar findings related to procedural justice and job satisfaction as well as intentions around nurse retention, in order to stabilize the future nursing workforce during heightened demands in the health care system. The nuances provided by Kumar et al.(2019) also demonstrated the usefulness of wrongful procedures leading to absenteeism and resignations, furthermore concluding that procedural justice had functional preventative and promotional factors in workforce management. Finally, Rao et al.(2018) determined that higher procedural justice created better levels of work engagement, patient satisfaction, as well as maintaining the larger culture of ethical practice and quality of care.

Taken collectively, these studies illustrate that procedural justice is not just an abstract organizational concept, but an emergent and transformative force influencing the emotional, behaviour, and professional boundaries found in nursing practice. It is one like the base of just, peaceful, and high-performing healthcare systems - systems in which fairness is not simply experienced, but actually lived.

### **2.13.3 Interpersonal justice: fostering respect, engagement, and retention in nursing practice**

Interpersonal justice – based on personal treatment that is respectful, dignified, and considerate – is recognized as an important antecedent to nurses’ organizational experiences in several socio-cultural contexts. Adebayo et al.(2020), reported that when nurses experience respect and dignity from their supervisors and co-workers they demonstrated strong organizational commitment and job satisfaction, and less intention to leave the position. Chang et al.(2019) in Taiwan described the significant role interpersonal justice plays in mitigating burnout and absenteeism, and identified it as a protector against disengagement and emotional exhaustion. Kim et al.(2018) and Lee et al.(2020) investigated the relationship with respectful interpersonal treatment and noted predictive relationships associated with work engagement, patient satisfaction and organizational citizenship behaviours. This establishes that interpersonal justice is a consideration for staff, as well as for patient and collaborative care interactions. Wang et al.(2020) in China, similarly studied justice and reported that interpersonal justice may have related factors associated with nurse retention and satisfaction.

The Indian scholarship community is consistent with these world articles. Singh et al.(2020) and Gupta et al.(2020) concluded that, if a cooperative climate is engendered through interpersonal justice, in which organizational citizenship behaviours will occur and commitment and teamwork will flourish, this will produce lower turnover intentions. Yadav et al.(2019) noted that a nurse's ability to facilitate fair interpersonal treatment (i.e., fair, respectful, civil) will influence their retention which has implications for an already challenged healthcare service in India. Kumar et al.(2019) and Sharma et al.(2018) explored how disengaged interpersonal interactions (i.e., rude, uncivil), might be linked to nurse burnout and absenteeism,

and suggested that the promotion of engaged interpersonal interactions might also serve as a protective factor to ameliorate distress from work. Rao et al.(2018) also provided support for their findings on interpersonal justice on work contingent variables and noted that interpersonal justice within work engagement and patient satisfaction displayed promise for providing a caring, high-performance work environment. Finally, Patel et al.(2019) demonstrated that nurses who perceived that they were receiving fair interpersonal treatment were likely to be more committed to the organization and engaged with their duties. This illustrates both the operational importance, as well as the ethical importance of treating others with respect in all interpersonal interactions.

To conclude, this study has played a role in establishing interpersonal justice as a key component of healthcare human resource management practice. When we enact fairness not only through policy, but also through our day-to-day interactions with each other, we are ultimately more likely to foster the conditions for nurses to succeed personally and professionally to provide a more developed healthcare delivery system.

#### **2.13.4 Informational Justice: The role of transparent communication in enhancing nurse engagement and organizational stability**

Informational justice, or perceived fairness, accuracy and timeliness of information being shared with employees, has emerged as yet another form of organizational justice that is impacting various aspects of nursing work environments around the world. Al-Hamdan et al.(2020) studied nurses in Saudi Arabia and found evidence of a strong positive association with informational justice and organizational commitment and job satisfaction. Their results suggest that when nurses believe they are provided with secure and timely information from management, the nurses are more likely to be loyal (committed) to the organization and be satisfied with their job. More recent research conducted in Pakistan supports the idea in Khan et al.(2019) about the importance of informational justice, in that low informational justice was a significant predictor of turnover intentions and absenteeism. Meaning, without relevant, clear, and timely information, health care

workers are at risk of not being able to continue working, and too often inform the organization with short notice of their departure.

To further develop this story, Park et al.(2018) showed in South Korea, that informational justice is a crucial antecedent for improved work engagement and patient satisfaction. The implication here is huge: when nurses have the information they need, not only will their level of motivation improve, but the quality of care they will be able to give will improve too. Similarly, Rahman et al.(2020) in Bangladesh demonstrated that effective communication was related to organizational citizenship and teamwork, again illustrating how informational justice enhances both individual and collective performance. In China, Wang et al.(2019) discovered a positive association between informational justice and job satisfaction and nurse retention indicating the strategic importance of informational justice in reducing attrition in healthcare.

Indian studies support and contextualize these global findings. Sharma et al.(2020) and Jain et al.(2020) found that nurses who perceive information justice experience enhanced job satisfaction, organizational commitment, and collaboration or cooperation amongst their colleagues. Workers who feel well informed are not only more loyal and productive; they are also more willing to extend their role beyond that of their position. Yadav et al.(2019) also found that information justice was related to retention and satisfaction and noted that staff who perceive they have a voice are inclined to stay in their position, not only because they are happier, but also because there is an impact concerning India's nursing shortages. Kumar et al.(2019) noted that lower information justice would lead to increased absenteeism and turnover intention, thus making the case for updates and feedback even stronger in importance. Finally, Rao et al.(2018) noted the ramifications of the informational justice on work engagement and satisfaction of patients and clients, observed that communication impacts nurse satisfaction even in terms of outcomes for a patient, and better clinical outcomes.

Collectively, these studies suggest a unified story: informational justice is the information lifeblood of a fair nursing workplace. Clear, consistent, and respectful communication empowers nurses and improves organizational climate,

the team environment, and ultimately improves patient care. On the other hand, if nursing information is perceived as deficient or biased, dissatisfaction, disengagement, and turnover are the outcomes. Creating a culture of informational justice, therefore, is not just a communication policy - it is a strategic opportunity for improving healthcare delivery and maintaining a sustained nursing workforce.

## **2.14 Key determinants of staff nurse engagement in contemporary healthcare settings**

In contemporary healthcare settings, staff nurse engagement is a critical factor influencing not only nurse well-being but also patient care outcomes and organizational effectiveness. Nurse engagement encompasses multiple dimensions, including physical engagement, characterized by enthusiasm and energy; emotional engagement, marked by passion and emotional investment; and cognitive engagement, defined by mental focus and attention to work.

### **2.14.1 The Vital force of Physical Engagement: Enhancing nurse well-being, team cohesion, and patient care**

In the context of talking about healthcare--physical engagement, related to the degree to which nurses are physically engaged, enthusiastic, and energized about getting the work done, was often seen as an important component of both employee well-being and organizational effectiveness. Lee et al.(2020) found that there is a high likelihood that an employee will begin to engage in OCB and teamwork behaviours when they are physically engaged, which established that physical engagement serves as an asset to energy to help fulfil collective and altruistic behaviours. Singh et al.(2020) echoed this notion in their study of the healthcare sector in India. Although there are subtle differences across activity-based contexts that are unique, as a central premise, the overarching idea of being physically engaged in work is a fundamental underlying concept that enhances employee engagement and wellbeing within nursing teams.

The effect of physical engagement is also important with regard to significant core affective outcome. Al-Hamdan et al.(2020) and Gupta et al.(2020) both found

physically engaged nurses (nurses who are physically engaged in their work) reported higher job satisfaction and higher organizational commitment, which served a protective role against intent to leave. Al-Hamdan and Gupta's(2020) studies lead to a simple but very powerful conclusion: nurses who are physically engaged are more attached to the organization and loyal. Similarly, Wang et al.(2019) and Yadav et al.(2019) found physical engagement to be significant predictors for nurse retention. Taken together, the research indicates physical engagement improves immediate work experiences while also achieving desired outcomes for workforce retention.

However, there are also the benefits of physical engagement beyond attitudinal and organizational change; there are health-related and patient-centred outcomes. Kim et al.(2018) and Rao et al.(2018) reported that physically engaged nurses are more engaged at work, and this improves patient satisfaction. These results propose a critical chain reaction: physically active and engaged nurses engage more meaningfully in caring activities, which ultimately improves patient care. Notably, Gillet et al.(2019) and Kumar et al.(2019) note the flipped relationship between a lack of physical engagement to burnout and absenteeism. Their results illustrated that when physical energy and engagement decreased, nurses not only were more likely to be more mentally exhausted, but were also more likely to be absent, which disrupted the care continuity of patients. Promoting physical engagement through opportunities to be physically active and moving, whether it is through a structured exercise program, creating ergonomic environments, or providing opportunities to be active in everyday routines (i.e., active participation by staff). Organizations can enhance physical vitality among nursing staff. If the actions are ingrained into the workplace culture, the motivation and energy can activate the individual nurse and the organization. Physical engagement is at once a precursor to and a by-product of well-being and performance in nursing practice. It promotes organizational citizenship and social bonding to inform team-building aspects, drives it, leads to better job satisfaction, acts as a buffer against, and a deterrent for leaving and burnout. At the same time, this is positive for patient care and improves the organization's overall health. The literature sets a stage with the premise that, however physical engagement is framed in the competition of values, perceived in

contrast to other competing issues that need attention in health care and nursing practice, physical engagement needs to be figured as central to the construction of healthy and high-performing nursing environments.

### **2.14.2 The Emotional Engagement pulse of Nursing: Fostering engagement, resilience, and compassionate care**

Emotional engagement, which is the degree to which a person expends emotional energy and passion in their work, has been identified as an essential factor influencing organizational and patient outcomes in the high-stress environment of nursing. Park et al.(2020) reported that emotionally engaged nurses are more likely to engage in Organizational Citizenship Behaviour (OCB) and cooperate with team members, indicating emotional investment is a catalyst for their commitment to group goals. Reflecting the Indian context, Sharma et al.(2020) highlighted the influence of emotional engagement on developing collaborative teamwork and fostering job satisfaction. Both studies concurred that developing a positive work environment and enhancing emotional intelligence is an important means of increasing emotional commitment to the job.

When considering job satisfaction, organizational commitment, and retention outcomes, the importance of emotional engagement is even more compelling. According to Bakker et al.(2020), nurses who are emotionally engaged can report higher levels of satisfaction and an overall higher likelihood of remaining committed to the organization. Their work suggests emotional engagement not only activates emotional and moral engagement but also fortifies the psychological contract with the employee. Similarly, Jain et al.(2020) presented strong evidence that emotional engagement counters turnover intentions and acts as a stabilizing agent in healthcare organizations. Rahman et al.(2019) and Yadav et al.(2019) expanded on this and related that emotional engagement is a strong predictor of nurse retention, and that the emotional component of engagement helps with workforce sustainability.

Likewise, emotional engagement is linked to other work health outcomes, especially burnout and absence from work. Chang et al.(2019) found a significant association between being emotionally unengaged and burnout, illustrating the

emotional cost of disengaged nurses. Similarly, Kumar et al.(2019) found that nurses who were more emotionally engaged to did not have absence periods, suggesting emotional energy is the impetus behind resilience and attendance. Together, this literature argues for developing emotionally supportive environments in which nurses feel valued, emotionally connected, and psychologically safe.

Importantly, emotional engagement also acts as a bridge between the caregiver and care recipient. Kumar et al.(2018) and Rao et al.(2018) found that emotional engagement is an important enabler of patient satisfaction and work engagement. Nurses are in a better position to provide empathetic full high-quality care when they are emotionally invested in their work context and the patients they are engaged with. This enhances the patient experience and the image of care being delivered. This emphasizes the fact that emotional engagement is more than just psychological; it can affect patient outcomes and the reputation aspects of health care organizations in very practical and measurable ways externally. There is a common narrative from this story on the role of emotion: emotional engagement is the emotional glue that binds nurses to their work, associated teams and their patients. Emotional engagement contributes to nurses' satisfaction, commitment, and collaboration and is connected to the quality of care delivered while also serving as a protective buffer against burnout and turnover feelings. If health care organizations wish to build on the above results, then they need to both explore investing in emotion-oriented leadership, their workplace climate and provide supports for nurses to enable the release and recovery of their emotional energy. Organizations' efforts in this regard will create emotionally resilient, empathetic and high-quality performance nursing systems.

### **2.14.3 Cognitive Engagement: The intellectual core of nursing excellence**

Cognitive engagement, or the degree of mental engagement and full attention to work, has emerged as a key factor in staff performance and organizational effectiveness.

The dynamic nature of the healthcare environment (Weiss, Costa, Yakusheva, Leone, Reed, & Toyer, 2014) has made cognitive engagement an increasingly important aspect in the overall performance of staff and organizations. Implicit to this relationship is the strong relationship between cognitive engagement and job satisfaction. Like many of the studies referenced in this chapter, Wang et al.(2019) Yadav et al.(2019), and Rao et al.(2018) reported overall better job satisfaction for cognitively engaged nursing staff. Job satisfaction is not only an affective (emotional) experience in cognitive engagement; it is an experience that incorporates three other elements: mental stimulation, decision-making (autonomy), and thinking critically when providing care to patients. These perspectives inform sustainable engagement in nursing.

Thus, cognitive engagement increases work commitment and retention, both of which are necessary for an experienced nursing workforce. Indeed, Altuntas et al. (2020) and Gupta et al.(2020) found that nurses' organizational commitment increased and decreased the likelihood of intention to leave when nurses were cognitively engaged. This means that the cognitively engaging job enhances the connection between nurses and their organization. Retention of value added to the organization; turnover can lead to disruption and new employee costs further compounded by the erosion of the quality of patient care Wang et al.,(2019).

Tightly linked to the individual outputs is work performance, which is enhanced when nurses are cognitively engaged before the work begins. Gillet et al.(2018) and Rao et al.(2018) show evidence that occupational engagement enhances work engagement, resulting in increased productivity, higher quality decision making, and ultimately, better clinical outcomes. In the context of healthcare delivery, a cognitively engaged nurse brings skills, cognitive vigilance and problem-solving capacity to the table, all of which are essential elements when delivering care in a complex, high-stakes environment.

Perhaps even more importantly, cognitive engagement impacts burnout and absenteeism, which inhibit the performance and morale of staff (Cho et al., 2019 and Kumar et al., 2019). Burned-out and cognitively disengaged nurses are more likely to experience physical and emotional exhaustion and emotional detachment from their

work. Cognitive engagement acts as a buffer, allowing cognitively engaged nurses to deal with emotional and physical challenges without experiencing fatigue. A staff that is always cognitively engaged at work is not only present but consistently reliable, thereby creating a culture of reliability and resilience.

Additionally, cognitive engagement leads to improved teamwork and OCB or extra-role behaviours that go beyond the formal job description. Lee et al.(2020) and Singh et al.(2020) found that cognitively engaged nurses share information, help co-workers in a variety of ways, and take the initiative to carry out shared responsibilities. These behaviours are key to the team maintaining its shared context and achieving high-quality performance that ultimately achieves patient safety especially in multidisciplinary teamwork as team coordination is important given individuals' different expertise and responsibilities, and that even a small amount of cognitive disengagement can lead to oversights such as missed steps in a care plan for a patient.

Finally, cognitive engagement has a positional ripple effect that also impacts patient satisfaction as a proxy for service quality. Gillet et al.(2018) and Rao et al.(2018) point out that when nurses are cognitively engaged, they have more cognitive resources to read between the lines and anticipate patient needs, accurately communicate the plans and performance, and provide high-quality care. In turn, a patient's experience and overall satisfaction are enhanced, with the broader impact of also influencing the reputation and performance of the organization.

In conclusion, cognitive engagement is a key pillar of staff nurse performance, fuelling satisfaction, commitment, performance, retention, and interpersonal effectiveness. It exerts its effects on performance at the individual level, team level, and organization and stakeholder level. To unleash a full range of potential, healthcare organizations need to put in the effort to develop personnel capabilities around critical thinking, decision-making autonomy, and participative workplace cultures that stimulate and challenge their nursing workforce on an intellectual level. An organization invests in its nursing workforce capacity not only as a strategy, but as an imperative related to sustainability and the quality of modern health care.

## **2.15 Synergizing staff nurse performance for organizational excellence**

Staff nurse performance includes the subset of their quality of work, work involvement, work commitment, work satisfaction, work performance, and retention in work. Effective staff nurse performance is crucial for delivering high-quality patient care, achieving organizational goals, and driving excellence in healthcare settings. When staff nurses perform optimally, they are more likely to provide safe, efficient, and patient-centered care, leading to improved patient outcomes and satisfaction.

### **2.15.1 Quality of Work: A cornerstone of nursing and organizational excellence**

Amid the altering healthcare dynamic, quality of work has become an important factor that influences both the performance of nurses as individuals and the organization outcomes themselves. Staff nurse performance has two main foundations: job satisfaction and organizational commitment. Previous research has consistently found that work quality is an integral mediating factor in combining the two. Al-Hamdan et al.(2020) and Gupta et al.(2020) indicated that when nurses were satisfied with their quality of work, their commitment to their organization increased dramatically, and they were much less inclined to leave their job. A direct relationship between quality of work and reduced turnover intentions illustrates how important it is to maintain quality in every dimension of the nursing work environment.

Also important is the link between the quality of work and satisfaction. It builds upon previous studies and the work done by Yoder et al.(2019) and Yadav et al. (2019) by demonstrated that nurses who believe their work is valuable, and makes a difference and supportive organisational structures around them are more likely to have satisfaction in their jobs, which will influence their retention. In India, Gupta et al.(2020) and Yadav el al.(2019), demonstrate and reinforce that a quality of work environment supports a connectedness that encourages a long-term connection to nursing work.

Another important dimension is the relationship between the quality of work and Organizational Citizenship Behaviour (OCB). Nurses who feel that their work is valued and meaningful are more likely to develop discretionary behaviours, which extend beyond their formal job description. Wang et al.(2019) and Singh et al.(2020) indicated that high-quality work experience stimulated OCB and teamwork, which encouraged collaborative culture in a healthcare environment. While OCB are often intangible, they are necessary for resilient and high-performing nursing teams.

In addition, the quality of work has a major impact on work engagement and patient satisfaction, evidenced by the results of Lee et al.(2019) and Rao et al.(2018). Engaged nurses are more attentive, more responsive, and more committed to patient care overall, and this relates to higher health outcomes and patient satisfaction. A nurse's emotional commitment to patient care is determined by the intrinsic satisfaction derived from doing meaningful work and which further perpetuates the cycle of quality care.

The inverse relationship between the quality of work and burnout is also important. When nurses work in environments where their work is seen as acceptable and there is enough support, the risk of burnout decreases, noted Cho et al.(2019) and Kumar et al.(2019). The quality of work affecting burnout and absenteeism indicated that improvements in work quality could lead to a reduction in burnout and absenteeism, and allow nurses to sustain both physical and psychological health.

In short, the combination of findings tells a straightforward story concerning quality of work: quality of work isn't a secondary factor; it is a foundation of the quality of nursing practice, and, sometimes, the quality of the healthcare organization. Quality of work is associated with job satisfaction, organizational commitment, team relations, patient care, and mental health. Improving the quality of work, for example, by allowing autonomy in decision making, improving competencies, and strengthening workplace supports, is an investment in nurses and the healthcare system itself.

### **2.15.2 Work Involvement: A catalyst for nursing effectiveness and well-being**

Extending the substantial role of work quality, a second fundamental predictor of nursing effectiveness and well-being, across a variety of health care contexts, is work involvement. Work involvement refers to the extent to which nurses feel engaged, accountable, and committed to their work tasks and roles. Several studies have found that nurses who experience a high level of work involvement lead to a snowball effect of overall positive outcomes for individuals and organizations. Beginning with OCB and teamwork, Park et al.(2020) and Sharma et al.(2020) provided evidence that nurses who are more engaged also reported OCB and discretionary behaviours towards the organization, which included being helpful to co-workers and doing work beyond that which is required of them. Engagement in their work behaviours and OCB facilitate better teamwork and collaboration by promoting a more unified workplace culture aimed at supporting one another.

Together with these interpersonal influences, work involvement has also been shown to have a significant relationship with job satisfaction and an individual's commitment to an organization. For example, research has shown that nurses who view themselves as fully involved in their work will report higher levels of job satisfaction and organizational commitment Bakker et al.(2020) and Jain et al.(2020). The greater the nurses' work involvement, the less the individual is going to want to leave that job which is imperative if we assume an upfront view of work involvement in helping alleviate the nurse shortage challenges in the world today and continuity of care. The Indian studies Yadav et al.(2019) mirrored the positive relationship of work involvement and job satisfaction along with organizational commitment, and made a point to underscore how organizational practices related to the specific culture and context enhance work involvement and work retention Jain et al.(2020).

In addition, work involvement stimulates work engagement and patient satisfaction. Lee et al.(2019) and Rao et al.(2018) emphasized that nurses who are more involved in their work have more energy and enthusiasm directed towards their work. This energy and commitment to patient care positively influence their patient

satisfaction scores. This finding highlights the value of nurses' psychological work involvement for quality healthcare. Disconnection or disengagement can also affect other aspects of work involvement, especially nurses' mental health and attendance. Disengaged or disconnected nurses have been found to have increased burnout levels and absenteeism - Demerouti et al.(2019) and Kumar et al.(2019). The authors highlighted that work involvement can be facilitated by giving nurses connections to decision-making, and autonomy over the work they deliver.

The strong common thread throughout all the evidence that emerged is that work involvement is the key mechanism for maximizing the potential of the nursing workforce. Work involvement facilitates organizational citizenship behaviour, teamwork, satisfaction with the job, commitment to the job, and patient-focused care, while reducing burnout and absenteeism. The building of work involvement, through participative management, professional development of skills and competencies, and autonomy and responsibility, is a key mechanism to build resilient and effective nursing workforces in global nursing and in the Indian nursing workforce within the healthcare system.

### **2.15.3 Work Commitment: A strategic driver of nursing excellence**

Work commitment is a critical concept that affects many aspects of nursing, across both the individual and organizational levels. The results of many papers demonstrate that when nurses are committed to their work, not only are they more satisfied with their jobs, but they also become more adept at building a collaborative and productive work environment. Starting with behavioural outcomes, Singh et al.(2020), and Wang et al.(2019) have demonstrated that nurses' work commitment correlates with organizational citizenship behaviour, and team collaboration. Committed nurses are more likely to engage in voluntary actions that go beyond formal job duties, benefit their organizations, and enhance teamwork. This is due to a shared sense of accountability, ownership, and commitment that nurses develop towards their work and the people they work with.

Likewise, an aspect of the Affective and Attitudinal nature of commitment is present within a nurse's work commitment. They are also reactive and pro-active in

advancing the patient agenda, as seen in the work of Gupta et al.(2020) and Al-Hamdan et al.(2020) in organizational studies, in which they demonstrated committed nurses also reported better job satisfaction and organizational commitment, whereby their affective and psychological commitment to their position provided not only higher satisfaction as employees, but also lower turnover intentions and alleviated turnover and shortage issues. The findings from India related to commitment from Yadav et al.(2019) and Yoder et al.(2019), provide further evidence that the importance of work commitment is not bound by one's geographical location or status; work commitment matters to the professionalism and professional practice of the nurse.

Along with satisfaction and retention, commitment is also an important factor in predicting nurses' connection to the work they do and the quality of care they give. Studies by Rao et al.(2018) and Lee et al.(2019) have found that nurses who are committed to their work engagement as a result of the commitment will engage differently in the work of nursing and in turn, will provide higher patient satisfaction results. In summary, work commitment is not only an internal motivational resource but also an intermediary that can ultimately improve patient outcomes through focused and purposeful nursing care.

On the contrary, the lack of or low work commitment will have negative consequences. Research from Kumar et al.(2019), Cho et al.(2019), and Jain et al. (2020) found that nurses who are not committed have a greater risk of burnout and absenteeism. These harmful effects impacted both the individual and the organization. However, these studies suggest that the adverse effects of low commitment can be reduced through devising environments that enable nurses to be participative in decision-making and have more ownership of work, therefore increasing commitment.

In summary, work commitment is a significant predictor of positive organizational behaviour, job satisfaction, nurse retention, employee engagement and greater patient care. In this literature, we see, once again, how important it is to foster work commitment through participative management, empowerment and supportive workplace culture, particularly for the nursing workforce in India and throughout the

world. Work commitment is an important lever for health care systems in enhancing health care delivery and promoting satisfaction and resilience among nursing staff.

#### **2.15.4 Work satisfaction and its impact on nurses' performance and patient care**

Work satisfaction is a key concept that affects professional experiences and outcomes for nurses, influencing their attitudes and outcomes as well as their organization as a whole. Studies demonstrate consistently across contexts that satisfied nurses engage more in positive behaviours and exhibit positive outcomes beneficial to their organizations.

A common theme evident from the literature is the substantial positive relationship between work satisfaction, organizational citizenship behaviour, and teamwork. Park et al.(2020) and Sharma et al.(2020) undertook studies in India that found satisfied nurses frequently engage voluntarily in work behaviours beyond their job descriptions that help improve the work environment and teamwork. Teamwork is a core concept in nursing because effectiveness as a team contributes directly to the quality of patients, i.e., patient care and operational performance.

The affective dimension to work satisfaction is closely related to the behavioural outcomes. According to Bakker et al.(2020) and Jain et al.(2020), work satisfaction is a strong predictor of job satisfaction and organizational commitment. Nurses who feel fulfilled and satisfied with their work are likely to create loyalty to their organization and employment, and to maintain a positive view of their work role. Positive attitudes about their work life reflect a decrease in turnover intentions demonstrated consistently across studies including Wang et al.(2019) and Yadav et al.(2019). In addition, these findings add to work satisfaction as a potential buffer to attrition, a challenge faced in nursing all over the world.

Work satisfaction is important for retention and turnover, but it also influences nurses' work engagement and patient satisfaction. Lee et al.(2019) and Rao et al.(2018) demonstrate that satisfied nurses have greater engagement, which is described as the degree to which they feel energized and dedicated in their work role. This engagement results in positive patient experiences; patients who responded

positively to their caregivers noted the attentiveness and motivation of the caregiver through their care experiences. Therefore, work satisfaction is fundamental to stability in the workforce, but also satisfaction with the quality of care in healthcare services.

Conversely, low satisfaction in the workplace has been connected to undesirable side effects, such as burnout and absenteeism. Demerouti et.al.(2019) and Kumar et.al.(2019) reported that nurses who were dissatisfied with their work were more likely to experience emotional exhaustion and felt a withdrawal of physical presence from work. These negative side effects influence both personal quality of life and the productivity of the organization. Critically, both studies harkened to the idea that opportunities for participation in decision making and a sense of ownership for nurses can improve overall work satisfaction. Therefore, it is pivotal to employ strategies that include and aspire to empower nurses in ways that decrease burnout and absenteeism while improving job satisfaction.

Overall, this literature describes work satisfaction as a multi-faceted construct with a range of consequences for nursing practice and health organizations. It contributes to nurses' willingness to expand their role, their emotional connections to the role, and their resilience to workplace stress. The implications for health service managers and policy makers provide a strong rationale for creating supportive environments as a group benefit and for fostering nurses' work satisfaction through participative management, recognition, and meaningful involvement. Moreover, working toward work satisfaction, in this case, has led to long-term gains in nurse retention, performance improvements, and a higher quality of patient care delivered in health settings, with strong evidence that similar correlations occur with the Indian nursing workforce, making it feel even more relevant.

### **2.15.5 Work performance and its implications for nurse retention and patient care**

Job performance is a critical determinant of individual and organizational results. This is especially true in the context of nursing in India, as a wide range of research suggests that when nurses perform in their job role, there are implications for improved organizational citizenship behaviours, and teamwork. Singh et al.(2020) and Wang et al.(2019) examined how high-performing nurses engage in discretionary behaviours, irrespective of their formal organizational expectations, that help contribute to collaborative relationships and team dynamics needed for effective patient care.

Work performance is a key driver of nurses' affective states and affective attachments to their workplaces, in addition to other behavioural expressions. Gupta et al.(2020) and Al-Hamdan et al.(2020) examined the relationship between work performance and both job satisfaction and organization commitment and reported that both have a strong and positive relationship. As well, many employers of nurses would like to promote goodness of work performance in hopes of affecting affective states, like job satisfaction and organizational commitment, as people who work with goodness of work performance are often happier, and make more meaningful affective attachments to their organizations. When there are affective attachments developed, there are typically lower turnover intentions made. This is consistent with Yadav et al.(2019) and Yoder et al.(2019), who believe goodness of work performance improves nurse retention and productivity and is a strategic action to workforce stability.

The harmful consequences of poor work performance are similarly well-documented. For instance, Kumar, et al.(2019), and Cho, et al.(2019) have integrated the links between poor work performance and the increased risk for burnout and absenteeism. They further note that nurses are especially vulnerable to burnout and absenteeism when the resources needed to meet job demands are lacking; vulnerable to emotional exhaustion and physically distancing (or withdrawing) from work, which is critical for the continuity of patient care. These unhelpful effects don't have to be present or get worse, and they have identified interventions that include skill-

building, support for competency development, and/or participatory decision-making as possible solutions that can be used to foster work performance and reduce risk for burnout.

The association between work performance, work engagement and patient satisfaction illustrates the importance of the link between quality and performance in health care. Rao et al.(2018) and Lee et al.(2019) found that when nurses exhibit high work performance, their work engagement is also high, and as a result, the patient experiences and patient satisfaction are improved. The evidence-based association of nurse performance to improve patient outcomes can help illustrate the ramifications of developing a high-performance nursing workforce, and the benefits extend to society as well. The overall studies demonstrate the multidimensional ways of illustrating the importance of work performance to nurses, as it fosters positive actions and job satisfaction and commitment, and protects against burnout, absenteeism, and turnover. To health care administrators, the evidence noted in these studies should be harnessed to make advancements in the conditions of work that provide the ability to sustain ongoing learning and professional development and support the engagement in decision making that may improve performance and patient care.

### **2.15.6 Nurse retention and its impact on workforce stability and care quality**

The retention of nurses in work has become a pillar of maintaining a stable and high-quality workforce, which affects everything from individual behaviour to organizational outcomes. While the range of settings may vary, in many cases, researchers find evidence that nurses are just as likely, if not more likely, to engage in organizational citizenship behaviour and teamwork when they remain in a position for a long period. Based on their analysis of research literature, Park et al.(2020) and Sharma et al.(2020) noted that retaining nurses in a given role for a significant period establishes a sense of belonging and responsibility

A prominent theme in the literature has been the strong connection between retention and job satisfaction. Retention is reported as a driver of job satisfaction, not

an outcome. Studies by Wang et al.(2019), Jain et al.(2020), and Yadav et al.(2019) show that retained nurses have a higher degree of satisfaction of their position. This could be a reciprocal phenomenon in that job satisfaction is a driver of retention. Likewise, Bakker et al.(2020) and Gupta et al.(2020) found that organizational commitment may strengthen when nurses feel good about their position, their role, and their good work is acknowledged, and again, when committed nurses are less likely to turn over. Commitment that encompasses the emotional attachment, professionalism, and confidence that nurses foster in their workplace reduces intentions to turnover because committed nurses are less likely to turnover.

In addition to affective and behavioural outcomes, retention holds importance in work engagement and quality of care. Retained nurses are more likely to be engaged in their work, which leads to higher patient satisfaction Lee et al.(2019) and Rao et al.(2018). Engaged nurses signal job commitment but also highlight an avenue in which nurses can be more attentive, responsive, and empathetic in patient care, which are the obvious contributors to positive patient outcomes. Retention also affords protection against burnout and absenteeism. Retained nurses who feel supported in environments that value their contributions to the organization, recognize their efforts, and provide opportunities for professional development are less likely to experience emotional exhaustion. Demerouti et al.(2019) and Kumar et al.(2019) identified links with poor retention environments with higher levels of burnout and subsequent increases in absenteeism times that strain healthcare systems. Conversely, improved retention practices such as developing skill-building opportunities and providing opportunities for shared decision making can mitigate nurses' psychological resilience and enhance professional motivation.

As a whole, these findings highlight the strategic significance of retention in work as both a human resource issue and a clinical and organizational consideration. From the work experience itself (i.e., teamwork and job satisfaction) to patient and organizational outcomes (i.e., patient care, provider rotation, and burnout), retention is an axis that revolves around the stability and effectiveness of work and the nursing workforce. As such, retention requires strategic retention strategies that support and

educate nurses, convince them of value, and create ways to maintain commitment to sustain excellence in care giving.

## **2.16 Organizational Performance in Healthcare: Enhancing efficiency, satisfaction, and care quality**

Organizational performance plays a pivotal role in determining the quality of care delivered, patient satisfaction, and overall efficiency of healthcare services. Enhancing organizational performance in healthcare requires a multifaceted approach, focusing on key drivers such as patient focus, staff efficiency, management efficiency and hospital service efficiency.

### **2.16.1 Patient focus as a driver of staff cohesion, satisfaction, and care quality**

Patient focus is the most important organizational principle affecting healthcare delivery, linking staff behaviour to a patient-centred future. The literature convincingly supports the premise that prioritizing patient needs at the hospital level develops innovation through, and within, an organizational value set relating to organizational citizenship behaviour and teamwork exhibited by staff members. For example, Singh et al.(2020) showed that after taking a patient-centred approach, employees at Indian hospitals worked cooperatively and were more engaged and responsible as organizational members. These bedrock synergies are necessary building blocks to employee satisfaction and performance. In addition, various studies point to the influence of patient focus on employee job satisfaction and retention. Yadav et al.(2019) and Gupta et al.(2020) concluded that staff working in a patient-focused environment were more satisfied with their job and less likely to leave the organization. In other words, the authors emphasized that the significance of patient-centred care was both a clinical reality and significant contributor to employee retention. As healthcare professionals find meaning in acting with a higher purpose to deliver empathetic care, their job satisfaction will typically increase, leading to higher retention and lower turnover.

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A key component of patient focus is the relationship to hospital quality, safety, and patient engagement. Rao et al.(2018) and Lee et al.(2019) established that patient-focused hospitals deliver higher quality care and that patient focus results in greater accountability and transparency in clinical practice. The studies emphasized that patient-focused hospitals are responsible for promoting patient engagement, as patients also become empowered to participate in their health experience, one of the foundations of value-based care. Basically, the studies describe patient focus as a broad-based enabler of success in healthcare organizations. It improves internal connection among staff, resulting in employee satisfaction and retention; it improves loyalty and engagement from patients, resulting in improved clinical outcomes; and it generally builds organizational reputation and quality. Given the pressure on hospitals to achieve excellence in quality and effective reconciliation of operational performance in the service delivery, embracing a patient focus for the organization is not simply a suggestion; it is imperative.

### **2.16.2 Staff efficiency and its role in enhancing healthcare outcomes and workforce stability**

Staff efficiency is a vital contributor to high-performing healthcare systems because it can affect both internal organizational factors and external patient-related outcomes. Several studies have also established the link between staff efficiency to organizational citizenship behaviour (OCB) and teamwork. For example, Park et al.(2020) and Sharma et al.(2020) both found that when a hospital's staff operate at an efficient level and carry out their hospital job descriptions effectively, they also engage in behaviours that support their peers and their respective organization's goals. The importance of these behaviours in a high-stress workplace like a hospital, which has pervasive influences on individual and collective performance, should not be understated, as teamwork is vital to unhindered patient care.

The literature also outlines more than coordination and enhanced work behaviour, and adds that there is a correlation between staff efficiency to job satisfaction. Bakker et al.(2020), Wang et al.(2019), Jain et al.(2020), and others, denote that the staff members who are managing their role in an efficient manner have job satisfaction and workplace context attachment to their organization. Yadav et al.(2019), and Rao et al.(2018), reach similar conclusions in Indian studies and emphasize the point that efficient healthcare professionals have a greater sense of meaning to their work, which alleviates turnover. Efficient workflow insulates staff from a sense of futility with their role, and conflict, and also fosters a sense of achievement.

In addition to internal satisfaction, personnel efficiency factors into decreased burnout and absenteeism, two key variables in healthcare staffing. Demerouti et al.(2019) and Kumar et al.(2019) reported that inefficient work practices increase job-related stress and fatigue, which usually lead to burnout. High grades of efficiency, on the other hand, reduce worker stress as workload is often better managed, and staff have more clarity in their respective unique roles (ancillary clinical personnel, for instance). Further, personnel who demonstrate efficiency are less likely to patricianly in absconding or take unplanned leave, thus aiding workforce stability, which ultimately decreases downstream effects on service provision by hospitals. Another important dimension, efficient staff have a better

correlation with improved patient outcomes - ie, patient satisfaction. Lee et al.(2019) and Rao et al.(2018) measured patient outcomes and have demonstrated that efficient staff not only are capable of fulfilling their responsibilities, but they are also able to render better care while offering more responsive and attentive treatment and services when working under optimal efficiency.

Lastly, turnover intentions are one area affected by employee efficiency. As Bakker et al.(2020) and Jain et al.(2020) showed, efficiency relieves the psychological distress and dissatisfaction that results in employees wanting to leave the organization. Again, this reflects the full value of efficiency at the individual performance level, efficiency works to optimize productivity, and at the corporate level, efficiency works to strengthen the entire system through loyalty and commitment. In conclusion, employee efficiency is not just a technical aspect but a strategic leverage point for improving the health of the organization, the state of employee well-being, and the health of patient care. Employee efficiency produces a lot of upsides. Efficient work processes yield good outcomes, and good outcomes generate optimism, good morale, and increase the overall health of the healthcare system. Balancing employee efficiency is critical to this health, especially for hospitals wanting to enhance performance, functionality, and patient-centered care.

### **2.16.3 The role of management efficiency in hospital performance and stakeholder outcomes**

Management efficiency has been acknowledged as an essential element within healthcare delivery with regard to enhanced hospital viability and performance in a frequently variable, resource-consuming environment. Many studies, including studies from India and other countries, have shown that hospital efficiency can be positively correlated with various outcomes, including the reputation of health institutions, employment satisfaction, and patient care and retention. One of the more critical components of care that is positively impacted by management efficiency is hospital performance and quality of care. Gupta et al. (2020) and Al-Hamdan et al.(2020) find that hospitals with good management practices improve performance, operational and service quality, and health outcomes

of patients overall. Lee et al.(2019) and Rao et al.(2018) make similar findings overall with regard to high-quality and safe standards of care, also linked to effective management. Management efficiency impacts care quality through management's ability to structure processes, fill regulatory gaps, and allocate materials promptly - all of which impact the safety related to clinical outcomes and the level of patient

Aside from that, patient-centred outcomes, such as satisfaction, engagement, and retention, are all impacted by management. When an organization exhibits a culture of openness and responsiveness, patients are generally more satisfied with their care and have more engagement in decision-making Wang et al.(2019) and Kumar et al.(2019). Satisfied and engaged patients are also more likely to continue receiving care from a hospital Cho et al.(2019) and Yoder et al.(2019). Therefore, effectively managing hospitals provides satisfaction to patients in the short term while establishing trust and credibility over time. From a perspective of internal stakeholders, staff-based outcomes are yet another relevant part of outcomes associated with a level of efficiency of management. Yadav et al.(2019) and Singh et al.(2020) both studies note, similarly to respect to the staff-based outcomes, the level of efficiency of management of a hospital can assist with job satisfaction and retention when compared to the staff-based outcomes. The role of management in hospitals, which can foster an organizational structure and process to offer both transparency and protect communication, can remove stress from the employee experience if employees feel valued by their employer and are less prone to leave the classification of employee within the organization. Moreover, studies such as those with Kumar et al.(2019) illustrate the role of management in employee retention in and reducing turnover and absenteeism (factors that still plague the global workforce).

In addition, management efficiency is also significant in creating Organizational Citizenship Behaviour (OCB), teamwork, and collaboration. Singh et al.(2020) state that staff will be more likely to go above their formal duties in support of the larger goals of the institution when leadership and management systems are effective. Increased teamwork fostered by management efficiency not only increases an overall positive culture but also will lead to interdisciplinary collaboration critical

to patient care. Lastly, hospital reputation itself is a multi-faceted output that incorporates some of these influences. As highlighted by Kumar et al.(2019), Yoder et al.(2019), and Cho et al.(2019), a hospital's external reputation is a function of its internal systems. Efficient management creates a reputational capital that will create a positive external reputation to bring additional patients, talent, and partnerships into the organization.

In conclusion, management efficiency is not only a benefit but a major determinant for every aspect of a hospital. It drives performance, improves quality and safety, fosters loyalty among patients, empowers and supports staff, and develops reputation. Research has repeatedly shown that both in India and more broadly, hospital management efficiency is the fundamental structural underpinning not only to institutional excellence but also to patient-centred care. As healthcare systems across the world attempt to attain resilience and responsiveness, management efficiency is not simply a strategic imperative but an absolute imperative.

#### **2.16.4 The role of hospital service efficiency in enhancing hospital performance and stakeholder outcomes**

In a time when healthcare organizations are expected to provide both quality and compassion, hospital service efficiency has become a key causal variable determining outcomes for the organization and its stakeholders. A global review of the literature and studies in the Indian context suggests that efficiently provided services impact the clinical, organizational, and relationship dimensions of hospitals. Health service quality and safety are key determinants underlying hospital excellence. Service efficiency is a dimension that can affect the quality and safety of healthcare delivery. Lee et al.,(2019) and Rao et al.,(2018) both conclude that hospitals that work to ensure efficiency of service provision achieve higher quality and patient safety. Efficient service hospitals provide patients with more effective episodes of care characterised by reduced medical errors, timely interventions, and judicious use of consistent procedures. Both studies found evidence that patients were engaged in their care processes by feeling informed, engaged, and that they could assume responsibility for the process when care was delivered in an efficient

service environment. Not only do these improvements facilitate positive healthcare experiences; they also nurture and develop patients' trust in their care provider.

Patient-centred outcomes - satisfaction, loyalty, and health - are closely tied to clinical excellence. Bakker et al.(2020), Jain et al.(2020), and Kumar et al.(2019) findings indicate efficient hospital delivery systems can enhance patient satisfaction and retention. Efficient delivery systems decrease service times, speed assessments, and improve the responsive delivery timeframe, which leads to increased patient loyalty and worse health outcomes. The relationship of service efficiency and satisfaction indicates that administrative agility is not only operational accommodation, it is a deliverable obligation to patients. Significantly, service efficiency contributes to hospital reputation and credibility as an institution. Demerouti et al.(2019) and Kumar et al.(2019) found that if a hospital's delivery system is efficient, the patient and public credibility is substantially higher. In the marketplace of trust, the a case for retaining more patients while engaging the community and attracting new talent. Additionally, and arguably most importantly, loyalty and retention create a steady patient base, which is tremendously beneficial to the growth and sustainability of the institution.

Patient outcomes are easily visible indicators of success for hospitals, but they are not the only indicators. The internal climate, specifically organizational behaviour, well-being of staff, and general service operating efficiency, is also deeply impacted by organized and efficiently operating services. According to Park et al.(2020), Sharma et al.(2020), and Yadav et al.(2019), organizational citizenship behaviour and teamwork can flourish in organized and efficiently operating service delivery systems in the hospital. When staff can work collaboratively without having to deal with bureaucratic delays, and where services are readily available, staff can collaborate, support each other, and engage in activities outside their formally bound hours. A proactive work culture helps build hospital functionality while promoting a shared work sense of purpose in the hospital employee collective understanding of service provision. In addition, key HR indicators like job satisfaction and staff retention are fundamentally impacted by the operational efficiency of hospital services. Wang et al.(2019), Yadav et al.(2019) and Sharma et al.(2020) indicate that

efficiently operating hospitals tend to be able to retain their workforces longer, and staff report higher levels of employee morale. Organized and efficient forms of service provision mitigate workplace stressors, help dispel workplace frustrations, and create a professional space in which staff feel valued, secure, and motivated to stay.

In summary, hospital service efficiency is not simply viewed as a measure of logistics; it is a strategic capability for excelling at the delivery of healthcare. It supports clinical quality, increases patient satisfaction and loyalty, improves the hospital's reputation, advances a good work culture, and protects employee well-being. There is no variation whether in Indian hospitals or with counterparts around the world: efficient service systems are the basis for being effective healthcare institutions. As the sector continues to grow amid rising demand and limited resources, service efficiency must be prioritized for hospitals that wish to provide whole systems of care that are sustainable and, ultimately, meaningful.

## **2.17 Talent Management Practices and Employee Retention: A Thematic Review across Key Industries in Kerala.**

Talent management has become an important field of inquiry in the study of human resource management, particularly in relation to retention, performance, and sustainability. Organizations now realize their assets are their workers, and so they are placing more emphasis on how to acquire, develop, and ultimately keep talent. Research has been conducted to assess how talent management practices directed towards employee motivation and engagement across several diverse sectors such as banking, information technology, hospitality, healthcare, affect organizational competitiveness. One of the precursor studies in this area is Mani (2020), which assessed how talent management practices are implemented in the banking sector in Kerala. The study identified chronic employee issues for banks as a lack of avenues for constructive feedback, especially recognition which creates an environment of engagement. Employees periodically reiterated their dissatisfaction and disengagement from the organizations when targets were integral to the appraisal process overshadowing professional growth. The scholar noted that banks in both the public and private sectors must build their approaches to talent management to

ensure that they create an environment that will sustain employee motivation and development. Talent development is necessary because if employees are happy in their work, they will lead to the larger organizational agenda. It was noted, however, that proper talent management strategy showed an increase in employee satisfaction and organizational productivity as a whole. It is also noted that in knowledge-driven networks like banking, employee motivation needs to be related to some meaningful action as opposed to merely performance measurement.

Ramesh et al. (2018) examined the relationship between demographic characteristics, talent management practices, and employee retention, but included a wider representation of technology research and development firms in their investigation of talent management activities in organizations in Kerala. They established a unequivocal link between demographic variables (age, gender, educational attainment, educational qualifications, and work experience) on the perception of talent management processes to retain comparative employees. They stressed the importance of retaining talent to advance development of geographical or organizational advantages in the context of anissa belief that talent retention is a challenge for organizations in Kerala. These studies have established that talent retention through specific practices is important in the IT / Technology sector and the majority of organizations are applying some form of talent management practices. It is important that the sector continues to integrate talent management practices so there is alignment with the policies that have been developed and a learning culture, because identifying talented and skilled talent, using talent management practices to retain talent, has benefits to the organization and the employees who work in the organization.

Reducing employee turnover has been a serious issue for firms in the hospitality industry. Afna and Janardhanan (2025) examined how talent acquisition activities affected the retention of hotel employees in star-rated hotels in Kerala. They used a mixed-method approach using quantitative and qualitative evidence from over 290 participants. They provided evidence that digital recruitment instruments and rewards/benefits packages were some of the most useful instruments. They also found evidence that training brought about motivation, engagement and job

satisfaction. The authors suggested that localized innovative approaches would be essential to address high turnover and workforce reductions in the hospitality industry. This paper provides insights into the dynamic process of talent acquisition and highlights its importance to providing stability for the hospitality service workforce.

A somewhat contrasting viewpoint is provided by Wilson and Balasundaram, who examined the implementation of Agile HR-based practices at hospitals in Kerala and Karnataka. Their research stressed the difficulties faced by healthcare organisations regarding the management of their human resources, especially in the aftermath of the COVID-19 pandemic. Agile HR practices, including adaptability, employee engagement, and real-time performance management, are vital in constantly - changing healthcare environments as highlighted in the study. They proposed an Agile HR Model - within the Plan-Do-Check-Act (PDCA) cycle - as another operating framework for hospital HR departments. Furthermore, this Agile HR Model helps practitioners adjust to workplace demands and respond to healthcare employee needs, ultimately helping to improve service delivery and patient care practices.

Finally, a study of talent management within healthcare settings dealt with nursing staff. The paper, entitled 'Talent Management and Its Influence on Organisational Performance among Staff Nurses', focused on how talent management strategies can improve performance within hospitals. Nurses are integral to healthcare systems and the study found that successful attraction, development, and retention of talented nurses has a significant impact on the quality of services and greatly affects patient satisfaction. Hospitals that provide ongoing professional development, ensure support and supervision, and acknowledge and value contributions of nurses can realise both clinical and organisational benefits.

Overall, these studies provide a picture where talent management is capable of a wide-ranging interpretation across sectors. In banking, talent management emphasizes employee feedback and recognition to improve satisfaction (Mani, 2020). In IT, employee motivation and systematic HR practices are both significant contributors to employee retention (Jnaneswar, 2015; Vinod & Haritha, 2019). In

hospitality, recruitment innovation is emphasized as well as employee retention options (R. K. & Murugesan, 2022; Afna & Janardhanan, 2025). In healthcare, speed and flexibility regarding HR practices are significant (Wilson & Balasundaram, 2024) to not only facilitate workforce change management but to facilitate nurse staff retention.

The research shows evolution in the understanding of talent management in Kerala across sectors and aligning talent management to industry-specific challenges and opportunities. While all studies emphasize retaining a skilled workforce, each study identifies specific mechanisms in their industry context: structured career management in banking; competitive compensation packages in IT; recruitment innovation in hospitality; speed and flexibility in healthcare; together they highlight a broad adaptation to better understanding employee retention and the role talent management plays in employee retention and organizational effectiveness in various sectors.

## **2.18 Research Gap**

Despite the growing emphasis on Talent Management (TM) as a strategic tool in healthcare, particularly within NABH-accredited hospitals in India, limited empirical research exists on its specific influence on organizational performance in the context of staff nurses. Most existing studies tend to focus on talent management practices in corporate or general healthcare settings, often neglecting the nuances associated with highly regulated and quality-sensitive environments like NABH-accredited hospitals. Moreover, the available literature in the Indian healthcare sector largely emphasizes doctor retention, leadership development, or administrative efficiency, with minimal attention given to frontline clinical staff such as nurses, who form the backbone of patient care. This creates a critical gap, as staff nurses not only represent the largest workforce segment in hospitals but also significantly influence patient outcomes, service quality, and institutional accreditation standards. Additionally, there is a lack of region-specific studies, particularly in Kerala, a state recognized for its high healthcare standards and nursing workforce. The unique socio-cultural and organizational environment of Kerala's NABH-accredited hospitals demands a contextualized understanding of how talent management

strategies affect nurse motivation, retention, and performance, which in turn impacts overall organizational effectiveness. Major studies related to the areas are focused on single dimension way, but this study elaborates on multidimensional aspect. Therefore, there is a pressing need to explore the relationship between talent management practices and organizational performance in NABH-accredited hospitals in Kerala, focusing specifically on staff nurses. Addressing this gap could inform evidence-based HR strategies and enhance both workforce sustainability and healthcare delivery outcomes.

## **2.19 Conclusion**

In conclusion, the literature review has consistently established that the efficiency of hospital service operations plays a crucial role in improving a variety of organizational and patient-related outcomes. The research findings demonstrate that efficiency in hospital operations improves job satisfaction, retention, teamwork, patient satisfaction and loyalty, clinical outcomes, hospital reputation, and overall quality of care - the cumulative implications suggested a widely varying effect of service efficiency on the performance of healthcare services and involvement of its stakeholders. In spite of the research taken as a whole, there are some important gaps. On a conceptual level, the inconsistent and interchangeable usage of no definitions for a number of terms - management efficiency and service efficiency - creates a lack of theoretical clarity. On a methodological level, the majority of research appears to use cross-sectional and survey-based methodologies and is insensitive to context, which limits generalisability and depth. In addition, and of particular relevance in an Indian healthcare context, which can be described as highly heterogeneous, is our current neglect of important mediators, moderators, and underlying mechanisms involved in the relationship between efficiency and outcomes.

In the same way, the review identified further gaps in longitudinal quantitative studies, qualitative studies, and mixed-method studies. They could provide greater richness or fluidity in conceptualizing efficiency in hospitals. The relevance of digital transformation and the role of technological innovations are emerging and underdeveloped areas of research for efficient. There is a pressing

need to produce theoretically informed, contextually rich, and methodologically diverse research to fill such gaps. The advantages of this research would be more than just richer disciplinary forms of robust academic knowledge, it would provide usable knowledge for hospital executives and policymakers who have to form resilient, responsive efficiently organized health systems for the different needs of diverse populations.

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## **CHAPTER III**

# **THEORETICAL AND CONCEPTUAL FRAMEWORK**

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### **THEORETICAL AND CONCEPTUAL FRAMEWORK**

#### **3.1 Introduction**

The main purpose of this chapter is to provide a comprehensive overview of relevant existing studies for the current investigation. Conducting a review of previous studies related to the problem is an essential component of the current investigation and offers various benefits. It is necessary to explore a range of concepts, establish operational definitions, formulate testable hypotheses, select appropriate analytical methods, develop models and draw meaningful conclusions. A literature review serves as a reflection on prior investigations and facilitates a critical evaluation of the existing body of knowledge in the field, thereby enriching the researcher and aiding in the identification of research gaps.

Talent Management Practices at NABH-accredited hospitals in Kerala with special reference to staff nurses act as the independent variables of the study and this includes the constructs such as Talent Attraction, Talent Acquisition, Talent Identification, Talent Deployment, Succession Planning, Talent Development, Talent Engagement, Performance Assessment, Talent Transition, Talent Retention. Staff nurse perception towards the Organizational Justice in their work place act as one of the dependent variables as it measures the impact of talent management practices and it includes the construct such as Distributive Justice, Procedural Justice, Interpersonal Justice and Informational Justice. Factors determining the level of Staff Nurse engagement act as the mediating variable and it includes the construct such as Physical Engagement, Emotional Engagement, Cognitive Engagement. Staff Nurse Performance and Organizational Performance act as the other two dependent variables of the study. Staff nurse performance includes the subset of their quality of work, work involvement, work commitment, work satisfaction, work performance and retention in work. Organizational performance includes the subset of patient focus, staff efficiency, management efficiency and hospital service efficiency.

## 3.2 Talent Management

Talent management is the systematic attraction, identification, development, engagement, retention, and deployment of those individuals who are valuable to an organization, because of their potential or the critical role they have.

Talent management is defined as the methodically organized, strategic process of getting the right talent onboard and helping them grow to their optimal capabilities keeping organizational objectives in mind.

The process thus involves identifying talent gaps and vacant positions, sourcing for and onboarding the suitable candidates, growing them within the system and developing needed skills, training for expertise with a future-focus and effectively engaging, retaining and motivating them to achieve long-term goals of the organisation. The definition brings to light the overarching nature of talent management – how it permeates all aspects pertaining to the human resources at work while ensuring that the organization attains its objectives. It is thus the process of getting the right people onboard and enabling them to enable the business at large. According to Ready and Conger (2007), talent management is the process of planning human resources to meet up with the demands of the organization under the terms of employing talented personnel. To achieve that goal an effective reward system existence is obligatory (Ready and Conger, 2007).

TM in general, aims at workforce planning, attracting talented employees, developing these employees and retaining these employees (Rothwell, 2011). Lewis and Heckman (2006) say that talent management has emerged from three different angles. The first one declares that TM is a human resources management department which makes all employees stand on the same side of the ship with no differences between them even when it comes to talents (Snell, 2007). The second one demands to build talented pools by means of securing current talented personnel and developing them (Creelman, 2004). The third one focuses on separate employees' performance where evaluation plans are set to identify and keep class A and B employees and expel grade C employees (Rothwell, 2011). Also, it is defined as “The sum of peoples” capabilities, experiences, competencies, attitudes, and

behaviour that can be turned into organizational performance” by Pillay et al. (2008). Another definition of talent management is: “a new business science that blends workforce planning, acquisition, development, mobility, and measurement into a strategic discipline” (Stevens, 2008). Also, it is commonly agreed that talent management directly engages workforce planning, recruitment, human capital development, and diversity (Iles et al., 2010). Another definition is that talent management is about positive things, doing things for your best people, investing in developing them, building their potential and assisting people to make the best use of their strengths (Garrow and Hirsh, 2008). Based on previous efforts afforded in defining talent management, a certain definition for talent management is concluded like this: it is an integrated process that contains several specified procedures that contribute overwhelmingly in the success of the organization and these procedures are workforce planning, talented employee’s acquirement, developing and training these talented employees, and sustaining them as assets of the organization (Iles et al., 2010).

### **3.3 Overview of Talent Management Practices**

Talent management shares several similarities with human resources management, moreover, they share some of the same practices that are applied in both departments that eventually lead to the success of the organization (Schuler et al., 2011). Organizational talents nowadays require management and improvements due to the uncertainty of environments such as enduring skills shortages and employee demands for work-life balance (Lewis and Heckman, 2006). Mastery of management appears in the organizations` abilities to enhance strategies, policies, and programs for attracting, developing, and retaining talented employees (Snell, 2007). That can be achieved by determining what the organization needs of either current capabilities or envisioned talents required (Ready, 2007). To apply talent management professionally, the human resources department needs the assistance of the top management of that organization to be highly effective and fruitful starting from workforce planning until talent retention and passing attracting talented employees and developing them (Cappelli, 2008; Shrimali and Gidwani, 2012).

### **3.4 Talent Management Practices in Hospitals**

Talent management is critical in hospitals, where skilled and dedicated professionals are essential for delivering high-quality patient care. Effective talent management practices help hospitals attract, retain, and develop talented employees. These practices are designed to identify, nurture, and utilize the skills and abilities of healthcare professionals to achieve organizational goals and improve patient outcomes. By investing in talent management, hospitals can enhance employee engagement, reduce turnover, and improve overall performance.

Talent management practices in hospitals involve a range of activities, including workforce planning, recruitment, talent development, and succession planning. These activities help hospitals to build a strong and capable workforce that is equipped to meet the changing needs of the healthcare industry. By prioritizing talent management, hospitals can create a positive and supportive work environment that attracts and retains top talent, drives innovation, and improves patient care.

#### **3.4.1 Talent Attraction**

Talent attraction refers to the process of creating a compelling employer brand and value proposition to draw top talent to an organization. It involves showcasing the organization's unique culture, values, and mission to appeal to potential candidates who share similar values and are passionate about contributing to the organization's success. Effective talent attraction strategies can include utilizing social media, offering competitive salaries and benefits, and highlighting opportunities for professional growth and development. By creating a strong employer brand, organizations can differentiate themselves in a competitive job market and attract high-quality candidates who are equipped to drive business success.

In the context of hospitals, talent attraction involves developing a strong employer brand that showcases the hospital's mission, values, and culture. This can be achieved by utilizing social media and online platforms to promote job opportunities and engage with potential candidates. Hospitals can also offer competitive salaries, benefits, and perks to attract top talent. Building relationships

with medical schools, universities, and professional associations can help attract recent graduates and experienced professionals. By showcasing their unique culture, values, and mission, hospitals can appeal to candidates who share similar values and are passionate about delivering high-quality patient care. Highlighting opportunities for professional growth and development, leveraging employee testimonials, workplace awards, and recognition can also demonstrate a commitment to employee satisfaction and well-being, ultimately attracting top talent and building a skilled and dedicated workforce.

### **3.4.2 Talent Acquisition**

Talent acquisition refers to the process of identifying, recruiting, and hiring talented individuals to fill specific roles within an organization. It involves developing effective recruitment strategies, conducting thorough interviews and assessments, and ensuring compliance with organizational policies and procedures. Talent acquisition is a critical component of an organization's overall talent management strategy, as it enables them to attract and hire the best talent, drive business growth, and achieve their goals. Effective talent acquisition requires a deep understanding of the organization's workforce needs, as well as the ability to identify and attract top performers. By leveraging a range of recruitment channels, including social media, job boards, and employee referrals, organizations can increase their visibility and appeal to potential candidates.

Talent acquisition in healthcare requires a strategic approach to identifying and hiring skilled professionals who can deliver exceptional patient care. This involves developing targeted recruitment strategies, utilizing effective interview techniques, and assessing candidates' technical and interpersonal skills. Leveraging technology, such as applicant tracking systems, can also streamline the recruitment process and enhance the candidate experience. By adopting a proactive and data-driven approach to talent acquisition, healthcare organizations can attract and retain top talent, reduce turnover, and improve patient outcomes. Effective talent acquisition also enables organizations to build a diverse and inclusive workforce, drive innovation, and achieve their goals, ultimately leading to better healthcare delivery and community impact.

### **3.4.3 Talent Identification**

Talent identification refers to the process of recognizing and developing the skills and abilities of existing employees within an organization. It involves identifying high-potential employees and providing them with opportunities for growth and development, such as training, mentorship, and leadership development programs. Talent identification is critical to succession planning, leadership development, and ensuring the long-term success of an organization. By identifying and developing internal talent, organizations can build a strong leadership pipeline, reduce turnover, and improve employee engagement.

In hospitals, talent identification involves recognizing and developing the skills and abilities of healthcare professionals, such as nurses, doctors, and allied health professionals. This can be achieved by implementing talent development programs, providing opportunities for professional growth and development, and offering mentorship and coaching. By identifying and developing internal talent, hospitals can build a strong and capable workforce, improve patient care, and achieve their goals. Effective talent identification can also help hospitals to reduce recruitment costs, improve employee retention, and enhance their reputation as a great place to work.

### **3.4.4 Talent Deployment**

Talent deployment refers to the process of assigning and utilizing the skills and abilities of employees to maximize their potential and achieve organizational goals. It involves strategically placing talented individuals in roles where they can make the greatest impact, and providing them with the necessary resources and support to excel. Effective talent deployment enables organizations to optimize their workforce, drive business performance, and achieve their objectives. By aligning talent with business needs, organizations can improve productivity, enhance employee engagement, and drive innovation. Talent deployment also involves ongoing monitoring and evaluation to ensure that employees are utilized effectively and that their skills and abilities are being fully leveraged.

Effective talent deployment in healthcare involves strategically assigning professionals to roles that align with their skills, expertise, and interests. This is achieved through workforce planning, talent mapping, and succession planning. By deploying talent effectively, healthcare organizations can enhance patient care, streamline operations, and foster innovation. It also enables them to adapt to changing demands, mitigate workforce shortages, and build a flexible workforce that can navigate the complexities of the healthcare industry. Moreover, effective talent deployment can lead to increased employee engagement, reduced turnover rates, and improved job satisfaction, ultimately resulting in better patient outcomes and a stronger reputation for the organization. By leveraging the strengths and abilities of their workforce, healthcare organizations can achieve operational excellence and deliver high-quality care that meets the evolving needs of patients and communities.

### **3.4.5 Succession Planning**

Succession planning is a strategic process that identifies, develops, and prepares future leaders to take on key roles within an organization. It involves identifying critical positions, assessing potential successors, and providing them with development opportunities to build their skills and expertise. Effective succession planning ensures that organizations have a strong leadership pipeline, enabling them to maintain continuity, drive business performance, and achieve their goals. By proactively developing future leaders, organizations can mitigate the risks associated with leadership transitions, reduce knowledge gaps, and ensure that they have the talent and expertise needed to drive long-term success. Succession planning also helps to promote diversity, equity, and inclusion by identifying and developing leaders from diverse backgrounds and perspectives.

Succession planning is essential for maintaining continuity of care and delivering high-quality services in healthcare settings. By identifying and developing future leaders for key positions, such as department heads, nurse managers, and physician leaders, organizations can build a robust leadership pipeline. This enables them to drive innovation, enhance patient care, and respond effectively to evolving healthcare demands. Effective succession planning also helps minimize leadership

gaps, retain top talent, and establish a reputation as an employer of choice, ultimately benefiting both employees and patients.

A well-executed succession planning strategy allows healthcare organizations to proactively address potential leadership shortages, reduce the risk of knowledge loss, and ensure a smooth transition of leadership. By investing in the development of future leaders, organizations can build a strong foundation for long-term success and sustainability, ultimately leading to improved patient outcomes and a positive impact on the community they serve.

### **3.4.6 Talent Development**

Talent development refers to the process of enhancing the skills, knowledge, and abilities of employees to help them grow professionally and personally. It involves providing opportunities for learning, training, and development, such as workshops, mentorship programs, leadership development initiatives, and online courses. Effective talent development enables organizations to build a skilled and motivated workforce, drive business performance, and achieve their goals. By investing in talent development, organizations can improve employee engagement, retention, and productivity, while also enhancing their reputation as a great place to work. Talent development is a key driver of organizational success, as it helps to build a strong leadership pipeline, drive innovation, and foster a culture of continuous learning and improvement.

Talent development is crucial in healthcare, empowering professionals with the skills and knowledge needed to deliver exceptional patient care. Through training programs, workshops, and conferences, healthcare organizations can cultivate a culture of continuous learning and improvement. By investing in talent development, hospitals can boost employee engagement, reduce turnover, and enhance patient outcomes. This investment also enables organizations to drive innovation, remain competitive, and adapt to changing healthcare demands, ultimately elevating the quality of care and services provided.

Moreover, talent development helps healthcare professionals stay up-to-date with the latest medical advancements, technologies, and best practices, ensuring they are equipped to address complex patient needs and improve health outcomes. By prioritizing talent development, healthcare organizations can build a skilled, motivated, and adaptable workforce that is better positioned to meet the evolving needs of patients and communities, driving long-term success and sustainability.

### **3.4.7 Talent Engagement**

Talent engagement refers to the process of creating a work environment that motivates and inspires employees to perform at their best. It involves fostering a culture of recognition, feedback, and empowerment, where employees feel valued, supported, and connected to the organization's mission and goals. Effective talent engagement enables organizations to improve employee satisfaction, reduce turnover, and increase productivity. By engaging talent effectively, organizations can unlock the full potential of their workforce, drive innovation, and achieve their strategic objectives. Talent engagement is also critical to building a positive employer brand, attracting top talent, and retaining high-performing employees. When employees are engaged, they are more likely to be motivated, committed, and passionate about their work, leading to improved business outcomes.

Effective talent engagement strategies in healthcare can have a profound impact on patient care, employee retention, and job satisfaction. By prioritizing employee well-being, recognizing outstanding performance, and providing opportunities for professional growth, healthcare organizations can create a positive work environment that benefits both employees and patients. This, in turn, can lead to better health outcomes, increased patient satisfaction, and a stronger reputation for the organization.

Talent engagement fosters a sense of purpose and commitment among healthcare professionals, encouraging them to deliver high-quality care and strive for excellence. When employees feel valued, supported, and empowered, they are more likely to be motivated, productive, and dedicated to their work. By engaging talent effectively, healthcare organizations can build a resilient workforce that is better

equipped to navigate the complexities and challenges of the healthcare industry, ultimately leading to improved patient care and organizational success.

### **3.4.8 Performance Assessment**

Performance assessment is a systematic process of evaluating an individual's or organization's performance to determine progress toward goals and objectives. It involves collecting and analyzing data to assess strengths, weaknesses, opportunities, and areas for improvement. The primary purpose of performance assessment is to measure performance, identify gaps, and inform decision-making to drive improvement and achieve desired outcomes.

In healthcare, performance assessment plays a critical role in ensuring that healthcare professionals meet the required standards of care and service delivery. This process typically includes setting performance goals, monitoring progress, providing feedback, and conducting regular evaluations. Effective performance assessment enables healthcare organizations to identify areas for improvement, develop targeted training programs, and recognize high-performing employees. By assessing performance regularly, healthcare organizations can optimize workforce performance, enhance patient care, and drive continuous quality improvement.

Regular performance assessments also help to identify skill gaps, talent development needs, and opportunities for career advancement. This enables healthcare organizations to create personalized development plans, provide constructive feedback, and support employees in achieving their career goals. Ultimately, performance assessment plays a critical role in ensuring that healthcare professionals are equipped to deliver high-quality patient care, drive innovation, and contribute to the overall success of the organization. By integrating performance assessment into their talent management strategy, healthcare organizations can build a high-performing workforce that is capable of meeting the evolving needs of patients and communities.

### **3.4.9 Talent Retention**

Talent retention refers to the strategies and practices used by organizations to keep their most skilled and valuable employees. It involves creating a work environment that supports employee growth, satisfaction, and well-being, reducing the likelihood of turnover. Effective talent retention enables organizations to maintain continuity, preserve knowledge, and minimize the costs associated with recruitment and training. Additionally, it helps organizations to build a strong employer brand, enhance their reputation, and attract top talent, ultimately driving long-term success and competitiveness.

Retaining top talent is essential for delivering high-quality patient care and maintaining organizational stability. By offering competitive compensation, opportunities for professional growth, recognition, and a supportive work environment, healthcare organizations can reduce turnover rates, improve job satisfaction, and foster a culture of excellence. This, in turn, enhances patient outcomes, builds trust, and establishes the organization as a preferred employer in the healthcare industry.

### **3.5 Staff Nurse Perception Towards the Organizational Justice**

Staff nurse perception towards the organizational justice in their work place act as one of the dependent variables as it measures the impact of talent management practices and it includes the construct such as Distributive Justice, Procedural Justice, Interpersonal Justice, Informational Justice.

Staff nurse perception towards organizational justice in their workplace is a critical aspect of their job satisfaction and engagement. Organizational justice refers to the perceived fairness of an organization's policies, procedures, and practices. It encompasses various constructs that significantly influence employee attitudes, behaviors, and overall job satisfaction. When staff nurses perceive organizational justice, they are more likely to be committed, motivated, and productive, ultimately leading to improved patient care and outcomes. Understanding staff nurse perceptions of organizational justice is essential for healthcare organizations to create

a positive work environment, foster trust, and promote a culture of fairness and respect.

### **3.5.1 Organizational justice**

Organizational justice is a multifaceted concept that reflects the extent to which employees perceive fairness in their workplace. It influences employee attitudes, behaviors, and overall job satisfaction. Fairness perceptions can shape employees' emotional responses, motivation, and commitment to the organization. When employees perceive organizational justice, they are more likely to trust their leaders, feel valued, and be engaged in their work. Conversely, perceptions of injustice can lead to negative outcomes such as dissatisfaction, turnover, and decreased performance. By prioritizing organizational justice, healthcare organizations can foster a positive work environment that supports employee well-being and promotes high-quality patient care.

### **3.5.2 Distributive Justice**

Distributive justice refers to the perceived fairness of outcomes, such as pay, promotions, and rewards. Staff nurses' perceptions of distributive justice can impact their job satisfaction and motivation. When staff nurses feel that outcomes are distributed fairly, they are more likely to be satisfied with their jobs and motivated to perform at their best. Conversely, perceptions of unfairness can lead to dissatisfaction, demotivation, and decreased job performance.

Distributive justice is critical in healthcare settings, where staff nurses often work in high-stress environments and make significant contributions to patient care. Fair distribution of outcomes can promote a sense of fairness and equity among staff nurses. This can be achieved through equitable pay and benefits, opportunities for career advancement and professional growth, recognition and rewards for outstanding performance, and fair allocation of resources and workload. By prioritizing distributive justice, healthcare organizations can promote job satisfaction, retention, and overall well-being among staff nurses.

### **3.5.3 Procedural Justice**

Procedural justice refers to the perceived fairness of the processes used to make decisions in an organization. Staff nurses' perceptions of procedural justice can influence their trust in the organization and its leadership. When staff nurses feel that decision-making processes are fair, transparent, and involve their input, they are more likely to trust the organization and be committed to its goals.

Procedural justice involves several key elements, including consistency, lack of bias, accuracy, representation, and correctability. In healthcare settings, procedural justice can be applied to decision-making processes related to staffing, resource allocation, and policy development.

By prioritizing procedural justice, healthcare organizations can promote a culture of trust, respect, and collaboration among staff nurses. This can lead to improved job satisfaction, increased commitment, and better patient outcomes. When staff nurses feel that their voices are heard and their concerns are addressed, they are more likely to be engaged and motivated in their work.

### **3.5.4 Interpersonal Justice**

Interpersonal justice refers to the perceived fairness of interpersonal treatment, such as respect, dignity, and politeness, that employees receive from their supervisors and colleagues. Staff nurses' perceptions of interpersonal justice can impact their relationships with colleagues and supervisors, and influence their overall job satisfaction and well-being.

When staff nurses feel that they are treated with respect and dignity, they are more likely to feel valued and appreciated, and to have positive relationships with their colleagues and supervisors. Conversely, perceptions of interpersonal injustice can lead to feelings of resentment, anger, and decreased job satisfaction. In healthcare settings, interpersonal justice is critical for promoting a positive work environment and fostering collaboration among staff nurses. By prioritizing interpersonal justice, healthcare organizations can promote a culture of respect,

empathy, and kindness, which can lead to improved job satisfaction, reduced turnover, and better patient outcomes.

### **3.5.5 Informational Justice**

Informational justice refers to the perceived fairness of communication, such as transparency, honesty, and timely feedback, that employees receive from their organization. Staff nurses' perceptions of informational justice can influence their understanding of organizational decisions and policies, and impact their trust in leadership.

Effective informational justice involves providing staff nurses with accurate, timely, and relevant information about decisions, policies, and changes that affect their work. This can include regular updates, clear explanations, and opportunities for feedback and questions. When staff nurses are well-informed, they can better understand the reasoning behind decisions and feel more confident in their roles. With informational justice, healthcare organizations can ignite a spark of trust, fuel collaboration, and empower staff nurses to make informed decisions. By shedding light on the decision-making process and keeping staff nurses in the loop, organizations can unlock a world of possibilities, where every nurse feels valued, heard, and equipped to deliver exceptional patient care.

## **3.6 Factors Determining The Level of Staff Nurse Engagement**

Staff nurse engagement is a critical factor in determining the quality of patient care and overall organizational performance. Engagement refers to the emotional, cognitive, and physical investment that staff nurses make in their work. When staff nurses are engaged, they are more likely to provide high-quality care, be committed to their organization, and contribute to a positive work environment. Staff nurse engagement is influenced by various factors, including organizational culture, leadership, and work environment. Understanding these factors is essential for healthcare organizations to develop effective strategies to promote engagement and improve patient outcomes.

### **3.6.1 Physical Engagement**

Physical engagement refers to the physical and energetic investment that staff nurses make in their work. It involves being present, focused, and energetic while performing tasks and interacting with patients and colleagues. Factors that influence physical engagement include:

- Work environment and workload: A safe, comfortable, and well-equipped work environment can promote physical engagement, while excessive workload and long hours can lead to fatigue and decreased engagement.
- Opportunities for rest and breaks: Regular breaks and time to rest can help staff nurses recharge and maintain their physical energy levels.
- Physical demands of the job: Staff nurses who are physically fit and able to manage the physical demands of their job are more likely to be physically engaged.
- Availability of resources and equipment: Having access to necessary resources and equipment can reduce physical strain and promote engagement.

When staff nurses are physically engaged, they are more likely to:

- Provide high-quality patient care
- Respond to emergencies effectively
- Work efficiently and effectively
- Have better attendance and reduced absenteeism
- Experience reduced fatigue and burnout

Healthcare organizations can promote physical engagement among staff nurses by:

- Providing a safe and comfortable work environment
- Managing workload and staffing levels
- Offering wellness programs and resources
- Encouraging self-care and healthy habits
- Providing opportunities for rest and breaks

### 3.6.2 Emotional Engagement

Emotional engagement refers to the emotional investment that staff nurses make in their work. It involves feeling connected, passionate, and committed to patient care and the organization. Factors that influence emotional engagement include:

- **Meaningfulness of work:** Staff nurses who find their work meaningful and fulfilling are more likely to be emotionally engaged.
- **Support from colleagues and supervisors:** Positive relationships with colleagues and supervisors can promote emotional engagement and job satisfaction.
- **Opportunities for professional growth and development:** Staff nurses who feel that they are learning and growing in their roles are more likely to be emotionally engaged.
- **Recognition and rewards for outstanding performance:** Acknowledging and rewarding staff nurses' contributions can promote emotional engagement and motivation.

When staff nurses are emotionally engaged, they are more likely to:

- Provide compassionate and empathetic care
- Build strong relationships with patients and colleagues
- Contribute to a positive work environment
- Experience increased job satisfaction and reduced turnover
- Be more resilient in the face of challenges and stress

Healthcare organizations can promote emotional engagement among staff nurses by:

- Fostering a positive and supportive work environment
- Providing opportunities for professional growth and development
- Recognizing and rewarding outstanding performance
- Encouraging open communication and feedback
- Supporting staff nurses' well-being and mental health

By promoting emotional engagement, healthcare organizations can improve staff nurse job satisfaction, retention, and patient care.

### **3.6.3 Cognitive Engagement.**

Cognitive engagement refers to the mental investment that staff nurses make in their work. It involves being attentive, focused, and mentally present while performing tasks and making decisions. Factors that influence cognitive engagement include:

- **Autonomy and decision-making authority:** Staff nurses who are empowered to make decisions and take ownership of their work are more likely to be cognitively engaged.
- **Opportunities for learning and professional development:** Staff nurses who are challenged to learn and grow are more likely to be cognitively engaged.
- **Complexity and challenge of work:** Staff nurses who are intellectually stimulated by their work are more likely to be cognitively engaged.
- **Feedback and recognition for critical thinking and problem-solving:** Acknowledging and rewarding staff nurses' critical thinking and problem-solving skills can promote cognitive engagement.

When staff nurses are cognitively engaged, they are more likely to:

- Think critically and solve problems effectively
- Provide high-quality patient care
- Stay up-to-date with best practices and evidence-based care
- Contribute to quality improvement initiatives
- Experience increased job satisfaction and professional growth

Healthcare organizations can promote cognitive engagement among staff nurses by:

- Providing opportunities for professional development and continuing education
- Encouraging autonomy and decision-making authority

- Fostering a culture of critical thinking and problem-solving
- Providing feedback and recognition for outstanding performance
- Encouraging staff nurses to participate in quality improvement initiatives

### **3.7 Staff Nurse Performance**

Staff nurse performance is a critical aspect of healthcare delivery, directly impacting patient outcomes, quality of care, and organizational success. Evaluating staff nurse performance involves assessing various dimensions that reflect their ability to provide high-quality patient care, work effectively within healthcare teams, and contribute to the overall goals of the organization. Effective staff nurse performance is characterized by a combination of technical competence, critical thinking, and interpersonal skills, all of which are essential for delivering patient-centered care and achieving positive health outcomes. By understanding and evaluating staff nurse performance, healthcare organizations can identify areas for improvement, develop targeted interventions, and ultimately enhance the quality of care provided to patients.

Staff Nurse Performance and Organizational Performance act as the other two dependent variables of the study. Staff nurse performance includes the subset of their quality of work, work involvement, work commitment, work satisfaction, work performance and retention in work. Organizational performance includes the subset of patient focus, staff efficiency, management efficiency and hospital service efficiency.

#### **3.7.1 Quality of work**

Quality of work is a critical dimension of staff nurse performance, reflecting the degree to which their care and services meet the highest standards of professionalism, safety, and effectiveness. It encompasses not only the technical aspects of nursing care but also the interpersonal and organizational aspects that contribute to positive patient outcomes and satisfaction. High-quality work in nursing is essential for ensuring patient safety, reducing medical errors, and promoting optimal health outcomes. Quality of work refers to the degree to which staff nurses'

performance meets professional standards, guidelines, and expectations. High-quality work is characterized by:

- Accuracy and attention to detail in patient care and documentation
- Adherence to evidence-based practices and clinical guidelines
- Effective communication and collaboration with patients, families, and healthcare teams
- Patient-centered care that prioritizes individual needs and preferences
- Continuous quality improvement through ongoing learning and professional development

To enhance quality of work, healthcare organizations can:

- Provide regular training and education on best practices and new technologies
- Encourage a culture of safety and quality improvement
- Foster open communication and collaboration among healthcare teams
- Implement quality metrics and feedback mechanisms

### **3.7.2 Work involvement**

Work involvement refers to the degree to which staff nurses are engaged, motivated, and invested in their work, going beyond mere attendance or completion of tasks. It encompasses a sense of purpose, enthusiasm, and commitment to delivering high-quality patient care and contributing to the organization's goals. When staff nurses are highly involved in their work, they are more likely to be proactive, innovative, and dedicated to achieving excellence in patient care. Characteristics of high work involvement include:

- Active participation in patient care and decision-making processes
- Willingness to take on additional responsibilities and contribute to team goals
- Collaboration and teamwork with colleagues and other healthcare professionals
- Continuous learning and professional development to stay current with best practices
- Sense of ownership and accountability for patient outcomes and quality of care

To promote work involvement, healthcare organizations can:

- Encourage staff nurses to participate in decision-making processes and shared governance
- Provide opportunities for professional growth and development
- Foster a positive and supportive work environment
- Recognize and reward staff nurses' contributions and achievements

### **3.7.3 Work commitment**

Work commitment is a vital aspect of staff nurse performance, reflecting their emotional and psychological investment in their role, organization, and profession. It encompasses a sense of responsibility, loyalty, and dedication to delivering high-quality patient care and contributing to the organization's success. When staff nurses are committed to their work, they are more likely to be motivated, engaged, and resilient in the face of challenges, ultimately leading to improved patient outcomes and organizational performance. Work commitment refers to the degree to which staff nurses are dedicated and loyal to their organization and profession. Characteristics of high work commitment include:

- Strong identification with the organization's mission, vision, and values
- Willingness to make sacrifices for the organization's benefit and success
- Desire to contribute to the organization's goals and objectives
- Pride in one's work and profession as a nurse
- Long-term commitment to the organization and the nursing profession

To enhance work commitment, healthcare organizations can:

- Clearly communicate the organization's mission, vision, and values
- Provide opportunities for staff nurses to contribute to organizational goals and objectives
- Foster a sense of community and teamwork among staff nurses
- Recognize and reward staff nurses' dedication and loyalty

### **3.7.4 Work satisfaction**

Work satisfaction is a vital aspect of a nurse's professional life, influencing their overall well-being, job performance, and commitment to their organization. It is shaped by various factors that contribute to a nurse's sense of fulfillment and happiness in their role. When nurses are satisfied with their work, they are more likely to provide high-quality care, build strong relationships with patients and colleagues, and contribute to a positive work environment. Work satisfaction refers to the degree to which staff nurses are content and fulfilled in their work. Factors influencing work satisfaction include:

- Autonomy and decision-making authority in patient care and practice
- Recognition and rewards for outstanding performance and contributions
- Positive work environment and culture that supports staff well-being
- Opportunities for growth and development through education and professional advancement
- Work-life balance that allows for personal and professional fulfillment

To promote work satisfaction, healthcare organizations can:

- Provide autonomy and decision-making authority to staff nurses
- Recognize and reward staff nurses' contributions and achievements
- Foster a positive and supportive work environment
- Offer opportunities for professional growth and development
- Support work-life balance through flexible scheduling and wellness programs

### **3.7.5 Work performance**

Work performance is a critical aspect of a staff nurse's role, reflecting their ability to deliver high-quality patient care while meeting the expectations and standards of their organization. Effective work performance is essential for achieving optimal patient outcomes, ensuring patient safety, and promoting a positive and productive work environment. It encompasses a range of skills, knowledge, and behaviors that enable nurses to provide compassionate, evidence-based care that

meets the complex needs of patients and families. Work performance refers to the effectiveness and efficiency with which staff nurses carry out their responsibilities.

Key aspects of work performance include:

- Meeting productivity and efficiency standards in patient care and administrative tasks
- Achieving quality and safety goals through evidence-based practice and continuous improvement
- Demonstrating technical competence in nursing skills and procedures
- Providing patient-centered care that prioritizes individual needs and preferences
- Collaborating with colleagues and other healthcare professionals to achieve team goals

To enhance work performance, healthcare organizations can:

- Provide regular feedback and coaching on performance
- Offer opportunities for professional development and continuing education
- Implement quality metrics and feedback mechanisms
- Foster a culture of safety and quality improvement
- Encourage collaboration and teamwork among healthcare professionals

### **3.7.6 Retention in work.**

Retention in work refers to the ability of healthcare organizations to retain staff nurses over time, reducing turnover rates and associated costs. It is a critical aspect of workforce management, as high retention rates are linked to improved patient outcomes, increased job satisfaction, and reduced recruitment and training costs. Factors influencing retention include job satisfaction, opportunities for growth and development, work-life balance, and a positive work environment. When staff nurses are retained, they develop a deeper understanding of the organization's culture, policies, and procedures, enabling them to provide more effective care.

Key factors influencing retention include:

- Job satisfaction and engagement
- Opportunities for professional growth and development
- Positive work environment and culture
- Competitive compensation and benefits
- Support for work-life balance

To improve retention, healthcare organizations can:

- Foster a positive and supportive work environment
- Offer opportunities for professional growth and development
- Provide competitive compensation and benefits
- Support work-life balance through flexible scheduling and wellness programs
- Recognize and reward staff nurses' contributions and achievements

### **3.8 Organizational Performance**

Organizational performance is about achieving goals and succeeding in a competitive environment. It involves strategic planning, efficient operations, and continuous improvement. High performance leads to a good reputation, stakeholder trust, and goal achievement. Effective organizational performance also enables organizations to adapt to changing circumstances, innovate, and stay ahead of the competition. By prioritizing performance, organizations can drive growth, improve efficiency, and enhance overall success.

Key aspects of organizational performance include:

- Productivity and efficiency
- Quality of products or services
- Customer satisfaction and loyalty
- Financial performance and sustainability
- Employee engagement and retention

In the context of healthcare, organizational performance is critical for delivering high-quality patient care, ensuring patient safety, and improving health outcomes. Healthcare organizations that prioritize performance can better manage resources, streamline processes, and respond to patient needs, ultimately leading to improved patient satisfaction and health outcomes.

To enhance organizational performance, organizations can:

- Set clear goals and objectives
- Implement effective strategies and processes
- Foster a positive work culture
- Invest in employee development
- Monitor performance metrics

By prioritizing organizational performance, organizations can achieve their goals and stay competitive.

### **3.8.1 Patient Focus**

Patient focus is a critical aspect of healthcare organizational performance, prioritizing patient needs, preferences, and satisfaction. This involves delivering patient-centered care that is compassionate, respectful, and tailored to individual needs. Key elements include:

- Providing patient-centered care that addresses physical, emotional, and social needs
- Ensuring patient safety and quality of care through evidence-based practices
- Encouraging patient engagement and participation in care decisions
- Responding to patient feedback and concerns in a timely and effective manner
- Fostering a culture of empathy and compassion among healthcare staff

By prioritizing patient focus, healthcare organizations will see improved patient satisfaction and health outcomes.

### **3.8.2 Staff Efficiency**

Staff efficiency is essential for delivering high-quality patient care while optimizing resources and minimizing waste. This involves streamlining workflows, reducing administrative burdens, and providing staff training and development opportunities. Key elements include:

- Streamlining workflows and processes to reduce unnecessary tasks and improve productivity
- Reducing administrative burdens through automation and digitalization
- Providing staff training and development opportunities to enhance skills and knowledge
- Encouraging teamwork and collaboration among healthcare staff
- Implementing effective communication systems to reduce errors and improve care coordination

As a result, staff efficiency can lead to enhanced patient care and reduced burnout.

### **3.8.3 Management Efficiency**

Management efficiency is critical for driving organizational performance, making informed decisions, and allocating resources effectively. This involves developing and implementing strategic plans, managing budgets and finances, and monitoring performance metrics. Key elements include:

- Developing and implementing strategic plans that align with organizational goals
- Managing budgets and finances to ensure sustainability and growth
- Monitoring performance metrics and making data-driven decisions
- Fostering a positive and supportive work culture that encourages staff engagement and motivation
- Encouraging innovation and continuous improvement

This can ultimately result in improved operational performance and financial sustainability.

### **3.8.4 Hospital Service Efficiency**

Hospital service efficiency is essential for delivering high-quality patient care while minimizing delays, waste, and errors. This involves streamlining patient flow, optimizing resource allocation, and improving communication and coordination between departments. Key elements include:

- Streamlining patient flow and reducing wait times to improve patient satisfaction
- Optimizing resource allocation and utilization to minimize waste and improve efficiency
- Improving communication and coordination between departments to reduce errors and improve care coordination
- Implementing evidence-based practices and quality improvement initiatives to enhance patient care
- Encouraging continuous improvement and innovation

Thus, hospital service efficiency can be a key driver of excellence in patient care.

### **3.9 NABH Accreditation**

NABH (National Accreditation Board for Hospitals and Healthcare Providers) accreditation is a prestigious recognition that demonstrates a healthcare organization's commitment to quality patient care and safety. It involves a rigorous evaluation process that assesses the organization's adherence to established standards and guidelines. This accreditation is a benchmark for quality healthcare in India, ensuring that accredited organizations provide high-quality patient care, maintain patient safety, and continually improve their services.

The NABH accreditation process involves a comprehensive evaluation of various aspects of healthcare delivery, including patient rights, care processes, medication management, infection control, and governance. By achieving NABH accreditation, healthcare organizations demonstrate their commitment to delivering patient-centered care, ensuring patient safety, and maintaining high standards of quality.

### **3.9.1 Accreditation of Hospitals and the Process**

Hospital accreditation is a systematic process of assessment of healthcare organisations against quality and safety standards developed beforehand. It seeks to ensure that hospitals provide care that is reliable, patient-centred, evidence-based care, all while adhering to the values of accountability, transparency and continuous improvement. In India, hospital accreditation is primarily overseen by the National Accreditation Board for Hospitals and Healthcare Providers (NABH) while global entities such as Joint Commission International (JCI) and others provide international benchmarks.

Usually, accreditation is implemented in stages. First, an institution formally applies and submits paperwork and documentation around their infrastructure, clinical practice, staff and leadership patterns. This is then followed by self-assessment where institutions then examine the degree to which they are abiding by standards for patient care, infection prevention and control, clinical outcomes and ethics. Finally, assessors conduct a pre-assessment visit where assessors (who have been trained to conduct accreditation assessments) can identify gaps and guide improvement. Once deficiencies are dealt with there is a final evaluation through inspections and interviews of staff, patients and administrators and then a decision is made by the accreditation body. If successful, the setting is awarded accreditation, for a limited time period (usually three-to-four years). Accreditations are not awarded indefinitely, as the system is subject to surveillance audits and cycle renewal to ensure standards are maintained.

There are many implications for accreditation, beyond certification. It provides the potential for increased patient safety, clinical effectiveness and institutional credibility. It encourages process standardization, rational resource use, and patient trust. For Kerala, with all types of health institutions from large corporates, cooperatives and missions, accreditation is an important mechanism for establishing a common standard of quality for a diverse health ecosystem.

### **3.9.2 Benefits of NABH Accreditation**

#### **1. Improved Patient Care and Safety**

NABH accreditation ensures that healthcare organizations prioritize patient care and safety, leading to better clinical outcomes and reduced adverse events. This is achieved through implementation of evidence-based practices, standardization of care processes, continuous monitoring and improvement of patient care, and enhanced patient safety protocols.

#### **2. Enhanced Reputation and Credibility**

Accreditation enhances the organization's reputation and credibility, both nationally and internationally, demonstrating a commitment to quality healthcare. This can lead to increased patient referrals, improved staff recruitment and retention, enhanced partnerships and collaborations, and increased trust from stakeholders and the community.

#### **3. Increased Patient Trust and Confidence**

Patients and their families have increased trust and confidence in accredited healthcare organizations, knowing they receive high-quality care. This is due to transparent care processes, patient-centered care, continuous quality improvement, and accountability and responsibility.

#### **4. Better Clinical Outcomes**

NABH accreditation promotes evidence-based practices, leading to improved clinical outcomes, reduced complications, and enhanced patient recovery. This includes reduced morbidity and mortality rates, improved patient satisfaction, enhanced quality of life, and better management of chronic diseases.

#### **5. Improved Staff Morale and Engagement**

The accreditation process fosters a culture of quality and safety, leading to increased staff morale, engagement, and motivation. This results in improved staff

satisfaction, reduced staff turnover, increased productivity, and enhanced teamwork and collaboration.

## **6. Compliance with Regulatory Requirements**

NABH accreditation ensures compliance with national and international standards, reducing the risk of regulatory non-compliance and associated penalties. This includes adherence to clinical and safety standards, compliance with regulatory requirements, reduced risk of litigation, and enhanced accountability.

## **7. Continuous Quality Improvement**

The accreditation process encourages continuous quality improvement, enabling healthcare organizations to identify areas for improvement and implement changes to enhance patient care. This involves regular audits and assessments, continuous monitoring of patient care, implementation of quality improvement initiatives, and evaluation and refinement of care processes.

## **8. Competitive Advantage**

NABH accreditation provides a competitive edge, differentiating accredited organizations from non-accredited ones and attracting patients, staff, and partners who value quality healthcare. This leads to increased market share, enhanced brand reputation, improved business opportunities, and increased stakeholder confidence.

By achieving NABH accreditation, healthcare organizations demonstrate their commitment to delivering high-quality patient care, ensuring patient safety, and continually improving their services. This commitment to excellence not only benefits patients but also enhances the organization's reputation, staff morale, and overall performance. Ultimately, NABH accreditation is a mark of distinction that recognizes healthcare organizations for their dedication to quality and safety, setting a benchmark for others to follow.

### **3.9.3 NABH Accreditation Standards**

The National Accreditation Board for Hospitals and Healthcare Providers (NABH) has established a set of standards to ensure that healthcare organizations

provide high-quality patient care and safety. The standards are categorized into the following areas:

### **1. Patient Rights and Education**

This standard focuses on respecting patients' rights, dignity, and autonomy. It includes:

- Providing patients with information about their care, treatment, and rights
- Ensuring patients' informed consent
- Respecting patients' confidentiality and privacy
- Educating patients and their families about their care and treatment

### **2. Access, Assessment, and Continuity of Care**

This standard ensures that patients have access to care and assessment, and that their care is continuous and coordinated. It includes:

- Providing timely access to care
- Conducting comprehensive assessments
- Developing individualized care plans
- Ensuring continuity of care through effective communication and coordination

### **3. Care of Patients**

This standard outlines the requirements for providing high-quality patient care, including:

- Assessment, diagnosis, and treatment
- Providing patient-centered care
- Managing pain and discomfort
- Providing emotional and spiritual support

#### **4. Management of Medication**

This standard focuses on the safe and effective management of medications, including:

- Prescribing medications safely
- Dispensing medications accurately
- Administering medications correctly
- Monitoring medication effects and side effects

#### **5. Patient Safety and Quality Improvement**

This standard emphasizes the importance of patient safety and continuous quality improvement. It includes:

- Identifying and mitigating risks
- Implementing quality improvement initiatives
- Monitoring and evaluating patient care
- Encouraging a culture of safety and quality

#### **6. Infection Control**

This standard outlines the requirements for preventing and controlling infections in healthcare settings. It includes:

- Hand hygiene practices
- Sterilization and disinfection procedures
- Use of personal protective equipment
- Surveillance and monitoring of infections

#### **7. Governance, Leadership, and Management**

This standard focuses on the organization's governance, leadership, and management structure. It includes:

- Establishing policies and procedures
- Defining roles and responsibilities

- Ensuring accountability and transparency
- Fostering a culture of quality and safety

## **8. Facility Management and Safety**

This standard ensures that healthcare facilities are safe and well-maintained. It includes:

- Managing facilities and equipment
- Ensuring safety and security
- Maintaining a clean and hygienic environment
- Managing waste and hazardous materials

## **9. Human Resource Management**

This standard outlines the requirements for managing human resources, including:

- Staffing and recruitment
- Training and development
- Performance evaluation and management
- Ensuring staff well-being and safety

## **10. Information Management System**

This standard focuses on managing patient information and healthcare data. It includes:

- Maintaining confidentiality and integrity of information
- Ensuring availability and accessibility of information
- Using information for quality improvement and decision-making
- Managing information technology and systems

By adhering to these standards, healthcare organizations can demonstrate their commitment to providing high-quality patient care and safety. This commitment to excellence not only benefits patients but also enhances the organization's reputation, staff morale, and overall performance. Ultimately, NABH accreditation is a mark of distinction that recognizes healthcare organizations for their dedication to

quality and safety, setting a benchmark for others to follow. By achieving NABH accreditation, healthcare organizations can ensure that they are providing the best possible care to their patients, while also fostering a culture of continuous quality improvement and excellence.

### **3.10 Theoretical Foundations of the Study**

The study of talent management practices in NABH accredited hospitals in the state of Kerala with an emphasis on staff nurses is grounded in two well-known theories of Organizational Justice and Social Exchange Theory. The study should help us to understand how talent management impacts staff nurses' perceptions, engagement, and performance and how this will influence effective organizational performance overall.

#### **3.10.1 Organizational Justice Theory**

Organizational Justice Theory was introduced by Greenberg (1987) and developed further by Colquitt (2001), to offer a rich theoretical foundation for understanding employee perceptions of fairness in organizational processes and outcomes. Organizational Justice can be divided into four dimensions - distributive justice (fairness in terms of outcomes and allocation of resources), procedural justice (fairness of the processes which lead to the outcomes), interpersonal justice (by demonstrating respect and dignity in the interactions between leaders and employees), and informational justice (by offering adequate and honest information).

The concept of Organizational Justice Theory is relevant in this study in order to explore the attitude of staff nurses towards fairness in the organization's practices in talent management. For example, nurses' perspectives of fairness, such as fair treatment with regards to pay, as well as other forms of reward; processes that are clearly communicated, applied consistently and perceived by nurses to be fair (for example with decision on promotion, transfer decisions); respectful communication from managers and supervisors; accurately, honestly and concisely shared information, are all important influences on nurses' unique personal view of the concept of justice within their organization. The perception of organizational justice is evidently important because organizational justice translates to nurses' affective

and cognitive engagement, job satisfaction, organizational trust as well as willingness to contribute, and remain engaged in the workplace while providing direct patient care.

Organizational Justice Theory can help identify the dependent variable in the current study, or organizational justice, in terms of each of these perceptions, so that the theory can provide a holistic explanation of how just practices in talent management processes can create a positive work environment through an emphasis on psychological safety, where employees demonstrate intent to stay, and commitment to providing safe quality nursing care. Accordingly, Organizational Justice Theory provides a conceptual framework to investigate the relationship between talent management practices and employee outcomes in healthcare contexts.

### **3.10.2 Social Exchange Theory**

Social Exchange Theory (SET), developed by Blau (1964), supports Organizational Justice Theory and provides an account of the relational dynamics between employees and organizations. SET suggests that social behavior is the result of an exchange process seeking to maximize benefits and minimize costs. In the organizational setting, SET presumes that when an employee perceives that their organization is investing in fair, supportive, and developmental talent management practices, the employee feels a responsibility to reciprocate with positive attitudes and behaviours. For this study, SET demonstrates how significant staff nurse engagement is as a mediating variable between talent management practices and performance outcomes. When an organization uses talent management practices such as talent acquisition, targeted or identified employee development programs, recognition of contributions made, or retention strategies, these practices will illustrate the organizational support perceived by the nurse. This also portrays to the nurse that the organization will invest in providing supportive and development experiences for them, which will promote emotional, physical, and cognitive levels of engagement at work. An engaged nurse will display higher commitment to their work, higher performance, and lower attrition to their work. This is relevant to the overall operational effectiveness of hospitals, as engaged nurses must be present for the organization to function.

### **3.10.3 Integrative Theoretical Framework**

Organizational Justice Theory and Social Exchange Theory provide the fully conceptual framework for this research. Organizational Justice Theory explains how fair, equitable and transparent talent management practices inform nurses' interpretive frameworks and perceptions of organizational equity. Social Exchange Theory helps explain how individuals participate in reciprocal exchanges with organizations, based on their interpretations of equity. Together, the two theories add connection to our study's conceptual model, in terms of: Talent management practices (ie. attraction, development and retention); Staff nurse engagement (physical, emotional, cognitive); perceptions of organizational justice; nurse performance; Organizational effectiveness. This theoretical combination has enabled prolific exploration into how human resources strategies in NABH accredited hospitals can have an impact on individual effectiveness and organizational effectiveness, while accounting for the unique role of the staff nurse.

### **3.11 Conclusion**

This chapter is intended to provide a rigorous theoretical review that will analyze and synthesize the literature relevant to this study. The review of the literature is an important scholarly activity that is the basis for the study's conceptual framework; through the review of the literature, the study identifies theoretical perspectives, operational definitions, propositions to be measured, and methodological possibilities to consider. The theoretical review provides an awareness for the researcher which amplifies the recognitions of prior knowledge, or the empty slots that rationalize the implementation of the study. This study is mainly constructing a theoretical phenomenon of study on Talent Management Practices pertaining to NABH-accredited hospitals in Kerala, with a focus on staff nurses. For this study, talent management practices as defined by the ten dimensions of Talent Management Practices are independent variables- Talent Attraction, Talent Acquisition, Talent Identification, Talent Deployment, Succession Planning, Talent Development, Talent Engagement, Performance Review, Talent Transition and Talent Retention. The theoretical model indicates Organizational Justice as a dependent variable that operationalizes the four dimensions of Organizational

Justice- Distributive, Procedural, Interpersonal and Informational Justice by considering how the talent practices may influence perceptions. Staff Nurse engagement, however exists and is conceived as a mediating variable, theoretically extracting from the three dimensions of Physical, Emotional and Cognitive Engagement. Further, as the models include Staff Nurse Performance and Organizational Performance as outcome variables, with Staff Nurse Performance comprised of constructs of quality of work, engagement, commitment, satisfaction, performance and retention, while Organizational Performance includes patient focus, staff efficiency, management effectiveness, and quality of hospital services establishing a framework for examining the relationship between strategic talent practices and performance outcomes in health service organizations.



## **CHAPTER IV**

### **RESEARCH METHODOLOGY OF THE STUDY**

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#### **4.1 Introduction**

This section describes the methodology applied by the researcher in conducting the proposed research work entitled on “Talent management and its influence on organizational performance among staff nurses”. The literature provides sufficient evidences for insights to formulate a conceptual framework which comprehends the relationship among the role of staff nurse engagement between the influence of talent management practices on organizational justice and performance among the NABH-accredited hospitals in Kerala. It provides the details about research design, area of the study, sampling design, source of data collection and tools used for analysis of the study. This chapter also details the process of development of the survey instrument - questionnaire, measurement of data, and the methods used in ascertaining its reliability and validity.

#### **4.2 Research Design of the Study**

Research design constitutes the blueprint for the collection, measurement and analysis of data. The study deals with measuring the talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses, analyzing the staff nurse perception towards the organizational justice in their workplace and also identify the factors determining the level of engagement among the staff nurses in their workplace. This study also deals with the comparison of staff nurse performance based on their level of engagement in their work place. This study proves the cause-and-effect influence of staff nurse engagement between the influence of talent management practices on organizational justice and performance among the NABH-accredited hospitals in Kerala. Thus, the research design of the study is exploratory, descriptive and causal in nature.

### **4.3 Sampling Design of the Study**

Staff nurses working in multi-specialty hospitals ranked with NABH in Kerala is selected for the study as the sampling units. There are 224 multi-specialty hospitals working in Kerala and it consist of 62 NABH-accredited hospitals in Kerala. The study population considers the staff nurses working at 62 NABH-accredited hospitals in Kerala and consists of 36,784 staff nurses. For the purpose of determining the sample size, researcher used the Krejcie and Morgan (1970) table. The adequate number of samples as per the Krejcie and Morgan table when the study population lies between 25,000 to 50,000 at a confidence level of 95 per cent and at 5 per cent margin of standard error is 381. Hence, the researcher decided to take the sample of 381 respondents from the total study population and randomly distributed the questionnaires to 400 selected staff nurses. Out of these 400 distributed questionnaires, 384 questionnaires are complete and eliminated 16 incomplete questionnaire and thus, the response rate of the survey is about 96 per cent. Thus, the data was collected from the selected staff nurses at NABH-accredited hospitals in Kerala by using simple random sampling technique.

### **4.4 Sources of Data Collection for the Study**

The study is purely based on the primary data. The researcher collected the primary data from the selected staff nurses at NABH-accredited hospitals in Kerala who contribute the population of the study with the help of structured questionnaire. Survey method was adopted in order to obtain the primary data. Secondary data was collected from books, journals, and periodicals for the purpose of theoretical development.

### **4.5 Reliability and Validity of the Research Instrument**

In order to perform any research, it is necessary to collect precise data using a research instrument that is both valid and reliable. Reliability and validity are the two fundamental concepts used to assess the dependability, accuracy, and consistency of a research instrument, as well as to identify any biases or errors in the measurement scale. Furthermore, it will ensure that the construct is evaluated in a legitimate and

appropriate manner. These two processes facilitate the researcher in precisely understanding the findings and making informed conclusions. The section provides a concise overview of the tools utilized for data collecting, as well as the many tests conducted to demonstrate the reliability and validity of the scales employed in the study. This is done to ensure the accuracy and dependability of the data collected for the purpose of data analysis. Lastly, this section outlines the measures taken to verify the normality of the collected data and the utilization of appropriate statistical techniques to analyze the data. These steps were undertaken to experimentally examine the hypotheses derived from the literature review and align with the research questions and objectives of the study.

#### **4.6 Tool Used for Data Collection**

Researcher collected data from the selected staff nurses among the NABH-accredited hospitals in Kerala with the help of structured questionnaire. The questionnaire consists of following questions:

- (a) **Socio-demographic profile** of the selected staff nurses among the NABH-accredited hospitals in Kerala.
- (b) **Talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses** is measured by using five-point Likert scale: Strongly agree (5), Agree (4), Neutral (3), Disagree (2) and strongly disagree (1).
- (c) **Organizational Justice at NABH-accredited hospitals in Kerala** is measured by using five-point Likert scale: Strongly agree (5), Agree (4), Neutral (3), Disagree (2) and strongly disagree (1).
- (d) **Staff Nurse Engagement at NABH-accredited hospitals in Kerala** is measured by using five-point Likert scale: Strongly agree (5), Agree (4), Neutral (3), Disagree (2) and strongly disagree (1).
- (e) **Staff Nurse Performance at NABH-accredited hospitals in Kerala** is measured by using five-point Likert scale: Strongly agree (5), Agree (4), Neutral (3), Disagree (2) and strongly disagree (1).

- (f) **Organizational Performance of NABH-accredited hospitals in Kerala** is measured by using five-point Likert scale: Strongly agree (5), Agree (4), Neutral (3), Disagree (2) and strongly disagree (1).

#### **4.7 Pilot Study**

A pilot study was conducted among the 60 selected staff nurses among the NABH-accredited hospitals in Kerala to check the feasibility of the study and also to test the appropriateness of the questions included in the questionnaire. This guaranteed that the construct in the questionnaire would collect the data required for the study (Malhotra, 2005). Some of the items in the questionnaire were slightly altered in light of the pilot study's findings. Additional data was gathered using this updated questionnaire.

#### **4.8 Content Validity**

The research instrument consists of a broad array of components and structures. The first items and structures are obtained from the existing literature review. The next step after developing the necessary variables is to ensure that the statements in the research instrument are comprehensible and possess the required content validity (Yaghmale, 2003). This was subjected to a comprehensive validation procedure. Initially, two researchers were provided with the tool and their input on the questionnaire was collected. Subsequently, the instrument was evaluated by three prominent academics specializing in the domains of management, commerce, and statistics, and their feedback was recorded. The recommendations were meticulously evaluated, and the factors in the questionnaire were suitably modified, removed, and included. The opinions and suggestions of the topic experts were utilized to validate the content of the questionnaire. Consequently, certain modifications were implemented to enhance the clarity, comprehensibility, and utility of the questionnaire. The adjustments were implemented after extensive consultations with experts in the field and with careful consideration of all essential measures to guarantee the successful and efficient attainment of the study objectives through the utilization of the instrument for data collection.

## 4.9 Reliability Test

Reliability refers to the capacity of a measuring device to provide precise and consistent outcomes. The term "reliability" refers to the extent to which a measuring instrument is free from errors. A higher level of stability indicates a lower amount of error, resulting in more accurate results (DeVon et al., 2007). The researcher utilized Cronbach's alpha to evaluate the internal consistency of the scale, which is a way for examining the extent to which a set of items measuring a specific construct are consistent with one another. A scale is considered dependable and reliable if its Cronbach's alpha exceeds 0.7.

**Table: 4.1 Assessment of Construct Reliability**

Constructs	Cronbach's Alpha
Talent Management Practices	0.875
Organizational Justice	0.724
Staff Nurse Engagement	0.811
Staff Nurse Performance	0.788
Organizational Performance	0.763

Source: Primary Data

It is identified from the Table: 4.1, that the Cronbach's alpha for all the constructs such as Talent Management Practices, Organizational Justice, Staff Nurse Engagement, Staff Nurse Performance and Organizational Performance of NABH-accredited hospitals in Kerala are higher than 0.7, which shows an internal consistency among the items in the scale. So, all the constructs are reliable and fit for further analysis. Further, based on the results of the reliability test and views of the respondents, the scales used to measure the constructs is standardized and the primary data are collected with the help of standardized questionnaire.

## 4.10 Composite Reliability

The Cronbach coefficient is commonly employed to evaluate the reliability of a survey instrument. The instrument will only be considered dependable if the Cronbach reliability rating surpasses 0.70. Conversely, it has been noted that the

Cronbach score does not assign equal importance to all components in the construct, thereby leading to biased dependability conclusions. Therefore, it is necessary to conduct an alternate assessment of composite reliability. Internal reliability was employed to assess the consistency of the items inside the scale in order to measure the construct. The study employed the Cronbach's alpha coefficient and the composite reliability to evaluate the scale's overall reliability. These measures were utilized to analyze the reliability of a set of diverse yet similar items. The Cronbach's alpha is a statistical measure used to assess the reliability of a measurement by quantifying the proportion of variation in the observed scores that can be attributed to the real scores of the underlying construct. In order to establish the validity of the construct, the study must employ confirmatory factor analysis. Additionally, it is crucial to ensure the composite reliability of each construct.

**Table: 4.2 Assessment of Composite Reliability**

<b>Constructs</b>	<b>Composite reliability</b>
<b>Talent Management Practices</b>	
Talent Attraction	0.829
Talent Acquisition	0.801
Talent Identification	0.763
Talent Deployment	0.781
Succession Planning	0.864
Talent Development	0.754
Talent Engagement	0.869
Performance Assessment	0.818
Talent Retention	0.827
<b>Organizational Justice</b>	
Distributive Justice	0.794
Procedural Justice	0.733
Interpersonal Justice	0.764
Informational Justice	0.862

<b>Staff Nurse Engagement</b>	
Physical Engagement	0.738
Emotional Engagement	0.846
Cognitive Engagement	0.785
<b>Staff Nurse Performance</b>	
Work Quality	0.845
Work Involvement	0.770
Work Commitment	0.900
Work Satisfaction	0.836
Work Performance	0.751
Retention in Work	0.787
<b>Organizational Performance</b>	
Patient Focus	0.866
Staff Efficiency	0.801
Management Efficiency	0.783
Hospital Service Efficiency	0.796

Source: Primary Data

It is observed from the Table 4.2 that the composite reliability of the entire constructs is greater than 0.7 which ensures that the reliability of the construct is well established. Keeping in view the CFA models conducted in the studies of Paré & Tremblay (2007) and Nasurdin, Ahmad, & Lin, (2009), decided that the factor loading of an item statement must be  $\geq .40$  to be retained in its respective scale whereas, insignificant and negatively significant/insignificant statements ( $< .40$ ) were removed from their respective scale. It is concluded that for all the constructs such as Talent Management Practices, Organizational Justice, Staff Nurse Engagement, Staff Nurse Performance and Organizational Performance of NABH-accredited hospitals in Kerala is above the prescribed level and thus the construct ensures unidimensionality. It is found that from the results of confirmatory factor analysis, the final scale is administered for further data collection.

### 4.11 Convergent Validity and Discriminant Validity

Convergent validity is the extent to which a measurement instrument demonstrates consistency across different operationalizations. The inquiry should exclusively include variables that possess convergent validity. Items with an Average Variance Explained (AVE) exceeding 0.50 demonstrate convergent validity, whereas the other variables should be excluded (Campbell & Fiske, 1959). Discriminant validity refers to the degree of independence between the constructs employed in the investigation. It quantifies the extent to which all the constructs employed in the study are separate from one another. Constructs are considered to have discriminant validity when the square root of the Average Variance Explained (AVE) value of each construct is greater than the values of the correlation between each construct (Henseler et al., 2014).

**Table: 4.3 Assessment of Convergent Validity and Discriminant Validity**

Construct	AVE	Square root of AVE	Correlation
<b>Talent Management Practices</b>			
Talent Attraction	0.55	0.741	0.597
Talent Acquisition	0.69	0.830	0.656
Talent Identification	0.61	0.781	0.714
Talent Deployment	0.75	0.866	0.772
Succession Planning	0.71	0.846	0.698
Talent Development	0.74	0.860	0.812
Talent Engagement	0.58	0.761	0.689
Performance Assessment	0.68	0.824	0.731
Talent Retention	0.77	0.877	0.805
<b>Organizational Justice</b>			
Distributive Justice	0.63	0.793	0.619
Procedural Justice	0.51	0.714	0.528

Interpersonal Justice	0.62	0.787	0.649
Informational Justice	0.66	0.812	0.624
<b>Staff Nurse Engagement</b>			
Physical Engagement	0.73	0.854	0.725
Emotional Engagement	0.57	0.754	0.672
Cognitive Engagement	0.72	0.848	0.754
<b>Staff Nurse Performance</b>			
Work quality	0.69	0.830	0.776
Work Involvement	0.78	0.883	0.824
Work Commitment	0.66	0.812	0.625
Work Satisfaction	0.61	0.781	0.642
Work Performance	0.57	0.754	0.672
Retention in Work	0.53	0.728	0.649
<b>Organizational Performance</b>			
Patient Focus	0.62	0.787	0.711
Staff Efficiency	0.58	0.761	0.689
Management Efficiency	0.72	0.848	0.727
Hospital Service Efficiency	0.55	0.741	0.613

Source: Primary Data

It is found that the Average Variance Explained (AVE) for all the latent variables of Talent Management Practices, Organizational Justice, Staff Nurse Engagement, Staff Nurse Performance and Organizational Performance of NABH-accredited hospitals in Kerala are more than 0.5 which shows that all the construct possesses the convergent validity (Nunally & Bernstein, 1978) and all the measured variables for each latent variable ensures closeness to each variable in the same construct. It is also identified that square root of Average Variance Explained (AVE) value in respect of all construct is greater than the correlation of two construct values. Hence, it can be concluded that the research instrument used for measuring the Talent Management Practices, Organizational Justice, Staff Nurse Engagement, Staff Nurse Performance and Organizational Performance of NABH-accredited

hospitals in Kerala possesses the desired discriminant validity and it ensure that each latent variable or the constructs used in the study are distinct among themselves.

## 4.12 Checking Assumptions

This section outlines the procedure for verifying the assumptions of multivariate data analysis. Multivariate approaches rely on a set of assumptions that are grounded in fundamental statistical theory. Three assumptions or prerequisites have a possible impact on every multivariate statistical analysis (Hair et al., 2010).

1. Normality
2. Homogeneity
3. Multicollinearity

## 4.13 Normality

The shape of the distribution of data and diagram of the histogram that compares the observed data with normal distribution. The data follows a normal distribution curve, indicating that the data set exhibits normality (Epps & Pulley, 1983). To assess the normality of data in a normal probability plot, statistical methods such as the Kolmogorov-Smirnov test can be used (Razali et al., 2011).

**Table: 4.4 One-Sample Kolmogorov-Smirnov Test**

Construct	KS Test Statistic	Sig.
Talent Management Practices	.125	.102
Organizational Justice	.192	.213
Staff Nurse Engagement	.163	.069
Staff Nurse Performance	.187	.164
Organizational Performance	.138	.078

Source: Primary Data

It can be inferred from the Table 4.4 that the significant value of all the constructs such as Talent Management Practices, Organizational Justice, Staff Nurse Engagement, Staff Nurse Performance and Organizational Performance of NABH-accredited hospitals in Kerala is greater than 0.05. It means that data of each

construct are possessing normal distribution properties. Hence, the distribution of data collected using all the scales of measurement in the study possess normality and thus the different parametric tests can be applied to prove the hypotheses of the study.

#### 4.14 Homogeneity

Homogeneity is another multivariate technique assumption used to check whether the dependent variable demonstrate equal variance existence across the variety of predictor variables (Loevinger, 1948). For testing the homogeneity issues, Levene statistic was used.

**Table: 4.5 Test of Homogeneity of Variance**

Construct	Levene Statistic	Sig.
Talent Management Practices	2.104	0.111
Organizational Justice	2.376	0.101
Staff Nurse Engagement	1.779	0.255
Staff Nurse Performance	1.931	0.123
Organizational Performance	1.642	0.257

Source: Primary Data

It can be inferred from the Table 4.5 that the significance value of Levene statistic of all the constructs such as Talent Management Practices, Organizational Justice, Staff Nurse Engagement, Staff Nurse Performance and Organizational Performance of NABH-accredited hospitals in Kerala are greater than 0.05. Hence, it can be interpreted that the constructs do not have any homogeneity issues.

#### 4.15 Multicollinearity

Multicollinearity is a significant concern when a researcher uses multiple independent variables to forecast a dependent variable. The strong correlation among the independent variables gives rise to the issue of multicollinearity (Farrar et al., 1967). Collinearity Statistics includes the metrics of Tolerance and VIF (Variance Inflation Factor). If the VIF (Variance Inflation Factor) exceeds five and the

tolerance threshold is below 0.2, it indicates the existence of a multicollinearity issue (Kumar Krishna, 1975).

**Table: 4.6 Multicollinearity among the constructs**

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	5.158	.072		17.393	.000		
Talent Attraction	.564	.045	.552	9.686	.000	.347	2.871
Talent Acquisition	.525	.035	.511	6.018	.000	.286	2.492
Talent Identification	.666	.066	.631	11.744	.000	.438	3.213
Talent Deployment	.625	.061	.631	10.017	.309	.462	3.518
Succession Planning	.678	.077	.673	12.553	.000	.539	3.359
Talent Development	.512	.025	.456	9.579	.000	.208	4.802
Talent Engagement	.584	.023	.595	11.581	.000	.346	2.891
Performance Assessment	.620	.024	.635	13.902	.000	.362	3.767
Talent Retention	.641	.042	.677	15.368	.000	.288	4.314
Distributive Justice	.533	.019	.514	10.922	.000	.332	3.109
Procedural Justice	.566	.048	.581	8.252	.000*	.347	2.872
Interpersonal	.649	.042	.681	10.121	.000	.384	3.495

Justice							
Physical Engagement	.464	.024	.552	7.685	.000	.626	1.597
Emotional Engagement	.468	.027	.452	4.039	.000	.375	2.057
Cognitive Engagement	.578	.015	.573	8.558	.000	.739	1.353
<b>Dependent Variable: Staff Nurse Performance and Organizational Performance</b>							

Source: Primary Data

The multiple regression analysis results displayed in the Table 4.6 serves as testimony to the fact that there are no multicollinearity issues among the independent variables on the dependent variable as the VIF value is less than 5 and tolerance level value is greater than 0.2.

#### 4.16 Framework of Analysis of the Study

Frame work of analysis includes various statistical techniques used for the data analysis in tune with the objectives of the study which helps to arrive at meaningful conclusions. The collected data will be validated and establish the reliability by employing various statistical tests. After checking the normality assumptions, homogeneity and multicollinearity; appropriate statistical tools will be used for analyzing the data to empirically test the hypotheses developed from the literature review in tune with the objectives of the study.

**Objective-1:** Exploratory Factor Analysis, Confirmatory Factor Analysis, Descriptive Statistics

**Objective-2:** Exploratory Factor Analysis, Confirmatory Factor Analysis, Multiple Correlation Analysis and Multiple Regression Analysis

**Objective-3:** Exploratory Factor Analysis, Confirmatory Factor Analysis, Descriptive Statistics, Independent t Test, ANOVA

**Objective-4:** Confirmatory Factor Analysis, Cluster Analysis, Discriminant Analysis, Multiple Correlation Analysis and Multiple Regression Analysis

**Objective-5:** Confirmatory Factor Analysis, Multiple Correlation Analysis, Multiple Regression Analysis and Structural Equation Modelling (SEM)

Hence the researcher plans to apply different statistical tools for analysis by using the statistical package of SPSS 22 and AMOS 20 which are more suited to make inferences with regard to the subject matter of the study.

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## **CHAPTER V**

# **DATA ANALYSIS AND INTERPRETATION**

## CHAPTER V

### DATA ANALYSIS AND INTERPRETATION

#### 5.1 Introduction

In the healthcare sector, particularly within NABH-accredited hospitals in Kerala, staff nurse engagement plays a pivotal role in determining organizational outcomes. Talent management practices significantly influence organizational justice and performance, with the involvement of staff nurses serving as a critical intermediary in this dynamic. Talent management is a strategic approach that involves attracting, developing, and retaining skilled employees to achieve organizational goals. In NABH-accredited hospitals, talent management practices encompass professional development, performance evaluations, and employee recognition. These practices foster a positive work environment, enhancing both organizational justice and overall performance. In healthcare settings, organizational justice directly affects job satisfaction, employee morale, and retention rates. Staff nurses who perceive fairness are more likely to be engaged, motivated, and committed to delivering high-quality patient care. Staff nurse engagement is a vital factor that mediates the relationship between talent management and organizational justice. Engaged nurses demonstrate higher job satisfaction, dedication, and a willingness to exceed routine duties. This engagement also bridges the gap between talent management practices and performance outcomes. When nurses feel valued and fairly treated, they are more inclined to perform optimally, thereby improving patient satisfaction and organizational efficiency. Staff nurse engagement serves as a crucial intermediary between talent management practices and organizational justice and performance. By investing in talent management strategies that promote fairness and engagement, NABH-accredited hospitals in Kerala can optimize both employee satisfaction and healthcare outcomes.

This study examines talent management practices at NABH-accredited hospitals in Kerala, specifically focusing on staff nurses. It analyzes their perceptions of organizational justice in the workplace and identifies factors influencing their level of engagement. Additionally, this study compares staff nurse performance

based on their engagement levels. It demonstrates the cause-and-effect relationship between staff nurse engagement, talent management practices, organizational justice, and performance in NABH-accredited hospitals in Kerala. Therefore, this chapter presents the analysis and interpretation of the results, showcasing data collected from selected staff nurses at NABH-accredited hospitals in Kerala while validating the study's objectives through various hypothesis tests using the following statistical tools:

1. Percentage Analysis
2. Exploratory Factor Analysis
3. Confirmatory Factor Analysis
4. Descriptive statistics
5. Independent t-test
6. ANOVA
7. Cluster Analysis
8. Discriminant Analysis
9. Multiple Correlation Analysis
10. Multiple Regression Analysis
11. Structural Equation Modelling

## 5.2 Socio-Demographic Profile of the selected staff nurses at NABH-accredited hospitals in Kerala

**Table 5.1 Age of the selected staff nurses at NABH-accredited hospitals in Kerala**

Age	Frequency	Per cent
Below 30 years	105	27.34
30 – 40 years	172	44.79
40 – 50 years	64	16.67
Above 50 years	43	11.20
<b>Total</b>	<b>384</b>	<b>100</b>

Source: Primary Data

Table 5.1 illustrates the age of the selected staff nurses at NABH-accredited hospitals in Kerala. The result found that out of 384 selected staff nurses, 105 respondents (27.34%) are below 30 years, 172 respondents (44.79%) are between 30 – 40 years of age, 64 respondents (16.67%) are between 40 – 50 years of age, and 43 respondents (11.20%) are above 50 years. Hence, most of the selected staff nurses at NABH-accredited hospitals in Kerala belong to the age group of 30 – 40 years.

**Table 5.2 Gender of the selected staff nurses at NABH-accredited hospitals in Kerala**

Gender	Frequency	Per cent
Male	141	36.72
Female	243	63.28
<b>Total</b>	<b>384</b>	<b>100</b>

Source: Primary Data

Table 5.2 deals with the gender of the selected staff nurses at NABH-accredited hospitals in Kerala. The result reveals that out of 384 selected staff nurses, 141 respondents (36.72%) are males and the remaining 243 respondents (63.28%) are females. Therefore, most of the selected staff nurses at NABH-accredited hospitals in Kerala are female.

**Table 5.3 Marital statuses of the selected staff nurses at NABH-accredited hospitals in Kerala**

Marital status	Frequency	Per cent
Unmarried	144	37.5
Married	232	60.42
Widow	8	2.08
<b>Total</b>	<b>384</b>	<b>100</b>

Source: Primary Data

Table 5.3 deals with the Marital statuses of the selected staff nurses at NABH-accredited hospitals in Kerala. It is revealed that out of 384 selected staff nurses, 144 respondents (37.5%) are unmarried, 232 respondents (60.42%) are

married, and the remaining 8 respondents (2.08%) are widows. Hence, the majority of selected staff nurses at NABH-accredited hospitals in Kerala are married.

**Table 5.4 Educational qualifications of the selected staff nurses at NABH-accredited hospitals in Kerala**

<b>Educational qualifications</b>	<b>Frequency</b>	<b>Per cent</b>
BSc Nursing	188	48.96
MSc Nursing	69	17.97
Diploma in General Nursing and Midwifery	106	27.61
Post Basic BSc Nursing	21	5.47
<b>Total</b>	<b>384</b>	<b>100</b>

Source: Primary Data

Table 5.4 revealed the educational qualifications of the selected staff nurses at NABH-accredited hospitals in Kerala. It is identified that out of 384 selected staff nurses, 188 respondents (48.96%) are qualified to BSc Nursing, 69 respondents (17.97%) are qualified to MSc Nursing, 106 respondents (27.61%) are qualified to Diploma in General Nursing and Midwifery, and 21 respondents (5.47%) are qualified to Post Basic BSc Nursing. Hence, most of the selected staff nurses are qualified to BSc Nursing at NABH-accredited hospitals in Kerala

**Table 5.5 Nature of employment of the selected staff nurses at NABH-accredited hospitals in Kerala**

<b>Nature of employment</b>	<b>Frequency</b>	<b>Per cent</b>
Permanent	311	80.99
Temporary	73	19.01
<b>Total</b>	<b>384</b>	<b>100</b>

Source: Primary Data

Table 5.5 observed the nature of employment of the selected staff nurses at NABH-accredited hospitals in Kerala. The result reveals that out of 384 selected staff nurses, 311 respondents (80.99%) are permanent employees, and the remaining 73

respondents (19.01%) are temporary employees at NABH-accredited hospitals in Kerala. Therefore, most of the selected staff nurses are permanent employees at NABH-accredited hospitals in Kerala.

**Table 5.6 Work experience of the selected staff nurses at NABH-accredited hospitals in Kerala**

<b>Total work experience</b>	<b>Frequency</b>	<b>Per cent</b>
Less than 5 years	96	25
5 to 10 years	74	19.27
10 to 15 years	161	41.93
Above 15 years	53	13.8
<b>Total</b>	<b>384</b>	<b>100</b>

Source: Primary Data

Table 5.6 deals with the work experience of the selected staff nurses at NABH-accredited hospitals in Kerala. The result found that out of 384 selected staff nurses, 96 respondents (25%) had less than 5 years of experience, 74 respondents (19.27%) had experience between 5 to 10 years, 161 respondents (41.93%) had experience between 10 to 15 years, and 53 respondents (13.8%) had above 15 years of experience. Hence, the majority of the selected staff nurses at NABH-accredited hospitals in Kerala have experience between 10 to 15 years.

**Table 5.7 Monthly income of the selected staff nurses at NABH-accredited hospitals in Kerala**

<b>Monthly income</b>	<b>Frequency</b>	<b>Per cent</b>
Less than 20,000	66	17.19
20,000 to 40,000	109	28.39
40,000 to 60,000	125	32.55
Above 60,000	84	21.87
<b>Total</b>	<b>384</b>	<b>100</b>

Source: Primary Data

Table 5.7 deals with the monthly income of the selected staff nurses at NABH-accredited hospitals in Kerala. It is revealed that out of 384 selected staff nurses, 66 respondents (17.19%) have a monthly income of less than Rs. 20,000, 109 respondents (28.39%) have a monthly income between Rs. 20,000 to Rs. 40,000, 125 respondents (32.55%) have a monthly income between Rs. 40,000 to Rs. 60,000, and 84 respondents (21.87%) have a monthly income above Rs. 60,000. Therefore, it is found that most of the selected staff nurses at NABH-accredited hospitals in Kerala have a monthly income between Rs. 40,000 to Rs. 60,000.

**Table 5.8 Time of work of the selected staff nurses at NABH-accredited hospitals in Kerala**

<b>Time of work</b>	<b>Frequency</b>	<b>Per cent</b>
Day Shift	167	43.49
Night Shift	29	7.55
Rotation Shift	188	48.96
<b>Total</b>	<b>384</b>	<b>100</b>

Source: Primary Data

Table 5.8 deals with the time of work of the selected staff nurses at NABH-accredited hospitals in Kerala. The result identifies that out of 385 selected staff nurses, 167 respondents (43.49%) are having the day shift, 29 respondents (7.55%) are having the night shift, and 188 respondents (48.96%) are having the rotation shift. Therefore, the majority of the selected staff nurses at NABH-accredited hospitals in Kerala are on having rotation shift.

### **5.3 Extracting the Talent Management Practices at NABH-accredited hospitals in Kerala with special reference to staff nurses: Exploratory Factor Analysis**

Here, exploratory factor analysis is used to explore the factors determining the talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses through Principal Component Method with Varimax Rotation.

**Table 5.9 (a) Reliability analysis of talent management practices**

<b>KMO and Bartlett's Test</b>		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.852
Bartlett's Test of Sphericity	Approx. Chi-Square	3287.396
	Df	946
	Sig.	.000

Source: Primary Data

Table 5.9(a) presents the findings of two assessments: the Kaiser-Meyer-Olkin measure of sample adequacy and Bartlett's Test of Sphericity, which evaluate the significance of the relationships among the variables. The Kaiser-Meyer-Olkin measure of sampling adequacy indicates a test statistic value of 0.852, indicating that factor analysis for the specified variables is suitable. Bartlett's Test of Sphericity indicates a significant value of 0.000, representing that the variables selected are statistically significant and demonstrate a strong correlation among the factors determining the talent management practices at NABH-accredited hospitals in Kerala, with special reference to staff nurses.

**Table: 5.9 (b) Extracting the talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses**

<b>Factor</b>	<b>Parameters</b>	<b>Rotated Factor Loadings</b>
<b>Factor 1:</b>  <b>Talent Attraction</b>  <b>17.25 % of Variance</b>	The hospital increases the salary linked to individual performance	.877
	Hospital assures employees job security, to attract the right talent	.852
	The hospital strives to build a good brand image to attract talented staff nurses	.831
	The hospital tries to maintain a good organizational climate to attract the right talent	.792

Factor 2:  <b>Talent Acquisition</b>  <b>14.39 % of Variance</b>	Hospital taps diverse sources to hire high-potential candidates	.801
	The hospital has a different recruiting strategy for each type of talent	.786
	The hospital has well well-defined recruitment and selection policy	.745
Factor 3:  <b>Talent Identification</b>  <b>12.67 % of Variance</b>	A reliable committee effectively reviews the high-potential nominations	.811
	There are standardized metrics/parameters to identify high-potential staff nurses	.758
	The hospital conducts a potential assessment to identify high-potential staff nurses	.714
	The hospital was formally informed about their potential assessment results	.624
Factor 4:  <b>Talent Deployment</b>  <b>10.19 % of Variance</b>	The hospital has mentorship programmes for newly recruited staff nurses	.801
	The hospital has a formal induction and familiarization process designed to help recruits understand the hospital	.785
	The hospital offers career counselling	.647
	The hospital encourages job rotation and transfer across departments laterally to increase their value for themselves	.623
Factor 5:  <b>Succession Planning</b>  <b>8.05 % of Variance</b>	Promotion is based on past achievements, experiences, and ability	.764
	Higher-level management is involved in the succession procedure	.674
	Authority is delegated for succession planning	.622
	Succession planning is a key part of the decision framework	.596
Factor 6:	Develops high-potential staff nurses at every level	.796

<b>Talent Development</b>  <b>7.78 % of Variance</b>	The hospital has appropriate learning and development strategies	.717
	Hospital plan on staff nurse growth and progression	.682
	Provide opportunities for developing skills and competence	.644
	Better career advancement opportunities	.539
	Meet development needs effectively and timely manner through internal development programmes.	.507
Factor 7:  <b>Talent Engagement</b>  <b>6.17 % of Variance</b>	The hospital provides opportunities to learn & develop new skills	.741
	The hospital effectively maintains staffing levels	.729
	The hospital provides the appropriate amount of decision-making authority to do the job well	.544
	The hospital recognizes & praises the staff nurse for good work	.639
	The hospital ensures proper communication and relationships among its other	.612
	Talent engagement strategies ensure a teamwork spirit among each other	.716
Factor 8:  <b>Performance Assessment</b>  <b>5.24 % of Variance</b>	The hospital provides special increments for better performance	.701
	The hospital has a provision for faster promotion with better performance	.659
	I get regular feedback about my performance	.624
	Hospital review: Individual development plan progress of high-potential employees at regular intervals	.534

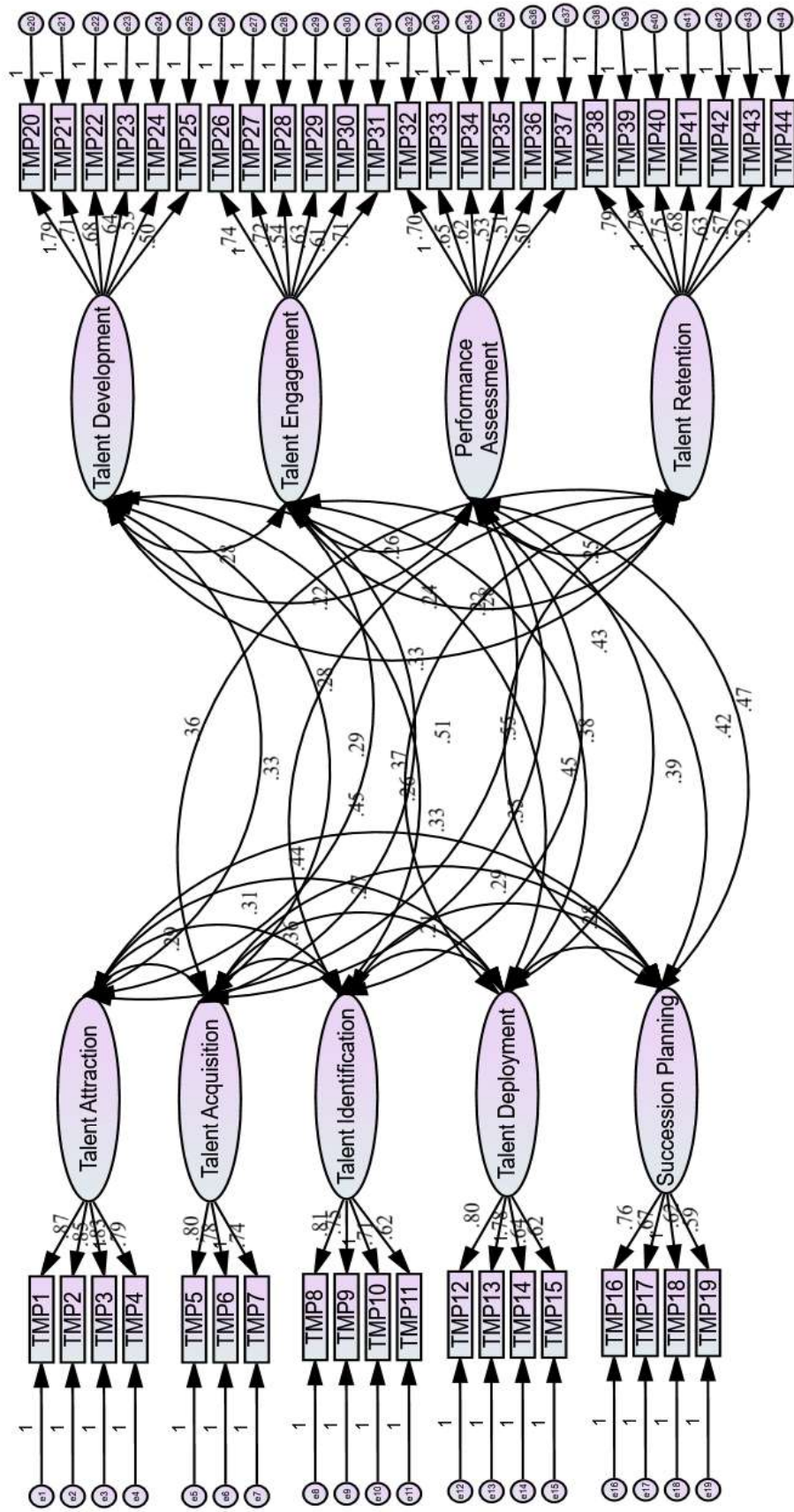
	The hospital facilitates high-potential staff nurses to prepare an individual development plan (IDP) based on the assessment results	.511
	The hospital has an effective performance assessment that enhances the staff nurse's confidence	.508
Factor 9:	The hospital uses an effective leadership style and is careful in handling staff nurses	.799
<b>Talent Retention</b> <b>4.89 % of Variance</b>	The hospital ensures that the Hospital image remains good all the time to retain talented staff nurses	.784
	The hospital has a competitive compensation system in comparison to other hospitals in the same industry, which is a motivating factor for the staff nurse	.752
	The hospital offers training opportunities to enhance career growth, hence retain talented employees	.681
	The hospital offers attractive non-monetary rewards to retain the staff nurse	.633
	There are long-term investment plans/programs for retaining employees	.574
	Hospital builds a personal relationship with employees	.529
	<b>Total Variance Explained: 86.63 % Variance</b>	

Source: Primary Data

Table 5.9(b) indicates that of the 44 parameters influencing the talent management practices at NABH-accredited hospitals in Kerala, 9 factors have been identified, resulting in a total variance of 86.63 per cent. The nine factors influencing the talent management practices at NABH-accredited hospitals in Kerala are as follows: Talent Attraction accounted for 17.25 per cent of the variance, Talent Acquisition contributed about 14.39 per cent, Talent Identification explained around

12.67 per cent, Talent Deployment represented about 10.19 per cent, Succession Planning contributed about 8.05 per cent, Talent Development represented about 7.78 per cent, Talent Engagement accounted for 6.17 per cent, Performance Assessment explained around 5.24 per cent, Talent Retention explained a variance about 4.89 per cent. The loading patterns of the components indicate a strong relationship among the parameters, with all variables contributing to the talent management practices at NABH-accredited hospitals in Kerala, with special reference to staff nurses.

Figure: 5.1 CFA measurement model of talent management practices at NABH-accredited hospitals in Kerala



Keeping in view the CFA models conducted in the studies of Paré & Tremblay (2007) and Nasurdin, Ahmad, & Lin, (2009), decided that the factor loading of an item statement must be  $\geq .40$  to be retained in its respective scale whereas, insignificant and negatively significant/insignificant statements ( $< .40$ ) are removed from their respective scale. Thus, it is noted that all the statements measuring the talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses are retained in the respective scale as its factor loadings are  $\geq .40$ . Thus, the factors determining the talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses are talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, talent retention and all these nine variables are valid and ensures the unidimensionality.

**Table 5.10 Results of goodness of fit test for talent management practices**

Indices	CMIN/df	P	GFI	AGFI	NFI	TLI	CFI	RMSEA	RMR
<b>Model Value</b>	1.229	.315	.996	.984	.997	.998	.964	.029	.033
<b>Recommended Value</b>	<3.0	>0.05	>0.90	>0.90	>0.90	>0.90	>0.95	<0.05	<0.05

Source: Primary Data

CFA model for talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses yielded a good model fit with acceptable indices of GFI = .996, AGFI = .984, NFI = .997, TLI = .998, CFI = .964, RMSEA = .029, RMR = .033, chi-square = 49.623, CMIN/df = 1.229 and Probability level (p value) = .315 (Anderson and Gerbing, 1988 Hair et al., 1995, Kline, 2005). It is concluded that the factors loaded for talent management practices at NABH-accredited hospitals in Kerala, with special reference to staff nurses, are above the prescribed level and thus the construct ensures unidimensionality.

## 5.4 Extracting the factors contributing to the organizational justice at NABH-accredited hospitals in Kerala with special reference to staff nurses: Exploratory Factor Analysis

Here, exploratory factor analysis is used to explore the factors contributing to the organizational justice at NABH-accredited hospitals in Kerala with special reference to staff nurses through Principal Component Method with Varimax Rotation.

**Table 5.11 (a) Reliability analysis of organizational justice**

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.819
Bartlett's Test of Sphericity	Approx. Chi-Square	20134.88
	df	136
	Sig.	.000

Source: Primary Data

Table 5.11(a) presents the findings of two assessments: the Kaiser-Meyer-Olkin measure of sample adequacy and Bartlett's Test of Sphericity, which evaluate the significance of the relationships among the variables. The Kaiser-Meyer-Olkin measure of sampling adequacy indicates a test statistic value of 0.819, indicating that factor analysis for the specified variables is suitable. Bartlett's Test of Sphericity indicates a significant value of 0.000, representing that the variables selected are statistically significant and demonstrate a strong correlation among the factors contributing to the organizational justice at NABH-accredited hospitals in Kerala with special reference to staff nurses.

**Table: 5.11 (b) Clustering the factors contributing to the organizational justice at NABH-accredited hospitals in Kerala with special reference to staff nurses**

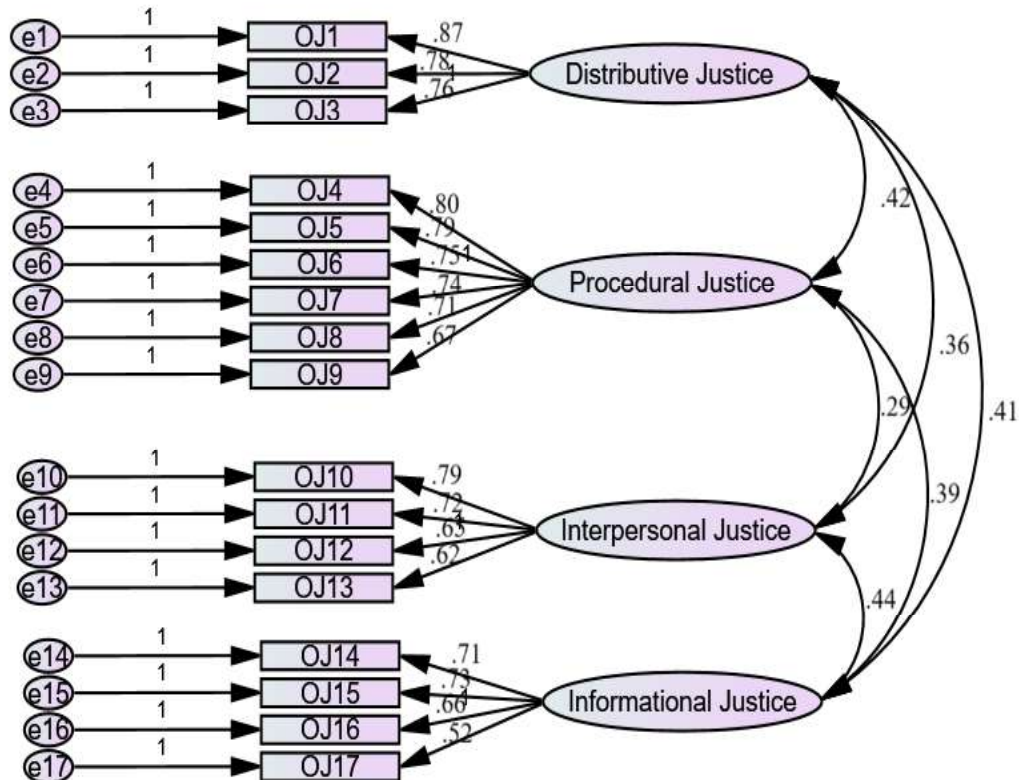
<b>Factor</b>	<b>Parameters</b>	<b>Rotated Factor Loadings</b>
Factor 1:  <b>Distributive Justice</b>  <b>21.36 % of Variance</b>	Talent management outcomes reflect the effort I have put into my work	.871
	Talent management outcomes reflect what I have contributed to our organization	.782
	Outcomes I receive through talent management are justified, with my performance and potential	.763
Factor 2:  <b>Procedural Justice</b>  <b>16.91 % of Variance</b>	I can express my views and feelings during talent management procedures	.808
	My performance and potential have an influence over the outcome of the talent management procedures	.792
	Talent management procedures have been applied consistently in our organisation	.754
	Talent management procedures in our organisation are free of bias	.743
	Talent management procedures have been based on accurate information	.714
	Talent management procedures have always upheld ethical and moral standards	.679
Factor 3:  <b>Interpersonal Justice</b>  <b>14.63 % of Variance</b>	My co-workers and superiors treat me in a polite manner	.795
	My co-workers and superiors treat me with dignity	.724
	My co-workers and superiors treat me with respect	.655

	My hospital refrains from improper remarks or comments	.622
<b>Factor 4: Informational Justice  10.85 % of Variance</b>	The hospital has been honest in its communications with me	.718
	The hospital explains the talent management procedures thoroughly	.733
	Explanations regarding the talent management procedures are reasonable	.661
	Hospitals communicate details on talent management procedures in a timely manner	.522
<b>Total Variance Explained: 63.75% Variance</b>		

Source: Primary Data

Table 5.11(b) indicates that of the 17 parameters influencing the organizational justice at NABH-accredited hospitals in Kerala, 4 factors have been identified, resulting in a total variance of 63.75 per cent. The four factors contributing to the organizational justice at NABH-accredited hospitals in Kerala are as follows: Distributive Justice accounted for 21.36 per cent of the variance, Procedural Justice contributed about 16.91 per cent, Interpersonal Justice explained around 14.63 per cent, and Informational Justice represented about 10.85 per cent variance. The loading patterns of the components indicate a strong relationship among the parameters, with all variables contributing to the organizational justice at NABH-accredited hospitals in Kerala, with special reference to staff nurses.

**Figure 5.2 CFA measurement model for organizational justice at NABH-accredited hospitals in Kerala**



Keeping in view the CFA models conducted in the studies of Paré & Tremblay (2007) and Nasurdin, Ahmad, & Lin, (2009), decided that the factor loading of an item statement must be  $\geq .40$  to be retained in its respective scale whereas, insignificant and negatively significant/insignificant statements ( $< .40$ ) are removed from their respective scale. Thus, it is noted that all the statements measuring the organizational justice at NABH-accredited hospitals in Kerala with special reference to staff nurses are retained in the respective scale as its factor loadings are  $\geq .40$ . Thus, the factors contributing the organizational justice at NABH-accredited hospitals in Kerala with special reference to staff nurses are distributive justice, procedural justice, interpersonal justice, informational justice and all four variables are valid and ensures the unidimensionality.

**Table: 5.12 Results of goodness of fit test for organizational justice**

Indices	CMIN/df	P	GFI	AGFI	NFI	TLI	CFI	RMSEA	RMR
<b>Model Value</b>	1.828	.254	.989	.976	.971	.972	.984	.044	.026
<b>Recommended Value</b>	<3.0	>0.05	>0.90	>0.90	>0.90	>0.90	>0.95	<0.05	<0.05

Source: Primary Data

CFA model for organizational justice at NABH-accredited hospitals in Kerala with special reference to staff nurses yielded a good model fit with acceptable indices of GFI = .989, AGFI = .976, NFI = .971, TLI = .972, CFI = .984, RMSEA = .044, RMR = .026, chi-square = 49.314, CMIN/df = 1.828 and Probability level (p value) = .254 (Anderson and Gerbing, 1988 Hair et al., 1995, Kline, 2005). It is concluded that the factors loaded for organizational justice at NABH-accredited hospitals in Kerala, with special reference to staff nurses, are above the prescribed level and thus the construct ensures unidimensionality.

H<sub>0</sub>: Talent management practices have no relationship with the staff nurse perception towards the organizational justice in their workplace.

**Table 5.13 Correlation between the talent management practices and organizational justice**

Independent variables: Talent management practices	Dependent variable: Organizational justice	
	PC	Sig.
Talent attraction	.541**	.000
Talent acquisition	.667**	.000
Talent identification	.613**	.000
Talent deployment	.598**	.000
Succession planning	.528**	.000
Talent development	.616**	.000

Talent engagement	.801**	.000
Performance assessment	.783**	.000
Talent retention	.731**	.000
<b>** Correlation is significant at the 0.01 level (2-tailed)</b>		

Source: Primary Data

1 Per cent level of significance

Table 5.13 deals with the correlation between the talent management practices and organizational justice of the staff nurse in their workplace. It indicates that all the independent variables of talent management practices such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, and talent retention have significant relationship with the organizational justice at 1 per cent level of significance (P value  $.000 < 0.01$ ). Hence, the hypothesis is rejected. The result also reveals that the talent attraction (54.1 per cent), talent acquisition (66.7 per cent), talent identification (61.3 per cent), talent deployment (59.8 per cent), succession planning (52.8 per cent), talent development (61.6 per cent), talent engagement (80.1 per cent), performance assessment (78.3 per cent), and talent retention (73.1 per cent) have significant relationship with organizational justice. It is found that the talent management practices such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, and talent retention have a significant positive relationship with the organizational justice. It is concluded that talent engagement has a highly significant positive relationship with organizational justice in their workplace. Hence, the talent management practices have a significant relationship with the staff nurses' perception of organizational justice in their workplace. Thus, it is proved that the better the talent management practices at NABH-accredited hospitals in Kerala, the better the staff nurse perception towards the organizational justice in their workplace will be.

$H_0$ : Talent management practices have no impact on the staff nurse perception towards the organizational justice in their workplace.

Here the multiple regression analysis for staff nurse perception towards the organizational justice in their workplace (Y) was performed with 9 independent

variables of talent management practices at NABH-accredited hospitals in Kerala such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, talent retention. Inter-correlation between the factors determining the talent management practices at NABH-accredited hospitals in Kerala revealed that all the predictor variables were entered simultaneously for the regression equation because no multicollinearity exists among the selected 9 predictor variables.

**Table 5.14 (a) Model summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.854	.729	.717	.3048
Predictors: (Constant), Talent Attraction, Talent Acquisition, Talent Identification, Talent Deployment, Succession Planning, Talent Development, Talent Engagement, Performance Assessment, Talent Retention				
Dependent Variable: Staff nurse perception towards the organizational justice in their workplace				

Source: Primary Data

The model summary table illustrates the overall predictability of the regression model. The adjusted  $R^2$  value of 0.717 indicates that the nine independent variables influencing talent management practices at NABH-accredited hospitals in Kerala account for 71.7 per cent of the variance in the dependent variable, staff nurse perception towards the organizational justice in their workplace. As a result, it is determined that the talent management practices at NABH-accredited hospitals in Kerala significantly influence the staff nurse perception towards the organizational justice in their workplace.

**Table: 5.14 (b) ANOVA**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	38.402	9	4.26	5.908	.000*
	Residual	269.557	374	.721		
	Total	307.959	383			

Source: Primary Data

\* 5 Per cent level of significance

The ANOVA findings indicate a p-value of 0.000 (F value = 5.908), which is less than 0.05, signifying that the regression model is statistically significant. The null hypothesis is rejected. Therefore, a substantial association exists between the variables examined in the hypothesis. Thus, it has been identified that the factors determining the talent management practices at NABH-accredited hospitals in Kerala are closely associated and have an influence on the staff nurse perception towards the organizational justice in their workplace.

**Table 5.14 (c) Coefficients of Multiple Regression Analysis**

Model	Variables	UC		SC	T	Sig.
		B	SE	Beta		
1	(Constant)	3.118	.143		28.964	.000*
	Talent Attraction	.641	.022	.627	11.339	.000*
	Talent Acquisition	.693	.024	.672	13.985	.000*
	Talent Identification	.568	.016	.528	6.924	.001*
	Talent Deployment	.659	.033	.634	12.179	.003*
	Succession Planning	.584	.019	.545	8.583	.010*
	Talent Development	.727	.039	.681	14.004	.002*
	Talent Engagement	.857	.059	.822	18.911	.011*
	Performance Assessment	.768	.047	.743	15.039	.000*
	Talent Retention	.834	.054	.819	17.604	.000*
Dependent Variable: Staff nurse perception towards the organizational justice in their workplace						

Source: Primary Data

\* 5 Per cent level of significance

It is identified from the coefficient Table: 5.14 (c) that the factors determining the talent management practices at NABH-accredited hospitals in Kerala such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, talent retention have significant positive impact on the staff nurse perception towards the organizational justice in their workplace, since all the significant values of predictor variables is less than 0.05. It reveals that talent engagement has the highest significant positive impact on the staff nurse's perception of organizational justice in their workplace. Hence, it is concluded that the factors determining the talent management practices at NABH-accredited hospitals in Kerala

have a significant influence on the staff nurse perception towards the organizational justice in their workplace. Therefore, it is proved that when the hospital provides opportunities to learn & develop new skills, ensures proper communication and relationship among each other, and recognizes & praises staff nurses for good work, then this leads to better organizational justice in the workplace. It is also identified that offering a better competitive compensation system in comparison to other hospitals in the same industry is a motivating factor for the staff nurse. Offering training opportunities will enhance career growth and hence retain the talented staff nurses within the hospital. Proper talent management practices always build better personal relationships with the organization and ensure higher justice in the workplace. Thus, for enhancing the organizational justice, hospital always tries to maintain a good organizational climate to attract the right talent to the workplace.

### **5.5 Extracting the factors influencing the staff nurse engagement at NABH-accredited hospitals in Kerala: Exploratory Factor Analysis**

Here, exploratory factor analysis is used to explore the factors influencing the staff nurse engagement at NABH-accredited hospitals in Kerala through Principal Component Method with Varimax Rotation.

**Table 5.15 (a) Reliability analysis of staff nurse engagement**

<b>KMO and Bartlett's Test</b>		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.867
Bartlett's Test of Sphericity	Approx. Chi-Square	2934.192
	df	136
	Sig.	.000

Source: Primary Data

Table 5.15(a) presents the findings of two assessments: the Kaiser-Meyer-Olkin measure of sample adequacy and Bartlett's Test of Sphericity, which evaluate the significance of the relationships among the variables. The Kaiser-Meyer-Olkin measure of sampling adequacy indicates a test statistic value of 0.867, indicating that factor analysis for the specified variables is suitable. Bartlett's Test of Sphericity indicates a significant value of 0.000, representing that the variables selected are

statistically significant and demonstrate a strong correlation among the factors influencing the staff nurse engagement at NABH-accredited hospitals in Kerala.

**Table: 5.15 (b) Clustering the factors influencing the staff nurse engagement at NABH-accredited hospitals in Kerala**

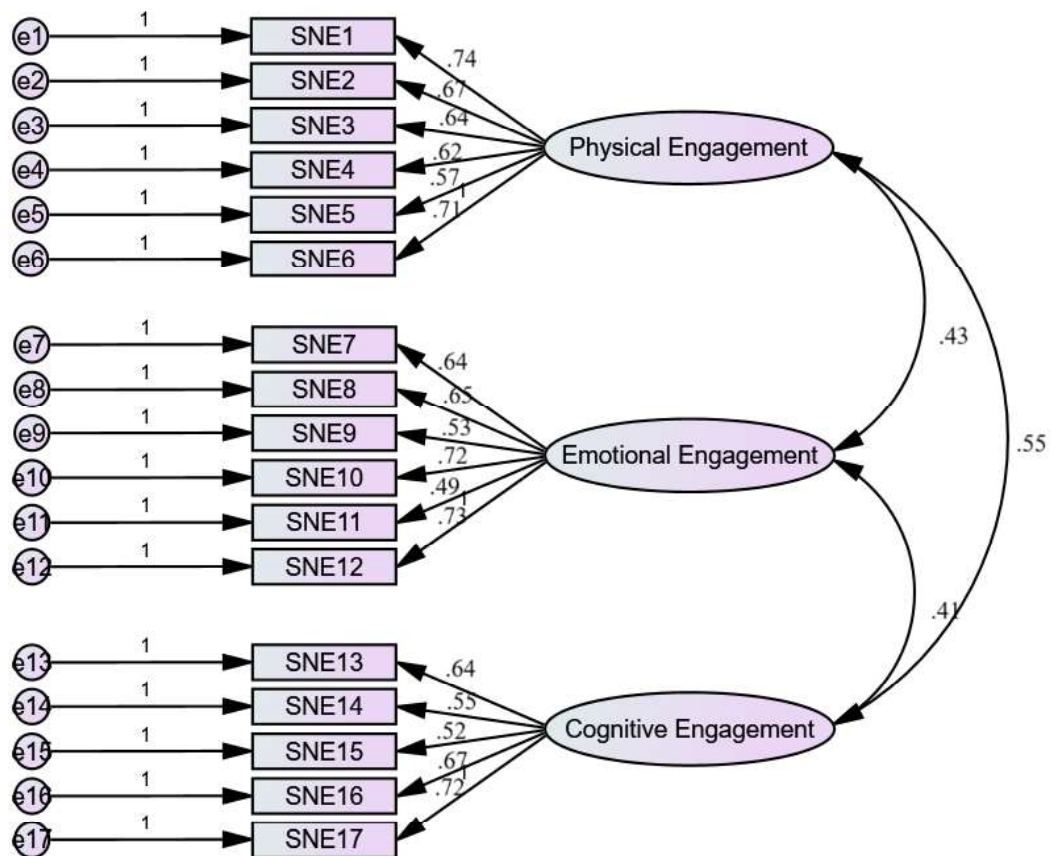
Factor	Parameters	Rotated Factor Loadings
Factor 1:  <b>Physical Engagement</b>  <b>34.01 % of Variance</b>	I work with intensity on my job	.741
	I exert my full effort to my job	.675
	I devote a lot of energy to my job	.646
	I try my hardest to perform well on my job	.621
	I strive as hard as I can to complete my job	.572
	I exert a lot of energy on my job	.711
Factor 2:  <b>Emotional Engagement</b>  <b>27.99 % of Variance</b>	I am enthusiastic about my job	.644
	I feel energetic at my job	.652
	I am interested in my job	.535
	I am proud of my job	.721
	I feel positive about my job	.496
	I am excited about my job	.734
Factor 3:  <b>Cognitive Engagement</b>  <b>16.13 % of Variance</b>	At work, my mind is focused on my job	.649
	At work, I pay a lot of attention to my job	.551
	At work, I focus a great deal of dedication on my job	.524
	At work, I am absorbed by my job	.676
	At work, I concentrate on my job	.722
<b>Total Variance Explained: 78.13% Variance</b>		

Source: Primary Data

Table 5.15(b) indicates that of the 17 parameters influencing the staff nurse engagement at NABH-accredited hospitals in Kerala, 3 factors have been identified,

resulting in a total variance of 78.13 per cent. The three factors influencing the staff nurse engagement at NABH-accredited hospitals in Kerala are as follows: Physical Engagement accounted for 34.01 per cent of the variance, Emotional Engagement contributed about 27.99 per cent, and Cognitive Engagement explained about 16.13 per cent variance. The loading patterns of the components indicate a strong relationship among the parameters, with all variables contributing to the staff nurse engagement at NABH-accredited hospitals in Kerala.

**Figure 5.3 CFA measurement model for staff nurse engagement at NABH-accredited hospitals in Kerala**



Keeping in view the CFA models conducted in the studies of Paré & Tremblay (2007) and Nasuridin, Ahmad, & Lin, (2009), decided that the factor loading of an item statement must be  $\geq .40$  to be retained in its respective scale whereas, insignificant and negatively significant/insignificant statements ( $< .40$ ) are removed from their respective scale. Thus, it is noted that all the statements measuring the staff nurse engagement at NABH-accredited hospitals in Kerala are

retained in the respective scale as its factor loadings are  $\geq .40$ . Thus, the factors contributing the staff nurse engagement at NABH-accredited hospitals in Kerala are physical engagement, emotional engagement and cognitive engagement and all three variables are valid and ensures the unidimensionality.

**Table: 5.16 Results of goodness of fit test for staff nurse engagement**

Indices	CMIN/df	P	GFI	AGFI	NFI	TLI	CFI	RMSEA	RMR
Model Value	2.135	.162	.985	.986	.985	.986	.951	.020	.048
Recommended Value	<3.0	>0.05	>0.90	>0.90	>0.90	>0.90	>0.95	<0.05	<0.05

Source: Primary Data

CFA model for staff nurse engagement at NABH-accredited hospitals in Kerala with special reference to staff nurses yielded a good model fit with acceptable indices of GFI = .985, AGFI = .986, NFI = .985, TLI = .980, CFI = .951, RMSEA = .020, RMR = .048, chi-square = 34.524, CMIN/df = 2.135 and Probability level (P value) = .162 (Anderson and Gerbing, 1988 Hair et al., 1995, Kline, 2005). It is concluded that the factors loaded for staff nurse engagement at NABH-accredited hospitals in Kerala is above the prescribed level and thus the construct ensures unidimensionality.

H<sub>0</sub>: There is no significant difference between the age group of the selected staff nurses at NABH-accredited hospitals in Kerala and their level of engagement in the workplace.

**Table 5.17: Difference in the level of engagement among the age group of the selected staff nurses – ANOVA**

Variables	Labels	Difference between the age group				
		SS	df	MS	F	Sig.
Physical engagement	BG	13.545	3	4.515	12.924	.001
	WG	132.752	380	.349		
	Total	146.297	383			
Emotional Engagement	BG	2.959	3	.986	5.530	.020
	WG	67.781	380	.178		
	Total	70.740	383			

Cognitive engagement	BG	1.651	3	.550	3.569	.003
	WG	58.605	380	.154		
	Total	60.257	383			

Source: Primary Data

\* 5 Per cent level of significance

Table 5.17 identifies the result of One-way ANOVA applied to find out whether the mean scores regarding the staff nurse engagement at NABH-accredited hospitals in Kerala vary among the age groups of the selected respondents. The calculated P value for the physical engagement, emotional engagement, and cognitive engagement shows that there is a significant difference among the age groups of the selected staff nurses at NABH-accredited hospitals in Kerala, since all their P values are less than 0.05. Hence, the null hypothesis is rejected. It is identified that there is a significant difference in the level of engagement among the age groups of the selected staff nurses at NABH-accredited hospitals in Kerala. It is found from the post-hoc analysis that the staff nurses who belong to the age group of 30 to 40 years have a higher level of engagement in the workplace than those in other categories of selected staff nurses at NABH-accredited hospitals in Kerala.

H<sub>0</sub>: There is no significant difference between the gender of the selected staff nurses at NABH-accredited hospitals in Kerala and their level of engagement in the workplace.

**Table 5.18: Difference in the level of engagement between gender of the selected staff nurses – Independent t test**

Variables	Labels	N	Mean	t	Sig.
Physical engagement	Male	141	1.824	2.976	.000*
	Female	243	3.978		
Emotional engagement	Male	141	2.317	4.482	.000*
	Female	243	4.111		
Cognitive engagement	Male	141	2.871	6.981	.000*
	Female	243	3.993		

Source: Primary Data

\*5 Per Cent level of significance

Table 5.18 reveals the result of Independent 't' test applied to test the significant difference in the staff nurse engagement at NABH-accredited hospitals in

Kerala between the selected male and female respondents. The calculated P value (.000) for the level of physical engagement, emotional engagement, and cognitive engagement shows that there is a significant difference between the selected male and female staff nurses at NABH-accredited hospitals in Kerala, since its P value is less than 0.05. Hence, the null hypothesis is rejected. It is found that the female staff nurses have a higher level of engagement at the workplace than of male staff nurses. Thus, there is a significant difference in the level of staff nurse engagement between the male and female selected staff nurses at NABH-accredited hospitals in Kerala.

H<sub>0</sub>: There is no significant difference between the marital status of the selected staff nurses at NABH-accredited hospitals in Kerala and their level of engagement in the workplace.

**Table: 5.19 Difference in the level of engagement among the marital status of the selected staff nurses – ANOVA**

Variables	Labels	Difference between the marital status				
		SS	df	MS	F	Sig.
Physical engagement	BG	3.351	2	1.675	3.308	.000
	WG	192.983	381	.507		
	Total	196.333	383			
Emotional Engagement	BG	2.979	2	1.490	2.420	.000
	WG	234.551	381	.616		
	Total	237.530	383			
Cognitive engagement	BG	2.992	2	1.496	4.162	.000
	WG	136.960	381	.359		
	Total	139.952	383			

Source: Primary Data

\* 5 Per cent level of significance

Table 5.19 identifies the result of One-way ANOVA applied to find out whether the mean scores regarding the staff nurse engagement at NABH-accredited hospitals in Kerala vary among the marital status of the selected respondents. The calculated P value for the physical engagement, emotional engagement, and cognitive engagement shows that there is a significant difference among the marital

status of the selected staff nurses at NABH-accredited hospitals in Kerala, since all their P values are less than 0.05. Hence, the null hypothesis is rejected. It is identified that there is a significant difference in the level of engagement among the marital status of the selected staff nurses at NABH-accredited hospitals in Kerala. It is found from the post-hoc analysis that the staff nurses who are unmarried have a higher level of engagement in the workplace than those in other categories of selected staff nurses at NABH-accredited hospitals in Kerala.

H<sub>0</sub>: There is no significant difference between the educational qualification of the selected staff nurses at NABH-accredited hospitals in Kerala and their level of engagement in the workplace.

**Table 5.20: Difference in the level of engagement among the educational qualification of the selected staff nurses – ANOVA**

Variables	Labels	Difference between the educational qualification				
		SS	df	MS	F	Sig.
Physical engagement	BG	4.107	3	1.369	6.213	.000
	WG	83.719	380	.220		
	Total	87.826	383			
Emotional Engagement	BG	7.449	3	2.483	5.514	.000
	WG	171.124	380	.450		
	Total	178.573	383			
Cognitive engagement	BG	2.861	3	.954	3.167	.000
	WG	114.415	380	.301		
	Total	117.275	383			

Source: Primary Data

\* 5 Per cent level of significance

Table 5.20 identifies the result of One-way ANOVA applied to find out whether the mean scores regarding the staff nurse engagement at NABH-accredited hospitals in Kerala vary among the educational qualifications of the selected respondents. The calculated P values for the physical engagement, emotional engagement, and cognitive engagement show that there is a significant difference among the educational qualifications of the selected staff nurses at NABH-accredited

hospitals in Kerala, since all their P values are less than 0.05. Hence, the null hypothesis is rejected. It is identified that there is a significant difference in the level of engagement among the educational qualifications of the selected staff nurses at NABH-accredited hospitals in Kerala. It is found from the post-hoc analysis that the staff nurses who have the qualification of BSc Nursing have a higher level of engagement in the workplace than the other category of selected staff nurses at NABH-accredited hospitals in Kerala.

H<sub>0</sub>: There is no significant difference between the nature of employment of the selected staff nurses at NABH-accredited hospitals in Kerala and their level of engagement in the workplace.

**Table 5.21: Difference in the level of engagement between the nature of employment of the selected staff nurses – Independent t test**

Variables	Labels	N	Mean	t	Sig.
Physical engagement	Permanent	311	3.892	7.891	.000*
	Temporary	73	2.091		
Emotional engagement	Permanent	311	3.421	6.002	.000*
	Temporary	73	1.128		
Cognitive engagement	Permanent	311	3.672	5.911	.000*
	Temporary	73	1.349		

Source: Primary Data

\*5 Per cent level of significance

Table 5.21 reveals the result of Independent 't' test applied to test the significant difference in the staff nurse engagement at NABH-accredited hospitals in Kerala between the permanent and temporary selected respondents. The calculated P value (.000) for the level of physical engagement, emotional engagement, and cognitive engagement shows that there is a significant difference between the selected permanent and temporary staff nurses at NABH-accredited hospitals in Kerala, since its P value is less than 0.05. Hence, the null hypothesis is rejected. It is found that the permanent staff nurses have a higher level of engagement at the workplace than that of temporary staff nurses. Thus, there is a significant difference

in the level of staff nurse engagement between the permanent and temporary selected staff nurses at NABH-accredited hospitals in Kerala.

H<sub>0</sub>: There is no significant difference between the work experience of the selected staff nurses at NABH-accredited hospitals in Kerala and their level of engagement in the workplace.

**Table 5.22: Difference in the level of engagement among the work experience of the selected staff nurses – ANOVA**

Variables	Labels	The difference between the work experience				
		SS	df	MS	F	Sig.
Physical engagement	BG	14.021	3	4.674	18.522	.000
	WG	95.888	380	.252		
	Total	109.909	383			
Emotional engagement	BG	11.289	3	3.763	26.230	.000
	WG	54.514	380	.143		
	Total	65.802	383			
Cognitive engagement	BG	21.046	3	7.015	21.284	.001
	WG	125.251	380	.330		
	Total	146.297	383			

Source: Primary Data

\* 5 Per cent level of significance

Table 5.22 identifies the result of One-way ANOVA applied to find out whether the mean scores regarding the staff nurse engagement at NABH-accredited hospitals in Kerala vary among the work experience of the selected respondents. The calculated P values for the physical engagement, emotional engagement, and cognitive engagement show that there is a significant difference among the work experience of the selected staff nurses at NABH-accredited hospitals in Kerala, since all their P values are less than 0.05. Hence, the null hypothesis is rejected. It is identified that there is a significant difference in the level of engagement among the work experience of the selected staff nurses at NABH-accredited hospitals in Kerala. It is found from the post-hoc analysis that the staff nurses who have 10 to 15 years of

work experience have a higher level of engagement in the workplace than those of other categories of selected staff nurses at NABH-accredited hospitals in Kerala.

H<sub>0</sub>: There is no significant difference between the monthly income of the selected staff nurses at NABH-accredited hospitals in Kerala and their level of engagement in the workplace.

**Table 5.23: Difference in the level of engagement among the monthly income of the selected staff nurses – ANOVA**

Variables	Labels	The difference between the monthly income				
		SS	df	MS	F	Sig.
Physical engagement	BG	14.676	3	4.892	18.118	.000
	WG	102.600	380	.270		
	Total	117.275	383			
Emotional engagement	BG	11.289	3	3.763	26.230	.000
	WG	54.514	380	.143		
	Total	65.802	383			
Cognitive engagement	BG	25.529	3	8.510	24.059	.001
	WG	134.406	380	.354		
	Total	159.935	383			

Source: Primary Data

\* 5 Per cent level of significance

Table 5.23 identifies the result of One-way ANOVA applied to find out whether the mean scores regarding the staff nurse engagement at NABH-accredited hospitals in Kerala vary among the monthly income of the selected respondents. The calculated P values for the physical engagement, emotional engagement, and cognitive engagement show that there is a significant difference among the monthly income of the selected staff nurses at NABH-accredited hospitals in Kerala, since all their P values are less than 0.05. Hence, the null hypothesis is rejected. It is identified that there is a significant difference in the level of engagement among the monthly income of selected staff nurses at NABH-accredited hospitals in Kerala. It is found from the post-hoc analysis that the staff nurses who have a monthly income between

40,000 to 60,000 have a higher level of engagement in the workplace than that of other categories of selected staff nurses at NABH-accredited hospitals in Kerala.

H<sub>0</sub>: There is no significant difference between the nature of shift in work time of the selected staff nurses at NABH-accredited hospitals in Kerala and their level of engagement in the workplace.

**Table 5.24: Difference in the level of engagement among the time of work of the selected staff nurses – ANOVA**

Variables	Labels	Difference between the time of work				
		SS	df	MS	F	Sig.
Physical engagement	BG	6.760	2	3.380	24.072	.000
	WG	53.497	381	.140		
	Total	60.257	383			
Emotional Engagement	BG	7.974	2	3.987	10.560	.000
	WG	143.850	381	.378		
	Total	151.825	383			
Cognitive engagement	BG	5.171	2	2.586	19.864	.000
	WG	49.595	381	.130		
	Total	54.767	383			

Source: Primary Data

\* 5 Per cent level of significance

Table 5.24 identifies the result of One-way ANOVA applied to find out whether the mean scores regarding the staff nurse engagement at NABH-accredited hospitals in Kerala vary among the nature of shift in work time of the selected respondents. The calculated P value for the physical engagement, emotional engagement, and cognitive engagement shows that there is a significant difference among the nature of shift in work time of the selected staff nurses at NABH-accredited hospitals in Kerala, since all its P values are less than 0.05. Hence, the null hypothesis is rejected. It is identified that there is a significant difference in the level of engagement, like a shift in work time of the selected staff nurses at NABH-accredited hospitals in Kerala. It is found from the post-hoc analysis that the staff nurses who work on rotation shift have a higher level of engagement in the

workplace than other categories of selected staff nurses at NABH-accredited hospitals in Kerala.

H<sub>0</sub>: Talent management practices have no relationship with the staff nurse engagement in their workplace.

**Table 5.25 Correlation between the talent management practices and staff nurse engagement**

Independent variables: Talent management practices	Dependent variable: Staff nurse engagement	
	PC	Sig.
Talent Attraction	.509**	.000
Talent Acquisition	.459**	.000
Talent Identification	.472**	.000
Talent Deployment	.688**	.000
Succession Planning	.533**	.000
Talent Development	.735**	.000
Talent Engagement	.798**	.000
Performance Assessment	.726**	.000
Talent Retention	.811**	.000
<b>** Correlation is significant at the 0.01 level (2-tailed)</b>		

Source: Primary Data

1 Per cent level of significance

Table 5.25 deals with the correlation between the talent management practices and staff nurse engagement in their workplace. It indicates that all the independent variables of talent management practices such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, and talent retention have significant relationship with the staff nurse engagement in their workplace at 1 per cent level of significance (P value .000 < 0.01). Hence, the hypothesis is rejected. The result also reveals that the talent attraction (50.9 per cent), talent acquisition (45.9 per cent), talent identification (47.2 per cent), talent deployment (68.8 per cent), succession planning (53.3 per cent), talent development (73.5 per cent), talent

engagement (79.8 per cent), performance assessment (72.6 per cent), and talent retention (81.1 per cent) have significant relationship with staff nurse engagement. It is found that the talent management practices such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, and talent retention have a significant positive relationship with the staff nurse engagement in their workplace. It is concluded that talent retention has a highly significant positive relationship with the staff nurse engagement in their workplace. Hence, the talent management practices have a significant relationship with the staff nurse engagement in their workplace. Thus, it is proved that better talent management practices at NABH-accredited hospitals in Kerala will help to improve the level of staff nurse engagement in their workplace.

H<sub>0</sub>: Staff nurse perception towards the organizational justice has no relationship with the level of engagement in their workplace.

**Table 5.26 Correlation between organizational justice and staff nurse engagement**

Independent variables: Organizational justice	Dependent variable: Staff nurse engagement	
	PC	Sig.
Distributive Justice	.573**	.000
Procedural Justice	.732**	.000
Interpersonal Justice	.872**	.000
Informational Justice	.694**	.000
<b>** Correlation is significant at the 0.01 level (2-tailed)</b>		

Source: Primary Data

1 Per cent level of significance

Table 5.26 deals with the correlation between organizational justice and staff nurse engagement. It indicates that all the independent variables of organizational justice, such as distributive justice, procedural justice, interpersonal justice, and informational justice, have a significant relationship with the staff nurse engagement at a 1 per cent level of significance (P value .000 < 0.01). Hence, the hypothesis is

rejected. The result also reveals that distributive justice (57.3 per cent), procedural justice (73.2 per cent), interpersonal justice (87.2 per cent), and informational justice (69.4 per cent) have a significant relationship with staff nurse engagement. It is found that the organizational justice, such as distributive justice, procedural justice, interpersonal justice informational justice, has a significant positive relationship with the staff nurse engagement. It is concluded that interpersonal justice has the highest significant positive relationship with staff nurse engagement. Hence, organizational justice has a significant relationship with the staff nurse engagement. Thus, it is proved that better organizational justice at NABH-accredited hospitals in Kerala will help to improve the level of staff nurse engagement in their workplace.

$H_0$ : Talent management practices have no impact on the staff nurse engagement in their workplace.

Here the multiple regression analysis for staff nurse engagement in their workplace (Y) was performed with 9 independent variables of talent management practices at NABH-accredited hospitals in Kerala such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, talent retention. Inter-correlation between the factors determining the talent management practices at NABH-accredited hospitals in Kerala revealed that all the predictor variables were entered simultaneously for the regression equation because no multicollinearity exists among the selected 9 predictor variables.

**Table 5.27 (a) Model summary**

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.839	.703	.689	.3842
Predictors: (Constant), Talent Attraction, Talent Acquisition, Talent Identification, Talent Deployment, Succession Planning, Talent Development, Talent Engagement, Performance Assessment, Talent Retention				
Dependent Variable: Staff nurse engagement in their workplace				

Source: Primary Data

The model summary table illustrates the overall predictability of the regression model. The adjusted  $R^2$  value of 0.689 indicates that the nine independent variables influencing talent management practices at NABH-accredited hospitals in Kerala account for 68.9 per cent of the variance in the dependent variable, staff nurse engagement in their workplace. As a result, it is determined that the talent management practices at NABH-accredited hospitals in Kerala significantly influence the staff nurse engagement in their workplace.

**Table: 5.27 (b) ANOVA**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	18.422	9	2.04	12.67	.000*
	Residual	60.567	374	.161		
	Total	78.989	383			

Source: Primary Data

\* 5 Per cent level of significance

The ANOVA findings indicate a p-value of 0.000 (F value = 12.67), which is less than 0.05, signifying that the regression model is statistically significant. The null hypothesis is rejected. Therefore, a substantial association exists between the variables examined in the hypothesis. Thus, it has been identified that the factors determining the talent management practices at NABH-accredited hospitals in Kerala are closely associated and have an influence on the staff nurse engagement in their workplace.

**Table 5.27 (c) Coefficients of Multiple Regression Analysis**

Model	Variables	UC		SC	T	Sig.
		B	SE	Beta		
1	(Constant)	2.032	.248		18.199	.000*
	Talent Attraction	.548	.041	.586	10.122	.001*
	Talent Acquisition	.411	0.47	.409	5.349	.001*
	Talent Identification	.498	0.34	.471	6.022	.000*
	Talent Deployment	.629	0.62	.631	13.372	.000*

	Succession Planning	.573	0.48	.568	7.671	.000*
	Talent Development	.678	.039	.692	13.011	.000*
	Talent Engagement	.795	.089	.763	16.237	.002*
	Performance Assessment	.701	.053	.712	15.870	.000*
	Talent Retention	.778	.052	.822	16.512	.000*
Dependent Variable: Staff nurse engagement in their workplace						

Source: Primary Data

\* 5 Per cent level of significance

It is identified from the coefficient Table 5.27(c) that the factors determining the talent management practices at NABH-accredited hospitals in Kerala such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, talent retention have significant positive impact on the staff nurse engagement in their workplace, since all the significant values of predictor variables is less than 0.05. It reveals that talent engagement has a highly significant positive impact on the staff nurse engagement in their workplace. Hence, it is concluded that the factors determining the talent management practices at NABH-accredited hospitals in Kerala have a significant influence on the staff nurse engagement in their workplace. Thus, it is proved that when nurses feel that the recruitment process is fair and transparent, they are more likely to feel valued and engaged from the beginning. It is found that offering skill enhancement programs, certifications, and career advancement opportunities makes nurses feel invested in and increases their commitment. By implementing practices that support professional development, fair compensation, positive work environments, and strong leadership, hospitals can foster higher engagement levels, which ultimately leads to better patient care and lower turnover rates.

H<sub>0</sub>: Organizational justice has no impact on the staff nurse engagement in their workplace.

Here, the multiple regression analysis for staff nurse engagement in their workplace (Y) was performed with 4 independent variables of organizational justice at NABH-accredited hospitals in Kerala, such as distributive justice, procedural justice, interpersonal justice, and informational justice. Inter-correlation between the

factors contributing to the organizational justice at NABH-accredited hospitals in Kerala revealed that all the predictor variables were entered simultaneously for the regression equation because no multicollinearity exists among the selected 4 predictor variables.

**Table 5.28 (a) Model summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.802	.643	.634	.5428
Predictors: (Constant), distributive justice, procedural justice, interpersonal justice, informational justice				
Dependent Variable: Staff nurse engagement in their workplace				

Source: Primary Data

The model summary table illustrates the overall predictability of the regression model. The adjusted R<sup>2</sup> value of 0.634 indicates that the four independent variables influencing organizational justice at NABH-accredited hospitals in Kerala account for 63.4 per cent of the influence in the dependent variable, staff nurse engagement in their workplace. As a result, it is determined that the organizational justice at NABH-accredited hospitals in Kerala significantly influences the staff nurse engagement in their workplace.

**Table: 5.28 (b) ANOVA**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13.855	4	3.463	19.34	.001*
	Residual	67.959	379	0.179		
	Total	81.814	383			

Source: Primary Data

\* 5 Per cent level of significance

The ANOVA findings indicate a p-value of 0.000 (F value = 19.34), which is less than 0.05, signifying that the regression model is statistically significant. The null hypothesis is rejected. Therefore, a substantial association exists between the

variables examined in the hypothesis. Thus, it has been identified that the factors determining the organizational justice at NABH-accredited hospitals in Kerala are closely associated and have an influence on the staff nurse engagement in their workplace.

**Table 5.28 (c) Coefficients of Multiple Regression Analysis**

Model	Variables	UC		SC	T	Sig.
		B	SE	Beta		
1	(Constant)	1.026	.252		4.072	.000*
	Distributive Justice	.585	.084	.575	6.922	.000*
	Procedural Justice	.655	.089	.647	8.612	.001*
	Interpersonal Justice	.716	.086	.707	11.507	.000*
	Informational Justice	.613	.051	.689	7.027	.002*
Dependent Variable: Staff nurse engagement in their workplace						

Source: Primary Data

\* 5 Per cent level of significance

It is identified from the coefficient Table 5.28 (c) that the factors determining the organizational justice at NABH-accredited hospitals in Kerala such as distributive justice, procedural justice, interpersonal justice, informational justice have significant positive impact on the staff nurse engagement in their workplace, since all the significant values of predictor variables is less than 0.05. It reveals that interpersonal justice has the highest significant positive impact on the staff nurse engagement in their workplace. Hence, it is concluded that the factors determining the organizational justice at NABH-accredited hospitals in Kerala have a significant influence on the staff nurse engagement in their workplace. Thus, it is proved that nurses who perceive fairness in rewards, salaries, and workload distribution are more likely to feel valued and committed. It is found that respectful, supportive, and honest communication from managers and colleagues enhances engagement at the workplace. Organizational justice significantly impacts nurse engagement in hospitals. Ensuring fair practices, transparent communication, and respectful interactions helps build a committed and motivated nursing workforce, ultimately leading to improved healthcare outcomes and reduced turnover.

## 5.6 Clustering the level of engagement among the selected staff nurses at NABH-accredited hospitals in Kerala

**Table: 5.29 (a) Final cluster centres on the level of staff nurse engagement**

Parameters	Clusters		
	1	2	3
I work with intensity on my job	1.89	2.37	3.11
I exert my full effort to my job	1.25	2.44	3.32
I devote a lot of energy to my job	1.19	2.03	3.62
I try my hardest to perform well on my job	1.91	2.75	3.81
I strive as hard as I can to complete my job	1.01	2.95	3.52
I exert a lot of energy on my job	1.92	2.27	3.08
I am enthusiastic in my job	1.99	2.57	3.40
I feel energetic at my job	1.98	2.35	3.72
I am interested in my job	1.95	2.94	3.62
I am proud of my job	1.88	2.05	3.23
I feel positive about my job	1.96	2.95	3.16
I am excited about my job	1.10	2.51	3.62
At work, my mind is focused on my job	1.88	2.71	3.69
At work, I pay a lot of attention to my job	1.18	2.81	3.40
At work, I focus a great deal of dedication on my job	1.93	2.70	3.22
At work, I am absorbed by my job	1.99	2.16	3.56
At work, I concentrate on my job	1.07	2.19	3.72
<b>Average Score</b>	<b>1.65</b>	<b>2.51</b>	<b>3.45</b>

Source: Primary Data

The selected staff nurses at NABH-accredited hospitals in Kerala are classified into three categories based on their level of engagement at their workplace. The selected staff nurses at NABH-accredited hospitals in Kerala are classified into three segments because the difference between the coefficients is significant in three cases on the hierarchical cluster. For the classification of selected staff nurses at NABH-accredited hospitals in Kerala, K-Means clustering is used. The above table

shows the mean values for the three clusters, which reflect the attributes of each cluster. According to the mean values of each cluster, selected staff nurses at NABH-accredited hospitals in Kerala are categorized into investors with High, Moderate, and Low perceived level of engagement in their workplace.

The first cluster has a low mean value in all the factors, and the average mean score of this cluster is 1.65, which means that they have a low level of engagement in their workplace. This means that the selected staff nurses at NABH-accredited hospitals in Kerala under this cluster perceived a very low level of engagement in their work, and this may lead to low commitment towards the job. Hence, this group can be called ‘Staff nurses with a low level of engagement’. Staff nurses with low engagement often exhibit signs of dissatisfaction and disconnection from their work and organization. This cluster of staff nurses exhibits the following characteristics at their workplace:

- **Low Motivation:** Minimal enthusiasm for tasks and responsibilities.
- **Poor Job Performance:** Reduced quality of patient care and frequent mistakes.
- **High Absenteeism and Turnover:** Increased likelihood of calling in sick or leaving the job.
- **Lack of Initiative:** Minimal effort to go beyond basic duties or suggest improvements.
- **Negative Attitude:** Complaints, cynicism, and resistance to change.
- **Poor Communication:** Reluctance to share ideas or collaborate with colleagues.
- **Burnout Symptoms:** Exhaustion, frustration, and emotional detachment from work.

The second cluster has a moderate mean value in all the factors, and the average mean score of this cluster is 2.51, which means that they perceived a moderate level of engagement at work, and they have moderate commitment towards

the job. Thus, they can be called ‘Staff nurses with a moderate level of engagement’. Nurses with moderate engagement may show some commitment to their role but lack consistent enthusiasm and dedication. This cluster of staff nurses exhibits the following characteristics at their workplace:

- **Average Job Performance:** Meets expectations but rarely exceeds them.
- **Situational Motivation:** Motivated only when tasks are directly linked to personal benefits.
- **Variable Commitment:** Shows commitment during favourable conditions but disengages when challenges arise.
- **Selective Initiative:** Takes initiative occasionally but not consistently.
- **Neutral Attitude:** Neither highly positive nor overtly negative about the job.
- **Inconsistent Communication:** Sometimes participates actively but may also remain passive during discussions.

The third cluster has the highest mean value in all the factors, and the average mean score of this cluster is 3.45, which means that they perceived a high level of engagement at the workplace, and they have greater commitment to their job. Thus, they can be called ‘Staff nurses with a high level of engagement’. Highly engaged staff nurses are passionate, dedicated, and consistently committed to their work and the organization. This cluster of staff nurses exhibits the following characteristics at their workplace:

- **Strong Motivation and Passion:** A genuine enthusiasm for nursing and patient care.
- **High-Quality Performance:** Goes above and beyond to provide excellent care and improve practices.
- **Low Turnover Intentions:** Demonstrates long-term commitment to the organization.

- **Proactive and Innovative:** Frequently suggests improvements and embraces new practices.
- **Positive and Supportive Attitude:** Motivates peers and maintains a positive outlook even in challenging situations.
- **Effective Communication:** Actively collaborates with colleagues and participates in team discussions.
- **Resilience and Adaptability:** Capable of handling stress while maintaining productivity and morale.

**Table: 5.29 (b) Significant difference on the level of staff nurse engagement**

Parameters	Cluster		Error		F	Sig.*
	Mean Square	Df	Mean Square	Df		
I work with intensity on my job	101.552	2	.742	381	136.931	.000
I exert my full effort to my job	96.514	2	.684	381	141.045	.000
I devote a lot of energy to my job	94.534	2	.778	381	121.437	.000
I try my hardest to perform well on my job	141.594	2	.640	381	221.343	.000
I strive as hard as I can to complete my job	102.227	2	.654	381	156.242	.000
I exert a lot of energy on my job	128.952	2	.780	381	165.302	.000
I am enthusiastic in my job	147.149	2	.795	381	185.136	.000
I feel energetic at my job	128.833	2	.781	381	165.018	.000
I am interested in my job	153.161	2	.763	381	200.667	.000
I am proud of my job	138.618	2	.861	381	160.969	.000
I feel positive about my job	114.675	2	1.113	381	103.049	.000
I am excited about my job	105.640	2	1.014	381	104.162	.000

At work, my mind is focused on my job	129.028	2	.896	381	143.959	.000
At work, I pay a lot of attention to my job	137.998	2	.849	381	162.505	.000
At work, I focus a great deal of dedication on my job	143.133	2	.837	381	170.916	.000
At work, I am absorbed by my job	108.175	2	1.001	381	108.080	.000
At work, I concentrate on my job	148.369	2	.604	381	245.587	.000

Source: Primary Data

The ANOVA Table 5.29 (b) shows that the three clusters differ in the mean value of all the parameters influencing the level of engagement among the selected staff nurses at NABH-accredited hospitals in Kerala. The analysis of variance indicates that a significant difference exists between the three clusters of selected staff nurses at NABH-accredited hospitals in Kerala, since their mean values are significantly different. The significant value for all the factors for testing the level of engagement among the selected staff nurses at NABH-accredited hospitals in Kerala is 0.000. This means that all the parameters have a significant contribution to dividing the selected staff nurses at NABH-accredited hospitals in Kerala into three segments based on their level of engagement criteria at the workplace.

**Table 5.29 (c) Clusters the selected staff nurses at NABH-accredited hospitals in Kerala based on the level of engagement criteria at the workplace**

Number of Cases in each Cluster			Percentage
Cluster	1	63	16.5
	2	134	34.8
	3	187	48.7
<b>Total Valid Cases</b>		<b>384</b>	<b>100</b>

Source: Primary Data

It is found that 63 out of 384 selected staff nurses at NABH-accredited hospitals in Kerala belong to cluster I who are called as 'Staff nurse with low level of

engagement’, 134 out of 384 selected staff nurses at NABH-accredited hospitals in Kerala belongs to cluster II who are called as ‘Staff nurse with moderate level of engagement’ and remaining 187 out of 384 selected staff nurses at NABH-accredited hospitals in Kerala belong to cluster III who are called as ‘Staff nurse with high level of engagement’. This means that around 16.5 per cent of selected staff nurses at NABH-accredited hospitals in Kerala perceived a low level of engagement at their workplace. It is also found that nearly 34.8 per cent of selected staff nurses at NABH-accredited hospitals in Kerala perceived a moderate level of engagement at their workplace, and the remaining 48.7 per cent of selected staff nurses at NABH-accredited hospitals in Kerala perceived a high level of engagement at their workplace. Thus, it is found that the majority of the selected staff nurses at NABH-accredited hospitals in Kerala have a high level of engagement at their workplace. Thus, it is proved that the engagement level of staff nurses profoundly affects their performance, job satisfaction, and patient care quality. Low engagement is linked to burnout and turnover, moderate engagement shows fluctuating commitment, while high engagement results in outstanding performance and positive workplace dynamics.

### **5.7 Extracting the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala: Exploratory Factor Analysis**

Here, Exploratory Factor Analysis is used to explore the factors determining the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala through Principal Component Method with Varimax Rotation.

**Table 5.30 (a) Reliability analysis of staff nurse performance**

<b>KMO and Bartlett's Test</b>		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.897
Bartlett's Test of Sphericity	Approx. Chi-Square	2521.9807
	Df	465
	Sig.	.000

Source: Primary Data

Table 5.30(a) presents the findings of two assessments: the Kaiser-Meyer-Olkin measure of sample adequacy and Bartlett's Test of Sphericity, which evaluate the significance of the relationships among the variables. The Kaiser-Meyer-Olkin measure of sampling adequacy indicates a test statistic value of 0.897, indicating that factor analysis for the specified variables is suitable. Bartlett's Test of Sphericity indicates a significant value of 0.000, representing that the variables selected are statistically significant and demonstrate a strong correlation among the factors determining the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala.

**Table: 5.30 (b) Extracting the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala**

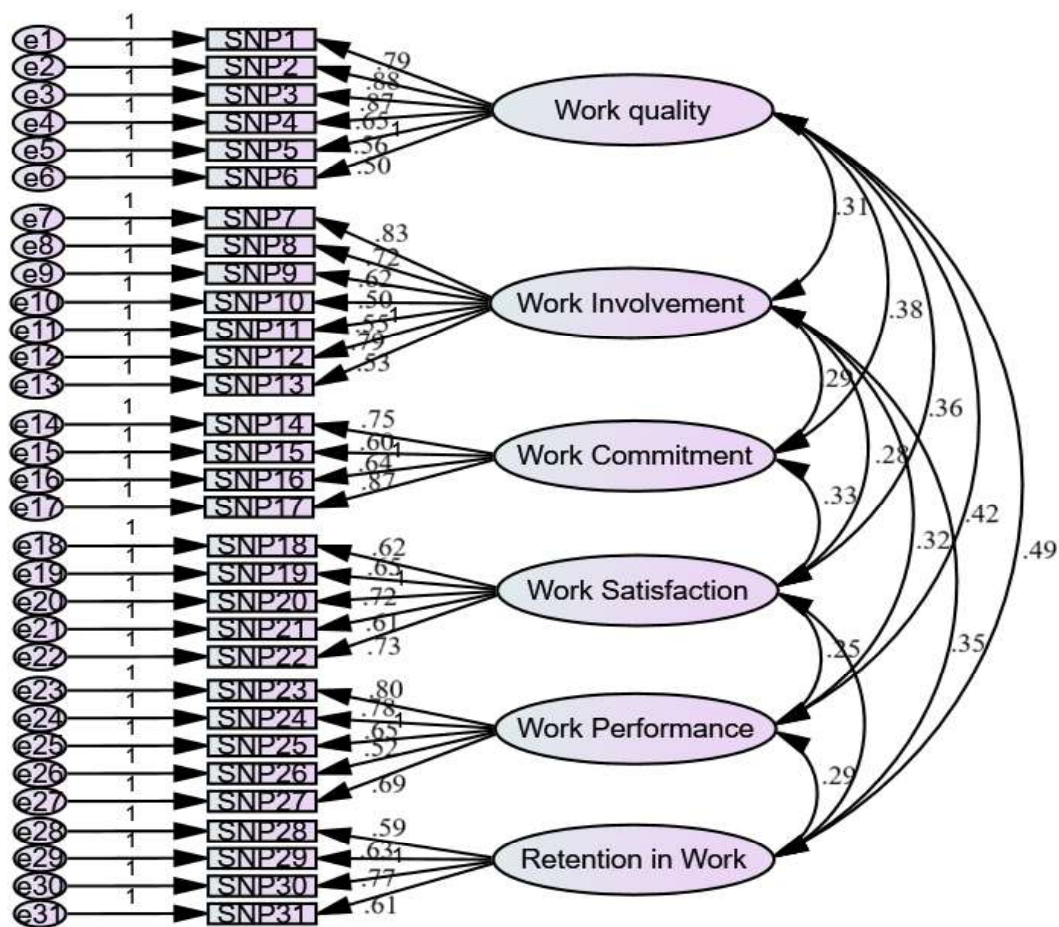
<b>Factor</b>	<b>Parameters</b>	<b>Rotated Factor Loadings</b>
Factor 1:  <b>Work quality</b>  <b>21.13 % of Variance</b>	Working effectively with proper direction	.796
	I am realizing my potential as an expert in my line of work	.887
	I get regular feedback about the quality of my performance	.872
	Gives me feeling of accomplishment	.657
	Management prepares us for multi-tasking	.562
	I can work with my full potential	.506
Factor 2:  <b>Work Involvement</b>  <b>18.09 % of Variance</b>	I personally feel attached to my job.	.832
	I have concentration and focus on my work.	.727
	I mostly feel interested in my job	.625
	I am emotionally attached with my hospital.	.505
	Everyone in the hospital interact in terms of ideas and feelings.	.557
	I always feel recognition for involvement	.799
	I am a perfectionist in my job	.530
Factor 3:	I am committed towards my job.	.758
	All employees are mutually helpful to one	.601

<b>Work Commitment</b>	another		
	I am loyal to my hospital	.648	
<b>15.72 % of Variance</b>	Everyone in the hospital have the sense of one community	.879	
	Factor 4:		
<b>Work Satisfaction</b>	I am satisfied with my job.	.625	
	I have a feeling of job security.	.650	
	I am satisfied with my salary and fringe benefits.	.723	
	I am satisfied with training and stress control workshops.	.610	
	I am satisfied with working environment.	.738	
<b>12.43 % of Variance</b>	Factor 5:		
	I am able to perform my job well with minimum time and effort	.805	
	<b>Work Performance</b>		
	I think the patients are satisfied with my work	.780	
	<b>7.13 % of Variance</b>	I am able to work by keeping my job knowledge up to date in terms of job performance	.657
		I feel I have a career growth and development	.525
I feel my work performance is appreciated by the hospital		.694	
Factor 6:			
<b>Retention in Work</b>	Hospital ensures level of satisfaction in myself to retain in work	.595	
	Hospital ensures morale and empathy to retain in the work	.635	
	Hospital environment helps to build good human relationships which leads to retain in the work	.770	
	I believe that the expectations of my job cause no conflicts between my work and family and helps to retain in the work	.611	
<b>Total Variance Explained: 78.72 % Variance</b>			

Source: Primary Data

Table 5.30 (b) indicates that of the 31 parameters determining the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala, 6 factors have been identified, resulting in a total variance of 78.72 per cent. The six factors determining the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala are as follows: Work quality accounted for 21.13 per cent of the variance, Work Involvement contributed about 18.09 per cent, Work Commitment explained around 15.72 per cent, Work Satisfaction represented about 12.43 per cent, Work Performance contributed about 7.13 per cent, Retention in Work explained a variance about 4.22 per cent. The loading patterns of the components indicate a strong relationship among the parameters, with all variables contributing to the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala.

**Figure 5.4 CFA measurement model of staff nurse performance at NABH-accredited hospitals in Kerala**



Keeping in view the CFA models conducted in the studies of Paré & Tremblay (2007) and Nasuridin, Ahmad, & Lin, (2009), decided that the factor loading of an item statement must be  $\geq .40$  to be retained in its respective scale whereas, insignificant and negatively significant/insignificant statements ( $< .40$ ) are removed from their respective scale. Thus, it is noted that all the statements measuring the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala are retained in the respective scale as its factor loadings are  $\geq .40$ . Thus, the factors contributing the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala are work quality, work involvement, work commitment, work satisfaction, work performance, retention in work and all these six variables are valid and ensures the unidimensionality.

**Table 5.31 Results of goodness of fit test for staff nurse performance**

Indices	CMIN/df	P	GFI	AGFI	NFI	TLI	CFI	RMSEA	RMR
<b>Model Value</b>	1.223	.304	.987	.981	.986	.988	.965	.027	.031
<b>Recommended Value</b>	<3.0	>0.05	>0.90	>0.90	>0.90	>0.90	>0.95	<0.05	<0.05

Source: Primary Data

CFA model for staff nurse engagement at NABH-accredited hospitals in Kerala with special reference to staff nurses yielded a good model fit with acceptable indices of GFI = .987, AGFI = .981, NFI = .986, TLI = .988, CFI = .965, RMSEA = .027, RMR = .031. The chi-square value was 43.421 with a CMIN/df ratio of 1.223. The probability level (p value) was .304. It is concluded that the factors loaded for staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala is above the prescribed level and thus the construct ensures unidimensionality.

## 5.8 Comparing the staff nurse performance based on their level of engagement in their workplace

Discriminant analysis is used to compare the staff nurse performance based on their level of engagement in their workplace. The predictor variables are work quality, work involvement, work commitment, work satisfaction, work performance, and retention in work.

H<sub>0</sub>: There is no significant difference in the staff nurse performance based on their level of engagement in their workplace.

**Table: 5.32 (a) Box's M test results for suitability of data**

<b>Box's M</b>		322.879
<b>F</b>	<b>Approx.</b>	7.55
	<b>df1</b>	42
	<b>df2</b>	428856.106
	<b>Sig.</b>	.000
Tests null hypothesis of equal population covariance matrices.		

Source: Primary Data

Table 5.32(a) shows the Box's M Test Results for suitability of data for the Discriminant analysis and the significant F value .000 indicates the suitability to precede with the analysis.

**Table: 5.32 (b) Tests of equality of group means**

<b>Staff Nurse Performance</b>	<b>Wilks' Lambda</b>	<b>F</b>	<b>df1</b>	<b>df2</b>	<b>Sig.</b>
Work Quality	.498	3.329	2	381	.037
Work Involvement	.464	4.674	2	381	.010
Work Commitment	.369	8.366	2	381	.000
Work Satisfaction	.412	5.467	2	381	.000
Work Performance	.388	6.292	2	381	.002
Retention in Work	.558	7.307	2	381	.001

Source: Primary Data

Wilks' Lambda is the ratio of the within-groups sum of squares to the total sum of squares. Wilks' Lambda is very small for work commitment (.369), which means that there is a strong group difference among the three clusters of selected staff nurses based on their level of engagement in their workplace (with high, moderate, and low levels of engagement). Wilks' Lambda for retention in work is comparatively high among the other factors of staff nurse performance (.558), and it indicates that there is no greater difference among selected staff nurses based on their level of engagement in their workplace. The F statistic is a ratio of 'between-groups variability' to the 'within-groups variability'. The value of the F ratio concerning degrees of freedom is very significant, which is indicated in the significance value. But, the mean values of all factors of staff nurse performance are significantly different among the three groups and this reveals that all the factors influencing the staff nurse performance have significant difference among the three clusters of selected staff nurse based on their level of engagement in their workplace as the significance value of all six predictor variables of staff nurse performance is less than 0.05. The above two facts explain that the present segmentation is right and there exists a significant group difference.

**Table: 5.32 (c) Eigen value and Canonical correlation analysis**

<b>Eigen value</b>	<b>% of Variance</b>	<b>Cumulative %</b>	<b>Canonical Correlation</b>	<b>Wilks' Lambda</b>	<b>Chi-square</b>	<b>Sig.</b>
1.283 <sup>a</sup>	76.7	76.7	.874	.315	127.296	.000
0.622	23.3	100	.513	.496	83.026	.000

a. The first 2 canonical discriminant functions were used in the analysis.

Source: Primary Data

The Eigen value is the ratio of 'between-groups sum of squares' and 'within-groups sum of squares'. The largest Eigen value corresponds to the maximum spread of the groups' means. Small Eigen account for very little of the total dispersion. The Eigen value for the first discriminant function is 1.283, which is higher than the second discriminant function 0.622 that indicating evidence for a strong function and explaining maximum spread of factors influencing the staff nurse performance have a significant difference among the three cluster of selected staff nurses based on their

level of engagement in their workplace. For the three groups, two discriminant functions are formed, and there will be two canonical correlations. The first discriminant function explains the total variance of about 76.7 per cent, and the second discriminant function explains the remaining variance of about 23.3 per cent. The canonical correlation is a tool used to measure the relationship between the discriminant function and the three groups. The canonical correlation between the discriminant function and the three groups is very high for the first discriminant function which is 0.874 and for the second discriminant function is about 0.513, indicating that the function has a strong relationship with the factors influencing the staff nurse performance among the three clusters of selected staff nurses based on their level of engagement in their workplace and it is greater in the first discriminant function. Wilks' Lambda for the overall first discriminant function is 0.315, and for the second discriminant function is 0.496, which indicates that the group means of factors influencing the staff nurse performance are different among the three clusters of selected staff nurses based on their level of engagement in their workplace. A chi-square transformation of Wilks' Lambda is used along with the degrees of freedom to determine the degree of significance. The significance value for both the discriminant functions is .000, which is less than 0.05, indicating that group means in the factors of performance differ significantly among staff nurses with high, moderate, and low levels of engagement in the workplace. Hence, it is concluded that among the two-discriminant functions formed, the first function shows greater difference among the selected 6 predictor variables of staff nurse performance as its Eigen value is higher, variance has maximum contribution, Wilk's Lambda is smaller and the canonical correlation is higher but both functions are significantly different among the three clusters of selected staff nurses based on their level of engagement in their workplace.

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**Table 5.32 (d) Canonical discriminant function coefficients**

Staff nurse performance	Function (unstandardized coefficients)	
	1	2
Work Quality	.114	<b>.497*</b>
Work Involvement	.196	<b>.512*</b>
Work Commitment	<b>.891*</b>	.479
Work Satisfaction	<b>.655*</b>	.224
Work Performance	<b>.734*</b>	.618
Retention in Work	.052	<b>.329*</b>
(Constant)	2.972	1.452

Source: Primary Data

Table 5.32 (d) shows the Canonical Discriminant Function Coefficients which are estimated to discriminate the factors influencing the staff nurse performance are different among the three cluster of selected staff nurse based on their level of engagement in their workplace and the unstandardized coefficients are used to create the discriminant function in the form of equation like,

$$D = a + b_1X_1 + b_2X_2 + \dots + b_6X_6$$

D = Discriminant Function; a = Constant; b = Unstandardized beta coefficients of each variable and  $X_1, X_2, X_3, X_4, X_5$  and  $X_6$  are the six predictor variables of staff nurse performance. Thus, the two-discriminant function are formulated as follows:

$$D_1 = 2.972 + (.734 \text{ X work performance}) + (.655 \text{ X work satisfaction}) + (.891 \text{ X work commitment})$$

$$D_2 = 1.452 + (.497 \text{ X work quality}) + (.512 \text{ X work involvement}) + (.329 \text{ X retention in work})$$

The discriminant function coefficient indicates the partial contribution of each variable to the discriminant function and here two discriminant function coefficients are formed. It is used to assess the unique contribution of all six

predictor variables of staff nurse performance to the discriminant function. It is found that the three factors such as work performance, work satisfaction and work commitment are significant in the first discriminant function and the remaining three factors such as work quality, work involvement and retention in work are significant in the second discriminant function. It is identified that the unstandardized beta coefficients of each variable of staff nurse performance are positive and which explains that all the six predictor variables have direct effect in discriminating the level of engagement among the three cluster of selected staff nurse based on their level of engagement in their workplace. It also revealed that the work commitment is the highest factors that discriminate the level of engagement among the staff nurse with high, moderate and low level of engagement at workplace. The least factor that discriminates the level of engagement among the staff nurse with high, moderate and low level of engagement is retention in work. Therefore, it is inferred that among the staff nurses at NABH-accredited hospitals in Kerala with high, moderate and low level of engagement in workplace, the influence of work commitment is more and the investors with high level of engagement will have high level of performance in terms of work commitment, satisfaction and involvement in workplace and they will have more retention in work and chances of absenteeism and turnover will be very low. Hence the hypothesis is rejected and the alternative hypothesis ( $H_1$ ) is accepted and it is inferred that there is a significant difference in the staff nurse performance at NABH-accredited hospitals in Kerala based on their level of engagement in their workplace.

H<sub>0</sub>: Talent management practices have no relationship with the staff nurse performance in their workplace.

**Table: 5.33 Correlation between the talent management practices and staff nurse performance**

Independent variables: Talent management practices	Dependent variable: Staff nurse performance	
	PC	Sig.
Talent Attraction	.396**	.000
Talent Acquisition	.511**	.000
Talent Identification	.534**	.000
Talent Deployment	.418**	.000
Succession Planning	.429**	.000
Talent Development	.761**	.000
Talent Engagement	.786**	.000
Performance Assessment	.823**	.000
Talent Retention	.817**	.000
<b>** Correlation is significant at the 0.01 level (2-tailed)</b>		

Source: Primary Data

1 Per cent level of significance

Table 5.33 deals with the correlation between the talent management practices and staff nurse performance. It indicates that all the independent variables of talent management practices such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, and talent retention have significant relationship with the staff nurse performance at 1 per cent level of significance (P value  $.000 < 0.01$ ). Hence the hypothesis is rejected. The result also reveals that the talent attraction (39.6 per cent), talent acquisition (51.1 per cent), talent identification (53.4 per cent), talent deployment (41.8 per cent), succession planning (42.9 per cent), talent development (76.1 per cent), talent engagement (78.6 per cent), performance assessment (82.3 per cent), and talent retention (81.7 per cent) have significant relationship with staff nurse performance. It is found that the talent management practices such as talent attraction, talent acquisition, talent

identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, and talent retention have significant positive relationship with the staff nurse performance. It is concluded that performance assessment has the highest significant positive relationship with staff nurse performance. Hence, the talent management practices have significant relationship with the staff nurse performance. Thus, it is proved that the better talent management practices at NABH-accredited hospitals in Kerala will help to improve performance among the staff nurse at NABH-accredited hospitals in Kerala.

H<sub>0</sub>: Staff nurse perception towards the organizational justice has no relationship with the staff nurse performance in their workplace.

**Table: 5.34 Correlation between the organizational justice and staff nurse performance**

Independent variables: Organizational justice	Dependent variable: Staff nurse performance	
	PC	Sig.
Distributive Justice	.764**	.000
Procedural Justice	.582**	.000
Interpersonal Justice	.651**	.000
Informational Justice	.604**	.000
<b>** Correlation is significant at the 0.01 level (2-tailed)</b>		

Source: Primary Data

1 Per cent level of significance

Table 5.34 deals with the correlation between the organizational justice and staff nurse performance. It indicates that all the independent variables of organizational justice such as distributive justice, procedural justice, interpersonal justice, and informational justice have significant relationship with the staff nurse performance at 1 per cent level of significance (P value .000 < 0.01). Hence the hypothesis is rejected. The result also reveals that distributive justice (76.4 per cent), procedural justice (58.2 per cent), interpersonal justice (65.1 per cent), and informational justice (60.4 per cent) have significant relationship with staff nurse performance. It is found that the organizational justice such as distributive justice, procedural justice, interpersonal justice informational justice, have significant

positive relationship with the staff nurse performance. It is concluded that distributive justice has the highest significant positive relationship with staff nurse performance. Hence, the organizational justice has significant relationship with the staff nurse performance. Thus, it is proved that the better organizational justice at NABH-accredited hospitals in Kerala will help to improve performance among the staff nurse at NABH-accredited hospitals in Kerala.

H<sub>0</sub>: Staff nurse engagement has no relationship with the staff nurse performance in their workplace.

**Table: 5.35 Correlation between the staff nurse engagement and performance**

Independent variables: Staff nurse engagement	Dependent variable: Staff nurse performance	
	PC	Sig.
Physical Engagement	.713**	.000
Emotional Engagement	.649**	.000
Cognitive Engagement	.752**	.000
<b>** Correlation is significant at the 0.01 level (2-tailed)</b>		

Source: Primary Data

1 Per cent level of significance

Table 5.35 deals with the correlation between the staff nurse engagement and organizational performance. It indicates that all the independent variables of staff nurse engagement such as physical engagement, emotional engagement and cognitive engagement, have significant relationship with the staff nurse engagement at 1 per cent level of significance (P value .000 < 0.01). Hence the hypothesis is rejected. The result also reveals that physical engagement (71.3 per cent), emotional engagement (64.9 per cent), cognitive engagement (75.2 per cent), have significant relationship with staff nurse performance. It is found that the staff nurse engagement such as physical engagement, emotional engagement, and cognitive engagement, have significant positive relationship with the staff nurse performance. It is concluded that cognitive engagement has the highest significant positive relationship with staff nurse performance. Hence, the staff nurse engagement has significant relationship with the organizational performance. Thus, it is proved that the better staff nurse engagement at NABH-accredited hospitals in Kerala will help to improve performance among the staff nurse at NABH-accredited hospitals in Kerala.

H<sub>0</sub>: Talent management practices have no impact on the staff nurse performance in their workplace.

Here the multiple regression analysis for staff nurse performance in their workplace (Y) was performed with 9 independent variables of talent management practices at NABH-accredited hospitals in Kerala such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, talent retention. Inter correlation between the factors determining the talent management practices at NABH-accredited hospitals in Kerala revealed that all the predictor variables were entered simultaneously for regression equation because no multicollinearity exists among the selected 9 predictor variables.

**Table: 5.36 (a) Model summary**

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.795	.632	.617	.235
Predictors: (Constant), Talent Attraction, Talent Acquisition, Talent Identification, Talent Deployment, Succession Planning, Talent Development, Talent Engagement, Performance Assessment, Talent Retention				
Dependent Variable: Staff nurse performance in their workplace				

Source: Primary Data

The model summary table illustrates the overall predictability of the regression model. The adjusted R<sup>2</sup> value of 0.617 indicates that the nine independent variables influencing talent management practices at NABH-accredited hospitals in Kerala account for 61.7 per cent of the variance in the dependent variable, staff nurse performance in their workplace. As a result, it is determined that the talent management practices at NABH-accredited hospitals in Kerala significantly influence the staff nurse performance in their workplace.

**Table: 5.36 (b) ANOVA**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	19.461	9	2.16	11.25	.000*
	Residual	72.088	374	.192		
	Total	91.549	383			

Source: Primary Data

\* 5 Per cent level of significance

The ANOVA findings indicate a p-value of 0.000 (F value = 11.25), which is less than 0.05, signifying that the regression model is statistically significant. The null hypothesis is rejected. Therefore, a substantial association exists between the variables examined in the hypothesis. Thus, it has been identified that the factors determining the talent management practices at NABH-accredited hospitals in Kerala are closely associated and have an influence on the staff nurse performance in their workplace.

**Table 5.36 (c) Coefficients of Multiple Regression Analysis**

Model	Variables	UC		SC	T	Sig.
		B	SE	Beta		
1	(Constant)	4.026	.252		4.072	.000*
	Talent Attraction	.513	.051	.489	7.027	.003*
	Talent Acquisition	.666	.049	.618	11.534	.001*
	Talent Identification	.685	.084	.675	13.922	.000*
	Talent Deployment	.552	.076	.622	9.597	.000*
	Succession Planning	.541	.055	.595	10.328	.002*
	Talent Development	.716	.086	.749	17.507	.000*
	Talent Engagement	.755	.089	.797	18.612	.000*
	Performance Assessment	.853	.074	.815	22.064	.000*
	Talent Retention	.784	.059	.724	19.778	.000*

Dependent Variable: Staff nurse performance in their workplace

Source: Primary Data

\* 5 Per cent level of significance

It is identified from the coefficient table that the factors determining the talent management practices at NABH-accredited hospitals in Kerala such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, talent retention have significant positive impact on the staff nurse performance in their workplace, since all the significant values of predictor variables is less than 0.05. It reveals that the performance assessment has the highly significant positive impact on the staff nurse performance in their workplace. Hence, it is concluded that the factors determining the talent management practices at NABH-accredited hospitals in Kerala have a significant influence on the staff nurse performance in their workplace. Thus, it is proved that when nurses feel that the performance assessment is fair and transparent, they are more likely to feel valued and their performance is properly evaluated. It is found that by regular feedback, nurses understand their strengths and areas for improvement. Constructive appraisals encourage accountability and personal growth, leading to improved performance, reduced errors, and increased patient satisfaction. These practices increase job satisfaction, morale, and employee engagement, all of which directly enhance workplace performance. Engaged nurses are more likely to be proactive, patient-centered, and collaborative, enhancing overall performance.

H<sub>0</sub>: Organizational justice has no impact on the staff nurse performance in their workplace.

Here, the multiple regression analysis for staff nurse performance in their workplace (Y) was performed with 4 independent variables of organizational justice at NABH-accredited hospitals in Kerala such as distributive justice, procedural justice, interpersonal justice, informational justice. Inter correlation between the factors contributing to the organizational justice at NABH-accredited hospitals in Kerala revealed that all the predictor variables were entered simultaneously for regression equation because no multicollinearity exists among the selected 4 predictor variables.

**Table: 5.37 (a) Model summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.855	.731	.726	.459
Predictors: (Constant), distributive justice, procedural justice, interpersonal justice, informational justice				
Dependent Variable: Staff nurse performance in their workplace				

Source: Primary Data

The model summary table illustrates the overall predictability of the regression model. The adjusted  $R^2$  value of 0.726 indicates that the four independent variables influencing organizational justice at NABH-accredited hospitals in Kerala account for 72.6 per cent of the influence in the dependent variable, staff nurse performance in their workplace. As a result, it is determined that the organizational justice at NABH-accredited hospitals in Kerala significantly influences the staff nurse performance in their workplace.

**Table: 5.37 (b) ANOVA**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	20.280	4	5.07	29.47	.000*
	Residual	65.418	379	.172		
	Total	85.698	383			

Source: Primary Data

\* 5 Per cent level of significance

The ANOVA findings indicate a p-value of 0.000 (F value = 29.47), which is less than 0.05, signifying that the regression model is statistically significant. The null hypothesis is rejected. Therefore, a substantial association exists between the variables examined in the hypothesis. Thus, it has been identified that the factors determining the organizational justice at NABH-accredited hospitals in Kerala are closely associated and have an influence on the staff nurse performance in their workplace.

**Table: 5.37 (c) Coefficients of Multiple Regression Analysis**

Model	Variables	UC		SC	T	Sig.
		B	SE	Beta		
1	(Constant)	3.896	.352		22.072	.000*
	Distributive Justice	.798	0.34	.771	13.022	.000*
	Procedural Justice	.536	.087	.514	8.721	.000*
	Interpersonal Justice	.795	.089	.763	12.237	.000*
	Informational Justice	.641	.045	.595	10.911	.000*
Dependent Variable: Staff nurse performance in their workplace						

Source: Primary Data

\* 5 Per cent level of significance

It is identified from the coefficient table that the factors determining the organizational justice at NABH-accredited hospitals in Kerala such as distributive justice, procedural justice, interpersonal justice, and informational justice have significant positive impact on the staff nurse performance in their workplace, since all the significant values of predictor variables is less than 0.05. It reveals that distributive justice has the highest significant positive impact on the staff nurse performance in their workplace. Hence, it is concluded that the factors determining the organizational justice at NABH-accredited hospitals in Kerala have a significant influence on the staff nurse performance in their workplace. Thus, it is proved that when nurses believe that their efforts are recognized and fairly rewarded, their commitment to work increases, leading to improved patient care and efficiency. When nurses trust that hospital procedures are unbiased and consistently applied, they are more likely to remain engaged, adhere to protocols, and perform effectively without fear or resentment. This leads to enhanced morale, teamwork, and a positive work environment that encourages higher performance levels. By ensuring fairness in policies, practices, and interpersonal interactions, these hospitals create a supportive and equitable work environment. For staff nurses, such an environment enhances motivation, job satisfaction, and overall performance. Ultimately, upholding organizational justice not only benefits nurses but also contributes to better patient outcomes and institutional success.

$H_0$ : Staff nurse engagement has no impact on the staff nurse performance in their workplace.

Here the multiple regression analysis for staff nurse performance in their workplace (Y) was performed with 3 independent variables of staff nurse engagement at NABH-accredited hospitals in Kerala such as physical engagement, emotional engagement, and cognitive engagement. Inter correlation between the factors contributing to the staff nurse engagement at NABH-accredited hospitals in Kerala revealed that all the predictor variables were entered simultaneously for the regression equation because no multicollinearity exists among the selected 3 predictor variables.

**Table: 5.38 (a) Model summary**

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.811	.657	.624	.239
Predictors: (Constant), physical engagement, emotional engagement, cognitive engagement				
Dependent Variable: Staff nurse performance in their workplace				

Source: Primary Data

The model summary table illustrates the overall predictability of the regression model. The adjusted  $R^2$  value of 0.624 indicates that the three independent variables influencing staff nurse engagement at NABH-accredited hospitals in Kerala account for 62.4 per cent of the influence in the dependent variable, staff nurse performance in their workplace. As a result, it is determined that the staff nurse engagement at NABH-accredited hospitals in Kerala significantly influences the staff nurse performance in their workplace.

**Table: 5.38 (b) ANOVA**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	22.167	3	7.389	29.55	.000*
	Residual	95.122	380	.250		
	Total	117.289	383			

Source: Primary Data

\* 5 Per cent level of significance

The ANOVA findings indicate a p-value of 0.000 (F value = 29.55), which is less than 0.05, signifying that the regression model is statistically significant. The null hypothesis is rejected. Therefore, a substantial association exists between the variables examined in the hypothesis. Thus, it has been identified that the factors determining the staff nurse engagement at NABH-accredited hospitals in Kerala are closely associated and have an influence on the staff nurse performance in their workplace.

**Table 5.38 (c) Coefficients of Multiple Regression Analysis**

Model	Variables	UC		SC	T	Sig.
		B	SE	Beta		
1	(Constant)	3.526	.212		14.672	.000*
	Physical Engagement	.778	.039	.792	16.011	.000*
	Emotional Engagement	.648	.041	.686	10.122	.000*
	Cognitive Engagement	.889	0.60	.811	17.372	.000*

Dependent Variable: Staff nurse performance in their workplace

Source: Primary Data

\* 5 Per cent level of significance

It is identified from the coefficient Table 5.38 (c) that the factors determining the staff nurse engagement at NABH-accredited hospitals in Kerala such as physical engagement, emotional engagement, and cognitive engagement have significant positive impact on the staff nurse performance in their workplace, since all the significant values of predictor variables is less than 0.05. It reveals that the cognitive engagement has the highest significant positive impact on the staff nurse performance in their workplace. Hence, it is concluded that the factors determining the staff nurse engagement at NABH-accredited hospitals in Kerala have a

significant influence on the staff nurse performance in their workplace. Thus, in NABH-accredited hospitals in Kerala, staff nurse engagement is not only a key performance driver but also a strategic element that directly impacts the quality of patient care, operational efficiency, and workplace culture. Engaged nurses are more productive, committed, and effective, directly influencing patient care and institutional reputation. By fostering an environment of support, recognition, development, and empowerment, these hospitals enhance nurse engagement, which in turn leads to improved performance, better healthcare delivery, and a thriving workplace culture.

### **5.9 Extracting the factors determining the organizational performance of selected NABH-accredited hospitals in Kerala: Exploratory Factor Analysis**

Here, Exploratory Factor Analysis is used to explore the factors determining the organizational performance of selected NABH-accredited hospitals in Kerala through Principal Component Method with Varimax Rotation.

**Table 5.39 (a) Reliability analysis of organizational performance**

<b>KMO and Bartlett's Test</b>		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.799
Bartlett's Test of Sphericity	Approx. Chi-Square	4521.984
	Df	496
	Sig.	.000

Source: Primary Data

Table 5.39 (a) presents the findings of two assessments: the Kaiser-Meyer-Olkin measure of sample adequacy and Bartlett’s Test of Sphericity, which evaluate the significance of the relationships among the variables. The Kaiser-Meyer-Olkin measure of sampling adequacy indicates a test statistic value of 0.799, indicating that factor analysis for the specified variables is suitable. Bartlett’s Test of Sphericity indicates a significant value of 0.000, representing that the variables selected are statistically significant and demonstrate a strong correlation among the factors determining the organizational performance of selected NABH-accredited hospitals in Kerala.

**Table: 5.39 (b) Extracting the factors determining the organizational performance of selected NABH-accredited hospitals in Kerala**

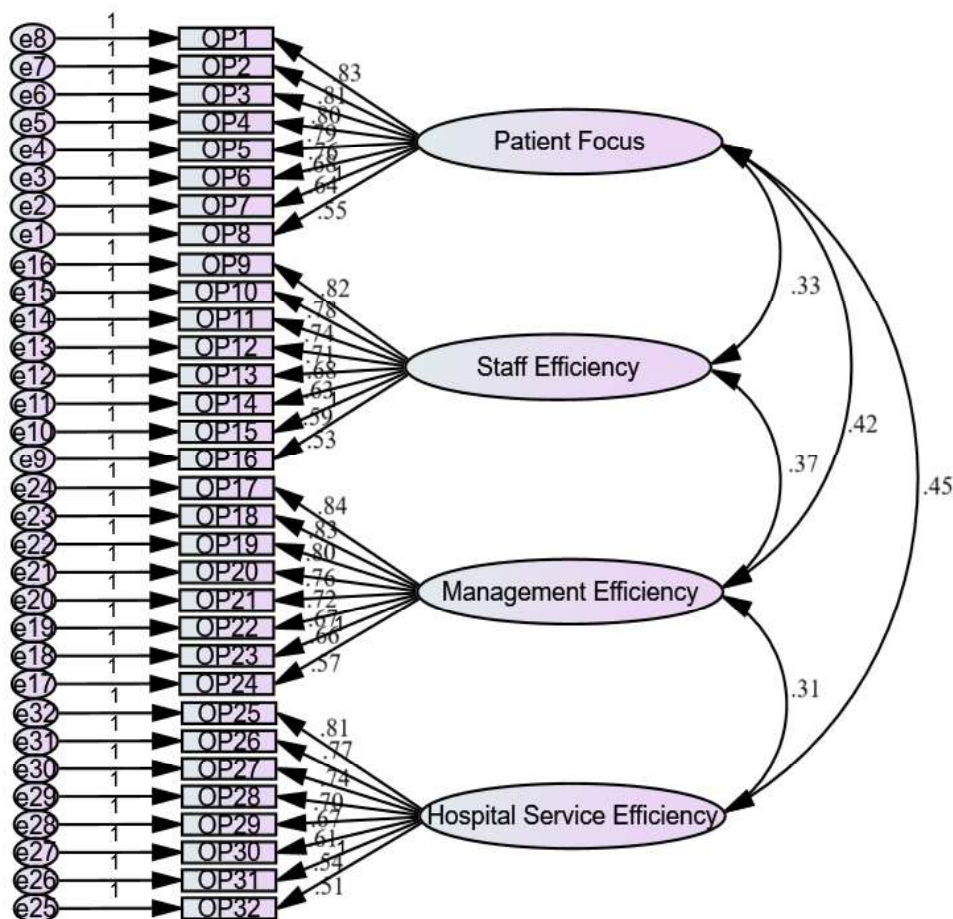
<b>Factor</b>	<b>Parameters</b>	<b>Rotated Factor Loadings</b>
<b>Factor 1:</b>  <b>Patient Focus</b>  <b>25.67 % of Variance</b>	Administrative procedures of admission, stay and discharge are short and simple	.832
	The waiting time for patients before been attended by doctors is short	.811
	The nursing services provided to restore the health and confidence of the patients are standardized	.809
	Patients are counselled and cared for their well-being	.792
	The hospital takes immediate and appropriate action for handling grievances	.765
	The hospital uses feedback/complaints to initiate improvement in the hospital	.683
	The charges for health care services in the hospital are reasonable	.642
	The quality of healthcare provided are up to the standard norms	.551
<b>Factor 2:</b>  <b>Staff Efficiency</b>  <b>19.39 % of Variance</b>	Hospital staff is competent and professional in their treatment of patients	.822
	The hospital staff is attentive, helpful, friendly and courteous to the patients and their wards	.784
	Staff takes a problem-solving approach for their patients	.749
	The staff is efficient in controlling patient's pain well and readily do everything they could to help patient	.717
	Hospital staff always remains willing to learn and adapt to changes	.685
	The hospital staff exhibit positive attitude to patients and their wards	.633
	Appropriate training is provided to staff to enhance their capability to deliver quality service	.592
	The administrative and office staffs are competent to manage the patient's record	.531
<b>Factor 3:</b>  <b>Management</b>	Healthcare services provided by this hospital have improved over the past five years	.842
	The hospital has adapted to the changes	.833

<b>Efficiency</b>  <b>14.82 % of Variance</b>	The state-of-the-art-technology is used in this hospital to enhance the capabilities	.804
	The hospital management is committed to the quality initiatives	.763
	Hospital management provides adequate support to its staff	.727
	Hospital management encourages and involves the staff in planning and decision making in order to improve quality	.675
	Management gives rewards and incentives to staff in respect of their quality improvement efforts or initiatives	.663
	Management focuses on developing a continuously evolving patient focused hospital-quality policy with its specified goals	.574
<b>Factor 4:</b>  <b>Hospital Service Efficiency</b>  <b>11.91 % of Variance</b>	The hospital provides amenities such as continuous electricity, cold water supply, housekeeping, sanitation, medical store, central sterile supply etc. at comfortable ambient conditions to patients and their wards	.815
	Inside transport services such as trolleys, stretchers and wheelchairs are properly maintained for the carriage of supplies and patients	.773
	Layout of wards, beds, operation theatres, intensive/post-operative care units, cold storage (mortuary), reception lounge, administrative departments, vehicular parking, canteen, toilets, etc. are standard	.741
	Diagnostic facilities such as labs, and X-ray and CT/ultrasonic scans are adequate	.705
	The hospital provides round the clock services for illness of an urgent nature and injuries from accidents	.673
	Services are often stretched in the interests of the patients.	.618
	The hospital makes its best effort to prevent the spread of communicable diseases by isolating the patients	.549
	Hospital helps to raise the standard of health in the community by health education	.511
	<b>Total Variance Explained: 71.79 % Variance</b>	

Source: Primary Data

Table 5.39 (b) indicates that of the 32 parameters determining the organizational performance of selected NABH-accredited hospitals in Kerala, 4 factors have been identified, resulting in a total variance of 71.79 per cent. The four factors determining the organizational performance of selected NABH-accredited hospitals in Kerala are as follows: Patient Focus accounted for 25.67 per cent of the variance, Staff Efficiency contributed about 19.39 per cent, Management Efficiency explained around 14.82 per cent, and Hospital Service Efficiency represented about 11.91 per cent. The loading patterns of the components indicate a strong relationship among the parameters, with all factors determining the organizational performance of selected NABH-accredited hospitals in Kerala.

**Figure: 5.5 CFA measurement model of organizational performance of selected NABH-accredited hospitals in Kerala**



Keeping in view the CFA models conducted in the studies of Paré & Tremblay (2007) and Nasurdin, Ahmad, & Lin, (2009), decided that the factor

loading of an item statement must be  $\geq .40$  to be retained in its respective scale whereas, insignificant and negatively significant/insignificant statements ( $< .40$ ) are removed from their respective scale. Thus, it is noted that all the statements measuring the organizational performance of selected NABH-accredited hospitals in Kerala are retained in the respective scale as its factor loadings are  $\geq .40$ . Thus, the factors contributing the organizational performance of selected NABH-accredited hospitals in Kerala are Patient Focus, Staff Efficiency, Management Efficiency, Hospital Service Efficiency and all these four variables are valid and ensures the unidimensionality.

**Table 5.40 Results of goodness of fit test for organizational performance**

Indices	CMIN/df	P	GFI	AGFI	NFI	TLI	CFI	RMSEA	RMR
Model Value	2.606	.377	.992	.988	.994	.996	.961	.030	.029
Recommended Value	<3.0	>0.05	>0.90	>0.90	>0.90	>0.90	>0.95	<0.05	<0.05

Source: Primary Data

CFA model for organizational performance of selected NABH-accredited hospitals in Kerala yielded a good model fit with acceptable indices of GFI = .992, AGFI = .988, NFI = .994, TLI = .996, CFI = .961, RMSEA = .030, RMR = .029, chi-square = 69.525, CMIN/df = 2.606 and Probability level (P value) = .377 (Anderson and Gerbing, 1988 Hair et al., 1995, Kline, 2005). It is concluded that the factors loaded for organizational performance of selected NABH-accredited hospitals in Kerala are above the prescribed level and thus the construct ensures unidimensionality.

H<sub>0</sub>: Talent management practices have no relationship with the organizational performance among the NABH-accredited hospitals in Kerala.

**Table: 5.41 Correlation between the talent management practices and organizational performance**

Independent variables: Talent management practices	Dependent variable: Organizational performance	
	PC	Sig.
Talent Attraction	.361**	.000
Talent Acquisition	.509**	.000
Talent Identification	.522**	.000
Talent Deployment	.438**	.000
Succession Planning	.629**	.000
Talent Development	.773**	.000
Talent Engagement	.694**	.000
Performance Assessment	.752**	.000
Talent Retention	.799**	.000
<b>** Correlation is significant at the 0.01 level (2-tailed)</b>		

Source: Primary Data

1 Per cent level of significance

Table 5.41 deals with the correlation between the talent management practices and organizational performance among the NABH-accredited hospitals in Kerala. It indicates that all the independent variables of talent management practices such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, and talent retention have significant relationship with the organizational performance among the NABH-accredited hospitals in Kerala at 1 per cent level of significance (P value .000 < 0.01). Hence, the hypothesis is rejected. The result also reveals that the talent attraction (36.1 per cent), talent acquisition (50.9 per cent), talent identification (52.2 per cent), talent deployment (43.8 per cent), succession planning (62.9 per cent), talent development (77.3 per cent), talent engagement (69.4 per cent), performance assessment (75.2 per cent), and talent retention (79.9 per cent) have significant relationship with organizational performance. It is found that the talent management practices such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent

engagement, performance assessment, and talent retention, have a significant positive relationship with organizational performance. It is concluded that talent retention has the highest significant positive relationship with organizational performance among the NABH-accredited hospitals in Kerala. Hence, the talent management practices have a significant relationship with the organizational performance among the NABH-accredited hospitals in Kerala. Thus, it is proved that the better talent management practices at NABH-accredited hospitals in Kerala will help to improve organizational performance among the NABH-accredited hospitals in Kerala.

H<sub>0</sub>: Staff nurse perception towards the organizational justice has no relationship with the organizational performance among the NABH-accredited hospitals in Kerala.

**Table 5.42 Correlation between the organizational justice and organizational performance**

Independent variables: Organizational justice	Dependent variable: Organizational performance	
	PC	Sig.
Distributive Justice	.679**	.000
Procedural Justice	.442**	.000
Interpersonal Justice	.601**	.000
Informational Justice	.584**	.000
<b>** Correlation is significant at the 0.01 level (2-tailed)</b>		

Source: Primary Data

1 Per cent level of significance

Table 5.42 deals with the correlation between organizational justice and organizational performance. It indicates that all the independent variables of organizational justice, such as distributive justice, procedural justice, interpersonal justice, and informational justice, have a significant relationship with the organizational performance at 1 per cent level of significance (P value .000 < 0.01). Hence, the hypothesis is rejected. The result also reveals that distributive justice (67.9 per cent), procedural justice (44.2 per cent), interpersonal justice (60.1 per cent), and informational justice (58.4 per cent) have a significant relationship with

organizational performance. It is found that the organizational justice, such as distributive justice, procedural justice, interpersonal justice informational justice, has a significant positive relationship with the organizational performance. It is concluded that distributive justice has the highest significant positive relationship with organizational performance. Hence, the organizational justice has significant relationship with the organizational performance.

H<sub>0</sub>: Staff nurse engagement and performance have no relationship with the organizational performance among the NABH-accredited hospitals in Kerala.

**Table: 5.43 Correlation between the staff nurse engagement and performance with the organizational performance**

Independent variables: Staff nurse engagement and performance	Dependent variable: Organizational performance	
	PC	Sig.
Physical Engagement	.607**	.000
Emotional Engagement	.493**	.000
Cognitive Engagement	.631**	.000
Work Quality	.807**	.000
Work Involvement	.779**	.000
Work Commitment	.748**	.000
Work Satisfaction	.692**	.000
Work Performance	.855**	.000
Retention in Work	.796**	.000
<b>** Correlation is significant at the 0.01 level (2-tailed)</b>		

Source: Primary Data

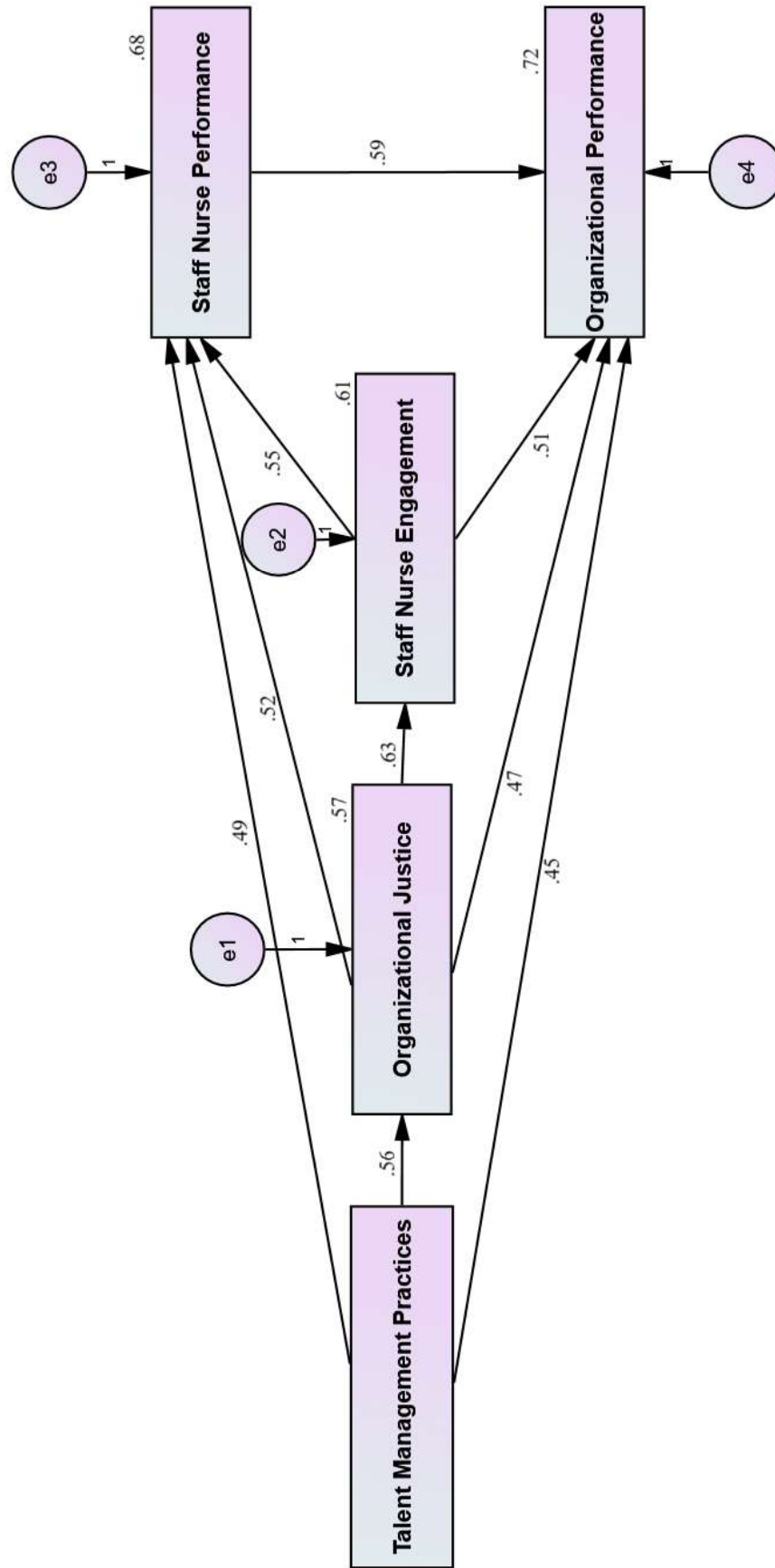
1 Per cent level of significance

Table 5.43 deals with the correlation between the staff nurse engagement and performance and the organizational performance among the NABH-accredited hospitals in Kerala. It indicates that all the independent variables of staff nurse engagement and performance such as physical engagement, emotional engagement, cognitive engagement, and variables of staff nurse performance such as work quality, work involvement, work commitment, work satisfaction, work performance, and

retention in work have significant relationship with the organizational performance among the NABH-accredited hospitals in Kerala at 1 per cent level of significance (P value  $.000 < 0.01$ ). Hence, the hypothesis is rejected. The result also reveals that physical engagement (60.7 per cent), emotional engagement (49.3 per cent), cognitive engagement (63.1 per cent), work quality (80.7 per cent), work involvement (77.9 per cent), work commitment (74.8 per cent), work satisfaction (69.2 per cent), work performance (85.5 per cent), and retention in work (79.6 per cent) have significant relationship with the organizational performance among the NABH-accredited hospitals in Kerala. It is found that the staff nurse engagement and performance such as physical engagement, emotional engagement, cognitive engagement, work quality, work involvement, work commitment, work satisfaction, work performance, and retention in work have significant positive relationship with the organizational performance among the NABH-accredited hospitals in Kerala. It is concluded that work performance has the highest significant positive relationship with the organizational performance among the NABH-accredited hospitals in Kerala. Thus, it is proved that the staff nurse engagement and performance at NABH-accredited hospitals in Kerala will help to improve organizational performance among the NABH-accredited hospitals in Kerala

H<sub>0</sub>: Staff nurse engagement has no mediating effect between the influence of talent management practices on organizational justice and performance among the NABH-accredited hospitals in Kerala

Figure: 5.6 Final Structural Equation Model



**Table 5.44 Results of goodness of fit for the Structural Equation Model**

Indices	$\chi^2/df$	P	GFI	AGFI	NFI	TLI	CFI	RMSEA	RMR
Model Value	2.091	.363	.978	.966	.954	.946	.977	.046	.019
Recommended Value	<3.0	>0.05	>0.90	>0.90	>0.90	>0.90	>0.95	<0.05	<0.05

SEM for the mediating role of staff nurse engagement between the influence of talent management practices on organizational justice and performance among the NABH-accredited hospitals in Kerala yielded a good model fit with acceptable indices of GFI = .978, AGFI = .966, NFI = .954, TLI = .946, CFI = .977, RMSEA = .046, RMR = .019, chi-square = 47.091, CMIN/df = 2.091 and Probability level (p value) = .363. This confirms that the available data set correctly fits into the proposed structural model and thus the null hypothesis is rejected.

**Table 5.45 Regression weights for the Structural Equation Model**

DIM	INF	DIM	SE	S.E.	C.R.	P
Organizational justice	←	Talent management practices	0.568	0.252	2.253	***
Staff nurse engagement	←	Organizational justice	0.632	0.393	1.608	***
Staff nurse performance	←	Talent management practices	0.491	0.255	1.925	***
Staff nurse performance	←	Organizational justice	0.527	0.341	1.545	***
Staff nurse performance	←	Staff nurse engagement	0.554	0.316	1.753	***
Organizational performance	←	Talent management practices	0.452	0.287	1.574	***
Organizational performance	←	Organizational justice	0.478	0.299	1.598	***
Organizational performance	←	Staff nurse engagement	0.515	0.315	1.634	***
Organizational performance	←	Staff nurse performance	0.597	0.292	2.044	***

Source: Primary Data

\*\*\* Significant at 0.05 per cent level

The standardized estimate (SE) is considered to determine the influence of the independent variable on the dependent variable through the inclusion of a mediating variable. The influence is identified as follows:

1. If talent management practices at NABH-accredited hospitals in Kerala are increased by one per cent, then it is found that the staff nurse perception towards the organizational justice in their workplace is increased by 0.56 per cent.
2. If staff nurse perception towards the organizational justice in their workplace is increased by one per cent, then it is found that the level of engagement among the staff nurse in their workplace is increased by 0.63 per cent.
3. If talent management practices at NABH-accredited hospitals in Kerala is increased by one per cent, then it is found that the staff nurse performance at NABH-accredited hospitals in Kerala is increased by 0.49 per cent.
4. If staff nurse perception towards the organizational justice in their workplace is increased by one per cent, then it is found that the staff nurse performance at NABH-accredited hospitals in Kerala is increased by 0.52 per cent.
5. If the level of engagement among the staff nurses in their workplace is increased by one per cent, then it is found that the staff nurses performance at NABH-accredited hospitals in Kerala is increased by 0.55 per cent.
6. If talent management practices at NABH-accredited hospitals in Kerala is increased by one per cent, then it is found that the organizational performance at NABH-accredited hospitals in Kerala is increased by 0.45 per cent.
7. If staff nurse perception towards the organizational justice in their workplace is increased by one per cent, then it is found that the organizational performance at NABH-accredited hospitals in Kerala is increased by 0.47 per cent.
8. If the level of engagement among the staff nurse in their workplace is increased by one per cent, then it is found that the organizational performance at NABH-accredited hospitals in Kerala is increased by 0.51 per cent.

9. If staff nurse performance at NABH-accredited hospitals in Kerala is increased by one per cent, then it is found that the organizational performance at NABH-accredited hospitals in Kerala is increased by 0.59 per cent.

**Table: 5.46 Squared multiple correlations for the Structural Equation Model**

Dimensions	Estimate
Organizational justice at NABH-accredited hospitals in Kerala	0.573
Staff nurse engagement at NABH-accredited hospitals in Kerala	0.619
Staff nurse performance at NABH-accredited hospitals in Kerala	0.685
Organizational performance at NABH-accredited hospitals in Kerala	0.724

Source: Primary Data

It is identified that the talent management practices at NABH-accredited hospitals in Kerala have a 57.3 per cent influence on the staff nurse perception towards the organizational justice in their workplace. It is found that the staff nurse's perception towards the organizational justice in their workplace has a 61.9 per cent mediating influence on the staff nurse engagement at NABH-accredited hospitals in Kerala. It is also revealed that staff nurse engagement has 68.5 per cent influence on the Staff nurse performance at NABH-accredited hospitals in Kerala and has 72.4 per cent mediating influence on the organizational performance at NABH-accredited hospitals in Kerala through the direct impact of staff nurse engagement and through the mediating role of organizational justice impacted by the talent management practices at NABH-accredited hospitals in Kerala. Thus, in NABH-accredited hospitals in Kerala, maintaining high standards of patient care and operational efficiency is essential. One of the critical factors that contributes to the success of these hospitals is staff nurse engagement. Staff nurse engagement acts as a bridge that connects talent management practices with organizational justice and performance. Understanding this mediating role is crucial for healthcare administrators to devise strategies that foster commitment, motivation, and overall productivity among nurses. When talent management practices are perceived as fair, transparent, and consistent, they directly contribute to a positive perception of organizational justice. Nurses who experience fairness in promotions, performance

evaluations, and training opportunities are more likely to develop a sense of loyalty and trust toward the organization.

Therefore, staff nurse engagement refers to the emotional and cognitive commitment of nurses toward their job roles and the organization. It includes dedication, motivation, enthusiasm, and a willingness to put in extra effort. Engagement acts as a mediator between talent management practices and organizational justice and performance. Engaged nurses are more likely to view talent management practices as just and fair because they feel supported and valued by the organization. As a result, staff nurse engagement mediates the relationship between talent management practices and organizational justice, ensuring that positive human resource strategies lead to favourable justice perceptions. Thus, by fostering engagement through effective talent management practices, hospitals can strengthen the link between human resource strategies and organizational performance, achieving better patient care outcomes and higher operational efficiency. Therefore, nurse engagement mediates the relationship between organizational justice and performance by acting as a conduit that translates fairness into higher productivity and dedication. Thus, this model highlights how effective talent management practices foster engagement, which in turn shapes perceptions of organizational justice and directly impacts performance. Without the mediating role of nurse engagement, even well-designed talent management strategies may fail to yield the desired improvements in justice perceptions and performance outcomes. The mediating role of staff nurse engagement is pivotal in translating talent management practices into perceived fairness and optimal performance within NABH-accredited hospitals in Kerala. Hospital administrators must focus on enhancing nurse engagement by implementing transparent and fair talent management practices, promoting a positive work culture, and encouraging professional development. By prioritizing nurse engagement, healthcare organizations can strengthen the relationship between human resource strategies, organizational justice, and performance, ultimately achieving improved patient care and operational excellence.

## **5.10 Discussions based on analysis and interpretation**

### **5.10.1 Discussions related to the socio-demographic profile of the selected staff nurses at NABH accredited hospitals in Kerala**

The socio-demographic analysis of staff nurses working in NABH-accredited hospitals in Kerala provides valuable insights into the workforce composition and professional characteristics of nurses operating within quality-assured healthcare environments.

The study revealed that most of the staff nurses belong to the age group of 30–40 years, indicating a relatively mature and experienced nursing workforce. This finding aligns with the observations of Thomas and Joseph (2021), who reported that nurses in Kerala tend to enter stable employment during their late twenties and early thirties, often after completing higher education and initial work experiences. The predominance of this age group may reflect a balance between professional competency and adaptability to changing healthcare standards, which are critical in NABH-accredited institutions (Kumar & Rajan, 2020).

It was also observed that the majority of staff nurses were female, reflecting the continued feminization of the nursing profession in India. Historically, nursing has been viewed as an extension of women's caregiving roles (Mohan et al., 2020). Studies by Suresh and Sebastian (2019) and Gopalan and Menon (2022) have similarly reported that more than 90% of the nursing workforce in Kerala comprises women, reaffirming that gendered occupational trends remain entrenched in healthcare professions.

The finding that most of the staff nurses were married is consistent with earlier studies indicating that marriage is often viewed as a marker of social stability among nurses in India (Nair & John, 2021). Marital status can influence nurses' work-life balance and job satisfaction, especially in professions that demand rotational or night shifts (George & Joseph, 2020). Married nurses often face challenges in managing family responsibilities alongside professional commitments, especially in private sector hospitals where duty schedules are rigorous.

With regard to educational qualifications, the majority of nurses possessed a BSc Nursing degree, suggesting that NABH-accredited hospitals prefer or require a higher level of academic qualification among their staff. This finding is corroborated by the Indian Nursing Council's (INC, 2021) emphasis on degree-level preparation to ensure clinical competence and adherence to evidence-based nursing practices. Similar trends have been reported in Kerala by Mathew and Thomas (2022), who found that nurses with degree qualifications are more frequently employed in accredited and multi-specialty hospitals due to their advanced skills in patient care and documentation.

The finding that most of the nurses were permanent employees reflects employment stability in NABH-accredited hospitals. Permanent employment may be associated with improved job security, motivation, and commitment to organizational goals (Rajan & Devi, 2020). Previous research indicates that accredited hospitals offer structured human resource policies, better pay scales, and career development opportunities that encourage long-term employment (Singh & Sharma, 2019).

It was also found that a majority of the staff nurses had 10 to 15 years of experience, highlighting a workforce with substantial professional exposure. Experienced nurses contribute significantly to patient safety, quality care, and compliance with accreditation standards (WHO, 2020). According to Reddy and Varghese (2021), experience enhances clinical judgment and the ability to handle critical care situations efficiently, which is essential in NABH settings where adherence to protocols and patient-centered care are emphasized.

In terms of income, most nurses earned between ₹40,000 and ₹60,000 per month. This salary range is higher than the state average for nurses in non-accredited hospitals, suggesting that NABH accreditation may positively influence remuneration structures (Jacob & Francis, 2022). However, studies such as Pillai and Mathew (2020) caution that despite modest improvements, nurses' salaries in Kerala often remain disproportionate to their workload and educational qualifications compared to international standards.

Finally, the study revealed that most of the nurses worked on a rotation shift basis, a common feature in hospital settings. Shift work, while essential for continuous patient care, has been associated with fatigue, stress, and health challenges (Kaur & Sharma, 2021). Rotational duties can also affect work-life balance, particularly for married nurses with family responsibilities (Nair & John, 2021). NABH-accredited hospitals, however, often implement structured scheduling systems to mitigate burnout and ensure adequate rest periods, as emphasized by the National Accreditation Board for Hospitals and Healthcare Providers (NABH, 2022).

Overall, these socio-demographic characteristics highlight a professional, predominantly female, and moderately experienced nursing workforce that forms the backbone of quality healthcare delivery in Kerala's NABH-accredited hospitals. The findings are consistent with broader national and regional trends in nursing employment, underscoring the need for policies that enhance professional development, work-life balance, and equitable compensation in the healthcare sector.

### **5.10.2 Discussions related to the talent management practices at NABH Accredited Hospitals in Kerala with special reference to staff nurses**

The present study sought to explore and validate the underlying dimensions of talent management practices among staff nurses working in NABH-accredited hospitals in Kerala. The results from the Exploratory Factor Analysis (EFA) revealed nine distinct factors—Talent Attraction, Talent Acquisition, Talent Identification, Talent Deployment, Succession Planning, Talent Development, Talent Engagement, Performance Assessment, and Talent Retention—which together explained a cumulative variance of 86.63%. The subsequent Confirmatory Factor Analysis (CFA) confirmed the adequacy of this nine-factor model, indicating strong construct validity and unidimensionality of the scale used to measure talent management practices in the healthcare context.

The identification of Talent Attraction as the most influential factor (17.25% variance) underscores the importance of creating appealing employer brands and favorable work environments in the healthcare sector. NABH-accredited hospitals

often enjoy a reputation for quality and safety, which can enhance their ability to attract skilled nursing professionals (Kumar & Rajan, 2020). Prior studies have shown that employer branding, transparent recruitment policies, and the perception of ethical workplace culture significantly influence the attraction of nursing talent (Pandey & Sahoo, 2021).

The second major factor, Talent Acquisition (14.39% variance), emphasizes the structured processes through which nurses are recruited and onboarded into the hospital system. Effective acquisition practices ensure not only the selection of competent individuals but also alignment with institutional values and clinical standards (Agarwal & Bhattacharya, 2020). In the context of NABH accreditation, such practices are essential for maintaining compliance with human resource standards related to competence verification and staffing adequacy (NABH, 2022).

Talent Identification (12.67% variance) emerged as another critical component, highlighting hospitals' ability to recognize potential among nursing staff for advanced roles such as team leaders or clinical educators. This finding aligns with the human capital theory, which posits that identifying and leveraging individual capabilities contributes to long-term organizational success (Becker, 1993). Studies by Nair and Mathew (2021) confirm that systematic identification of high-performing nurses leads to better role fit and improved patient care outcomes.

The factor of Talent Deployment (10.19% variance) reflects the efficient utilization and allocation of nurses according to their competencies, experience, and patient-care demands. Proper deployment practices enhance service delivery efficiency and staff satisfaction (Saini & Budhwar, 2019). In NABH-accredited hospitals, deployment practices are often guided by workload management systems and clinical acuity models, ensuring equitable staff distribution and quality outcomes (George & Joseph, 2020).

Succession Planning (8.05% variance) was identified as an essential dimension of talent management in the study. Succession planning ensures leadership continuity and institutional resilience, particularly in critical departments such as intensive care or emergency units. As observed by Singh and Dixit (2020), proactive

succession planning in healthcare prevents operational disruptions and enhances nurse retention by providing clear career progression pathways.

The factor of Talent Development (7.78% variance) indicates the significance of continuous professional education, training, and mentorship programs. Nursing is a dynamic profession requiring ongoing skill enhancement to keep pace with technological and procedural advances (WHO, 2020). The emphasis on development practices supports findings from Thomas and Joseph (2021), who reported that accredited hospitals in Kerala provide structured training aligned with NABH standards, thereby improving staff competence and confidence.

Talent Engagement (6.17% variance) reflects the emotional and psychological commitment of nurses to their organization. Engagement has been consistently linked to job satisfaction, patient safety, and organizational performance (Aljunaibi & Singh, 2021). Engaged nurses are more likely to exhibit organizational citizenship behavior, contributing to a positive healthcare culture. The results affirm that hospitals implementing recognition systems, participative decision-making, and supportive leadership experience higher engagement levels (Reddy & Varghese, 2021).

Performance Assessment (5.24% variance) also emerged as a significant component. Effective performance appraisal systems in healthcare not only evaluate clinical efficiency but also serve as feedback mechanisms for professional growth (Mishra & Gupta, 2020). NABH accreditation requires hospitals to maintain documented appraisal processes for clinical and non-clinical staff, thereby ensuring transparency and accountability (NABH, 2022).

Finally, Talent Retention (4.89% variance) underscores the critical need for retention strategies amid the global nursing shortage. Retaining skilled nurses is vital to sustaining quality patient care and operational stability. As noted by Gopalan and Menon (2022), job satisfaction, fair compensation, supportive work culture, and opportunities for advancement are key determinants of nurse retention in Kerala's private hospitals. NABH-accredited institutions, by virtue of their structured HR

frameworks, may be better positioned to implement retention-oriented policies (Jacob & Francis, 2022).

The overall good model fit achieved in the CFA indicates that these nine dimensions comprehensively capture the construct of talent management practices within NABH-accredited hospitals. The unidimensionality and convergent validity of the factors suggest that talent management, in this context, is an integrated process encompassing the full employee lifecycle from attraction to retention aligned with strategic objectives of quality healthcare delivery.

In summary, the findings validate the applicability of strategic talent management frameworks to the healthcare sector in India, particularly within accreditation-driven environments. By emphasizing structured attraction, acquisition, development, engagement, and retention strategies, NABH-accredited hospitals in Kerala exemplify how systematic human resource practices can enhance workforce sustainability and organizational excellence.

### **5.10.3 Discussions related to the factors contributing to the organizational justice at NABH Accredited Hospitals in Kerala with special reference to staff nurses**

The present study examined the factors contributing to organizational justice among staff nurses in NABH-accredited hospitals in Kerala, with particular attention to how talent management practices influence nurses' perceptions of fairness at the workplace. The Exploratory Factor Analysis (EFA) extracted four distinct dimensions such as Distributive Justice, Procedural Justice, Interpersonal Justice, and Informational Justice accounting for 63.75% of the total variance. The Confirmatory Factor Analysis (CFA) confirmed the model fit, thereby validating the four-factor structure and supporting the multidimensional conceptualization of organizational justice as proposed by Colquitt (2001).

The results show that Distributive Justice accounted for the highest variance (21.36%), underscoring the importance of fairness in outcome distribution such as salary, benefits, recognition, and workload allocation among staff nurses. This finding aligns with the equity theory of Adams (1965), which posits that employees

evaluate fairness by comparing their inputs and outcomes with those of others. Prior research by George and Joseph (2020) and Gopalan and Menon (2022) in the healthcare context of Kerala has similarly indicated that nurses' perceptions of pay equity and workload fairness significantly affect their job satisfaction and organizational commitment. In NABH-accredited hospitals, standardized pay structures and transparent performance-based rewards are key elements contributing to distributive fairness.

The second factor, Procedural Justice (16.91% variance), emphasizes the fairness of processes and decision-making mechanisms. This dimension is particularly relevant in hospitals where administrative policies, promotion systems, and grievance redressal procedures shape employees' trust in management. Consistent with the findings of Greenberg (1990) and Cropanzano et al. (2017), fair procedures foster a sense of predictability, reduce ambiguity, and enhance compliance with organizational policies. NABH accreditation mandates hospitals to establish transparent HR procedures for recruitment, appraisal, and promotion, which likely contribute to nurses' favorable perceptions of procedural justice (NABH, 2022).

Interpersonal Justice (14.63% variance) emerged as another vital dimension, reflecting the quality of interpersonal treatment employees receive from supervisors and management. Respect, dignity, and empathy in supervisory interactions significantly shape the perceived fairness climate within hospitals. Prior studies by Nair and Mathew (2021) and Reddy and Varghese (2021) indicate that interpersonal justice enhances nurses' trust in leadership, reduces turnover intentions, and fosters teamwork. In a people-intensive profession such as nursing, positive interpersonal dynamics are crucial for maintaining morale and psychological well-being.

The fourth factor, Informational Justice (10.85% variance), pertains to the adequacy, clarity, and honesty of information shared by management. Nurses often rely on timely communication regarding duty schedules, promotions, or policy changes to feel valued and included in organizational processes. As Bies and Moag (1986) suggested, transparent communication enhances perceived fairness and organizational loyalty. In the context of NABH-accredited hospitals, adherence to

communication and documentation standards contributes to higher informational justice, as information flows are structured and documented in accordance with accreditation norms (Thomas & Joseph, 2021).

#### **5.10.4 Relationship Between Talent Management and Organizational Justice**

The study further found that talent management practices including talent attraction, acquisition, identification, deployment, succession planning, development, engagement, performance assessment, and retention have a significant positive relationship with organizational justice. Among these, talent engagement demonstrated the strongest positive association with perceived organizational justice. This finding is consistent with earlier research emphasizing that engaged employees perceive higher fairness because engagement fosters mutual trust, open communication, and participative decision-making (Aljunaibi & Singh, 2021; Gupta & Shaheen, 2017).

The results also revealed that the nine independent variables of talent management practices collectively explained 71.7% of the variance in staff nurses' perceptions of organizational justice. This high explanatory power highlights that well-structured talent management systems are integral to nurturing a fair organizational climate. As noted by Saini and Budhwar (2019), strategic human resource practices that emphasize recognition, transparent evaluations, and developmental opportunities can substantially enhance perceived fairness in service-sector organizations, including healthcare.

The strong impact of talent engagement on organizational justice suggests that nurses who are emotionally and cognitively involved in their work perceive their organization as fairer. Engagement leads to better communication, trust in management, and a stronger sense of belonging (Kaur & Sharma, 2021). These findings align with the social exchange theory, which posits that when organizations invest in employee engagement and growth, employees reciprocate through positive perceptions and behaviors (Cropanzano & Mitchell, 2005).

In the context of NABH accreditation, which emphasizes employee rights, safety, and continuous quality improvement, these results carry significant implications. Ensuring fairness in resource distribution, transparent HR procedures, respectful interpersonal relationships, and effective communication can strengthen nurses' sense of justice and organizational trust. Moreover, integrating talent management strategies into HR frameworks especially focusing on engagement, development, and recognition can sustain a positive justice climate and reduce turnover.

Overall, the findings affirm that organizational justice is not only a product of policies but also of management practices that value transparency, respect, and employee involvement. By promoting justice-oriented practices, NABH-accredited hospitals in Kerala can enhance job satisfaction, performance, and organizational commitment among nursing professionals are the key ingredients for achieving healthcare excellence.

#### **5.10.5 Discussions related to the factors influencing the staff nurse engagement at NABH Accredited Hospitals in Kerala**

The present study explored the factors influencing staff nurse engagement at NABH-accredited hospitals in Kerala, a critical dimension in ensuring quality healthcare delivery and patient satisfaction. The Exploratory Factor Analysis (EFA) identified three key factors such as Physical Engagement, Emotional Engagement, and Cognitive Engagement which together explained 78.13% of the total variance, while the Confirmatory Factor Analysis (CFA) validated the model, confirming good fit indices and unidimensionality of the construct. These findings align with the multidimensional framework of employee engagement proposed by Kahn (1990) and reaffirmed by Schaufeli et al. (2002), which conceptualizes engagement as the simultaneous investment of physical, emotional, and cognitive energies in one's work role.

The finding that Physical Engagement accounted for the highest variance (34.01%) indicates that nurses' active physical and behavioral participation in patient care activities forms the foundation of engagement in hospital settings. This

dimension captures the extent to which nurses devote their physical effort and energy toward delivering quality healthcare. Prior research in Indian hospitals supports this observation, suggesting that physically engaged nurses exhibit higher productivity, lower absenteeism, and stronger commitment to patient safety (George & Joseph, 2020; Thomas & Joseph, 2021).

Emotional Engagement, contributing 27.99% of the variance, reflects the affective connection nurses develop with their work and organization. Emotional commitment in nursing roles is particularly significant due to the empathetic and caregiving nature of the profession (Bakker & Demerouti, 2017). Studies have shown that emotionally engaged nurses report higher satisfaction and reduced burnout (Mohan et al., 2020). In NABH-accredited hospitals, emotional engagement may be strengthened through supportive leadership, recognition systems, and patient appreciation, which align with the hospital's commitment to quality and compassion in care.

The third dimension, Cognitive Engagement (16.13% variance), emphasizes the mental focus, awareness, and attentiveness nurses bring to their work. Cognitively engaged nurses are more alert, safety-conscious, and responsive to patient needs (Kaur & Sharma, 2021). This finding resonates with the work of Saks (2006), who asserted that cognitive engagement results from clarity of role expectations, fair management practices, and opportunities for personal growth and all of which are integral to NABH's quality assurance standards.

The study identified significant differences in engagement across demographic characteristics. Staff nurses aged 30 to 40 years exhibited higher engagement levels than other age groups. This pattern aligns with prior studies showing that mid-career professionals possess greater job stability, professional identity, and psychological investment in their work (Nair & Mathew, 2021). Younger nurses may still be in the process of adapting to workplace demands, while older nurses may experience fatigue or career plateau effects (Gopalan & Menon, 2022).

Gender differences were also observed, with female nurses showing higher engagement levels than male nurses. Given that nursing remains a predominantly female profession in India, women may identify more strongly with caregiving roles, leading to deeper emotional involvement (Mishra & Gupta, 2020).

In terms of marital status, unmarried nurses reported higher engagement compared to their married counterparts. This may be attributed to unmarried nurses' fewer familial responsibilities and greater flexibility in meeting the demanding schedules of hospital work (Reddy & Varghese, 2021). Similarly, educational qualification influenced engagement, as B.Sc. Nursing graduates exhibited higher engagement than diploma holders. Higher academic qualifications often translate into greater clinical confidence, professional autonomy, and career motivation (Mathew & Thomas, 2022).

The study also found that permanent employees were more engaged than temporary staff, reflecting the role of job security and organizational trust in fostering engagement. Secure employment enhances psychological safety and belongingness (Kumar & Rajan, 2020). Moreover, nurses with 10–15 years of experience demonstrated greater engagement, likely due to mastery of clinical competencies and organizational acclimatization (WHO, 2020).

Nurses earning between ₹40,000 and ₹60,000 per month showed higher engagement levels, emphasizing the motivational role of equitable compensation. As noted by Pillai and Mathew (2020), pay fairness reinforces a sense of organizational support, enhancing motivation and retention. Interestingly, nurses working on rotational shifts had higher engagement than those with fixed shifts, possibly due to increased exposure to varied clinical situations, learning opportunities, and teamwork (Kaur & Sharma, 2021).

### **5.10.6 Relationship between Talent Management and Staff Nurse Engagement**

The study revealed a significant positive relationship between talent management practices and staff nurse engagement, with the nine components such as talent attraction, acquisition, identification, deployment, succession planning,

development, engagement, performance assessment, and retention explaining 68.9% of the variance in engagement. This finding corroborates the strategic HR perspective that effective talent management enhances employee motivation, skill utilization, and organizational commitment (Saini & Budhwar, 2019). Among these, talent retention had the strongest positive association with nurse engagement, implying that long-term retention strategies such as recognition, learning opportunities, and supportive supervision contribute to higher engagement (Aljunaibi & Singh, 2021).

### **5.10.7 Relationship Between Organizational Justice and Staff Nurse Engagement**

Similarly, organizational justice dimensions distributive, procedural, interpersonal, and informational significantly influenced nurse engagement, accounting for 63.4% of the variance. Notably, interpersonal justice had the most substantial impact, underscoring the critical role of respectful and empathetic supervisory relationships. As Greenberg (1990) and Colquitt (2001) noted, fairness in interpersonal treatment fosters trust and intrinsic motivation, both of which are central to engagement. In healthcare settings, interpersonal justice translates into open communication, empathy, and acknowledgment of nurses' contributions (Nair & Mathew, 2021).

Cluster analysis revealed that 48.7% of staff nurses exhibited high engagement, 34.8% moderate engagement, and 16.5% low engagement. These proportions suggest a generally positive engagement climate in NABH-accredited hospitals, consistent with the accreditation's focus on employee welfare and quality culture (NABH, 2022). However, the existence of a low-engagement segment signals the need for targeted interventions to address burnout, role overload, and lack of recognition. Previous studies indicate that low engagement is associated with higher turnover intention and diminished patient care quality (Bakker & Demerouti, 2017; WHO, 2020), whereas high engagement correlates with superior performance and patient satisfaction (Schaufeli et al., 2009).

Overall, the findings confirm that staff nurse engagement is a multifaceted construct shaped by individual, organizational, and managerial factors. Talent

management and organizational justice emerge as key predictors, highlighting the need for strategic HR policies that enhance fairness, recognition, and growth opportunities. The results reinforce the centrality of engagement in achieving both employee well-being and organizational excellence within NABH-accredited healthcare institutions in Kerala.

### **5.10.8 Discussions related to the staff nurse performance based on their level of engagement at NABH Accredited Hospitals in Kerala**

The present study examined the determinants of staff nurse performance based on their level of engagement in NABH-accredited hospitals in Kerala. Using Exploratory and Confirmatory Factor Analyses, six major factors such as Work Quality, Work Involvement, Work Commitment, Work Satisfaction, Work Performance, and Retention in Work were identified, explaining 78.72% of the total variance. The results demonstrate that these dimensions collectively shape the overall performance of staff nurses, with engagement emerging as a pivotal driver of workplace effectiveness and organizational success.

The finding that Work Quality accounted for the highest proportion of variance (21.13%) underscores the centrality of quality in healthcare service delivery. Quality nursing care depends on clinical competence, adherence to protocols, and ethical responsibility—key benchmarks of NABH accreditation. Prior studies have shown that nurses with high engagement deliver superior care quality, reduced medical errors, and enhanced patient satisfaction (Thomas & Joseph, 2021; WHO, 2020).

The second factor, Work Involvement (18.09%), highlights the degree of psychological immersion and dedication nurses display in their professional roles. Engaged and involved nurses invest time and energy beyond formal job requirements, resulting in better teamwork and patient outcomes (Bakker & Demerouti, 2017). This finding aligns with the Job Demands–Resources (JD-R) model, which posits that engagement enhances performance when adequate resources, such as support and recognition, are available (Schaufeli & Bakker, 2004).

Work Commitment (15.72%) emerged as a significant determinant of nurse performance, consistent with literature suggesting that committed employees demonstrate perseverance, resilience, and organizational loyalty (Kumar & Rajan, 2020). In healthcare contexts, affective and normative commitment among nurses fosters long-term retention and willingness to uphold quality standards (George & Joseph, 2020).

Work Satisfaction (12.43%) also contributed substantially to overall performance. Satisfaction is both an antecedent and outcome of performance and engagement (Mohan et al., 2020). Nurses satisfied with their working conditions, supervision, and career opportunities tend to be more motivated and demonstrate higher productivity (Mathew & Thomas, 2022).

The dimensions of Work Performance (7.13%) and Retention in Work (4.22%) further reinforce the interconnections between engagement and sustainable human resource outcomes. High-performing nurses with strong engagement are less likely to experience burnout or turnover (Reddy & Varghese, 2021). As supported by the findings of Bakker et al. (2011), engagement-driven performance leads to lower absenteeism and greater organizational stability, which are crucial in healthcare environments where staff continuity directly affects patient safety.

The discriminant analysis revealed that Work Commitment, Work Satisfaction, and Work Performance significantly differentiated nurses across high, moderate, and low engagement clusters. Work Commitment was found to be the strongest discriminator, suggesting that highly engaged nurses internalize organizational goals and demonstrate intrinsic motivation. These results mirror the findings of Saks (2006) and Kahn (1990), who established that engagement fosters commitment by satisfying employees' psychological needs for meaning and belonging. Conversely, Retention in Work was the least discriminating factor, indicating that while retention is influenced by engagement, it is also affected by external factors such as compensation, workload, and family responsibilities (Pillai & Mathew, 2020).

The overall inference is that highly engaged nurses show superior performance, particularly in commitment, satisfaction, and involvement, leading to reduced absenteeism and turnover intentions. In contrast, low engagement corresponds with diminished motivation and performance findings consistent with global research linking engagement to productivity and organizational effectiveness (Schaufeli et al., 2009; WHO, 2020).

### **5.10.9 Influence of Talent Management on Staff Nurse Performance**

The study established a significant positive relationship between talent management practices and staff nurse performance, with these practices explaining 61.7% of the variance. Among the nine components, Performance Assessment had the highest positive impact. This finding aligns with Aljunaibi and Singh (2021), who emphasized that systematic performance appraisals enhance employee motivation and skill alignment, thereby improving service outcomes. Similarly, Saini and Budhwar (2019) found that talent management strategies including succession planning and career development directly improve performance and retention in healthcare institutions.

The results also affirm that talent management acts as a strategic lever, translating engagement into measurable outcomes by ensuring that nurses' competencies are recognized, rewarded, and developed (Agarwal & Bhattacharya, 2020). NABH-accredited hospitals, with their emphasis on structured HR systems, provide conducive environments for implementing such practices (NABH, 2022).

### **5.10.10 Influence of Organizational Justice on Staff Nurse Performance**

Organizational justice dimensions such as Distributive, Procedural, Interpersonal, and Informational Justice were also found to have a significant positive impact on staff nurse performance, accounting for 72.6% of the variance. Among these, Distributive Justice exerted the strongest influence, suggesting that perceptions of fairness in pay, rewards, and workload allocation are powerful motivators of nurse performance. These findings support Adams' (1965) Equity Theory, which posits that employees strive to maintain balance between their inputs and outcomes.

Studies in the Indian healthcare context echo this result, highlighting that nurses' performance and satisfaction are contingent upon fair treatment and equitable resource distribution (Nair & Mathew, 2021; Gopalan & Menon, 2022). Additionally, procedural fairness and interpersonal justice contribute to trust and collaboration, which in turn enhance team performance and morale (Cropanzano et al., 2017).

#### **5.10.11 Influence of Staff Nurse Engagement on Organizational Performance**

The findings further confirm that staff nurse engagement comprising physical, emotional, and cognitive dimensions significantly influences performance, explaining 62.4% of the variance. Among these, Cognitive Engagement had the highest impact, indicating that mental focus, awareness, and problem-solving are critical for effective nursing performance. Cognitively engaged nurses are more likely to identify errors, adapt to complex situations, and demonstrate evidence-based decision-making (Bakker & Demerouti, 2017).

This finding reinforces the social exchange theory, which suggests that when nurses perceive support, fairness, and recognition, they reciprocate through greater cognitive and emotional investment in their work (Cropanzano & Mitchell, 2005). The interaction between engagement and performance thus forms a worthy cycle engaged nurses perform better, and high performance, in turn, reinforces engagement.

In conclusion, the study establishes that staff nurse performance in NABH-accredited hospitals is strongly influenced by engagement, talent management, and organizational justice. The multidimensional framework encompassing work quality, involvement, commitment, satisfaction, and retention reflects a holistic approach to performance in healthcare settings. The results underscore the importance of fostering cognitive engagement, fair HR systems, and robust talent management practices to enhance nurse productivity, reduce turnover, and improve patient outcomes. NABH-accredited hospitals, by embedding these principles into their organizational culture, can sustain a high-performing and committed nursing workforce.

### **5.10.12 Discussions related to the factors determining the organizational performance of selected NABH Accredited Hospitals in Kerala**

The study investigated the factors determining organizational performance among NABH-accredited hospitals in Kerala and the structural relationships among talent management practices, organizational justice, staff nurse engagement, and staff nurse performance. The Exploratory Factor Analysis (EFA) revealed four major determinants such as Patient Focus, Staff Efficiency, Management Efficiency, and Hospital Service Efficiency explaining 71.79% of the total variance. The Confirmatory Factor Analysis (CFA) validated the four-factor structure, ensuring good model fit and unidimensionality. The findings provide critical insights into the performance dynamics of accredited healthcare organizations operating in a competitive and quality-driven environment.

The dimension Patient Focus, which accounted for the highest variance (25.67%), underscores the centrality of patient-centered care in organizational effectiveness. Patient focus encompasses service quality, satisfaction, safety, and responsiveness as key performance indicators in healthcare accreditation (WHO, 2020). NABH-accredited hospitals are mandated to maintain patient-centric standards, which include ethical communication, informed consent, and patient rights (NABH, 2022). Prior studies have confirmed that hospitals emphasizing patient-centered practices achieve higher patient loyalty and institutional reputation (Thomas & Joseph, 2021; Parasuraman et al., 1988).

The second factor, Staff Efficiency (19.39% variance), reflects the role of nursing and allied health staff in achieving organizational goals. Efficient nurses demonstrate higher productivity, adherence to protocols, and teamwork and all of which are essential for operational excellence (Bakker & Demerouti, 2017). As previous research indicates, staff efficiency is strongly influenced by engagement, fair work conditions, and supportive management (George & Joseph, 2020; Kaur & Sharma, 2021).

Management Efficiency (14.82%) emerged as a key determinant, highlighting the significance of leadership, decision-making, and strategic HR practices. In NABH-accredited settings, effective management ensures compliance, financial sustainability, and quality improvement (Kumar & Rajan, 2020). Studies have shown that managerial efficiency contributes to organizational resilience, particularly in healthcare contexts characterized by high regulatory standards and workforce intensity (Saini & Budhwar, 2019).

Finally, Hospital Service Efficiency (11.91%) captures the capacity of healthcare institutions to deliver timely, cost-effective, and safe services. Service efficiency is often viewed as an outcome of process optimization and technology adoption (Agarwal & Bhattacharya, 2020). The finding is consistent with empirical evidence linking operational efficiency with accreditation outcomes and patient satisfaction (Reddy & Varghese, 2021).

### **5.10.13 Influence of Talent Management on Organizational Performance**

The study found that talent management practices including talent attraction, acquisition, identification, deployment, succession planning, development, engagement, performance assessment, and retention have a significant positive relationship with organizational performance, explaining a substantial portion of variance. Among these, talent retention showed the strongest positive relationship, suggesting that retaining competent nursing professionals is crucial for sustaining service quality and institutional stability.

This result corroborates the findings of Aljunaibi and Singh (2021), who observed that hospitals with systematic retention and development programs demonstrate higher productivity and lower turnover. Similarly, Saini and Budhwar (2019) argue that effective talent management directly enhances workforce capability and hospital performance. In the context of NABH-accredited hospitals, structured HR frameworks, competency mapping, and career progression policies strengthen employee commitment, which translates into improved organizational outcomes.

#### **5.10.14 Influence of Organizational Justice on Organizational Performance**

The study also revealed that organizational justice comprising distributive, procedural, interpersonal, and informational justice has a significant positive impact on organizational performance, with distributive justice exerting the strongest influence. This implies that fair distribution of rewards, workloads, and recognition systems substantially enhance hospital performance. The result aligns with Adams' (1965) equity theory and empirical studies showing that justice perceptions promote trust, satisfaction, and organizational citizenship behavior among healthcare workers (Colquitt, 2001; Cropanzano et al., 2017).

Nurses who perceive fairness in decision-making and interpersonal interactions are more likely to contribute positively to teamwork, patient care, and institutional efficiency (Gopalan & Menon, 2022). Thus, embedding justice principles in HR and managerial policies fosters both employee well-being and institutional excellence.

#### **5.10.15 Influence of Staff Nurse Engagement and Performance on Organizational Performance**

Another important finding was that staff nurse engagement and performance including physical, emotional, and cognitive engagement, along with work quality, involvement, commitment, satisfaction, and retention have a significant positive relationship with organizational performance. Among these, work performance emerged as the most influential factor.

Engaged nurses not only perform their clinical tasks effectively but also act as brand ambassadors of the hospital, enhancing the institution's image and service reliability (Schaufeli et al., 2009). The Job Demands–Resources (JD-R) theory posits that engagement drives higher performance by energizing employees and aligning personal goals with organizational objectives (Bakker & Demerouti, 2017). High nurse engagement in NABH hospitals also supports compliance with patient safety protocols and continuous improvement processes (WHO, 2020).

The results are consistent with previous studies in Kerala that linked high engagement and satisfaction levels among nurses to better patient outcomes and reduced turnover (Thomas & Joseph, 2021; Nair & Mathew, 2021). Conversely, lower engagement levels have been associated with burnout and inefficiency (Mohan et al., 2020).

#### **5.10.16 Structural Relationships among Talent Management, Justice, Engagement, and Performance**

The Structural Equation Model (SEM) revealed a robust network of relationships among the key constructs. Specifically:

- A 1% increase in talent management practices leads to a 0.56% rise in organizational justice perceptions and a 0.45% improvement in organizational performance.
- A 1% increase in organizational justice results in 0.63% higher engagement and 0.47% improvement in performance.
- A 1% increase in engagement improves staff nurse performance by 0.55% and organizational performance by 0.51%.
- Finally, a 1% rise in staff nurse performance yields a 0.59% improvement in organizational performance.

These findings collectively indicate that staff nurse engagement and performance act as mediating mechanisms through which talent management and organizational justice influence hospital-level outcomes. The model aligns with the Social Exchange Theory (Cropanzano & Mitchell, 2005), suggesting that when nurses perceive fair treatment and developmental opportunities, they reciprocate through higher engagement and performance, thereby enhancing organizational effectiveness.

Moreover, the SEM results demonstrate that organizational justice mediates 61.9% of the effect of talent management on engagement, while staff nurse engagement mediates 72.4% of the effect on organizational performance. These

results emphasize that NABH-accredited hospitals achieve superior performance not merely through systems and procedures but through empowered, fairly treated, and highly engaged nursing professionals.

In conclusion, the findings validate a comprehensive model of organizational performance driven by patient focus, staff efficiency, managerial competence, and service efficiency. The study confirms that talent management practices, organizational justice, and staff nurse engagement and performance are interdependent drivers of organizational success.

By fostering fair practices, recognizing talent, and promoting engagement, NABH-accredited hospitals can sustain superior organizational performance. The integration of these constructs reflects a strategic alignment of human resource development with accreditation standards, contributing to the overall healthcare quality and institutional excellence in Kerala.



## **CHAPTER VI**

### **FINDINGS, SUGGESTIONS AND CONCLUSION**

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### **FINDINGS, SUGGESTIONS AND CONCLUSION**

#### **6.1 Introduction**

This study deals with measuring the talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses, analyzing the staff nurse perception towards the organizational justice in their workplace and also identifying the factors determining the level of engagement among the staff nurse in their workplace. This study also deals with the comparison of staff nurse performance based on their level of engagement in their workplace. This study proves the cause-and-effect influence of staff nurse engagement between the influence of talent management practices on organizational justice and performance among the NABH-accredited hospitals in Kerala. This chapter presents findings, suggestions, implications, conclusion and future scope of the study.

#### **6.2 Findings of the Study**

##### **6.2.1 Findings related to the socio-demographic profile of the selected staff nurses at NABH-accredited hospitals in Kerala**

- ❖ It is found that most of the selected staff nurses at NABH-accredited hospitals in Kerala belongs to the age group of 30 – 40 years.
- ❖ It is found that most of the selected staff nurses at NABH-accredited hospitals in Kerala are females.
- ❖ It is found that majority of selected staff nurses at NABH-accredited hospitals in Kerala are married.
- ❖ It is found that most of the selected staff nurses are qualified to BSc Nursing at NABH-accredited hospitals in Kerala.
- ❖ It is found that most of the selected staff nurses are permanent employees at NABH-accredited hospitals in Kerala.

- ❖ It is found that majority of the selected staff nurse at NABH-accredited hospitals in Kerala has experience between 10 to 15 years.
- ❖ It is found that most of the selected staff nurses at NABH-accredited hospitals in Kerala have a monthly income between 40,000 to 60,000.
- ❖ It is found that majority of the selected staff nurses at NABH-accredited hospitals in Kerala are having rotation shift.

### **6.2.2 Findings related to the talent management practices at NABH-accredited hospitals in Kerala**

EFA results reveals that out of the 44 parameters influencing the talent management practices at NABH-accredited hospitals in Kerala, 9 factors have been identified, resulting in a total variance of 86.63 per cent. The nine factors influencing the talent management practices at NABH-accredited hospitals in Kerala are as follows: Talent Attraction accounted for 17.25 per cent of the variance, Talent Acquisition contributed about 14.39 per cent, Talent Identification explained around 12.67 per cent, Talent Deployment represented about 10.19 per cent, Succession Planning contributed about 8.05 per cent, Talent Development represented about 7.78 per cent, Talent Engagement accounted for 6.17 per cent, Performance Assessment explained around 5.24 per cent, Talent Retention explained a variance about 4.89 per cent. The loading patterns of the components indicate a strong relationship among the parameters, with all variables contributing to the talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses.

CFA model for talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses yielded a good model fit. Thus, the factors determining the talent management practices at NABH-accredited hospitals in Kerala with special reference to staff nurses are talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, talent retention and all these nine variables are valid and ensures the unidimensionality.

### **6.2.3 Findings related to the impact of talent management practices on the Staff Nurse perception towards the Organization Justice at NABH-accredited hospitals in Kerala**

EFA results reveals that that of the 17 parameters influencing the organizational justice at NABH-accredited hospitals in Kerala, 4 factors have been identified, resulting in a total variance of 63.75 per cent. The four factors contributing to the organizational justice at NABH-accredited hospitals in Kerala are as follows: Distributive Justice accounted for 21.36 per cent of the variance, Procedural Justice contributed about 16.91 per cent, Interpersonal Justice explained around 14.63 per cent, Informational Justice represented about 10.85 per cent variance. The loading patterns of the components indicate a strong relationship among the parameters, with all variables contributing to the organizational justice at NABH-accredited hospitals in Kerala with special reference to staff nurses.

CFA model for organizational justice at NABH-accredited hospitals in Kerala with special reference to staff nurses yielded a good model fit. Thus, the factors contributing the organizational justice at NABH-accredited hospitals in Kerala with special reference to staff nurses are distributive justice, procedural justice, interpersonal justice, informational justice and all four variables are valid and ensures the unidimensionality.

- ❖ It is found that the talent management practices such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, and talent retention have significant positive relationship with the organizational justice. It is concluded that the talent engagement has the highest significant positive relationship with the organizational justice in their workplace. Hence, the talent management practices have significant relationship with the staff nurse perception towards the organizational justice in their workplace.
  
- ❖ It is found that the nine independent variables influencing talent management practices at NABH-accredited hospitals in Kerala account for 71.7 per cent of

the variance in the dependent variable, staff nurse perception towards the organizational justice in their workplace. As a result, it is determined that the talent management practices at NABH-accredited hospitals in Kerala significantly influence the staff nurse perception towards the organizational justice in their workplace.

- ❖ It reveals that the talent engagement has the highest significant positive impact on the staff nurse perception towards the organizational justice in their workplace. Hence, it is concluded that the factors determining the talent management practices at NABH-accredited hospitals in Kerala have significant influence on the staff nurse perception towards the organizational justice in their workplace.

#### **6.2.4 Findings related to the factors determining the level of engagement among Staff Nurses at NABH-accredited hospitals in Kerala**

EFA result indicates that out of the 17 parameters influencing the staff nurse engagement at NABH-accredited hospitals in Kerala, 3 factors have been identified, resulting in a total variance of 78.13 per cent. The three factors influencing the staff nurse engagement at NABH-accredited hospitals in Kerala are as follows: Physical Engagement accounted for 34.01 per cent of the variance, Emotional Engagement contributed about 27.99 per cent, Cognitive Engagement explained about 16.13 per cent variance. The loading patterns of the components indicate a strong relationship among the parameters, with all variables contributing to the staff nurse engagement at NABH-accredited hospitals in Kerala.

CFA model for staff nurse engagement at NABH-accredited hospitals in Kerala with special reference to staff nurses yielded a good model fit. Thus, the factors contributing the staff nurse engagement at NABH-accredited hospitals in Kerala are physical engagement, emotional engagement and cognitive engagement and all three variables are valid and ensures the unidimensionality.

- ❖ It is identified that there is a significant difference in the level of engagement among the age group of the selected staff nurses at NABH-accredited hospitals in Kerala. It is found from the post-hoc analysis that the staff nurses

who belong to the age group of 30 to 40 years has more level of engagement in the workplace than that of other category of selected staff nurse at NABH-accredited hospitals in Kerala.

- ❖ It is found that the female staff nurses have more level of engagement at the workplace than that of male staff nurses. Thus, there is significant difference in the level of staff nurse engagement between the male and female selected staff nurses at NABH-accredited hospitals in Kerala.
- ❖ It is identified that there is a significant difference in the level of engagement among the marital status of the selected staff nurses at NABH-accredited hospitals in Kerala. It is found from the post-hoc analysis that the staff nurses who are unmarried has more level of engagement in the workplace than that of another category of selected staff nurse at NABH-accredited hospitals in Kerala.
- ❖ It is identified that there is a significant difference in the level of engagement among the educational qualification of the selected staff nurses at NABH-accredited hospitals in Kerala. It is found from the post-hoc analysis that the staff nurses who have qualification of BSC Nursing has more level of engagement in the workplace than that of other category of selected staff nurse at NABH-accredited hospitals in Kerala.
- ❖ It is found that the permanent staff nurses have more level of engagement at the workplace than that of temporary staff nurses. Thus, there is significant difference in the level of staff nurse engagement between the permanent and temporary selected staff nurses at NABH-accredited hospitals in Kerala.
- ❖ It is identified that there is a significant difference in the level of engagement among the work experience of the selected staff nurses at NABH-accredited hospitals in Kerala. It is found from the post-hoc analysis that the staff nurses who have 10 to 15 years of work experience has more level of engagement in the workplace than that of another category of selected staff nurse at NABH-accredited hospitals in Kerala.

- ❖ It is identified that there is a significant difference in the level of engagement among the monthly income of the selected staff nurses at NABH-accredited hospitals in Kerala. It is found from the post-hoc analysis that the staff nurses who have monthly income between Rs. 40,000 to Rs. 60,000 has more level of engagement in the workplace than that of other category of selected staff nurse at NABH-accredited hospitals in Kerala.
  
- ❖ It is identified that there is a significant difference in the level of engagement among the nature of shift in work time of the selected staff nurses at NABH-accredited hospitals in Kerala. It is found from the post-hoc analysis that the staff nurses who work on rotation shift has more level of engagement in the workplace than that of other category of selected staff nurses at NABH-accredited hospitals in Kerala.
  
- ❖ It is found that the talent management practices such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, and talent retention have significant positive relationship with the staff nurse engagement in their workplace. It is concluded that talent retention has the highest significant positive relationship with the staff nurse engagement in their workplace. Hence, the talent management practices have significant relationship with the staff nurse engagement in their workplace. Thus, it is proved that better talent management practices at NABH-accredited hospitals in Kerala will help to improve the level of staff nurse engagement in their workplace.
  
- ❖ It is found that the organizational justice such as distributive justice, procedural justice, interpersonal justice informational justice, have significant positive relationship with the staff nurse engagement. It is concluded that interpersonal justice has the highest significant positive relationship with staff nurse engagement. Hence, the organizational justice has significant relationship with the staff nurse engagement. Thus, it is proved that better organizational justice at NABH-accredited hospitals in Kerala will help to improve the level of staff nurse engagement in their workplace.

- ❖ It is found that the nine independent variables influencing talent management practices at NABH-accredited hospitals in Kerala account for 68.9 per cent of the variance in the dependent variable, staff nurse engagement in their workplace. As a result, it is determined that the talent management practices at NABH-accredited hospitals in Kerala significantly influence the staff nurse engagement in their workplace.
- ❖ It reveals that the talent engagement has the highest significant positive impact on the staff nurse engagement in their workplace. Hence, it is concluded that the factors determining the talent management practices at NABH-accredited hospitals in Kerala have significant influence on the staff nurse engagement in their workplace.
- ❖ It is found that the four independent variables influencing organizational justice at NABH-accredited hospitals in Kerala account for 63.4 per cent of the influence in the dependent variable, staff nurse engagement in their workplace. As a result, it is determined that the organizational justice at NABH-accredited hospitals in Kerala significantly influence the staff nurse engagement in their workplace.
- ❖ It reveals that the interpersonal justice has the highest significant positive impact on the staff nurse engagement in their workplace. Hence, it is concluded that the factors determining the organizational justice at NABH-accredited hospitals in Kerala have significant influence on the staff nurse engagement in their workplace.

It is found that 63 out of 384 selected staff nurses at NABH-accredited hospitals in Kerala belong to cluster I who are called as ‘Staff nurse with low level of engagement’, 134 out of 384 selected staff nurses at NABH-accredited hospitals in Kerala belongs to cluster II who are called as ‘Staff nurse with moderate level of engagement’ and remaining 187 out of 384 selected staff nurses at NABH-accredited hospitals in Kerala belong to cluster III who are called as ‘Staff nurse with high level of engagement’. This means that around 16.5 per cent of selected staff nurses at NABH-accredited hospitals in Kerala perceived low level of engagement at their

workplace. It is also found that nearly 34.8 per cent of selected staff nurses at NABH-accredited hospitals in Kerala perceived moderate level of engagement at their workplace and the remaining 48.7 per cent of selected staff nurses at NABH-accredited hospitals in Kerala perceived high level of engagement at their workplace. Thus, it is found that majority of the selected staff nurses at NABH-accredited hospitals in Kerala have high level of engagement at their workplace. Thus, it is proved that the engagement level of staff nurses profoundly affects their performance, job satisfaction, and patient care quality. Low engagement is linked to burnout and turnover, moderate engagement shows fluctuating commitment, while high engagement results in outstanding performance and positive workplace dynamics.

### **6.2.5 Findings related to the comparison of staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala**

EFA results indicates that out of the 31 parameters determining the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala, 6 factors have been identified, resulting in a total variance of 78.72 per cent. The six factors determining the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala are as follows: Work quality accounted for 21.13 per cent of the variance, Work Involvement contributed about 18.09 per cent, Work Commitment explained around 15.72 per cent, Work Satisfaction represented about 12.43 per cent, Work Performance contributed about 7.13 per cent, Retention in Work explained a variance about 4.22 per cent. The loading patterns of the components indicate a strong relationship among the parameters, with all variables contributing to the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala.

CFA model for staff nurse engagement at NABH-accredited hospitals in Kerala with special reference to staff nurses yielded a good model fit. Thus, the factors contributing the staff nurse performance based on their level of engagement at NABH-accredited hospitals in Kerala are work quality, work involvement, work

commitment, work satisfaction, work performance, retention in work and all these six variables are valid and ensures the unidimensionality.

It is found that the three factors such as work performance, work satisfaction and work commitment are significant in the first discriminant function and the remaining three factors such as work quality, work involvement and retention in work are significant in the second discriminant function. It is identified that the unstandardized beta coefficients of each variable of staff nurse performance are positive and which explains that all the six predictor variables have direct effect in discriminating the level of engagement among the three cluster of selected staff nurse based on their level of engagement in their workplace. It also revealed that the work commitment is the highest factors that discriminate the level of engagement among the staff nurse with high, moderate and low level of engagement at workplace. The least factor that discriminates the level of engagement among the staff nurse with high, moderate and low level of engagement is retention in work. Therefore, it is inferred that among the staff nurses at NABH-accredited hospitals in Kerala with high, moderate and low level of engagement in workplace, the influence of work commitment is more and the investors with high level of engagement will have high level of performance in terms of work commitment, satisfaction and involvement in workplace and they will have more retention in work and chances of absenteeism and turnover will be very low. Hence, it is inferred that there is a significant difference in the staff nurse performance at NABH-accredited hospitals in Kerala based on their level of engagement in their workplace.

- ❖ It is found that the talent management practices such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, and talent retention have significant positive relationship with the staff nurse performance. It is concluded that performance assessment has the highest significant positive relationship with staff nurse performance. Hence, the talent management practices have significant relationship with the staff nurse performance.

- ❖ It is found that the organizational justice such as distributive justice, procedural justice, interpersonal justice informational justice, have significant positive relationship with the staff nurse performance. It is concluded that distributive justice has the highest significant positive relationship with staff nurse performance. Hence, the organizational justice has significant relationship with the staff nurse performance.
- ❖ It is found that the staff nurse engagement such as physical engagement, emotional engagement, and cognitive engagement, have significant positive relationship with the staff nurse performance. It is concluded that cognitive engagement has the highest significant positive relationship with staff nurse performance. Hence, the staff nurse engagement has significant relationship with the organizational performance.
- ❖ It indicates that the nine independent variables influencing talent management practices at NABH-accredited hospitals in Kerala account for 61.7 per cent of the variance in the dependent variable, staff nurse performance in their workplace. As a result, it is determined that the talent management practices at NABH-accredited hospitals in Kerala significantly influence the staff nurse performance in their workplace.
- ❖ It reveals that the performance assessment has the highest significant positive impact on the staff nurse performance in their workplace. Hence, it is concluded that the factors determining the talent management practices at NABH-accredited hospitals in Kerala have significant influence on the staff nurse performance in their workplace.
- ❖ It indicates that the four independent variables influencing organizational justice at NABH-accredited hospitals in Kerala account for 72.6 per cent of the influence in the dependent variable, staff nurse performance in their workplace. As a result, it is determined that the organizational justice at NABH-accredited hospitals in Kerala significantly influence the staff nurse performance in their workplace.

- ❖ It reveals that the distributive justice has the highest significant positive impact on the staff nurse performance in their workplace. Hence, it is concluded that the factors determining the organizational justice at NABH-accredited hospitals in Kerala have significant influence on the staff nurse performance in their workplace.
- ❖ It indicates that the three independent variables influencing staff nurse engagement at NABH-accredited hospitals in Kerala account for 62.4 per cent of the influence in the dependent variable, staff nurse performance in their workplace. As a result, it is determined that the staff nurse engagement at NABH-accredited hospitals in Kerala significantly influence the staff nurse performance in their workplace.
- ❖ It reveals that the cognitive engagement has the highest significant positive impact on the staff nurse performance in their workplace. Hence, it is concluded that the factors determining the staff nurse engagement at NABH-accredited hospitals in Kerala have significant influence on the staff nurse performance in their workplace.

#### **6.2.6 Findings related to the mediating role of Staff Nurse engagement between the influence of Talent Management Practices organizational Justice and performance among the NABH-accredited hospitals in Kerala**

EFA result indicates that out of the 32 parameters determining the organizational performance of selected NABH-accredited hospitals in Kerala, 4 factors have been identified, resulting in a total variance of 71.79 per cent. The four factors determining the organizational performance of selected NABH-accredited hospitals in Kerala are as follows: Patient Focus accounted for 25.67 per cent of the variance, Staff Efficiency contributed about 19.39 per cent, Management Efficiency explained around 14.82 per cent, Hospital Service Efficiency represented about 11.91 per cent. The loading patterns of the components indicate a strong relationship among the parameters, with all factors determining the organizational performance of selected NABH-accredited hospitals in Kerala.

CFA model for organizational performance of selected NABH-accredited hospitals in Kerala yielded a good model fit. Thus, the factors contributing the organizational performance of selected NABH-accredited hospitals in Kerala are Patient Focus, Staff Efficiency, Management Efficiency, Hospital Service Efficiency and all these four variables are valid and ensures the unidimensionality.

- ❖ It is found that the talent management practices such as talent attraction, talent acquisition, talent identification, talent deployment, succession planning, talent development, talent engagement, performance assessment, and talent retention have significant positive relationship with the organizational performance. It is concluded that talent retention has the highest significant positive relationship with organizational performance among the NABH-accredited hospitals in Kerala. Hence, the talent management practices have significant relationship with the organizational performance among the NABH-accredited hospitals in Kerala.
- ❖ It is found that the organizational justice such as distributive justice, procedural justice, interpersonal justice informational justice, have significant positive relationship with the organizational performance. It is concluded that distributive justice has the highest significant positive relationship with organizational performance. Hence, the organizational justice has significant relationship with the organizational performance.
- ❖ It is found that the staff nurse engagement and performance such as physical engagement, emotional engagement, cognitive engagement, work quality, work involvement, work commitment, work satisfaction, work performance, and retention in work have significant positive relationship with the organizational performance among the NABH-accredited hospitals in Kerala. It is concluded that work performance has the highest significant positive relationship with the organizational performance among the NABH-accredited hospitals in Kerala. Thus, it is proved that the staff nurse engagement and performance at NABH-accredited hospitals in Kerala will help to improve organizational performance among the NABH-accredited hospitals in Kerala.

SEM for the mediating role of staff nurse engagement between the influence of talent management practices on organizational justice and performance among the NABH-accredited hospitals in Kerala yielded a good model fit. The influence is identified as follows:

- ❖ If talent management practices at NABH-accredited hospitals in Kerala is increased by one per cent, then it is found that the staff nurse perception towards the organizational justice in their workplace is increased by 0.56 per cent.
- ❖ If staff nurse perception towards the organizational justice in their workplace is increased by one per cent, then it is found that the level of engagement among the staff nurse in their workplace is increased by 0.63 per cent.
- ❖ If talent management practices at NABH-accredited hospitals in Kerala is increased by one per cent, then it is found that the staff nurse performance at NABH-accredited hospitals in Kerala is increased by 0.49 per cent.
- ❖ If staff nurse perception towards the organizational justice in their workplace is increased by one per cent, then it is found that the staff nurse performance at NABH-accredited hospitals in Kerala is increased by 0.52 per cent.
- ❖ If the level of engagement among the staff nurse in their workplace is increased by one per cent, then it is found that the staff nurse performance at NABH-accredited hospitals in Kerala is increased by 0.55 per cent.
- ❖ If talent management practices at NABH-accredited hospitals in Kerala is increased by one per cent, then it is found that the organizational performance at NABH-accredited hospitals in Kerala is increased by 0.45 per cent.
- ❖ If staff nurse perception towards the organizational justice in their workplace is increased by one per cent, then it is found that the organizational performance at NABH-accredited hospitals in Kerala is increased by 0.47 per cent.

- ❖ If the level of engagement among the staff nurse in their workplace is increased by one per cent, then it is found that the organizational performance at NABH-accredited hospitals in Kerala is increased by 0.51 per cent.
- ❖ If staff nurse performance at NABH-accredited hospitals in Kerala is increased by one per cent, then it is found that the organizational performance at NABH-accredited hospitals in Kerala is increased by 0.59 per cent.
- ❖ It is identified that the talent management practices at NABH-accredited hospitals in Kerala has 57.3 per cent influence on the staff nurse perception towards the organizational justice in their workplace.
- ❖ It is found that the staff nurse perception towards the organizational justice in their workplace has 61.9 per cent mediating influence on the staff nurse engagement at NABH-accredited hospitals in Kerala.
- ❖ It is also revealed that staff nurse engagement has 68.5 per cent influence on the Staff nurse performance at NABH-accredited hospitals in Kerala and has 72.4 per cent mediating influence on the organizational performance at NABH-accredited hospitals in Kerala through the direct impact of staff nurse engagement and through the mediating role of organizational justice impacted by the talent management practices at NABH-accredited hospitals in Kerala.

### **6.3 Suggestions of the Study**

Here are some suggestions for the role of staff nurse engagement in mediating the influence of talent management practices on organizational justice and performance in NABH-Accredited hospitals in Kerala:

#### **6.3.1 Enhancing Communication and Transparency**

- Encourage open communication between management and staff nurses to build trust and transparency.
- Implement regular feedback mechanisms where nurses can share their experiences and perceptions of fairness.

- Provide mentorship programs to support professional growth and skill enhancement.

### **6.3.2 Professional Development and Career Advancement**

- Provide continuous professional development opportunities, including specialized training and certifications.
- Establish clear career progression pathways to foster a sense of fairness and motivation.
- Encourage nurses to pursue advanced practice roles and leadership positions, boosting engagement and performance.

### **6.3.3 Recognition and Rewards Programs**

- Implement reward systems that recognize the contributions of staff nurses, reinforcing a culture of appreciation and justice.
- Acknowledge and celebrate the achievements of staff nurses through awards, certificates, and public appreciation.
- Align reward programs with performance metrics to ensure fairness and consistency.

### **6.3.4 Job Satisfaction and promote work-Life Balance**

- Offer flexible working hours or shift rotations to reduce burnout and increase job satisfaction.
- Conduct regular surveys to assess job satisfaction and address concerns promptly.
- Implement flexible scheduling and adequate rest periods to reduce burnout and increase job satisfaction.
- Encourage self-care practices and provide wellness programs to support physical and mental well-being.

### **6.3.5 Leadership Involvement and Support**

- Foster leadership qualities among senior nurses to mentor and guide newer staff.
- Train leaders to recognize and address biases that may affect fairness perceptions.
- Train nurse to be approachable, empathetic, and supportive.

### **6.3.6 Team Collaboration and Support Systems**

- Encourage team-building activities that foster collaboration and mutual support among staff nurses.
- Develop peer support programs to address stress and enhance engagement.
- Create a supportive and respectful workplace culture where nurses feel valued and motivated which helps to foster a positive work environment.
- Promote peer support systems to share knowledge and experience, enhancing job satisfaction.

### **6.3.7 Performance Monitoring and Feedback**

- Implement transparent performance appraisal systems with clear criteria and regular feedback.
- Involve staff nurses in developing performance metrics to increase fairness and accountability.
- Conduct regular engagement surveys to assess satisfaction levels and identify areas for improvement.
- Use survey data to implement changes that directly address the concerns of staff nurses.

### **6.3.8 Employee Well-Being and Safety Initiatives**

- Prioritize nurse well-being by ensuring safe working conditions and adequate staffing.
- Regularly assess mental and physical health support systems to maintain high performance.

### **6.3.9 Enhance Autonomy and Decision-Making**

- Involve staff nurses in decision-making processes, especially those related to patient care and workplace policies.
- Empower nurses to take ownership of their tasks by giving them more control over their duties and schedules.

### **6.3.10 Develop a Clear Career Pathway**

- Provide clear guidelines for career advancement to motivate nurses to stay engaged and committed.
- Conduct regular performance evaluations with constructive feedback and goal setting.

## **6.4 Implications of the Study**

The study on the role of staff nurse engagement between the influence of talent management practices on organizational justice and performance among NABH-Accredited hospitals in Kerala has several significant implications for healthcare management, policy-making, and nursing practice. These implications can be broadly categorized as follows:

### **6.4.1 Managerial Implications**

- **Enhanced Talent Management Strategies:** Hospital administrators must recognize the pivotal role of nurse engagement as a mediator between talent management practices and organizational performance. This necessitates

investing in comprehensive talent management frameworks that align with nurses' professional growth and well-being.

- **Improving Organizational Justice:** Engaging staff nurses actively fosters a sense of fairness and equity within the workplace. Managers should develop transparent policies regarding promotions, rewards, and workload distribution to enhance perceptions of organizational justice.
- **Performance Optimization:** By fostering nurse engagement through targeted talent management practices, hospitals can significantly improve staff performance, reduce turnover rates, and ensure better patient care quality.

#### 6.4.2 Policy Implications

- **Integrating Engagement Metrics:** Accreditation bodies like NABH may consider including nurse engagement metrics as part of their assessment criteria. This would encourage hospitals to prioritize engagement as an essential element of quality healthcare delivery.
- **Guidelines for Talent Management:** Policymakers should formulate guidelines that emphasize integrating engagement-enhancing practices into talent management frameworks, particularly in healthcare settings.
- **Retention Policies:** Since engaged nurses are more likely to remain committed to their roles, formulating policies aimed at increasing engagement can directly contribute to lower attrition rates.

#### 6.4.3 Practical Implications for Nursing Practice

- **Empowering Staff Nurses:** The study highlights the need to empower nurses through active involvement in decision-making and leadership roles. This enhances their sense of belonging and motivation.
- **Training and Skill Development:** Structured training programs focusing on leadership, communication, and team collaboration can significantly boost engagement and performance.

- **Enhanced Job Satisfaction:** By acknowledging and addressing the factors that influence nurse engagement, hospitals can foster a positive work environment, leading to improved job satisfaction and patient outcomes.
- **Monitoring and Evaluation:** Regular monitoring and evaluation of engagement initiatives can help identify areas needing improvement and ensure continuous progress.
- **Customization of Practices:** Tailoring talent management practices to address the unique needs and challenges faced by nurses in NABH-Accredited hospitals can result in higher engagement and better performance.

The study underscores the importance of staff nurse engagement as a crucial mediator between talent management practices and organizational justice, significantly impacting overall performance. Hospital administrators and policymakers must consider implementing strategies that foster nurse engagement to optimize performance outcomes while maintaining high standards of patient care and satisfaction.

## **6.5 Conclusion**

The study on the role of staff nurse engagement as a mediator between talent management practices and organizational justice and performance among NABH-Accredited hospitals in Kerala highlights the critical importance of fostering nurse engagement to achieve optimal healthcare outcomes. It is evident that talent management practices significantly influence organizational justice and performance, but their effectiveness is considerably enhanced when staff nurses are actively engaged in their roles. Nurse engagement acts as a vital link that bridges the gap between well-structured talent management practices and perceived organizational justice. Engaged nurses are more likely to experience job satisfaction, exhibit high levels of commitment, and demonstrate improved performance, ultimately contributing to the overall success and reputation of NABH-Accredited hospitals. Moreover, the study emphasizes that creating a supportive and fair work environment, coupled with opportunities for professional development and recognition, can boost nurse engagement levels. Hospital administrators and

policymakers should, therefore, prioritize engagement-oriented strategies within their talent management frameworks. By doing so, they can not only enhance the quality of patient care but also reduce turnover rates and maintain a motivated, efficient nursing workforce. In conclusion, staff nurse engagement is a pivotal element that influences the positive outcomes of talent management practices on organizational justice and performance. Future initiatives should focus on strengthening engagement strategies to foster a resilient, competent, and satisfied nursing workforce, thereby ensuring sustainable healthcare excellence in NABH-Accredited hospitals in Kerala.



**CHAPTER VII**  
**RECOMMENDATIONS AND FUTURE SCOPE**  
**OF THE STUDY**

## **CHAPTER VII**

### **RECOMMENDATIONS AND FUTURE SCOPE OF THE STUDY**

#### **7.1 Introduction**

The study investigating the mediating role of engagement of staff nurses on talent management practices and organizational justice and performance in NABH-accredited hospitals categorized in Kerala provides extensive recommendations to improve healthcare outcomes. The government/public sector, nursing administration, and hospitals can implement the recommendations, which aim to provide opportunities for the organization to create a supportive context for nurse engagement and organizational justice, and performance.

#### **7.2 Recommendations for Hospitals**

Hospitals should develop an integrated talent management framework that encompasses recruitment, retention, professional development, and succession planning for the nursing workforce. This framework should enable nurses to be not only recruited to the organization but also developed and retained, ultimately leading to sustainable organizational performance. Policies and procedures need to be developed that promote the organization being "fair" in terms of equitable resource allocation, decision making, and being fair in interactions with nurses to promote trust and commitment, which is an essential prerequisite for high outcomes in engagement and performance. It is important to identify and invest in leadership development programs that will enable nurse leaders to develop transformational leadership skills, emotional intelligence skills and develop skills in conflict resolution. Good leadership creates a productive work environment. This means that nurse engagement will be influenced by leadership styles and approaches, which subsequently affect organizational performance outcomes. Develop nursing engagement metrics as an organizational performance metric. This implies that organizations can track and improve nurse engagement levels continuously. Ongoing evaluation generates useful information that allows for intervention as needed to mitigate and improve work activities. Longitudinal studies in different

healthcare locations can examine the enduring effects of talent management programmes on the workforce engagement of nurses and even the organization. Longitudinal studies offer greater insights into causal relationships and the sustainability of interventions to inform evidence-based policy and practice.

### **7.3 Recommendations for Government/Public Sector**

The government must develop and implement a comprehensive talent management strategy that addresses recruitment, retention, professional development, and succession planning, specifically tailored to the nursing workforce. A holistic approach confers that nurses are attracted to the organization and are nurtured and retained, resulting in prolonged organizational performance. Transparent policies and procedures to ensure equity in the allocation of organizational resources, decision-making, and behaviours, establish trust and commitment to the organization, leading to high levels of engagement and performance. Leadership development programs for nurse leaders to support their skills in transformational leadership, emotional intelligence, and conflict resolution capacities is important. Good leadership forms a healthy work environment, nurses' shared engagements, and thereby organizational performance are dependent on. Building nurse engagement metrics into most organisational performance reporting and evaluation tools enables ongoing monitoring and improvement. Through regular assessments, organizations are provided with actionable data that can be applied to intervene, resolve issues, and improve performance. Longitudinal research has been performed in healthcare settings to measure the impact of talent management styles over time. This allows for a richer understanding of cause and effect relationships while also observing the level of sustainability of talent management strategies. Ultimately, longitudinal studies can inform evidence-based policies and practices.

### **7.4 Recommendations for Nursing Administration**

Nursing administrators should design and institutionalize comprehensive talent management systems that consist of recruitment, retention, professional development, and succession planning strategies relevant to the nursing population.

A systemic approach supports nurses to be a resource to the organization and ensures effort is placed on the desire to keep that nurse and her resources to the organization for a viable amount of time. Policies and procedures should be written to include transparency regarding how resources are allocated and used, decisions are made, and how nurses interact with each other. Transparency in the workplace will foster trust and nurse commitment, both of which aid in moving nurses into engaged and engaged & performing levels. Nursing administrators should strive for programs that invest in leadership through training, which includes skills in transformational leadership capacity, emotional intelligence, and conflict management. Leadership plays an important part in creating a positive work environment that correlates with nurse engagement. When nurse engagement levels are increased, it drives organizational outcomes.

By embedding components of nurse engagement into organizational performance evaluation tools, organizations can continuously measure and monitor engagement. Continuous measurement allows for operational utility, thereby facilitating timely and proactive organization intervention to enhance engagement and performance. Longitudinal studies will be completed in other healthcare organizations to analyze the relationships between talent management practices on nurse engagement and organizational performance in NABH-accredited hospitals. Longitudinal analyses will both provide interpretation regarding causal relationships while signaling sustainability post-intervention, with a focus on evidence-based Policy and practice. The strategic recommendations will reinforce the links between talent management practices and organizational performance outcomes, relevant to nurse engagement as a collective council. Perhaps professionals would experience greater job satisfaction and retention (for nurses), improved organizational performance management, and increased quality of patient care in NABH.

## **7.5 Recommendations for Patients and Bystanders**

According to patients, nursing care has a major effect on how satisfied they are. Research shows that patients greatly appreciate nurses who are attentive and caring, and are good communicators. In order to improve the patient experience at hospitals, it is important for hospitals to continually train nurses in interpersonal

skills, so that they can give holistic, compassionate, and patient-centred care. Hospitals can also encourage the use of feedback mechanisms like patient satisfaction surveys so that they are aware of areas that need their attention, and to endorse good behaviours of the nursing staff.

Bystanders are a recognized perspective, because they are usually family members or caregivers, who are there to support the patient, and are essential to the overall recovery. They see that there is too much room for uncertainty when nursing staff are communicating with patients, and planning care. They want better communication and care from the nursing staff. Hospitals can ensure bystanders are fully informed of how patients are being treated, as well as feel like they are part of the care process. For example, hospitals should put safeguards in place to ensure that bystanders are updated periodically on the patient's condition, care, etc. Spending long hours in a hospital can often produce many anxieties and distress on the bystander. Hospitals can provide food and other facilities to the bystander in addition to patient care so that their anxieties and distress are alleviated in part, allowing them to focus on supporting patients. This could include providing information or conducting patient education for bystanders for small support roles they are able to fulfil. By training a bystander to provide basic routine care the gap can be narrowed and allow for comfort and connected care on part of the bystander.

Discouraging all-inclusive care for both patients and bystanders, hospitals are able to create a more welcoming and supportive environment in health care to enforce inclusivity. By increasing nurses' engagement with the mentioned initiatives of training, feedback, and support, positive patient outcomes will be established and, ultimately, quality of care in NABH hospitals within the State of Kerala.

## **7.6 Future Scope of the Study**

The present study has explored the mediating role of staff nurse engagement between talent management practices and organizational justice and performance in NABH-Accredited hospitals in Kerala. However, there are several avenues for future research that could further enrich the understanding of this dynamic and complex relationship:

- 1. Geographical Expansion:** Future studies could replicate this research in different regions or states of India or even in other countries to examine whether the findings hold true across diverse healthcare settings.
- 2. Longitudinal Studies:** Conducting longitudinal research would help to capture changes in nurse engagement, talent management practices, organizational justice, and performance over time, providing a more comprehensive view of causal relationships.
- 3. Cross-Sector Comparison:** While this study focused on NABH-Accredited hospitals, future research could include non-Accredited hospitals or private versus public healthcare institutions to compare the impact of talent management practices on staff nurse engagement and organizational outcomes.
- 4. Inclusion of Additional Variables:** Examining other potential mediators and moderators, such as leadership styles, organizational culture, job satisfaction, and work-life balance, could provide deeper insights into the factors influencing organizational justice and performance.
- 5. Impact on Patient Outcomes:** Exploring the link between nurse engagement and patient care outcomes would help establish the practical relevance of the study findings, as improved organizational performance often translates to better patient satisfaction and safety.



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## **ANNEXURE**

## QUESTIONNAIRE

### Talent Management and its influence on Organisational Performance among Staff Nurses”

#### PART A: SOCIO - DEMOGRAPHIC PROFILE

1. Age: a) below 30 b) 30-40 c) 40-50 d) Above 50
2. Gender: a) Male b) Female
3. Marital Status: a) Unmarried b) Marrie c) Widow
4. Educational qualification:
5. Designation:
6. Nature of employment: a) Permanent b) Temporary
7. Total work experience: a) 0-5 yrs. b) 5-10 yrs. c) 10-15yrs. d) Above 15 yrs.
8. Monthly Income: a) less than 20,000 b) 20,000 to 40,000 c) 40,000 to 60,000 d) above 60,000
9. Time of work: a) Day shift b) Night shift c) Rotation shift

#### PART B: Talent Management Practices at NABH Accredited Hospitals in Kerala

Rate the factors influencing the talent management practices at NABH Accredited Hospitals in Kerala: Strongly Disagree (1), Agree (2), Neutral (3), Agree (4), Strongly Agree (5)

Sl. No	Parameters	SA	A	N	DA	SDA
<b>Talent Attraction</b>						
1	Hospital increases salary linked to the individual performance					

2	Hospital assures employees job security, in order to attract the right talent					
3	Hospital strives to build a good brand image to attract talented staff nurse					
4	Hospital tries to maintain good organizational climate in order to attract right talent					
<b>Talent Acquisition</b>						
1	Hospital taps diverse sources to hire high potential candidates					
2	Hospital has different recruiting strategy for each type of talent					
3	Hospital has well defined recruitment and selection policy					
<b>Talent Identification</b>						
1	A reliable committee effectively review the high potential nominations					
2	There are standardised metrics/parameters to identify high potential staff nurse					
3	Hospital conducts potential assessment to identify high potential staff nurse					
4	Hospital formally informed about their potential assessment results					
<b>Talent Deployment</b>						
1	Hospital has mentorship programmes for newly recruited staff nurse					
2	Hospital has formal induction and familiarization process designed to help new recruits understand the Hospital					
3	Hospital offers career counselling					

4	Hospital encourages job rotation and transfer across departments laterally to increase their value for themselves					
<b>Succession Planning</b>						
1	Promotion is based on past achievements, experiences and ability					
2	Higher level management is involved in succession procedure					
3	Authority is delegated for succession planning					
4	Succession planning is a key part of the decision framework					
<b>Talent Development</b>						
1	Develops high potential staff nurse at every level					
2	Hospital has appropriate learning and development strategies					
3	Hospital plan on staff nurse growth and progression					
4	Provide opportunities for developing skills and competence					
5	Better career advancement opportunities					
6	Meet development needs effectively and timely through internal development programmes.					
<b>Talent Engagement</b>						
1	Hospital provides opportunities to learn & develop new skills					
2	Hospital effectively maintains staffing levels					
3	Hospital provides appropriate amount of decision- making authority to do job well					
4	Hospital recognise & praise staff nurse for good work					
5	Hospital ensures proper communication and relationship among each other					

6	Talent engagement strategies ensures a team work spirit among each other					
<b>Performance Assessment</b>						
1	Hospital provides special increments for better performance					
2	Hospital has a provision of faster promotion with better performance					
3	I get regular feedback about my performance					
4	Hospital review Individual development plan progress of high potential employee at regular intervals					
5	Hospital facilitates high potential staff nurse to prepare an individual development plan (IDP) based on the assessment results					
6	Hospital has effective performance assessment which enhance the staff nurse confidence					
<b>Talent Retention</b>						
1	Hospital use effective leadership style and is careful on handling staff nurse					
2	Hospital ensures that Hospital image remains good all the time in order to retain talented staff nurse					
3	Hospital has competitive compensation system in comparison to other hospitals in the same industry which is a motivating factor to the staff nurse					
4	Hospital offers training opportunities to enhance career growth hence retain talented employees					
5	Hospital offers attractive non-monetary rewards to retain the staff nurse					
6	There are long-term investment plans/ programs for retaining employees					
7	Hospital builds personal relationship with employees					

### PART C: Organizational Justice at NABH Accredited Hospitals in Kerala

Rate the impact of talent management practices on the staff nurse perception towards the organizational justice in their work place: Strongly Disagree (1), Agree (2), Neutral (3), Agree (4), Strongly Agree (5)

Sl. No	Parameters	SA	A	N	DA	SDA
<b>Distributive Justice</b>						
1	Talent management outcomes reflect the effort I have put into my work					
2	Talent management outcomes reflect what I have contributed to our organization					
3	Outcomes I receive through talent management are justified, with my performance and potential					
<b>Procedural Justice</b>						
1	I am able to express my views and feelings during talent management procedures					
2	My performance and potential have influence over the outcome of the talent management procedures					
3	Talent management procedures have been applied consistently in our organisation					
4	Talent management procedures in our organisation are free of bias					
5	Talent management procedures have been based on accurate information					
6	Talent management procedures have always upheld ethical and moral standards					
<b>Interpersonal Justice</b>						
1	My co-workers and superiors treat me in a polite manner					
2	My co-workers and superiors treat me with dignity					

3	My co-workers and superiors treat me with respect					
4	My hospital refrains from improper remarks or comments					
<b>Informational Justice</b>						
1	Hospital has been honest in communications with me					
2	Hospital explains the talent management procedures thoroughly					
3	Explanations regarding the talent management procedures are reasonable					
4	Hospitals communicates details on talent management procedures in a timely manner					

**PART D: Staff Nurse Engagement at NABH Accredited Hospitals in Kerala**

Rate the factors determining the level of engagement among the staff nurse in their work place: Strongly Disagree (1), Agree (2), Neutral (3), Agree (4), Strongly Agree (5)

Sl. No	Parameters	SA	A	N	DA	SDA
<b>Physical Engagement</b>						
1	I work with intensity on my job					
2	I exert my full effort to my job					
3	I devote a lot of energy to my job					
4	I try my hardest to perform well on my job					
5	I strive as hard as I can to complete my job					
6	I exert a lot of energy on my job					
<b>Emotional Engagement</b>						
1	I am enthusiastic in my job					
2	I feel energetic at my job					
3	I am interested in my job					

4	I am proud of my job					
5	I feel positive about my job					
6	I am excited about my job					
<b>Cognitive Engagement</b>						
1	At work, my mind is focused on my job					
2	At work, I pay a lot of attention to my job					
3	At work, I focus a great deal of dedication on my job					
4	At work, I am absorbed by my job					
5	At work, I concentrate on my job					

**PART E: Staff Nurse Performance at NABH Accredited Hospitals in Kerala**

Rate the staff nurse performance based on their level of engagement in their work place: Strongly Disagree (1), Agree (2), Neutral (3), Agree (4), Strongly Agree (5)

Sl. No	Parameters	SA	A	N	DA	SDA
<b>Work quality</b>						
1	Working effectively with proper direction					
2	I am realising my potential as an expert in my line of work					
3	I get regular feedback about the quality of my performance					
4	Gives me feeling of accomplishment					
5	Management prepares us for multi-tasking					
6	I can work with my full potential					
<b>Work Involvement</b>						
1	I personally feel attached to my job.					
2	I have concentration and focus on my work.					
3	I mostly feel interested in my job					
4	I am emotionally attached with my hospital.					
5	Everyone in the hospital interact in terms of ideas					

	and feelings.					
6	I always feel recognition for involvement					
7	I am a perfectionist in my job					
<b>Work Commitment</b>						
1	I am committed towards my job.					
2	All employees are mutually helpful to one another					
3	I am loyal to my hospital					
4	Everyone in the hospital have the sense of one community					
<b>Work Satisfaction</b>						
1	I am satisfied with my job.					
2	I have a feeling of job security.					
3	I am satisfied with my salary and fringe benefits.					
4	I am satisfied with training and stress control workshops.					
5	I am satisfied with working environment.					
<b>Work Performance</b>						
1	I am able to perform my job well with minimum time and effort					
2	I think the patients are satisfied with my work					
3	I am able to work by keeping my job knowledge up to date in terms of job performance					
4	I feel I have a career growth and development					
5	I feel my work performance is appreciated by the hospital					
<b>Retention in Work</b>						
1	Hospital ensures level of satisfaction in myself to retain in work					
2	Hospital ensures morale and empathy to retain in the work					

3	Hospital environment helps to build good human relationships which leads to retain in the work					
4	I believe that the expectations of my job cause no conflicts between my work and family and helps to retain in the work					

**PART F: Organizational Performance of NABH Accredited Hospitals in Kerala**

Rate the factors determining the organizational performance of selected NABH Accredited Hospitals in Kerala: Strongly Disagree (1), Agree (2), Neutral (3), Agree (4), Strongly Agree (5)

Sl. No	Parameters	SA	A	N	DA	SDA
<b>Patient Focus</b>						
1	Administrative procedures of admission, stay and discharge are short and simple					
2	The waiting time for patients before been attended by doctors is short					
3	The nursing services provided to restore the health and confidence of the patients are standardized					
4	Patients are counselled and cared for their well-being					
5	The hospital takes immediate and appropriate action for handling grievances					
6	The hospital uses feedback/complaints to initiate improvement in the hospital					
7	The charges for health care services in the hospital are reasonable					
8	The quality of healthcare provided are upto the standard norms					

<b>Staff Efficiency</b>					
1	Hospital staff is competent and professional in their treatment of patients				
2	The hospital staff is attentive, helpful, friendly and courteous to the patients and their wards				
3	Staff takes a problem-solving approach for their patients				
4	The staff is efficient in controlling patient's pain well and readily do everything they could to help patient				
5	Hospital staff always remains willing to learn and adapt to changes				
6	The hospital staff exhibit positive attitude to patients and their wards				
7	Appropriate training is provided to staff to enhance their capability to deliver quality service				
8	The administrative and office staffs are competent to manage the patient's record				
<b>Management Efficiency</b>					
1	Healthcare services provided by this hospital have improved over the past five years				
2	The hospital has adapted to the changes				
3	The state-of-the-art-technology is used in this hospital to enhance the capabilities				
4	The hospital management is committed to the quality initiatives				
5	Hospital management provides adequate support to its staff				
6	Hospital management encourages and involves the staff in planning and decision making in order to improve quality				

7	Management gives rewards and incentives to staff in respect of their quality improvement efforts or initiatives					
8	Management focuses on developing a continuously evolving patient focused hospital-quality policy with its specified goals					
<b>Hospital Service Efficiency</b>						
1	The hospital provides amenities such as continuous electricity, cold water supply, housekeeping, sanitation, medical store, central sterile supply etc. at comfortable ambient conditions to patients and their wards					
2	Inside transport services such as trolleys, stretchers and wheelchairs are properly maintained for the carriage of supplies and patients					
3	Layout of wards, beds, operation theatres, intensive/post-operative care units, cold storage (mortuary), reception lounge, administrative departments, vehicular parking, canteen, toilets, etc. are standard					
4	Diagnostic facilities such as labs, and X-ray and CT/ultrasonic scans are adequate					
5	The hospital provides round the clock services for illness of an urgent nature and injuries from accidents					
6	Services are often stretched in the interests of the patients.					
7	The hospital makes its best effort to prevent the spread of communicable diseases by isolating the patients					
8	Hospital helps to raise the standard of health in the community by health education					

