

**EMPLOYEE TALENT MANAGEMENT IN THE
UGANDA HEALTH SECTOR: A PUBLIC
INSTITUTIONS PERSPECTIVE**

J. NAKATO

2019

**EMPLOYEE TALENT MANAGEMENT IN THE UGANDA HEALTH
SECTOR: A PUBLIC INSTITUTIONS PERSPECTIVE**

BY

Jamidah Nakato

Submitted in fulfilment of the requirements for the degree of

PHILOSOPHIAE DOCTOR

in

The Faculty of Business and Economic Sciences

at the

Nelson Mandela University

APRIL 2019

Promoter: Prof NE Mazibuko

Co-Promoter: Prof S James

DECLARATION

NAME: JAMIDAH NAKATO

STUDENT NUMBER: 216079500

QUALIFICATION: PHILOSOPHIAE DOCTOR

TITLE OF PROJECT: EMPLOYEE TALENT MANAGEMENT IN THE UGANDA
HEALTH SECTOR: A PUBLIC INSTITUTIONS PERSPECTIVE

In accordance with Rule G5.6.3, I hereby declare that the above mentioned thesis is my own work and that it has not previously been submitted for assessment or completion of any postgraduate qualification to another university.



.....
JAMIDAH NAKATO

18 January 2019

DATE

ACKNOWLEDGEMENTS

I wish to extend my sincere and profound gratitude to:

- First and foremost, the Almighty Allah, for He is the fountain of knowledge and wisdom;
- My promoters, Prof Noxolo Eileen Mazibuko and Prof. Sindiwe James who tirelessly offered encouragement, mentorship and support with patience and commitment;
- Makerere University and Nelson Mandela University for the financial support;
- My research assistants and respondents, for their time and co-operation;
- Assoc. Prof. Umar Kakumba, Dr. Jamiah Mayanja and Dr. Peter Turyakira and other colleagues at the School of Business for their encouragement;
- My beloved parents, Hajji Salongo & Hajjat Nalongo Bawonga for their sponsorship, wise counsel and always being there for me. Alhamdulillah;
- My darling husband, Hussein Ssebana, for his patience and unconditional love;
- Dr. Sadigh Majid, who supported, mentored and inspired me to achieve;
- Dr. Isa Nsereko and my siblings, Hudah, Mabira, Swad, Fagil, Mutebi and especially Hamidah. You are irreplaceable.
- My lovely children, Adnan, Amiirah and Husni for their patience. You were my inspiration;
- Dr. Riyaadh Lillah, for his guidance on statistical data analysis and interpretation.
- Ms. Nancy Morkel for editing my thesis.

ABSTRACT

Globally, talent management has been acknowledged as a prime source of employee attraction and retention as well as organisational performance and commitment. Although the health sector plays an important role in the economic development of any country, in Uganda, the management of talented employees still remains a challenge. In this country, many institutions have not incorporated and adopted suitable talent management strategies, thus compromising access to and quality of care. A hypothetical model and measuring instruments were developed to investigate the factors contributing to and the benefits of effective employee talent management in the Ugandan health sector. The following ten independent variables that have the prospect of influencing effective talent management (intervening variable) were identified on the basis of organisational, management and personal factors: talent pool, organisational support, work conditions, social and work environment, reward system, leadership styles, career development, supervisor support, employee engagement and employee personality. In this study, it was also postulated that talent management has potential to effect the dependent variables, namely, talent attraction, employee retention, organisational performance and organisational commitment. In total, fourteen hypotheses were formulated to test relationships between independent, intervening and dependent variables.

The study utilised the quantitative research paradigm in order to seek employee perceptions regarding public institutions within the health sector, in Uganda's Central region. Using stratified random sampling, a sample of 910 participants was drawn from the identified population. A survey was conducted with the aid of a structured, self-administered questionnaire that was distributed to the seven categories of hospitals and health centres in Central Uganda; 910 questionnaires were distributed to doctors, consultants, dentists, dispensers, nurses, pharmacists, clinical officers, laboratory staff, occupational therapists, allied health staff, environmental health officers, general administrative cadres, cold chain technicians and support staff. Of these, 655 were useable, which indicates a 71% response rate. The data collected was captured and

analysed using various statistical analysis techniques. The study findings reveal that organisational support, employee satisfaction, an enabling work environment, a stable working environment and career development effectively influence talent management. However, management in health sector institutions need to realise the importance of facilitating and monitoring job autonomy and personal values in order to effectively enhance talent management. The study results further reveal that talent management has a positive influence on employee retention and holistic development for organisational performance.

For optimal talent management, the study recommends that organisations pay attention to cultivating an enabling and stable work environment that is suitable for motivating employees towards improved performance and work commitment. Therefore, health sector management should focus on potential, and not only on performance, by matching individuals with the right positions that can expose their capabilities and potential. It was further recommended that organisations need to accept and show confidence in their employees by allowing them freedom in carrying out their tasks. In addition, it was highlighted that ascertaining and utilising information about the values and principles that employees hold can help explain their behaviours and attitudes at work. This would increase the chances of talented employees realising their full potential and competencies in their jobs. Therefore, this study found that there is a need for public institutions within the health sector to focus on supporting employees by offering a well-defined career development programme, which caters for the needs of individuals and which acts as an incentive for the recruitment of qualified employees. Thus, management will succeed in retaining, attracting and maintaining talented individuals who can perform well.

In order to uphold the expected ethical behaviour of conducting research, the researcher obtained approval and ethics clearance from Nelson Mandela University, permission to conduct the study from the Ugandan Ministry of Health, and communicated all the information relevant to the study to the participants.

Key words: Talent pool, leadership style, reward system, work conditions, social and work environment, supervisor support, employee personality, organisational support, employee satisfaction, enabling work environment, stable working environment, employee motivation, job autonomy, personal value, career development, employee engagement, talent management, holistic development for organisational performance, talent attraction, organisational commitment, employee retention, health sector, public institutions.

TABLE OF CONTENTS

DECLARATION BY CANDIDATE	i
ACKNOWLEDGEMENTS	ii
ABSTRACT	iii
LIST OF FIGURES	xvi
LIST OF TABLES	xvii

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1	INTRODUCTION AND BACKGROUND TO THE STUDY	1
1.2	PROBLEM STATEMENT	3
1.3	PURPOSE OF THE STUDY	4
1.4	OBJECTIVES OF THE STUDY	4
	1.4.1 Primary research objectives	4
	1.4.2 Secondary research objectives	4
1.5	RESEARCH QUESTIONS AND HYPOTHESES	5
	1.5.1 Research questions	5
	1.5.2 Research hypotheses	5
1.6	PROPOSED THEORETICAL MODEL FOR TALENT MANAGEMENT OF EMPLOYEES IN THE HEALTH SECTOR	7
1.7	LITERATURE REVIEW: CLARIFICATION AND OPERATIONALISATION OF THE VARIABLES OF THE STUDY	9
	1.7.1 Overview of talent management	9
	1.7.2 Organisation factors	10
	1.7.2.1 Talent pool	10
	1.7.2.2 Organisational support	11
	1.7.2.3 Reward system	12
	1.7.2.4 Work conditions	12
	1.7.2.5 Social and work environment	13

1.7.3	Management factors	14
1.7.3.1	Leadership style	14
1.7.3.2	Career development	15
1.7.3.3	Supervisor support	15
1.7.4	Personal factors	16
1.7.4.1	Employee engagement	16
1.7.4.2	Employee personality	17
1.7.5	Outcomes of effective employee talent management	17
1.7.5.1	Talent attraction	17
1.7.5.2	Organisational performance	18
1.7.5.3	Employee retention	18
1.7.5.4	Organisational commitment	18
1.8	RESEARCH DESIGN AND METHODOLOGY	19
1.8.1	Research paradigm	19
1.8.2	Study population	20
1.8.3	Sampling design and procedure	21
1.8.4	Data collection	21
1.8.4.1	Primary data	21
1.8.4.2	Secondary data	22
1.8.5	Questionnaire design	22
1.8.6	Pilot study	23
1.8.7	Data analysis	23
1.8.8	Reliability and validity of the measuring instrument	23
1.9	DELIMITATIONS OF THE STUDY	24
1.10	PRIOR RESEARCH	25
1.11	THE STRUCTURE OF THE STUDY	25
1.12	SUMMARY	27

CHAPTER TWO

THE HEALTH SECTOR ENVIRONMENT IN UGANDA

2.1	INTRODUCTION	28
2.2	THE STRUCTURE OF THE UGANDAN HEALTH SYSTEM	28
2.2.1	Village Health Teams	32
2.2.2	Health Centre IIs	33
2.2.3	Health Centre IIIs	35
2.2.4	Health Centre IVs	37
2.2.5	General Hospitals	37
2.2.6	Regional Referral Hospitals	38
2.2.7	National Referral Hospitals	39
2.2.8	Ministry of Health	40
2.3	THE COMPONENTS OF THE HEALTH SECTOR	42
2.3.1	The Public Sector	42
2.3.2	The Private Sector	46
2.4	HEALTH SECTOR FACILITIES IN UGANDA	47
2.5	FINANCING OF THE HEALTH SECTOR IN UGANDA	49
2.6	DEVELOPMENTS IN THE UGANDAN HEALTH SECTOR	51
2.7	HEALTH SECTOR CONTRIBUTIONS TO THE UGANDAN ECONOMY	53
2.8	CHALLENGES FACED BY THE UGANDAN HEALTH SECTOR	54
2.9	THE GLOBAL CONTEXT OF HEALTH SYSTEMS	56
2.9.1	The health system of the United Republic of Tanzania	56
2.9.2	The health system of the Democratic Republic of Congo	59
2.9.3	The health system of the United States of America	61
2.10	SUMMARY	62

CHAPTER THREE

THEORIES UNDERPINNING THE STUDY OF TALENT MANAGEMENT

3.1	INTRODUCTION	64
3.2	OVERVIEW OF EMPLOYEE TALENT MANAGEMENT	64

3.2.1	Employee talent	64
3.2.2	Employee talent management	66
3.3	THEORIES RELATED TO THE VARIABLES OF THE STUDY	67
3.3.1	Trait and factor theory	67
3.3.2	Institutional theory	69
3.3.3	Psychological contract theory	71
3.4	THEORIES RELATED TO TALENT MANAGEMENT	73
3.4.1	Human capital theory	74
3.4.2	Vroom's expectancy theory	75
3.4.3	Organisational support Theory	78
3.4.4	Leader-member exchange theory	80
3.5	SUMMARY	82

CHAPTER FOUR

TALENT MANAGEMENT IN PUBLIC INSTITUTIONS IN THE HEALTH SECTOR

4.1	INTRODUCTION	83
4.2	APPROACHES TO TALENT MANAGEMENT	83
4.2.1	Inclusive approach to talent management	84
4.2.2	Exclusive approach to talent management	85
4.3	TALENT MANAGEMENT SYSTEM	86
4.3.1	Talent identification	86
4.3.2	Talent recruitment	88
4.3.3	Talent selection	90
4.3.4	Talent performance management	92
4.3.5	Talent compensation management	94
4.3.6	Talent development	95
4.3.7	Talent succession planning	99
4.3.8	Talent retention	101
4.4	THE ROLE OF TALENT MANAGEMENT IN ORGANISATIONS	103
4.5	THE EFFECTIVENESS AND CHALLENGES OF TALENT MANAGEMENT	

IN DIFFERENT COUNTRIES	104
4.5.1 Talent management in the global context	105
4.5.2 Talent management in the Ugandan context	106
4.6 SUMMARY	107

CHAPTER FIVE
HYPOTHETICAL MODEL OF EFFECTIVE TALENT MANAGEMENT IN PUBLIC
INSTITUTIONS

5.1 INTRODUCTION	108
5.2 THE MODELLED INFLUENCES OF EFFECTIVE TALENT MANAGEMENT	110
5.2.1 Talent pool	110
5.2.2 Organisational support	112
5.2.3 Reward system	114
5.2.4 Work conditions	117
5.2.5 Social and work environment	120
5.2.6 Leadership style	122
5.2.7 Career development	125
5.2.8 Supervisor support	127
5.2.9 Employee engagement	130
5.2.10 Employee personality	132
5.2.11 Talent management	135
5.3 OPERATIONALISATION OF THE DEPENDENT VARIABLES: OUTCOMES OF EFFECTIVE TALENT MANAGEMENT	137
5.3.1 Talent attraction	137
5.3.2 Organisational performance	140
5.3.3 Employee retention	142
5.3.4 Organisational commitment	143
5.4 SUMMARY	145

CHAPTER SIX
RESEARCH DESIGN AND METHODOLOGY

6.1	INTRODUCTION	146
6.2	PURPOSE OF THE STUDY	146
6.3	RESEARCH METHODOLOGY AND DESIGN	147
6.4	RESEARCH PARADIGM	148
6.4.1	Qualitative research method	149
6.4.2	Quantitative research method	150
6.4.3	Mixed methods research	152
6.5	SAMPLING	152
6.5.1	Population and sampling	154
6.5.2	Determining the sampling method	155
6.5.2.1	Non-probability sampling	156
6.5.2.2	Probability sampling	158
6.5.3	Sampling frame and sample size	160
6.5.3.1	Response rate and sample size	162
6.5.3.2	Missing data	163
6.6	DATA COLLECTION METHODS	163
6.6.1	Primary data	164
6.6.2	Secondary data	165
6.7	QUESTIONNAIRE DESIGN	166
6.7.1	Demographic profile of the respondents	170
6.7.2	Variables of the research instrument design	172
6.7.2.1	Talent pool	173
6.7.2.2	Organisational support	173
6.7.2.3	Reward system	173
6.7.2.4	Work conditions	174
6.7.2.5	Social and work environment	174
6.7.2.6	Leadership style	174
6.7.2.7	Career development	175
6.7.2.8	Supervisor support	175

6.7.2.9	Employee engagement	176
6.7.2.10	Employee personality	176
6.7.2.11	Talent management	176
6.7.2.12	Talent attraction	177
6.7.2.13	Employee retention	177
6.7.2.14	Organisational commitment	177
6.7.2.15	Organisational performance	178
6.8	CRITERIA FOR EVALUATING THE MEASURING INSTRUMENT	182
6.8.1	Reliability	183
6.8.2	Validity	184
6.9	PRETESTING THE MEASURING INSTRUMENT	186
6.10	DATA ANALYSIS	188
6.10.1	Factor analysis	189
6.10.2	Descriptive statistics	190
6.10.3	Regression analysis	191
6.11	ETHICAL CONSIDERATIONS	191
6.12	SUMMARY	193

CHAPTER SEVEN

EMPIRICAL EVALUATION OF THE RESULTS OF THE STUDY

7.1	INTRODUCTION	195
7.2	SUMMARY OF THE OBJECTIVES OF THE EMPIRICAL INVESTIGATION	195
7.3	HYPOTHESES OF THE STUDY	195
7.3.1	The first set of hypotheses concerning relationships between the independent factors and effective talent management	195
7.3.2	The second set of hypotheses pertaining to the relationships between effective talent management and the dependent variables	196
7.4	DATA ANALYSIS	198
7.4.1	Reliability of the measuring instrument	199

7.4.2	Descriptive statistics	201
7.4.3	Validity of the measuring instrument	203
7.4.3.1	Factor analysis and factor loadings	204
7.4.4	Cronbach's alpha values of latent variables based on the results of factor analysis: Theoretical model	216
7.5	REGRESSION ANALYSIS	223
7.5.1	Employee views on the influence of antecedents on effective talent management	224
7.5.1.1	The influence of talent pool, organisational support, employee satisfaction, enabling work environment, stable working environment, employee motivation, job autonomy, personal value, career development and employee engagement	224
7.5.2	The influence of talent management on employee retention, organisational commitment and holistic development for organisational performance	226
7.5.2.1	The influence of talent management on employee retention in the public institutions within the health sector	226
7.5.2.2	The influence of talent management on organisational commitment in the public institutions within the health sector	226
7.5.2.3	The influence of talent management on holistic development for organisational performance in the public institutions within the health sector	227
7.6	FINDINGS ON HYPOTHESISED RELATIONSHIPS	229
7.6.1	Findings on the first set of hypotheses	229
7.6.2	Findings on the second set of hypotheses	231
7.7	SUMMARY	234

CHAPTER EIGHT
MANAGERIAL IMPLICATIONS, SUMMARY, CONCLUSIONS AND
RECOMMENDATIONS

8.1	INTRODUCTION	236
8.1.1	Brief synopsis of the chapters of the study	236
8.1.2	Conclusions on the research problem of the study	239
8.1.3	Presentation and conclusions on the research questions of the study	244
8.2	SUMMARY OF EMPIRICAL RESULTS	249
8.3	THE MANAGERIAL IMPLICATIONS AND EMPIRICAL FINDINGS OF THE STUDY	250
8.3.1	Empirical findings and implications based on the factors that influence effective talent management	251
8.3.1.1	Organisational support	251
8.3.1.2	Employee satisfaction	252
8.3.1.3	Enabling work environment	254
8.3.1.4	Stable working environment	255
8.3.1.5	Job autonomy	256
8.3.1.6	Personal value	257
8.3.1.7	Career development	258
8.3.2	Empirical findings and implications based on employee perceptions regarding talent management	259
8.3.3	Empirical findings and implications based on the outcomes of effective talent management	260
8.3.3.1	Talent management and employee retention	260
8.3.3.2	Talent management and holistic development for organisational performance	261
8.4	RECOMMENDATIONS REGARDING FACTORS THAT INFLUENCE TALENT MANAGEMENT IN PUBLIC INSTITUTIONS WITHIN THE UGANDAN HEALTH SECTOR	263

8.4.1	Organisational support	263
8.4.2	Employee satisfaction	264
8.4.3	Enabling work environment	265
8.4.4	Stable working environment	265
8.4.5	Job autonomy	266
8.4.6	Personal value	267
8.4.7	Career development	268
8.5	RECOMMENDATIONS REGARDING PERCEPTIONS AND OUTCOMES OF EFFECTIVE TALENT MANAGEMENT IN PUBLIC INSTITUTIONS WITHIN THE UGANDAN HEALTH SECTOR	269
8.5.1	Perceptions of effective talent management	269
8.5.2	Employee retention	270
8.5.3	Holistic development for organisational performance	270
8.6	CONTRIBUTION OF THE STUDY	272
8.7	LIMITATIONS OF THE STUDY AND FUTURE RESEARCH	274
8.8	CONCLUSION	275
	REFERENCES	276
	ANNEXURE A: COVER LETTER AND QUESTIONNAIRE	417
	ANNEXURE B: ETHICS CLEARANCE	425
	ANNEXURE C: MINISTER OF HEALTH APPROVAL LETTER	427
	ANNEXURE D: LANGUAGE EDITING LETTER	429
	ANNEXURE E: TURNITIN REPORT	431

LIST OF FIGURES

Figure 1.1	Theoretical model of effective talent management of employees in public institutions within the health sector	8
Figure 2.1	The health system of Uganda	31
Figure 2.2	Types of public sector organisations	44
Figure 5.1	The modelled influences and outcomes of effective talent management of employees in public institutions within the Ugandan health sector	109
Figure 6.1	Stages in selecting a sample	154
Figure 7.1	Theoretical model of employee talent management in public institutions within the Ugandan health sector	197
Figure 7.2	The adapted model of the relationships amongst variables based on employee views of effective talent management in public institutions within the Ugandan health sector	219
Figure 7.3	The hypothesised model of employee views pertaining to effective talent management in public institutions within the health sector	222
Figure 7.4	Summary of the results of the regression analysis	233
Figure 8.1	Empirical evaluation of the proposed influences and outcomes of effective talent management in public institutions within the Ugandan health sector	250

LIST OF TABLES

Table 2.1	Structure and characteristics of Health Centre IIs facilities	34
Table 2.2	Structure and characteristics of Health Centre IIIs	36
Table 2.3	Levels of health service delivery	41
Table 2.4	Ugandan Health facilities listed by level and ownership	48
Table 6.1	Differences between qualitative and quantitative research	151
Table 6.2	Sample structure of the study	161
Table 6.3	Sample size and response rate	163
Table 6.4	Measuring instrument: Number of items per variable	169
Table 6.5	Composition of the respondents in demographic terms	170
Table 6.6	Summary of the factors that contribute to and the outcomes of employee talent management in public institutions within the Ugandan health sector and measuring scale development	178
Table 7.1	Abbreviations of the study variables	198
Table 7.2	Initial reliability of the measuring instrument	200
Table 7.3	Descriptive statistics for each variable	201
Table 7.4	Factor loadings: Employee views of antecedents and outcomes of effective talent management (TM)	210
Table 7.5	Factor loadings: Talent management and outcomes of talent management	215
Table 7.6	Factor loadings: Cronbach's alpha coefficients of the latent variables based on the comprehensive exploratory factor analysis	217
Table 7.7	Empirical factor structure for regression analysis of the latent variables	218
Table 7.8	Regression analysis: The influence of talent pool, organisational support, employee satisfaction, employee engagement, employee motivation, career development, job autonomy, personal value, enabling work environment and stable working environment.	225
Table 7.9	Regression analysis: The influence of talent management on employee retention in public institutions within the health sector	226

Table 7.10	Regression analysis: The influence of talent management on organisational commitment in public institutions within the health sector	227
Table 7.11	Regression analysis: The influence of talent management on holistic development for organisational performance in public institutions within the health sector	228
Table 8.1	Conclusions to the research questions of the study	244

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND TO THE STUDY

The future competitiveness and prosperity of an institution depends on its employees, as they are considered fundamental for the performance and effectiveness of an organisation (Massie, 2015:3). In reality, the success of an organisation depends on employees who are enthusiastic about carrying out the tasks assigned to them (Abidin & Mansor, 2016:84). Thus, it is important to attract, integrate, educate and retain skilled and 'high-potential' employees. For many institutions, talent management is often a response to changes in the workplace; these changes include the industrial revolution, the rise of labour unions, globalisation and/or outsourcing.

The process of developing such employees is referred to as talent management (Al Ariss, Cascio & Paauwe, 2014:174). Mochorwa and Mwangi (2013:18) suggest that organisations that make use of effective talent management, maintain internal consistency and employ complementary practices to attract, select, develop, evaluate and retain current as well as potential employees. Tarique and Schuler (2010:123) add that these organisations develop strategy, identify talent gaps, plan for succession, recruit and motivate high performers. Talent management is important in creating high performance, competitive and sustainable organisations through value creation, proper accountability, the provision of high quality products and services, and proper succession planning (Farndale, Scullion & Sparrow, 2010:163). Furthermore, when individuals' capabilities are utilised successfully, an organisation's performance can be boosted.

In healthcare organisations, talent management is important for crucial matters such as patient safety, timeliness, the quality of access to care, and cost control (Dobre, 2013:54). This implies that public healthcare institutions should adopt talent management strategies in order to address the severe workforce scarcity within the

sector. This aims to ensure that institutions benefit from reduced regulatory risks, high levels of employee engagement, the retention of high quality employees, motivation, productivity, a reduction in strikes and strong operational performance (Schiemann, 2014:282). In addition, organisations with the right processes in place to identify and develop talent will experience ease in performance, and they will compete at a high level in the new healthcare economy.

However, Ayebazibwe (2013:1) noted that, in the ten years prior to this study, almost 2,000 (50%) enrolled professionals left Uganda; moreover, there is persistent staff absence in government health facilities. These turnover statistics could influence the poor healthcare performance evident in Uganda, as the country is ranked number 186 out of 191 nations in terms of healthcare performance (Kayiwa, 2015:1). Matsiko (2010:26) attributes these high turnover rates to the dwindling talent pool which, he argues, has led to inadequate organisational and supervisor support, an insufficient reward system, poor work conditions, a harsh social and work environment, inappropriate leadership style, limited career development opportunities, as well as low levels of employee engagement, amongst other concerns. Despite the contribution that Uganda's health sector has made to national growth and development, employees within the sector continue to leave for better work conditions and job opportunities. As a result, organisations within the sector are left to face the challenges related to the high turnover rate, which include the costs associated with the replacement and training of employees (Markos & Sridevi, 2010:89). This state of affairs has an impact on talent attraction, employee retention, organisational performance and organisational commitment. Furthermore, amongst the remaining workforce, there have been indications of reduced performance levels, work overload, poor attitude towards clients, absenteeism and low morale (Kizito, Mukunya, Nakitende, Nambasa, Nampogo, Kalyesubula, Katamba & Sewankambo, 2015:2).

For the health sector, talent management is especially important in light of shrinking and aging talent pools, coupled with the difficulty of retaining health employees (Burt & Evans, 2010:1). Taha, Gajdzik and Abu Zaid (2015:89) contend that this is particularly

important for health care institutions that need and are interested in managing talented people in order to ensure high quality care, long-term competitiveness, sustainable prosperity and continuous development – in addition to delivering safe, effective, patient-centred, timely, efficient and equitable care.

Despite the importance of talent management, relatively little research has been done to identify the antecedents of talent management in Uganda. In addition, there is limited research available on employees in the health sector and in public institutions. Therefore, this study will investigate those factors that influence effective talent management amongst employees in public institutions within the health sector, in Uganda.

1.2 PROBLEM STATEMENT

It is apparent, from the literature review, that the bulk of talent management studies have been conducted in other countries on the continent such as Botswana, Kenya and Egypt, while there is a dearth of empirical studies that focus on Uganda. The need for talent management is overwhelming in the health sector, which is characterised by a severe shortage in its administrative and technical workforce, coupled with the difficulty of attracting talent from other sectors. Talent management is in crisis in many institutions in the health sector, which emphasises the need for a competent, committed and engaged workforce in order to achieve organisational success (Ingram & Glod, 2016:340). There is also a mismatch between the demand and supply of talent, particularly for specific positions that translate into a shortage of skills and experience (Cao & Li, 2017:368; Pagano, 2017:83). Furthermore, as the demand for talented employees in the health sector continues to outstrip supply, organisations find it difficult to sustaining their core mission of delivering high quality care (McDowell, Wintersteen & Borda, 2015:2).

Therefore, the problem facing effective employee talent management is the fact that the retention of talented employees is incredibly important for the overall success of an organisation; however, the success of the organisation is crippled by the restricted

talent pool. This indicates that, if the organisation does not have the resources to offer the highest compensation package, it might consider other appealing job-related privileges and benefits. In this regard, organisations that do not create a favourable work environment, with attractive working conditions, will struggle to attract and retain suitable employees with a variety of skills; this will, in turn, make it impossible to develop a succession plan that consists of quality talented employees.

Against this background, it is necessary to address the following problems:

- The limited intervention in respect of talent management literature related to the antecedents that can attract and retain talent in public institutions in the Ugandan health sector.
- The benefits of effective employee talent management in public institutions within the Ugandan health sector.

1.3 PURPOSE OF THE STUDY

The purpose of this study is to examine the factors that influence effective talent management amongst employees in public institutions in the health sector in Uganda and, thereafter, to investigate the outcomes of effective talent management.

1.4 OBJECTIVES OF THE STUDY

The primary and secondary objectives of the study are provided below.

1.4.1 Primary Research objective

The primary objective of the study is to identify factors that contribute to, and the benefits of, effective employee talent management in public institutions in the health sector in Uganda.

1.4.2 Secondary Research objectives

In order to achieve the primary research objective, the secondary objectives of the study are to:

- Critically assess the literature review on talent management.

- Design a conceptual model for the antecedents and outcomes of effective talent management in healthcare institutions in Uganda.
- Critically assess the relationships that exist between the independent, intervening and dependent variables regarding effective talent management.
- Develop a measuring instrument to test employee perceptions of effective talent management antecedents.
- Provide recommendations, based on the findings of the study, for the development of effective strategies for the attraction and retention of talented employees.

1.5 RESEARCH QUESTIONS AND HYPOTHESES

1.5.1 Research questions

The study is guided by the following research questions:

- Does restricted talent pool influence effective talent management?
- Does the support of colleagues and management influence effective talent management?
- Do reward systems impact upon talent management?
- Does social and working environment promote effective talent management?
- Does leader' development and leadership style impact on effective talent management?
- Does career development promote effective talent management?
- Does employee engagement promote effective talent management?
- Does employee personality influence effective talent management?
- Does effective talent management impact on employee attraction and retention, organisational performance and commitment?

1.5.2 Research hypotheses

The following research hypotheses were formulated for this study, based on the modified theoretical model depicted in Figure 5:

First set of hypotheses: Relationships between independent organisational factors and effective talent management

- H¹: There is a relationship between the talent pool and effective talent management.
- H²: There is a relationship between organisational support and effective talent management.
- H³: There is a relationship between the reward system and effective talent management.
- H⁴: There is a relationship between working conditions and effective talent management.
- H⁵: There is a relationship between the social and work environment and effective talent management.
- H⁶: There is a relationship between leadership styles and effective talent management.
- H⁷: There is a relationship between career development and effective talent management.
- H⁸: There is a relationship between supervisor support and effective talent management.
- H⁹: There is a relationship between employee engagement and effective talent management.
- H¹⁰: There is a relationship between employee personality and effective talent management.

Second set of hypotheses: Relationships between effective talent management and dependent variables

- H¹¹: There is a relationship between effective talent management and talent attraction.
- H¹²: There is a relationship between effective talent management and employee retention.
- H¹³: There is a relationship between effective talent management and organisational performance.
- H¹⁴: There is a relationship between effective talent management and organisational commitment.

Figure 1.1, below, depicts the theoretical model of the study.

1.6 PROPOSED THEORETICAL MODEL FOR EMPLOYEE TALENT MANAGEMENT IN THE HEALTH SECTOR

In order to gain a better understanding of the problem statement that drives this research, it is imperative that the researcher explores the relevant conceptual models that are used to support the study. In this regard, the four theoretical models that support the study are:

Strategic Talent Management Model (Collings & Mellahi, 2009): From this model, the concept of the talent pool was adopted as an antecedent of effective talent management, while organisational commitment and organisational performance were adopted as the outcomes of effective talent management.

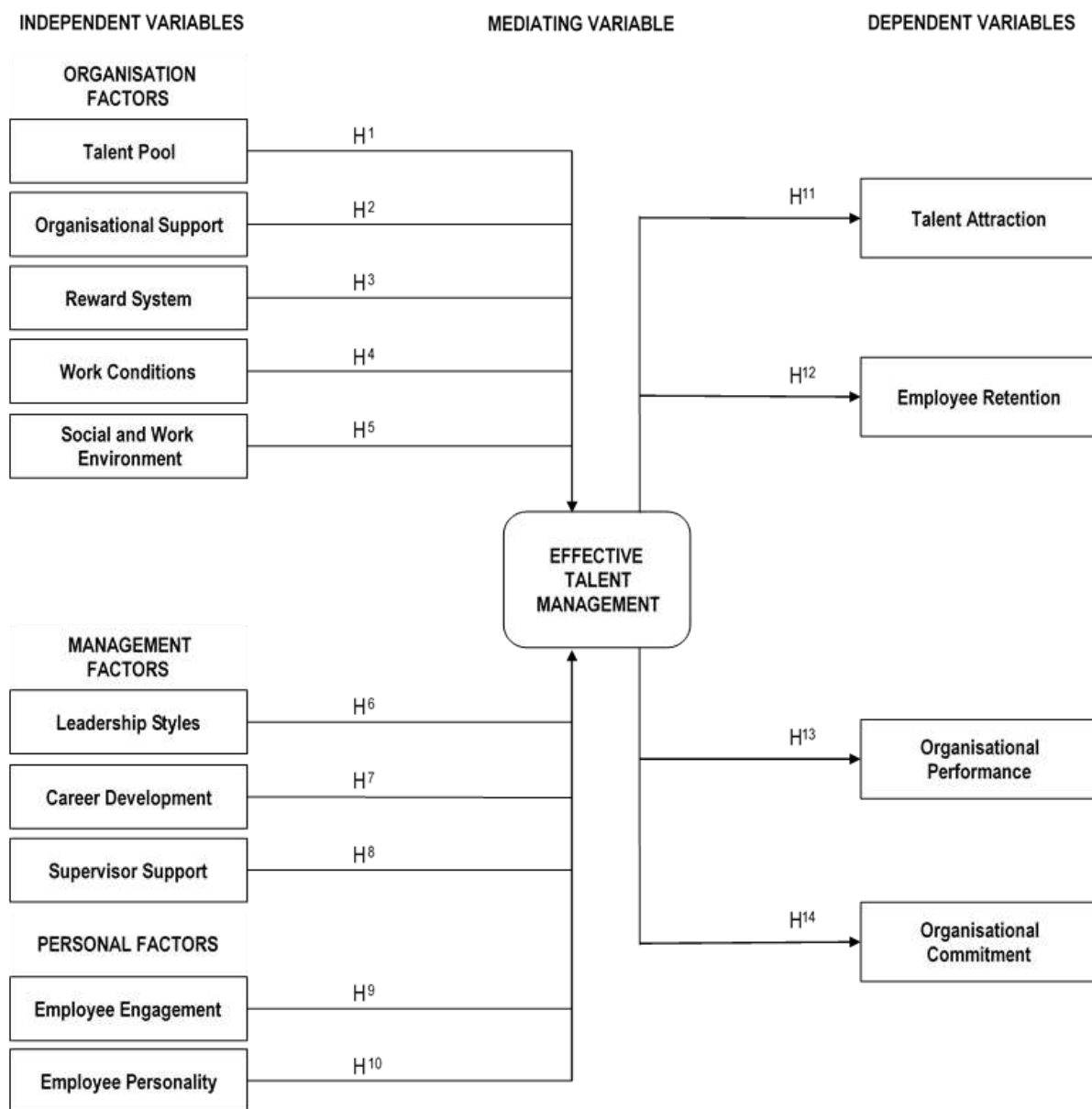
Talent Management Model (Optimis HCM, 2011): From this model, leadership styles, talent attraction, career management, reward systems and employee engagement were adopted as relevant contributors to effective talent management, while organisational performance was adopted as the outcome of effective talent management.

Boyle, Bott, Hansen, Woods and Taunton's (1999) Conceptual Model of Intent to Stay: From this model, supervisor support, work conditions, employee personality as well as social and work environment were adopted as relevant contributors to effective talent management.

Lyria's (2013) Talent Management Framework Model: From this model, career management and talent attraction were adopted as relevant contributors to effective talent management, while organisational performance was adopted as a relevant outcome of effective talent management.

A clear correlation exists between these four models – Collings and Mellahi (2009), Optimis (2011), Boyle *et al.* (1999) and Lyria (2013) – in that each model depicts the antecedents and outcomes of effective talent management. For the purpose of this study, a modified theoretical model that supports the study of the influences and outcomes of effective talent management in public institutions within the health sector was adopted, as illustrated in Figure 1.1, below.

Figure 1.1: Theoretical model of effective talent management of employees in public institutions within the health sector



The theoretical model depicted in Figure 1.1 shows that organisational, management and personal factors could have a significant impact on effective talent management. The organisational factors that impact upon effective talent management include five sets of independent variables: talent pool, organisational support, reward system, work conditions, and social and work environment.

Figure 1.1 also indicates that the management factors which impact upon effective talent management comprise of three sets of independent variables: leadership style, career development and supervisor support. In addition, the proposed hypothetical model shows that the personal factors that impact upon effective talent management encompass two independent variables, namely, employee engagement and employee personality. Furthermore, the proposed hypothetical model indicates the outcomes of effective talent management as encompassing four dependent variables: talent attraction, employee retention, organisational performance and organisational commitment.

1.7 LITERATURE REVIEW: CLARIFICATION AND OPERATIONALISATION OF THE VARIABLES OF THE STUDY

This section clarifies and discusses the operationalisation of variables as applicable to the hypothetical model for effective talent management presented in Figure 1.1. In addition, the discussion contextualises the relevance of the concepts to the purpose of the research and the problems addressed by the study.

1.7.1 Overview of talent management

Pfeiffer and Thill (2015:1) refer to talent management as an organisation's commitment to recruit, retain and develop the most talented profiles available in the job market, taking into account global demographic shifts, widening skills gaps and the entry of a more flexible and technology-driven generation into the employment market. Further, Moczydlowska (2012:432) states that talent management is an effective modern way of implementing policies that enable the achievement of organisational goals through maximising the potential inherent in employees. It is also regarded as the process of

using policies and practices to drive the attraction, retention, motivation and professional growth of a deep, diverse pool of skilled and high potential employees; this is necessary for the management succession of an organisation and in order to meet its present and future needs (Armstrong, 2012:130). Furthermore, talent management connotes that an organisation tries to nurture and develop high performing people by matching people to the jobs that best suit them (Born & Heers, 2009:3).

Effective talent management is the deliberate and ongoing process of systematically identifying, assessing, developing and retaining high potential employees while increasing productivity, so as to meet the organisation's current and future business needs and objectives (Ifeoma, Purity & Okoye-Nebo, 2015:95). Therefore, if done effectively, talent management ensures that the organisation maximizes the potential of its workforce at all levels. Furthermore, talent management can help an organisation build an image that attracts new high potential employees while retaining its current high performing employees (Born & Heers, 2009:20). This indicates that effective talent management contributes to organisational performance, talent attraction and labour turnover. Based on this overview, this study refers to talent management as the set of processes designed to manage employees, who are regarded as the organisation's greatest assets.

1.7.2 Organisation factors

Organisation factors are independent interacting variables within the jurisdiction and control of the organisation. These factors are comprised of the following: *talent pool, organisational support, reward system, work conditions, social and working environment*.

1.7.2.1 Talent Pool

The talent pool constitutes high potential, committed and high performing employees with the specific knowledge, skills and competencies required to fill critical roles in the organisation (Collings & Mellahi, 2009:304). Therefore, the concept of a talent pool relates to a set of jobs or roles and the competencies of a group of people who are ready to take on specific responsibilities. The focus is on high potential and performing

individuals who can facilitate organisational success (Uusi-Autti, 2011:9). Iles, Chuai and Preece (2010:181) add that, in the talent pool, the skills, competencies and behaviours of employees are captured and developed in order to promote employee success in the future. Furthermore, Beheshtifar and Kamani-Fard (2013:307) argue that the ability of a firm to find talented people to fill the talent pool is key to effective talent management. Thus, the need for an extended talent pool is important since talented employees will facilitate organisation operations, which is crucial for organisational performance. It is therefore assumed that the presence of a talent pool will lead to effective talent management.

1.7.2.2 Organizational support

For the purpose of this study, organisational support is defined as an employee's belief that an organisation appreciates and values his/her contribution, and cares for his/her well-being (Colakoglu, Culha & Atay, 2010:126). Onyishi and Ogbodo (2012:4) assert that, in order to exhibit organisational support, an organisation puts in place a conducive workplace and empowers its employees by encouraging and assisting them to make decisions that affect their work environments. According to Colakoglu *et al.* (2010:126), employees who perceive their organisations as supportive are kept satisfied and remain committed to the organisation. Eisenberger, Malone and Presson (2016:4) affirm that employees with high levels of organisational support are more satisfied with their jobs, feel more closely connected to the organisation, are more compelled to view the organisational goals as their own, and they are more loyal and committed to the organisation.

Supportive organisations strengthen the employee-organisation relationship, nurture innovation, encourage new ideas and embrace change efforts. The expected support from organisations includes goodness, appreciation, respect, care and tangible benefits, all of which cause employees to take an active interest in organisational activities (Krishnan & Mary, 2012:1). In light of this, organisational support scholars are of the view that this concept is important to job satisfaction, work engagement and organisational commitment; it is therefore assumed that the presence of organisational support will lead to effective talent management.

1.7.2.3 Reward system

Reward system refers to all monetary and nonmonetary compensation and incentives provided by an organisation to its employees in return for their contributions, in terms of their physical and mental efforts, as well as abiding by the rules and regulations of the organisation (Husin, Chelladurai & Musa, 2012:145). Mikander (2010:16) suggests that a reward system can be a route to attracting and retaining good individuals, and that it makes it easy to perform a task, offer a service or fulfil a responsibility. Appropriate reward systems communicate and support the company culture in terms of the philosophy, strategies and policies that are communicated through them (Murphy, 2015:22).

According to Mikander (2010:42), a well-developed and functional reward system can increase employee motivation and satisfaction. Various scholars looked at reward systems with linkages to performance, work engagement, leadership, motivation and job satisfaction. It is therefore assumed that the presence of reward systems will lead to effective talent management.

1.7.2.4 Work conditions

Noah and Steve (2012:37) and Pravamayee (2014:58) describe working conditions as a range of issues such as workload and scheduling; it also extends to system issues such as professional identity and the scope of practice – all of which impact on the way in which an employee performs their role. For the purpose of this study, work conditions is defined as the physical, psychological and chemical conditions of employment imposed on the employee, such as communication, expectations, injuries, work hours, shift work, demanding work, occupational health and safety measures, job security, interpersonal relationships, fairness, and any other circumstances in which employees work together (Jain & Kaur, 2014:1). Other aspects of work conditions include job autonomy and job variety, health and safety, posture during work, work-family issues, work schedule, work organisation, workload, functional equipment, employee welfare facilities, housing and psychological conditions (Nguyen, Felfe & Fooker, 2014:146).

Employees prefer the safe and pleasant interaction with their working conditions, which will ensure their wellbeing and enable them to apply themselves to their roles; this will translate into job performance (Ali, Ali & Adan, 2013:68). Employees' perceptions of their working conditions differ according to age, gender, qualification, health, physical, psychological and mental wellbeing (Eluka & Okafor, 2015:2). Organisations with appropriate work conditions exhibit strong relationships between colleagues, supervisors and the organisation, which keeps the employees satisfied and hardworking. Good work conditions result in reduced employee turnover, higher discretionary contributions made by employees to the organisation, improved productivity and profitability, as well as higher levels of client satisfaction. It is therefore assumed that the presence of good work conditions will lead to effective talent management.

1.7.2.5 Social and work environment

The social and work environment encompasses the prerequisites for work, which interact with employees, either positively or negatively. These include the following: systems, processes, structures, tools, geographical location, quality of air, furniture, ventilation, lighting, noise levels, lifestyle changes, work/life balance, health and fitness, information sharing, design of work stations, protective equipment, participation, social interaction, collaboration, social support, availability of internet connection, infrastructure, and so forth (Awan & Tahir, 2015:329). For the purpose of the study, social and work environment is referred to as an environment that is of central concern to both employees and employers; it constitutes the physical and psycho-social aspects of the workplace, and the organisational surroundings, as reflected in the productivity and wellbeing of employees (Markey, Ravenswood & Webber, 2012:5).

Ajala (2012:142) states that other issues in the social and work environment include: setting meaningful goals, offering performance feedback, workplace incentives, work actualisation, mentoring/coaching, suggesting alternative places and ways of working, and the design of workstations. In this environment, employees flourish and are able to achieve their full potential because they feel safe, healthy, satisfied and engaged at work (Chandrasekar, 2011:3). An effective social and work environment reduces frustration and anxiety amongst employees; this makes for a more enjoyable workplace,

which fosters a positive attitude towards work – which highlights its importance in effective talent management (Ajala, 2012:142). Based on this discussion, the social and work environment is strongly linked to organisational performance, and to the welfare of employees. It is therefore assumed that the presence of a positive social and work environment will lead to effective talent management.

1.7.3 Management factors

Management factors are the independent factors for which management is responsible; these factors can have a positive or a negative impact on effective talent management. Management factors include *leadership styles, career development and supervisor support*.

1.7.3.1 Leadership style

Leadership style refers to a leader's behaviour and attitude towards governance and supervision (Iqbal, Anwar & Haider, 2015:4). According to Fertman and van Linden (1999), as cited in Wahab, Shahibi, Ali, Bakar, Ahmad and Amrin (2014:498), leadership style describes the way in which a leader attempts to influence the behaviour of his/her subordinates, makes decisions regarding the direction of the group, and keeps a balance between the goal attainment function and the maintenance function of the group. For the purpose of this study, leadership style refers to the approach, manner, outlook, attitude and behaviour that a person employs to influence his/her colleagues and team members to accomplish an objective and to direct the organisation in a cohesive and coherent manner. In organisations with effective leadership, resources are provided to inspire employees and influence their decisions (Lin, MacLennan, Hunt & Cox, 2015:2). Further, Gonos and Gallo (2013:167) suggest that, although it is up to an organisation to decide what style of leadership applies to its employees, it is also important for employees to feel needed by the organisation; this will, in turn, benefit the organisation and its stakeholders. It is therefore assumed that the presence of effective leadership style will lead to effective talent management.

1.7.3.2 Career development

Career development refers to the life-long process through which an organisation selects, assesses, assigns and develops an employee in order that they are suitably qualified to meet future business needs, in accordance with the organisational needs and objectives (Mulhall, 2014:208). Mulhall (2014:218) maintains that career development provides widescale experience, identifies potential, encourages promotion and provides career guidance, which increases employability and broadens the potential of employees. For the purpose of the study, career development is defined as the process through which an organisation selects, assesses, assigns and develops an employee to become more qualified, secure, change resilient and ready to meet future needs as the organisation adjusts to the changing market conditions. In this instance, the individual plots a career map that illustrates the value proposition and requirements for future roles which enables employees to learn new skills (Osibanjo, Oyewunmi & Ojo, 2014:70).

Furthermore, the new skills give employees the upper hand in their chosen career, make them effective, motivate them to want to continue with the organisation, and they give the organisation a competitive advantage over their competitors (Osibanjo *et al.*, 2014:70). Therefore, it is essential that organisations place a high value on career development, since it allows employees to fulfil their career needs, while allowing organisations to retain a great number of competent and qualified employees. For the purpose of this study, career development is linked directly to effective talent management; it is thus assumed that the presence of career development will lead to effective talent management.

1.7.3.3 Supervisor support

In this study, supervisor support is referred to as the belief that employees hold regarding the extent to which supervisors value their contributions and care about their interests and well-being (Kula & Guler, 2014:210). Supervisors act as agents of the organisation; this makes them responsible for the welfare of its employees, and for directing and evaluating employee performance. In addition, the employees are keen to analyse the extent to which their supervisor appreciates their contributions and treats

them favourably or unfavourably in differing circumstances (Yasar, Emhan & Ebere, 2014:39). Various scholars, such as Mohamed and Ali (2016:435), Azman, Sieng, Ajis, Dollah and Boerhannoeddin (2009:247) and Wang (2014:213), found that supervisor support is strongly linked to organisational support, motivation, work satisfaction, turnover intentions, organisational citizenship behaviour, organisational commitment, job performance and organisational justice. It is therefore assumed that the presence of supervisor support will lead to effective talent management.

1.7.4 Personal factors

The final set of independent variables pertinent to this study are personal factors – these include *employee engagement* and *employee personality*.

1.7.4.1 Employee engagement

Truss, Shantz, Soane, Alfes and Delbridge (2013:2659) refer to employee engagement as the employee's physical, cognitive, emotional and psychological presence, with his/her extreme zeal and zest in performing organisational roles. For the purpose of this study, employee engagement is referred to as the employee's ability to connect with the organisation through performing roles and responsibilities with extreme zeal, as expressed in physical, cognitive and emotional ways (Al Mehrzi & Singh, 2016:831).

Since engaged employees are inspired to 'go beyond', exert extra effort and to fully commit to their roles, it is evident that employee engagement enhances job performance, organisational citizenship behaviour, reduces turnover intention, and supports the accomplishment of organisational goals (Dromey, 2014:23). The above-mentioned scholars found that employee engagement is strongly linked to job performance, working environment, team and co-worker relationship, leadership, and perceived organisation support. However, there is little research that directly links employee engagement to effective talent management. It is assumed that the presence of employee engagement will lead to effective talent management.

1.7.4.2 Employee personality

According to Zahari (2016:13), employee personality refers to the stable characteristic patterns of thought, emotion, abilities and recurring regularities or trends that affect the work behaviour of an employee. Furthermore, Mohan and Mulla (2013:19-20) describe employee personality as the lasting and stable characteristic patterns within the individual, which determine the thoughts, emotions, abilities, behaviour, temperament, intellect and unique adjustments to people, matters, the self and the entire environment in life – this differentiates the individual from others.

In this study, employee personality is explained as a reflection of the way in which individuals think, feel and behave; it has an impact on their emotions, anxiety, needs, desires, satisfaction, confidence levels, preferences, propensity for risk and performance (Emecheta, Hart & Ojiabo, 2016:69). Employee personality can be classified according to personality traits such as openness, persistence, neuroticism, goal-orientedness and conscientiousness (Khuong, Linh, Toan & Phuong, 2016:300; Andrews, Kacmar & Valle, 2016:1266). It is therefore assumed that the presence of employee personality will lead to effective talent management.

1.7.5 Outcomes of effective employee talent management

1.7.5.1 Talent attraction

Talent attraction refers to the recruitment of the right high performing staff, with the right skills, right attitude and the right values, who would like to be part of the organisation (Matos, Rodrigues, Miguel & Matos, 2012:585). According to Matos *et al.* (2012:585), talent is sought and hired to fill pivotal positions in an organisation. Since the competition for talent has intensified over recent years, organisations now seek to attract the right workforce, with the right skills and right attitude, who have the same values as the company and who want to be part of their organisation (Sathya & Indradevi, 2014:202). This requires incentives, such as excellent conditions, and a high reputation in the market in order for employers to bring on more highly skilled and sophisticated talent (Kirss, Kuusk, Rozeik & Haaristo, 2014:11). This signifies that, with effective talent management, organisations will be able to attract talent.

1.7.5.2 Organisational performance

This attribute relates to the financial and non-financial outcomes that result from the behaviour exhibited in the organisation, as measured against performance expectations (Rašula, Vukšić & Štemberger, 2012:152). This is the organisation's ability to accomplish its goals and objectives through the use of its resources in a properly structured manner (Maduenyi, Oke, Fadeyi & Ajagbe, 2015:354). In this respect, the organisation is able to measure the degree to which results have been achieved, based on management decisions, and the organisation gets to execute those decisions through its employees (Maduenyi *et al.*, 2015:354). This indicates that, with effective talent management, organisational performance can be achieved.

1.7.5.3 Employee retention

Employee retention refers to the organisation's ability to create a suitable environment in which to keep employees satisfied and attached to the organisation, and which encourages them to remain with the organisation over the long term (Das & Baruah, 2013:8). For the purpose of the study, employee retention refers to the organisation's ability to create a conducive environment with the intention of holding onto quality and skilled employees who the organisation seeks to keep on board for longer than their competitors (Belbin, Erwee & Weisner, 2012:42). Salman, Ahmad and Matin (2014:171) maintain that employee retention increases productivity, morale and significantly lowers turnover costs. Alternatively, it is important for organisations to address issues that employees view as important so that it can lessen the effects of employee turnover, such as co-worker burden, recruitment and training costs (Vijayalakshmi & Balanagagurunaathan, 2012:2).

1.7.5.4 Organisational commitment

This refers to the degree to which employees identify with, and are attached or loyal to, a particular organisation and its goals; they thus wish to maintain their membership in the organisation (Iqbal, Tufail & Lodhi, 2015:2). For the purpose of this study, organisational commitment is the degree to which an employee gets psychologically

attached to and is loyal to the organisation, which is reflected in the way in which the individual is willing to exert extra effort on its behalf in order to achieve the goals and objectives of the organisation (WeiBo, Kaur & Jun, 2010:13). Albdour and Altarawneh (2014:194) further postulate that organisational commitment occurs when individuals get to identify with an organisation and are able to feel a sense of involvement, and a belief in, the organisation's goals and values; these individuals are willing to exert considerable effort on behalf of the organisation, and they display a strong desire to maintain membership of the organisation. This indicates that organisational commitment is necessary for effective talent management.

1.8 RESEARCH DESIGN AND METHODOLOGY

The research design is the blueprint for fulfilling the study objectives and answering the research questions (Greener, 2008:34). It is a plan, fit for purpose, that will be used to collect and analyse data pertinent to the research topic. In this study, the research design aims to examine the relationship between effective talent management and organisation, management and personal factors. Research methodology refers to the principles and procedures of logical thoughts and processes that are applied systematically in order to solve a problem (Kothari, 2004:8). Collis and Hussey (2003:56) add that the methodology is the overall approach to the research process, from its theoretical underpinning to the collection and analysis of data. According to Rajasekar, Philominathan and Chinnathambi (2013:5) and Dawson (2002:14), methodology is the systematic way in which one attempts to investigate, obtain knowledge and solve a problem of the world.

1.8.1 Research paradigm

This study adopted a positivist or quantitative research paradigm, which implies that structured questionnaires were used to collect data (Sekaran, 2003:5). Quantitative research methods deal with numbers and anything that is measurable, in a systematic way, in the investigation of phenomena and their relationships. Quantitative research is used to answer questions related to the relationships between measurable variables, with the intention of explaining, predicting and controlling phenomena. The positivistic

paradigm is carried out within the framework of a scientific method; this approach uses objectively agreed upon criteria and procedures in order to achieve statistically reliable results (Pellisier, 2007:23). Furthermore, it ensures the application of methods and principles of science to the study of human behaviour and human events.

Therefore, the quantitative method has been employed in this study because it allows the original set of research goals to be followed, allows the researcher to arrive at more objective conclusions, supports the testing of hypotheses, and allows the researcher to determine issues of causality (Pandey & Pandey, 2015:29). The quantitative method ensures the reliability of data, due to controlled observations, laboratory experiments, and mass surveys (Cohen, Manion & Morrison 2007:146). In addition, since the independent and dependent variables under investigation in this study have been clearly specified prior to data collection, the quantitative design for the study will require hypotheses testing in order to measure the relationship between the variables. Therefore, the gathered data was used to draw statistical explanations and inferences relevant to the research questions (Saunders, Lewis & Thornhill, 2009:218).

1.8.2 Study Population

Pandey and Pandey (2015:40) refer to the study population as the parent group with specific characteristics from which a sample is to be drawn. Saunders *et al.* (2009:212) add that the study population is the phenomena on which a sample is taken to collect data. In this study, the population is comprised of all healthcare employees in public institutions in the health sector in Uganda. The employees in the healthcare sector include doctors, consultants, dentists, dispensers, nurses, pharmacists, clinical officers, laboratory staff, occupational therapists, allied health staff, environmental health officers, general administrative cadres, cold chain technicians and support staff. There are 35 903 healthcare employees in public institutions in the health sector in Uganda, across the following seven categories: National Referral Hospitals, Regional Hospital, District / General Hospital, Health Centre IV, Health Centre III, Health Centre II, and Health Centre Is / Urban Authorities Health Units.

1.8.3 Sampling Design and Procedure

A sample refers to a listing of units from which the actual sample will be drawn (Ghauri & Gronhaug, 2010:138). Further, Gelo, Braakmann and Benetka (2008:274) define sampling as choosing individuals who are representative of a population, so that the results of the study can be generalised to that population. Struwig and Stead (2013:116) refer to two main sampling techniques: probability and non-probability sampling. Stratified random probability sampling was used in this study in order to select a sample of respondents from each stratum. These strata are divided into seven categories of public health care institutions, in the Central region of Uganda, namely, national referral hospitals, regional hospitals, general hospitals, district health offices, urban authorities' health units and three health centres. In other words, employees of public institutions within the Central region were selected for this study, as this is the only region that hosts each type of hospital, and it is the region with the highest number of hospitals and health centres within the Ugandan health sector. In this study, a sample of 910 employees was drawn from the population using stratified random sampling.

1.8.4 Data Collection

Collis and Hussey (2003:160) refer to data as known facts or things used as a basis for inference or reckoning. A data collection plan should be made to minimise errors, to organise human and material resources for data collection, and to provide an overview of the tasks to be carried out during the data collection phase, including who should perform these and the duration of each task (Degu & Yigzaw, 2006:51). Since the research seeks to address a complex social reality (Cohen, *et al.*, 2007:46), both primary and secondary data collection will be used in order to respond to the research objectives.

1.8.4.1 Primary data

This refers to data or information that is collected first-hand. Using primary sources of data allows a researcher to verify the accuracy and completeness of the information, rather than relying on someone else. The primary data collected for this study was obtained using the survey method, which incorporated the use of self-administered

structured questionnaires, personal interviews and telephone interviews (Pandey and Pandey, 2015:15).

1.8.4.2 Secondary data

Thyer (2010:68) describes secondary data as data that is collected from an existing source; this is also considered historic data. The secondary sources used in the literature review were obtained through international and national data searches, which included the use of journal articles, textbooks and the Internet.

1.8.5 Questionnaire design

A questionnaire is a list of carefully structured questions, chosen after considerable testing, with a view to eliciting reliable responses from a chosen sample (Collis & Hussey, 2003:173). Expert judgment was used to scrutinise and evaluate the instrument (Rugg & Petre, 2007:225). This method of data collection was chosen for the study because questionnaires are inexpensive to administer, they can be administered to many people, and they allow for the collection of a wealth of data (Coldwell & Herbst, 2004:48). For this study, self-administered structured questionnaires, with closed-ended questions, formulated in simple and concise English language, were used. A seven point likert-type scale was developed for the questionnaire employed in this study. The questionnaire was designed to reflect the organisational, management and personal factors that affect effective talent management.

The questionnaire consists of the following sections:

- Section A measures the views of the respondents regarding the antecedents and general perceptions of talent management, using an ordinal scale by means of a seven-point Likert-type scale.
- Section B measures the views of the respondents regarding the impact of talent management on the dependent variables (outcomes), using an ordinal scale by means of a seven-point Likert-type scale.
- Section C seeks the demographic information of the respondent, which will provide insight into their backgrounds, using a nominal scale.

1.8.6 Pilot study

A pilot study is a preliminary test or trial run of the measuring instrument (Orsmond & Cohn, 2015:169). In addition, the need to pilot test the measuring instrument is fundamental to avoiding potential negative effects and errors that could be encountered during data collection (Thabane, Ma, Chu, Cheng, Ismaila, Rios, Robson, Thabane, Giangregorio & Goldsmith, 2010:1). For this research, a pilot study was conducted by distributing 30 questionnaires to respondents drawn from the target population, that is, employees of public institutions in the health sector of Uganda. More specifically, these respondents were chosen from a Referral Hospital, a Health Center II and a Health Center III from Mubende district, which is not a district that has been earmarked for the study.

1.8.7 Data analysis

This study adopted a quantitative research method in order to gather, process and analyse data. The data analysis started with an assessment of the internal reliability of the measuring instruments, by calculating the Cronbach alpha values (Bajpai & Bajpai, 2014:115). Descriptive statistics were performed to reduce the large amount of primary data that was gathered into a concise and detailed form. The results of the descriptive analysis were presented in percentages, frequency tables, mean and standard deviations (Kern, 2014:3). Factor analysis was used to assess whether the individual items in the questionnaire are indeed separate measures of the underlying dimensions that they are supposed to measure (Mohajan, 2017:15).

1.8.8 Reliability and validity of the measuring instrument

Validity refers to the degree to which the research instrument produces findings that are in line with the existing theoretical frameworks or conceptual definitions; that is, it tests whether the measuring instrument measures what is supposed to be measured, or true reality (Ghuri & Gronhaug, 2010:78). The validity of the measuring instrument was tested by assessing content and construct validity in this study. Content validity was used to measure whether the scale measures what it is supposed to measure; this was tested by means of a pilot study, with the input of experts in the field of health and

business management, as well as the study promoters and other academicians. Bhattacharjee (2012:60) supports this notion. Construct validity assessed what the construct or scale is actually measuring. Exploratory factor analysis was used to determine the construct validity of the test scores; Struwig and Stead (2013:149) support this decision. Therefore, the validity of the measuring instrument used in this study was assessed in order to ensure its accuracy and effectiveness.

The reliability of a measuring instrument is determined by the internal consistency of the items used to measure the variables, that is, internal reliability (Saunders, Lewis & Thornhill, 2007). In this study, the items were arranged in the questionnaire in such a way that it provides consistency or reliability, after which, Cronbach's alpha values were calculated to confirm the internal reliability of the measuring instrument and evaluated the internal consistency between the items measuring each construct in the theoretical model; Pandey and Pandey (2015:21) concur with this practice.

1.9 DELIMITATIONS OF THE STUDY

This research was purely quantitative in nature, which implies that the qualitative and mixed methods research approaches were not considered in this study. In addition, the population considered for this study included all employees in public hospitals and health centres located in the Central region of Uganda, which implies that other regions and private hospitals were not considered in this study. Furthermore, this study was limited to gathering primary and secondary data that was relevant in achieving the objectives of this study. In particular, primary data was collected using a questionnaire as the measuring instrument and was analysed using STATISTICA (12) internal reliability consistency, exploratory factor analysis (EFA), descriptive statistics and regression analysis to assess hypotheses and relationships between different variables. Despite these limitations, this study has added to the empirical body of talent management research, and provides insight into the factors and outcomes of effective talent management in the Ugandan public health sector institutions.

1.10 PRIOR RESEARCH

A literature review was carried out in order to scrutinise previous studies relevant to the topic of this research, in order to avoid duplication and to find a basis from which to contribute to the existent literature. Several studies that focussed on talent management were reviewed, such as the work of Stahl, Bjorkman, Farndale, Morris, Paauwe, Stiles, Trevor and Wright (2012:26) who examined the ways in which companies source, attract, select, develop, promote and move high potential employees through the organisation. Elarabi and Johari (2014:13) investigated the impact of practicing human resources management on the quality of healthcare services and achieving patient satisfaction, while Shrimali and Gidwani (2012:29) elucidated the role of talent management as a key strategic resource in a competitive environment where growth is largely a product of creative and technological advancement. Moreover, Dhanabhakym and Kokilambal (2014:23) mapped out existent talent management practices and their benefits to an individual or an organisation.

In addition, Chitsaz-Isfahani and Boustani (2014:114) examined the effect of talent management on employee retention through organisational trust amongst the staff of Isfahan University in Iran. Furthermore, Garavan, Carbery and Rock (2012:5) explored the concept of talent development, defined its scope, and identified the issues involved in formulating talent development strategies in organisations. It was determined, through the literature review, that no studies investigate factors or antecedents that influence talent management amongst employees in public institutions of the health sector in Uganda.

1.11 THE STRUCTURE OF THE STUDY

The study will follow a logical structure, which is developed across the following eight chapters:

- **Chapter 1: Introduction to the study**

This chapter serves as the introduction to the problem statement, research objectives, research methodology and hypotheses that govern the study.

- **Chapter 2: Health sector environment in Uganda**

This chapter presents an overview of the health sector in Uganda, and its global links.

- **Chapter 3: Theoretical perspectives on talent management**

This chapter examines theoretical perspectives on effective talent management.

- **Chapter 4: Talent management in the public institutions of the health sector**

This chapter focuses on the nature of talent management amongst employees in health institutions.

- **Chapter 5: Theoretical model of effective talent management in public institutions**

This chapter presents the proposed hypothetical model of effective talent in public health institutions, and the operationalisation of the research variables.

- **Chapter 6: Research design and methodology**

This chapter presents the research design and methodology adopted in this study. The chapter provides an outline of the research paradigm, the research approach, the study population, sampling, data collection and analysis, as well as the validity and reliability of the measuring instrument.

- **Chapter 7: Empirical evaluation of the results of the study**

This chapter analyses and interprets the results of the empirical study.

- **Chapter 8: Managerial implications, summary, conclusions and recommendations**

This chapter draws the study to a close by presenting the main conclusions of the research, together with recommendations for strategies that the health sector can adopt for the effective talent management of employees, in order to improve talent attraction, organisational performance and to reduce labour turnover.

1.12 SUMMARY

This chapter provided a detailed discussion of the introduction and background to the study. In addition, the problem statement, objectives, research questions and hypotheses were outlined herein. The chapter also presented a brief literature review, indicated the research design and methodology employed in the study, and outlined the delimitations and structure of the study. The next chapter presents a discussion of the health sector environment in Uganda.

CHAPTER TWO

THE HEALTH SECTOR ENVIRONMENT IN UGANDA

2.1 INTRODUCTION

Chapter One introduced the study through a discussion of the background to the study, the problem statement, the research objectives and the research questions that drive the study. The chapter further outlined the hypotheses, offered a brief literature review, and provided an overview of the hypothesised model, the research methodology, the delimitations and the structure of the study. Health workers are considered to be critical resources that contribute to the quality of services inherent in a health system (Kimbugwe, Mshilla, Oluca, Nalikka, Kyangwa, Zalwango, Kilizza, Turyasiima, Ntambazi, Walugembe & Galiwango, 2014:741). Therefore, the current chapter, Chapter Two, presents a detailed discussion of the health sector environment; this includes the structure, components and facilities pertaining to Uganda's health system. The development, contributions and challenges, as well as the global context, of the health system is also discussed in this chapter.

2.2 THE STRUCTURE OF UGANDA'S HEALTH SYSTEM

A health system is viewed as an arrangement of parts, and their interconnections, that come together to protect and enhance the health of a population (Kruk, Myers, Varpilah & Dahn, 2015:1910). Its focus is on the inputs, processes and outputs that are specifically related to health (Berman & Bitran, 2011:2). Furthermore, at the core of the health system lies the health workers who are expected to assist in its functioning (Rosak-Szyrocka, 2014:103). According to Mujasi, Asbu and Puig-Junoy (2016:2), creative and productive employees are vital assets that are utilised to create change in health organisations. Thus, these employees are retained within the health institutions.

All organisations, institutions, resources and people whose primary purpose is to improve health are viewed as part of the health system (World Health Organization, 2010:5). According to Kakooza, Tusiime, Odoch and Bagire (2015:23), health systems

are expected to be efficient in resource allocation, supervision, accountability and communication. Therefore, organisations should put in place practices that are relevant to the attraction, motivation, development and retention of employees, so as to improve the health outcomes of the population.

According to the Uganda Bureau of Statistics (2012:5), it is important to note that the objectives of the health sector of Uganda are:

- To scale up critical interventions for health and health related services, with emphasis on vulnerable populations.
- To improve the levels and equity in access and demand to define services needed for health.
- To accelerate quality and safety improvements for health and health services through implementation of identified interventions.
- To improve resource management and ensure efficient and effective service delivery in the sector.

Consequently, in the health sector, organisations need to identify and nurture talented people so that they can contribute to the achievement of these objectives.

It is important to understand the tasks, roles and responsibilities inherent in a health system (Kakooza *et al.*, 2015:23). The health system should allow for equity, quality, safety, efficiency and productivity, as this enhances the quality of health services, averts illness and increases life expectancy (Stenberg, Hanssen, Edejer, Bertram, Brindley, Meshreky, Rosen, Stover, Verboom, Sanders & Soucat, 2017:1; Paul, Dramé, Kashala, Ndema, Kounnou, Aïssan & Gyselinck, 2018:36). In addition, there will be an alleviation of attrition amongst health workers in an efficient health system. With such importance attached to health systems by the employees, patients and organisations in the health sector, it is imperative that organisations manage talented employees who can contribute to the efficiency and effectiveness of health systems.

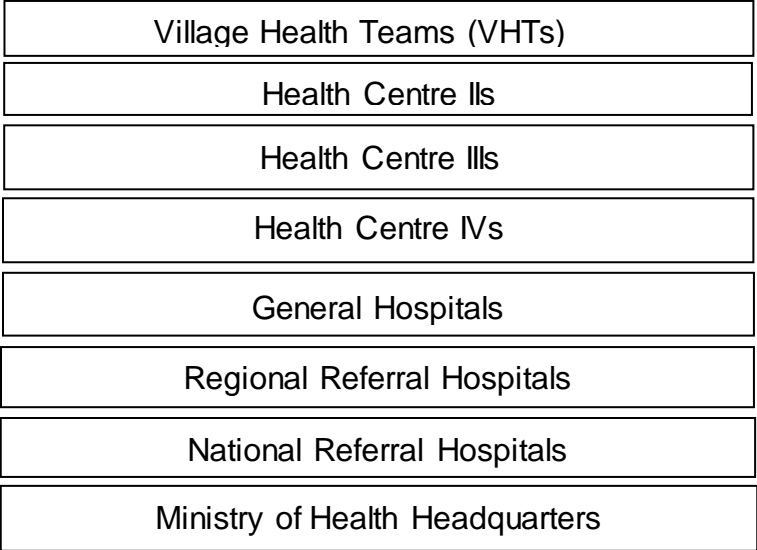
However, there are inefficient and ineffective health systems that reflect weaknesses such as a shortage of drugs, equipment, facilities and amenities, as well as a shortage of employees (Nannyonjo & Okot, 2013:129). Furthermore, the low numbers of health workers inhibit the achievement of equitable and effective care (Dickson, Simen-Kapeu, Kinney, Huicho, Vesel, Lackritz, Johnson, von Xylander, Rafique, Sylla, Mwansambo, Daelmans & Lawn, 2014:2). This is due to the fact that a health system, through its employees, provides the necessary health education, essential drugs, nutrition, and maternal and child health. Health sector employees are also responsible for carrying out immunisation against, and the prevention or treatment of, several diseases (African Union, 2013:1). It is therefore important for these organisations to retain and manage accessible talent. In light of this, it is necessary to critically reflect upon the structure of the Ugandan health system.

The Ugandan health system is organised through a decentralised framework that has national and district levels of healthcare (Kamwesiga, 2011:19). The health facilities at the national level include national referral hospitals and regional referral hospitals (Ministry of Health, Uganda, 2010a:2). These health facilities provide referral services, comprehensive specialised services, teaching services and health research. In addition, there are semi-autonomous institutions at the national level, such as the Uganda Blood Transfusion Services, the National Medical Stores, the Uganda Public Health Laboratories and the Uganda National Health Research Organisation (Kadowa, 2017:5). There are also specialised institutes, such as the Uganda Cancer Institute and the Uganda Heart Institute, that need talented employees in order to contribute to the achievement of the objectives set out for institutions in the health sector (Mujasi *et al.*, 2016:2). It is therefore imperative that organisations at the national level adopt strategies that would attract talented individuals, and that they encourage these individuals to be productive and efficient in the provision of quality care in order to have a healthy population in Uganda.

The health facilities at the district level are comprised of general hospitals, health centre IVs, IIIs, IIs and the village health teams that are needed for the provision of health

services at the district level. It is therefore imperative that health facilities at all levels have sufficient resources, both financial and human, that can be utilised to their full potential in order to achieve better health outcomes (Stenberg *et al.*, 2017:10). Therefore, organisations at the district level of the can adopt various tasks, roles and responsibilities in order to manage talented employees for positive health outcomes. Figure 2.1, below, shows how Uganda’s health system is organised.

Figure 2.1: The health system of Uganda



Source: Kamwesiga (2011:20).

The Ugandan health system is structured to allow healthcare to start at the basic level, that is, with the village health teams. This is followed by Health Centre IIs, Health Centre IIIs and Health Centre IVs. Thereafter, healthcare proceeds to the level of General Hospitals, Regional Referral Hospitals and National Referral Hospitals. All these elements of the health system are, in turn, managed by the Ministry of Health in Uganda. Subsequently, from the community level to the national level, the structure of the health system has been designed to ensure that all organisations in the health sector have the ability to manage talented employees so that they are able to contribute to the achievement of the goals and objectives of the sector. This can be achieved through the identification and nurturing of employee talent. Therefore, with skilled and knowledgeable employees in emergency, preventative, rehabilitative, diagnostic,

primary and palliative care services, the Ugandan health system can be assured of quality service delivery.

2.2.1 Village Health Teams

Village health teams (VHTs) are referred to as community health workers who serve in areas with limited access to health centres or hospitals (Musinguzi, Turinawe, Rwemisisi, de Vries, Mafigiri, Muhangi, de Groot, Katamba & Pool, 2017:2). These village health teams have limited specialised training; moreover, VHTs have no permanent workstation because they operate by moving from house to house (Turinawe, Rwemisisi, Musinguzi, de Groot, Muhangi, de Vries, Mafigiri & Pool, 2015:3). VHTs offer the first level of care to rural communities in Uganda (Kimbugwe *et al.*, 2014:740). At this level, they offer primary care services such as routine and mass immunisations, malaria control, and sanitation, while promoting health-seeking behaviour in the community (Aceng, 2015:32).

VHTs work towards identifying the community's health needs and they mobilise resources in order to cater for these health needs. In addition, VHTs maintain a register of members of the households in the community, and they keep records of each member's health status (Ayiasi, Kolsteren, Batwala, Criel & Orach, 2016:3). Moreover, these institutions participate in birth and death registration processes, and they distribute medications for combating common childhood illnesses such as diarrhoea and pneumonia. Thus, considering the activities expected at this level of care, it is important that these teams have talented employees, as they face challenges related to limited employee numbers, heavy workload and burden of disease and employee turnover. This has a negative impact on healthcare and, thus, emphasises the importance of the recruitment and retention of talented employees.

The village health team operates at the village level, with a target population of 25-30 households, and is considered a link to primary care and drug distribution (Babughirana, Tusaasire, Musasizi, Lule, Muhuma & Twinomujuni, 2017:276). The services offered by these community health workers are viewed as an asset to the health system and, as

such, strategies should be put in place to attract, motivate and retain these health workers within the healthcare system.

Although there are only a few village health teams, they offer a number of services and activities to the community; however, as they are volunteers, they do not receive remuneration for their efforts (Turinawe *et al.*, 2015:3). This leads to the concern that because VHT staff numbers are limited, coupled with the resultant heavy workload and limited resources and equipment, they could, at any moment, look for better job opportunities elsewhere (Mays, O'Neil Jr, Mworozzi, Lough, Tabb, Whitlock, Mutimba & Talib, 2017:2). In addition, VHTs lack support and supervision, which demotivates employees. Consequently, some employees would search for better job opportunities, while others may stay in the post but adopt unethical practices and compromise the quality of services offered (Mangwi, Kolsteren, Batwala, Criel & Orach, 2016:17).

Thus, with the roles and activities expected at the village level, it is important to have talented village health teams, since the few that are currently operational are overloaded, lack supervision and are demotivated. This has a negative impact on the growth of organisations in the health sector. Thus, it is important to recruit and retain village health teams so that they can improve access to health services, and contribute to the quality of the outcomes in the sector.

2.2.2 Health Centre IIs

Health Centre IIs are health facilities that offer the next level of care, after the village health teams (Aceng, 2015:6). Health Centre IIs were structured to target different parishes (Ministry of Health, Uganda, 2011b:5). Table 2.1, below, indicates the structure and characteristics of Health Centre II facilities, by outlining the physical structure, services offered, clinical personnel, population served and the overall number of these facilities.

Table 2.1: Structure and characteristics of Health Centre II facilities

Physical structure and services	Clinical personnel	Location	Population served		Number of facilities			
			standard	current	government	Private-not-for-profit	Private-for-profit	Total
Stand-alone facility, outpatient services	Nurse	Parish	5,000	14,940	1562	480	964	3,006

Source: Ministry of Health, Uganda (2012c:61).

The establishment of numerous Health Centre IIs, which would cater for the needs of the population, indicate that employees are a critical resource that should be attracted to and retained by these organisations within the health sector.

The services offered include by Health Centre IIs are outpatient services, ambulatory services and maternity services, even in locations where there is poor access to Health Centre IIIs or Health Centre IVs (Institute for Health Metrics and Evaluation, 2014:7). A nurse is placed in charge of these facilities; this nurse, together with a midwife, two nursing assistants, two porters, two guards and a health assistant, serves a patient base that is almost three times as large as the acceptable standard population, as indicated in Table 2.1 above (Ministry of Health, Uganda, 2015:14). Therefore, in order to successfully carry out their duties, these centres require an increase in the number of talented employees they have onboard. This can be achieved by attracting, motivating and retaining employees so as to achieve the goals of the sector.

It should be noted that the staffing levels are low at health centre IIs, yet these facilities are led by a nurse (Buregyeya, Rutebemberwa, LaRussa, Lal, Clarke, Hansen, Magnussen & Mbonye, 2017:2). Therefore, with the evident shortage and absence of critical health workers, coupled with the need to improve access to healthcare and to provide quality services to the growing population, Health Centre IIs need to attract and nurture employees with the right knowledge, skills and abilities.

2.2.3 Health Centre IIIs

Health Centre IIIs are health facilities that provide the next level of care, after health centre IIs (Aceng, 2015:6). Each Health Centre III provides health care at sub-county level (Ministry of Health, Uganda, 2011b:5). These Health Centres also offer better services, resources, facilities and have more employees than those that provide lower levels of care, such as Health Centre IIs and village health teams (Institute for Health Metrics and Evaluation, 2014:7). Even though there are better facilities and resources available at health centre IIIs, in comparison to their lower level counterparts, talented employees are still considered an asset to health service delivery within these institutions. Therefore, organisations within the health sector need to recruit and retain these employees.

The range of services delivered by Health Centre IIIs include preventive, promotive, outpatient, curative, maternity and inpatient health services and laboratory/microscopy services (Ministry of Health, Uganda, 2011b:6). Each Health Centre III is mandated to have a certain number of employees, as they are crucial to patient care; therefore, talented employees should be identified and retained within these organisations. Considering that Health Centre IIIs depend on highly trained and skilled health workers, they need to attract more employees as well as motivate and retain the currently employed skilled, knowledgeable and experienced health workers. Table 2.2, below, indicates the structure and characteristics of Health Centre IIIs, with a focus on their physical structure, services offered, clinical personnel, population served and number of facilities.

Table 2.2: Structure and characteristics of Health Centre IIIs

Physical structure and services	Clinical personnel	Location	Population served		Number of facilities			
			standard	Current	governmen	Private-not-for-	Private-for-profit	Total
Inpatient facilities (Maternity and General ward) and Laboratory / Microscopy	Clinical Officer	Sub-county	20,000	84,507	832	226	24	1,082

Source: Ministry of Health, Uganda (2012c:61).

According to the Ministry of Health, Uganda (2012c:61), Health Centre IIIs are located in particular sub-counties and have a maternity and general ward for the provision of related services. It should be noted that the clinical officer is the main clinical personnel member at the health facility, which serves a standard population of 20 000 although, in reality, these facilities serve more than 80 000 people, as depicted in Table 2.2 above (Kamwesiga, 2011:22). Therefore, Health Centre IIIs need to devise ways to attract, motivate and retain talented employees so as to improve the quality of care offered at the sub-county level.

Furthermore, the Ministry of Health, Uganda (2012b:7) notes that the staff levels at health centre IIIs are low, particularly considering the cadres of midwives, clinical officers, laboratory assistants, nurses and laboratory technicians. Thus, it is important for these health centres to identify and nurture talented employees, as they are central to the achievement of the centre's objectives. Furthermore, it is evident that there is a shortage of crucial health workers at this level and, as such, it is important to identify and nurture talented employees at this level in the health sector. Therefore, there is a need for the health sector to attract a significant number of employees in Health Centre IIIs (Mugerwa & Manzil, 2017). According to the Ministry of Finance, Planning and

Economic Development (2017:2), there is inadequate recruitment and remuneration of employees in these Health Centre IIIs. These problems within HCI IIIs emphasise the need for the identification and nurturing of employees with the potential to contribute to the achievement of the goals of these organisations in the Ugandan health sector.

2.2.4 Health Centre IVs

Health Centre IVs are sub-district level health centres that provide the next level of care, after the health centre IIIs (Nangendo, Obuku, Kawooya, Mukisa, Nalutaaya, Musewa, Semitala, Karamagi & Kalyango, 2017:3). The services provided by Health Centre IVs include emergency surgery, blood transfusions and laboratory services. Further, health centre IVs are involved in the planning, budgeting and implementation of policies related to health service provision – all of which require employee talent (Kadowa, 2017:15). However, despite the efforts made to increase the number of employees in Health Centre IVs, and their salaries, there is still a shortage of employees in these centres and a lack of motivation amongst these employees – this poses a significant challenge to the achievement of the goals and objectives of the health sector (Ministry of Health, Uganda, 2015:5). As such, it is imperative that health centre IVs continue to embrace strategies for the attraction and retention of health workers.

In addition, it is important to note that the burden of a growing population inhibits the retention of talented health workers with the requisite skills (Ministry of Health, Uganda, 2010c:7). However, health systems depend on people to provide services, therefore, it is imperative that strategies are put in place to attract new talent to, and to manage the available talent in, these health centres.

2.2.5 General Hospitals

General hospitals are referral facilities that form the frontline for primary care, through the provision of inpatient and outpatient services, at the local government level (Sandin, 2013:19). In these hospitals, employees are considered integral to the provision of general services, surgeries, blood transfusions, laboratory and medical imaging services, as well as training, consultation and research (Mujasi *et al.*, 2016:4). Moreover, employees in General Hospitals are expected to provide supervisory support

to employees in health centre IVs, health centre IIIs, health centre IIs and village health teams, which can motivate them to perform and remain with their organisations (Okwero, Tandon, Sparkes, McLaughlin & Hoogeveen, 2010:3).

As is the case in other health centres, the major challenges facing General Hospitals are related to a gap in human resources (Sandin, 2013:15). The lack of supplies and equipment in these facilities makes it difficult for employees to stay in these organisations and to achieve the objectives of the sector (Kajja & Sibinga, 2016:174). In addition, employees in general hospitals are demotivated by their poor working conditions, which might force them to leave the health sector for other sectors with better working conditions (Katongole, Mugisha, Anguyo, Bikaitwoha & Wampande, 2015:264). According to the Ministry of Health, Uganda (2010b:5), there are inadequate specialist skills and high attrition rates amongst employees in these health units. Hence, with a multitude of tasks and a growing population in need of health services, it is imperative that each General Hospital attracts, motivates and nurtures talented employees with the skills, knowledge and potential required to serve under these circumstances and to accomplish the organisational goals.

2.2.6 Regional Referral Hospitals

Regional Referral Hospitals are the first level of referral institutions that provide general and specialised treatment, and nursing care for sick people (Institute for Health Metrics and Evaluation, 2014:7). According to the Office of the Auditor General (2015:30), regional referral hospitals offer teaching and research services, outpatient services, inpatient care, psychiatry, pathology, ear, nose and throat (ENT) care, dentistry, intensive care, obstetrics/gynecology, laboratory services, as well as higher-level surgical and medical care. In order to effectively offer this range of services, these hospitals need to attract, motivate and retain talented employees. Each Regional Referral Hospital is expected to cater to 2 000 000 people, which requires numerous talented employees who can improve access to health services and contribute to the achievement of the sector goals. Thus, in order to provide quality services to the population, organisations need to view employees with specialised knowledge, skills

and abilities as assets and, as such, identify and motivate them to accomplish the organisation's objectives

However, despite the huge patient burden placed on regional referral hospitals, these hospitals face the challenge of a shortage of resources, such as equipment (Katamba, 2011:88). In regional referral hospitals, there is a persistent shortage of talent, which calls for strategies to attract and retain employees (Mulumba, Nalubanga, Nankanja, Manasseh, Månsson & Hollén, 2017:120). In addition, low salaries and unfavourable working conditions makes it difficult for employees to stay, which has caused an rise in staff attrition (Rubanju, 2014:10; Ondoa, Basheka & Basaasa, 2013:44). Therefore, emphasis should be placed on the identification and nurturing of employees with specialised skills, knowledge, abilities and experience so as to reduce attrition rates in organisations within the Ugandan health sector.

2.2.7 National Referral Hospitals

National Referral Hospitals are autonomous bodies that offer the highest level of healthcare services in Uganda (Green, 2015:273). These hospitals offer research services, comprehensive and specialised healthcare, in various fields, and their training is managed by the Ministry of Education (Ministry of Health, Uganda, 2010c:17). National Referral Hospitals are expected to have specialised employees, technology and facilities that can be utilised to cater to a population of 10 000 000 people (Ministry of Health, Uganda, 2010c:17). However, these hospitals also face challenges related to the shortage of specialised employees, while employees complain of low salaries and poor working conditions, all of which affects the attraction and retention of these employees (Mishra & Mishra, 2014:624; Luboga, Hagopian, Ndiku, Bancroft & McQuide, 2011:14). Therefore, with the burden of a population in need of specialised care, the importance of identifying and nurturing talented employees in organisations such as National Referral Hospitals cannot be emphasised enough.

2.2.8 Ministry of Health

The Ministry of Health is a cabinet level government entity responsible for the coordination and governance of various stakeholders in the health sector (Sandin, 2013:18). Furthermore, in terms of the structure of the Ugandan health system, the Ministry of Health is the overseer of all health related matters in the country (Uganda Bureau of Statistics, 2012:5). The Ministry of Health is in charge of drafting processes and procedures that guide and strengthen the healthcare delivery system in the country (Kitutu, Mayora, Awor, Birger, Peterson & Wamani, 2014:65). As such, the Ministry's aim is to improve the quality of healthcare in Uganda, which be achieved through the attraction and retention of talented employees in organisations that provide healthcare services (Orem, Wavamunno, Bakeera & Criel, 2012:2).

At this level of healthcare service provision, this entity is responsible for activities such as the monitoring and evaluation of the overall performance of the health sector (Ministry of Health, Uganda, 2010b:4). In addition, the Ministry drives the development of policy, while offering guidance and mobilisation for the investment in resources for the health sector – the efforts will attract and retain talented employees within the health sector (Ministry of Health, Uganda, 2010a:3). The Ministry also engages in supervision and capacity development, and it sets standards for quality assurance in service delivery (Ministry of Health, Uganda, 2011a:5). Thus, in order for the Ministry to be effective in its role as overseer of all health related matters, it needs to make critical interventions such as the identification and retention of employees with the requisite skills, knowledge, abilities and experience for the successful performance of public health institutions. Table 2.3, below, reflects the relationship between the infrastructural and the administrative levels, as well as the services offered at each level.

Table 2.3: Levels of health service delivery

Administrative level	Infrastructural level	Services provided
Village	Health Centre I	Community-based preventive and promotive health services.
Parish	Health Centre II	Preventive, promotive and outpatient curative health services, outreach care.
Sub-county	Health Centre III	Preventive, promotive, outpatient, curative, maternity, inpatient services, and laboratory services.
County	Health Centre IV	Preventive, promotive, outpatient, curative, maternity, inpatient services, emergency surgery, blood transfusion, and laboratory services.
District	General Hospital	Preventive, promotive, outpatient, curative, maternity, inpatient services, emergency surgery, blood transfusion, laboratory services, and other general services. Also, in-service training, consultation, research, and community-based healthcare programmes.
Regional	Regional Referral Hospital	Preventive, promotive, outpatient, curative, maternity, inpatient services, emergency surgery, blood transfusion, laboratory services, other general services, in-service training, consultation and research, and community-based healthcare programmes. In addition, the hospital also provides specialist services such as ear, nose, throat care, ophthalmology, dentistry, intensive care, radiology, pathology, as well as higher level surgical and medical services.
National	National Referral Hospital	

Source: Sandin (2013:20)

It should be noted that at these levels of healthcare, health centres and hospitals vary in their ability to offer preventive, promotive and curative services. Thus, in order to improve access to and quality of healthcare, it is important that organisations such as health centres and hospitals implement mechanisms for the identification and management of talented employees who are at the centre of healthcare services.

According to the Uganda Bureau of Statistics (2016:1), Uganda has a number of administrative units, including districts, counties, sub-counties, parishes and villages, which need quality services offered by skilled and knowledgeable employees in village health teams, health centre IIs, health centre IIIs, health centre IVs, general hospitals and referral hospitals. Thus, with the number of people in need of health services at various levels, it is important that the Ministry of Health employs strategies to attract, motivate, develop and retain employees in organisations within the Ugandan health sector.

2.3 THE COMPONENTS OF THE HEALTH SECTOR

In order to appreciate the health sector environment, it is important to discuss the various components of the health sector, as they contribute to the delivery of healthcare services. The components of the health sector include the public sector and the private sector (Mukasa, 2012:5).

2.3.1 The Public Sector

The public sector entails the government and its controlled or funded organisations, which deliver public programs, goods or services in a particular country (Dube & Danescu, 2011:3). Furthermore, Hook, Than and Ninh (2015:14) explain that the government owns and manages public sector entities, with a view to maximising social welfare and upholding public interests. Government bodies include ministries, central agencies and non-executive state institutions, such as the judiciary and the legislature (World Bank, 2012:1). Through these entities, governments are able to distribute and regulate public resources (International Federation of Accountants, 2013:6). Each government spends a significant percentage of its country's gross domestic product on the public sector and, as a result, the public sector is able to demonstrate government

accountability to the public (Graham, 2011:2). Therefore, organisations such as public entities in the health sector should strive to identify and nurture talented employees who can assist in ensuring that the public sector is responsive, efficient and accountable.

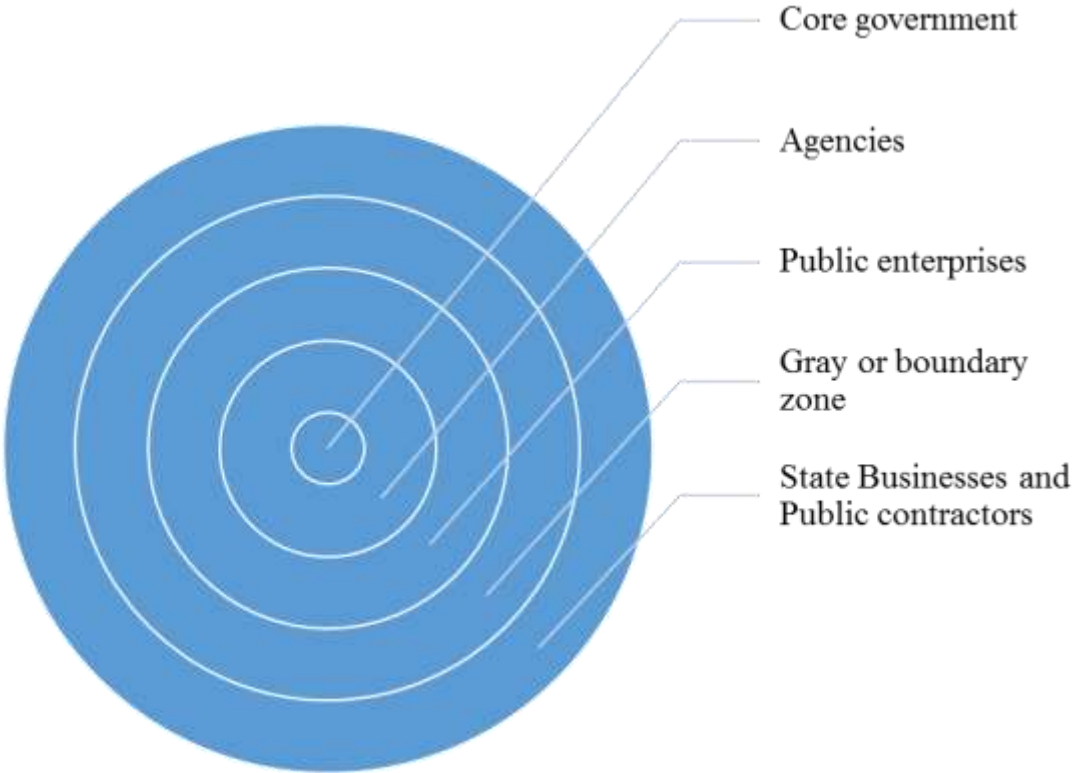
According to Muriu (2017:2), it is important to note that organisations in the public sector utilise institutional frameworks to ensure that they are responsive to the needs and expectations of the citizens of their country. Organisations in the public sector are primarily funded by government and, as such, are not driven by a profit motive; instead, they focus on providing the relevant services or commodities to citizens, at a reasonable price (Batley & Mcloughlin, 2015:276). The services provided include economic development, public transport, welfare, electricity, telecommunication, education and health (Linna, Pekkola, Ukko & Melkas, 2010:300). However, it is not possible to provide these services and achieve organisational goals without employees who have the requisite skills, knowledge and experience.

According to The Institute of Internal Auditors (2011:3), organisations in the public sector exist at four levels: international, national, regional or local levels. At the international level, the organisations are considered multistate entities or partnerships; at the national level, the organisations are considered part of an independent state; at the regional level, the organisations are considered as originating from a province/state within a national state; and, at the local level, a public organisation is considered to be a municipal-level body, such as a city or county. Figure 2.2, below, illustrates the different types of public sector organisations at the various levels.

Figure 2.2, above, shows the different levels and types of public sector organisations. The levels of organisations in the public sector include the core government, agencies and public enterprises. Core government agencies include all departments, ministries, or branches of the government, such as the legislature, council, cabinet, or executive head. Agencies consist of public organisations that are clearly a part of the government and deliver public programs, goods, or services, but which exist as separate organisations in their own right, possibly as legal entities, and operate with a limited

degree of operational independence; they are often headed by a board of directors, a commission, or another appointed body. The health sector in Uganda, as part of the Ministry of Health, is classified as a core government body; thus, in order to achieve its objectives, the Ministry has to identify and nurture employees with the skills required for achieving the health sector's goals.

Figure 2.2: Types of public sector organisations



Source: The Institute of Internal Auditors (2011:5).

Public enterprises deliver public programs, goods, or services, but they are independent of government and often have their own sources of revenue, in addition to direct public funding. They may also compete in private markets and may turn a profit. However, in most cases, the government is the major shareholder in such entities; consequently, these enterprises (to a degree) follow the acts and regulations that govern the core

government. In the Ugandan health sector, even public enterprises need employees who are able to contribute to the accomplishment of their goals and objectives.

Outside these organisations, the grey area comprises of other types of organisations that may or may not be part of the public sector – such as state businesses and public contractors. State businesses are state-owned businesses that do not deliver public programs, goods, or services; instead, they sell goods or services for profit. In contrast, public contractors are legally independent entities, outside of the government, that receive public funding to deliver public programs, goods, or services. Thus, these organisations require talent in order to accomplish their goals and, as such, it is important that they identify and nurture talented employees.

Ugandan health services are offered through facilities in the public sector, such as National and Regional Referral hospitals, health centres and village health teams. Public health services are predominantly used by people in need of specialists, or by uninsured individuals from low-income communities (Fraze, Elixhauser, Holmquist & Johann, 2010:1). In addition, the army, the police and the prisons have public health centres for their specific population groups (Nannyonjo & Okot, 2013:130). Hence, every organisation needs to employ, and retain, talented employees so that they can cater to the needs of their population.

Despite the challenges faced in public sector organisations – meagre resources, an ever increasing population, the continuous failure to attract and retain employees – these organisations are under pressure to offer quality services (Brinkerhoff & Brinkerhoff, 2015:224). It is thus evident that these organisations need to identify and nurture employees with the knowledge, skills and abilities required to achieve their organisational goals.

Therefore, it is through the public sector that governments are able to promote fairness, peace and order, and to foster sound local and international relations. Therefore, in order to successfully implement public services (such as healthcare), governments

need to adopt systems, structures, processes, policies and strategies to manage talented employees.

2.3.2 The Private Sector

The private sector is described as a set of organisations that engage in profit-seeking activities, be it the production of goods, the provision of services, and/or commercialisation (Di Bella, Grant, Kindomay & Tissot, 2013:1). Furthermore, the private sector encompasses all private, self-financed, not-for-profit, and mission- or faith-based facilities involved in the direct delivery of health services, the supply of inputs and the training of health professionals (Makinen, Sealy, Bitrán, Adjei & Muñoz, 2011:10). Also, households, non-profit organisations and health insurers are part of the private sector. Hence, the attraction and retention of employees is also important for the private sector, as these individuals are crucial to the accomplishment of the sector's goals.

The main aim of the private sector is to pursue stability or cultivate profits, for the organisation's owners, while contributing to development (Khan & Khandaker, 2016:2874). In the absence of the public sector, the private sector can be relied upon for the provision of services (Feder, Birner & Anderson, 2011:33). Similarly, Konde-Lule, Gitta, Lindfors, Okuonzi, Onama and Forsberg (2010:1) agree that the private sector is known to provide services to sections of the public that are ignored by the public sector. As such, organisations in the private sector also require the skills, knowledge and expertise of employees who are able to provide quality services and contribute to development.

Uganda's fast growing and enthusiastic private sector has a number of options for new entrants such as small, medium and large organisations in the sectors of finance, agriculture and entrepreneurship, amongst others (Doherty, 2011:11). These organisations operate in the formal and informal sectors, and their return on investment forms the basis for their performance (Alford & Greve, 2017:10). Furthermore, in private organisations, the degree of autonomy and relations between employees varies; however, decision-making for all matters related to the management of talented

employees is constrained by shareholders, corporate governance, or financial rigidity. Although public and private hospitals differ in terms of their facilities, utilisation, as well as the characteristics of patient stays and hospital resources, they face similar challenges and thus need to identify strategies for the attraction and retention of employees (Fraze *et al.*, 2010:1). Since organisations in the private sector survive on market feedback, it is imperative that these organisations design strategies to identify and retain their best employees for the accomplishment of organisational goals.

2.4 HEALTH SECTOR FACILITIES IN UGANDA

The term 'health sector facilities' refers to the physical structure, and supporting equipment, that has been established for the provision of health services (Babughirana, Muhirwe & Kimurahebwe, 2016:117). However, in order to function well, these facilities need to be supported by medical and non-medical assets and utilities, such as medical equipment, furniture and technology to support imaging, pathology, pharmacy and surgical instruments (de Oliveira, Guimaraes & Jeunon, 2017:237). This includes nursing homes, staff housing, utilities, cold-chain facilities for storage, ambulances, cars, pickups, vans and trucks (Okech, 2014:060). A study carried out by Linden, Sekidde, Galukande, Knowlton, Chackungal and McQueen (2012:1056) revealed that there are a number of hospitals in Uganda that have unreliable utilities such as water and electricity, however, these utilities are crucial to the day-to-day activities of these institutions.

It is important to note that the available facilities require maintenance in order to improve access and the quality of service delivery (Ministry of Health, Uganda, 2013:34). Therefore, organisations in the health sector need to recruit and retain employees with the necessary skills, knowledge and expertise to make use of the available equipment, structures and technology for the achievement of its goals. Table 2.4, below, lists the types of health facilities in Uganda by level and ownership.

Table 2.4: Ugandan health facilities listed by level and ownership

Level of Facility	Government	Non-Governmental Organisation	Private	Total
Hospital	64	65	23	152
Health Centre IV	170	15	8	193
Health Centre III	937	272	70	1279
Health Centre II	1696	522	1387	3605
Total	2867	874	1488	5229

Source: Ministry of Health, Uganda, (2012a:4)

According to the Uganda Bureau of Statistics (2012:11), there are 5 229 facilities in Uganda – this total includes hospitals, health centre IVs, health centre IIIs and health centre IIs, as indicated in Table 2.4. Despite an increase in the number of facilities by 2012, the national average, in terms of the distribution of infrastructure – such as buildings, equipment, technology and drugs – remains inadequate, especially in rural areas of Uganda (Ondoa *et al.*, 2013:43). According to the World Health Organization (2013:49), facilities in Uganda are overwhelmed; for example, each facility is expected to serve 8 785 people, while the recommended population for each facility is 5 000. This increases the risk of unfavourable working conditions, and their concomitant challenges, in organisations within the health sector; this is detrimental to the attraction and retention of employees (Orem & Zikusooka, 2010:3). In addition, there is a shortage of health workers in Uganda, as many leave for better opportunities in other sectors; this is evidenced by the fact that for every 10 000 people, there is 1 physician in Uganda (Namakula, Witter & Ssenooba, 2014:12).

The level of functionality of the available equipment is as low as 33% at the general hospital level, 52% at the Health Centre IV level, and 44% at the regional referral level, with rural areas feeling the brunt of this. Inadequate facilities, equipment and materials

can inhibit the attraction and retention of employees in these organisations (Matindo, Pekeur & Karodia, 2015:84).

More so, it is important to note that a health system that has adequate buildings, equipment, technology and medical supplies is likely to attract talented employees to join and stay with its organisations. For instance, Strachan, Källander, ten Asbroek, Kirkwood, Meek, Benton, Conteh, Tibenderana and Hill (2012:113) reveal that, in Uganda, when community health workers are provided with equipment and technology, such as mobile phones and airtime, to carry out activities, they likely to stay longer with these organisations. Brunie, Wamala-Mucheri, Otterness, Akol, Chen, Bufumbo and Weaver (2014:113) also suggest that problems associated with an inconsistent supply and stockouts of medicines, such as contraceptives, hinder the performance of community health workers; this, in turn, forces them to leave for other organisations.

Thus, the availability and functionality of health facilities and infrastructure form part of a favourable working environment, which plays a significant role in the attraction, motivation and retention of talent in organisations within the health sector. In essence, the Ugandan health sector needs to improve this aspect of its administration and management. Most importantly, in order for these facilities to be functional, the relevant organisations should ensure that employees who have the right skills, knowledge and potential join and stay with these organisations so that they can contribute to service delivery.

2.5 FINANCING OF THE HEALTH SECTOR IN UGANDA

The concept of financing the health sector implies the provision of financial resources for the purpose of improving health services (Orem & Zikusooka, 2010:2). The financing of healthcare is key to improving health and reducing inequalities in access to health (Benzeval, Bond, Campbell, Egan, Lorenc, Petticrew & Popham, 2014:1). In order to raise sufficient funds, the health sector has adopted both public and private sources of financing. Public sources of financing are taxes and donor funds (Bayarsaikhan & Musango, 2016:38).

Private sources of financing include non-government organisations, social health insurance, private health insurance and out of pocket expenditure (Stirk, 2015:6). The absence of adequate health insurance arrangements deters access to healthcare. In addition, due to the high drop-out rates, health insurance schemes are not sustainable (Ministry of Health, Uganda, 2013:27). Essentially, the Ugandan government is preparing to implement a National Health Insurance scheme in order to pool and redistribute funds for the health of the population (Orem & Zikusooka, 2010:2). There are a few social protection schemes in Uganda, however, due to their high premiums, private commercial health insurance arrangements make little to no contribution to total health expenditure in the country. In addition, the target population for health insurance schemes includes individuals in the formal sector and in private companies (Basaza, O'Connell & Chapčáková, 2013:2). A significant share of health financing is through private households in the form of out-of-pocket payments.

The financial resources collected by the health sector cater for expenses such as the procurement of medication, supplies and equipment, as well as the payment of utilities, services and salaries, amongst the many other obligations required to sustain their services and meet the health needs of the population (Ministry of Finance, Planning and Economic Development, 2015:1). Hence, organisations within the health sector utilise their financial resources to create a favourable working environment and to ease the identification, motivation and retention of employees in the sector.

Uganda's public health sector is guided by the National Development Plan 2010/11-2014/15, the National Health Policy II 2010-2020, and the Health Sector Strategic and Investment Plan (HSSIP) 2010/11-2014/15. These policy documents are useful in enhancing health services and meeting the health needs of the country. It should be noted that public health centres and hospitals are allocated financial resources by the Ministry of Health (Mujasi & Puig-Junoy, 2015:2). However, there is a shortage of funds and, consequently, this financing is well below the recommended 15 percent of the

country's annual government budget, which the government of Uganda committed itself to under the 2001 Abuja Declaration (Sambo, Kirigia & Ki-Zerbo, 2011:3).

Despite the potential impact of health sector activities on the productivity of human capital in the country, there is underinvestment in the health sector (Sankaranarayanan, Swaminathan, Jayant & Brenner, 2011:257). This is due to the fact that health is a consumptive sector in comparison to productive sectors such as infrastructure, roads and energy (Wiebelt, Pauw, Matovu, Twimukye & Benson, 2011: 30).

Since the revenue collected from taxes is not sufficient to cover all areas adequately, the funding allocated to the health sector is supplemented by external donor support, which is often channeled through the national budget (Wild & Domingo, 2010:2). As a result of this underinvestment in the Ugandan health sector, employee remuneration is low, and organisations within the sector are marked by unfavourable working conditions which are characterised by inadequate facilities and equipment. For instance, a study carried out by Atefi, Abdullah, Wong and Mazlom (2014:353) revealed that, since hospitals and health centres in Uganda received inadequate financial resources, nurses were paid low salaries and offered unattractive or no benefits as part of their compensation; this, in turn, affects the attraction and retention of nurses. Hence, it is important for organisations in the health sector to avail funds for the identification, motivation and retention of employees, especially those with the requisite skills, knowledge and abilities for the accomplishment of the sector's goals.

2.6 DEVELOPMENTS IN THE UGANDAN HEALTH SECTOR

Notable improvements have been made to the Ugandan health sector, particularly in the areas of human resources, the procurement and supply of essential drugs, health infrastructure and equipment. This has had a positive impact on the quality of healthcare service provision in the country (Mosadeghrad, 2014:77).

Regarding its human resources, the Ugandan health sector has seen an increase in the number of employees on the payroll, on contract and new recruits (Ministry of Health,

Uganda, 2010b:7). Hence, even with these developments in place, organisations in the health sector still need to adopt strategies to attract and retain employees in the health sector, as they are key to the provision of appropriate healthcare services.

According to Nannyonjo and Okot (2013:131-132) and the Ministry of Health, Uganda, (2010b:4), the referral system has been strengthened by the provision of ambulances, particularly for hospitals, Health Sub-Districts (HSDs) and/or Health Centre IVs, as well as the provision of general transport and Information Communication and Technology (ICT) equipment and services in selected health facilities. Thus, organisations in the health sector need to attract and retain more employees with the specialised skills, knowledge and abilities to operate these facilities and to improve service delivery.

Furthermore, Okech (2014:055) and Kajungu, Lukwago and Tumushabe (2015:12) affirm that improvements have been made to the physical infrastructure of the health sector, as selected health facilities have been either constructed or renovated so as to increase access to healthcare in various rural and urban areas. As a result, the 72% of Uganda's population has physical access to a health facility, that is, they live within 5km of health facility. In addition, hospitals and health centres have been provided with solar lighting, medical equipment and hospital furniture. Also, staff houses, maternity wards and new houses have been constructed for employees in the health sector. Hence, organisations should contribute to the functionality of these health facilities by identifying, motivating and retaining skilled employees.

The availability of and access to essential medicines in government-owned health centres and hospitals, and public health facilities, has also improved in recent years, largely due to the establishment of organisations such as the National Medical Stores (NMS) (Kasimbazi & Kabwa, 2013:23). This is partly due to an increase in medical funding received from the government of Uganda and various donors over the same period, which increased public confidence in the health system. However, even with these developments in place, organisations in the health sector need to have talented

employees that can implement these reforms and contribute to the quality of care offered in the sector.

2.7 HEALTH SECTOR CONTRIBUTIONS TO THE UGANDAN ECONOMY

Yaman (2013:182) postulates that the economy of Uganda benefits from the productivity of healthy individuals, families and communities. For example, these individuals are able to ward off illness and threats to their health, through medical consultation, education and preventive measures, in addition to accessing general and specialist health services. According to Bloom, Kuhn and Prettnner (2015:2), an effective and efficient health sector creates healthy people who are willing to participate productively in the labour market. Weil (2013:55) also explains that a healthy workforce is more productive and, as a result, they are interested in making individual investments. Moreover, there is a reduction in incapacitation, weakness, and number of days lost to sick leave amongst such a workforce. Labour productivity also leads to increased gross domestic product, which results in economic growth (Saha, 2013:303). Hence, organisations need to attract and retain talented employees who can contribute their skills, knowledge and abilities to offering quality patient care, which results in the productivity of the population and increased economic growth.

The government disburses finances to the health sector in order for it to carry out research, and to present and disseminate information on disease and sanitation for the benefit of the population (Barro, 2013:337). This information is used by policy makers to advocate for progress and economic growth (Maitra & Mukhopadhyay, 2012:20). In addition, the information can be used to influence social change, which may be hindered by unfavourable health conditions (Churchill, Yew & Ugur, 2015:3).

The societal objective of the health sector is to improve the standard of living of the people which is, in turn, linked to income and productivity (Tompa, 2011:181). Through their health sectors, countries have to accelerate the quality and safety of healthcare services by investing in health. It should be noted that an unhealthy population raises

barriers to economic prosperity and proper living conditions (Audibert, Motel & Drabo, 2012:4).

A strong health sector is able to protect a country's population against the financial consequences of ill-health, such as disability, and to provide equitable access to people-centred care. In addition, the health sector makes it possible for people to participate in decisions affecting their health and health system (Saha, 2013:304); this results in the formation of policy and regulation on issues pertaining to health. These matters encompass clinical services, health promotion, financing and managing pharmaceuticals, medical equipment and information (Uganda Bureau of Statistics, 2012:5-6).

2.8 CHALLENGES FACED BY THE UGANDAN HEALTH SECTOR

The health sector in Uganda is constrained by a number of challenges pertaining to human resources, the procurement and supply of essential drugs, as well as infrastructure and equipment. These constraints have affected the quality of healthcare service provision in the country.

In respect of its human resources, the health sector is faced with the challenge of low salaries and minimal benefits offered to its employees, in comparison to those offered to other professionals; limited possibilities for career progression; and a shortage of training and development opportunities – all of which inhibit the attraction and retention of employees in the sector (Nabukeera, 2016:32). In addition, the working environment is characterised by unclear policies on employee training, transfers and rotation, which is a major reason for employees registering low performance and leaving organisations for more favourable workplaces (Nyamweya, Yekka, Mubutu, Kasozi & Muhindo, 2017:1115).

Furthermore, employees receive inadequate support from their supervisors, staff appraisals only take place occasionally, and there are irregular performance assessments; these matters impede employee attraction and retention within

organisations in the health sector, especially in rural and hard to reach areas (Lutwama, Roos & Dolamo, 2013:2). Moreover, there is a continued lack of management capacity – this gives rise to unsystematic decision making processes, which affect the attraction and retention of the kind of employees that the sector needs (Tetui, Hurtig, Ekirpa-Kiracho, Kiwanuka & Coe, 2016:7; Lutoti, Oria, Anguma & Kitutu, 2015:64). Hence, the role of identifying, motivating and retaining employee talent cannot be overemphasised in organisations within the health sector.

On the matter of its finances, the health sector's main sources of funding are the government and donations, which implies that there is limited expenditure on human resources (Govule, Mugisha, Katongole, Maniple, Nanyingi & Onzima, 2015:255). Consequently, organisations facing a financial crisis find it difficult to attract and retain the employees they need in order to achieve organisational goals. In addition, there are high costs related to the procurement and maintenance of the medical equipment required for diagnosis and treatment, for example, microscopes and vacuum extractors (Rahmberg & Stenlund, 2015:12; Linden *et al.*, 2012:1057). This can inhibit the attraction of talented employees, and it could force talented employees to leave these organisations.

In addition, the mismanagement of funds (Micieli, 2014:38) and unfavourable practices – such as corruption, extortion, nepotism and lack of proper accountability – in health sector institutions obstruct service delivery and affect relations at work. These factors also contribute to the unfavourable working conditions that could inhibit the sector's ability to attract and retain employees in organisations (O'Neil, Seims, Cheburet, Dedzo, Vriesendorp, Sapati & Bragar, 2013:225; Bouchard, Kohler, Orbinski & Howard, 2012:1).

Another challenge facing the sector is the inaccessibility of health facilities to their employees, especially those that are posted in rural and hard to reach areas, due to poor road networks; these conditions are not favourable to the attraction and retention of talented employees (Myint, Sein & Cassels, 2014:3). Also, hospitals face the

challenge of poor record management, which causes unnecessary inconveniences, poor relations with patients, misdiagnosis and increases staff workload due to the recapturing of patient information (Uganda Bureau of Statistics, 2012:32). Accordingly, this impedes the attraction and retention of talented employees.

Uganda's rapidly growing population poses the challenge of increased patient burden, especially since the country has the third-highest growth rate in the world; however, there is not enough money to invest in the recruitment and retention of employees in order to match the increasing workload (Kabagenyi, Habaasa & Rutaremwa, 2016:1). According to Osingada, Nalwadda, Ngabirano, Wakida, Sewankambo and Nakanjako (2015:1), the growing population of Uganda has put immense pressure on the existing health infrastructure, facilities, buildings, technology and human resources, which has affected the attraction and retention of employees.

2.9 THE GLOBAL CONTEXT OF HEALTH SYSTEMS

In order to appreciate the health sector environment in Uganda, it is important to describe the context of healthcare systems in other countries. In fact, countries design and develop health systems in accordance with their specific needs and the resources they have at their disposal. The differences between countries range from the people, institutions and structures, to the resources that are utilised to ensure the delivery of healthcare services so as to meet the health needs of the population. However, in spite of these differences, health systems across countries are evaluated on these common aspects: quality, efficiency, acceptability and equity.

2.9.1 The health system of the United Republic of Tanzania

The United Republic of Tanzania is comprised of eight administrative zones, namely, the North, Central, Eastern, South, Southern Highlands, West, Lake and semi-autonomous Zanzibar Archipelago (Cochrane & D'Souza, 2015:8). The population stands at 55.2 million people (World Bank, 2017:284). The United Republic of Tanzania is one of the poorest countries in the world, with a total health spending of close to 11.3 percent of the total national budget (Health Policy Project Report, 2016:1). In order for the government to provide health services it relies on the following sources of financing:

tax, donor aid, the National Health Insurance Fund (NHIF) and the Community Health Fund (CHF), as well as user fees (Habtom, 2017:52; Mboya, Mshana, Kessy, Alba, Lengeler, Renggli, Plaetse, Mohamed & Schulze, 2016:3).

Even though healthcare provision is dominated by the public sector, the private sector also plays a significant role therein (James, O'Hanlon, Chee, Malangalila, Kimambo, Coarasa, Callahan, Levey & McKeon, 2013:18). The private sector supports the public sector by providing services such as pharmaceutical dispensing and laboratory diagnostics (Mayora, Kitutu, Kandala, Ekirapa-Kiracho, Peterson & Wamani, 2018:2). The public and private sectors provide healthcare through attracting and retaining employees to work in dispensaries, health centres, district hospitals, military hospitals, national hospitals and super-specialist hospitals where they can contribute their skills and knowledge to the accomplishment of tasks (Kayombo, Uiso & Mahunnah, 2012:6). The private sector consists of non-state actors such as nongovernmental organisations, faith-based organisations, community-based organisations and private for-profit organisations, which also require talented employees who are able to contribute to performance (Mackintosh & Tibandebage, 2016:6).

The public sector, however, is divided into the central government and the local government (Lufunyo, 2013:34). The central government is subdivided into the ministerial tier and the regional administration tier. At the ministerial level, the Ministry of Health and Social Welfare (MOHSW) is the lead authority for the health sector (Frumence, Nyamhanga, Mwangu & Hurtig, 2013:3). In addition, several other central government agencies are responsible for specific health services. At the regional level, Tanzania is divided into 25 administrative regions which are viewed as an administrative extension of the central government (Boex, Fuller & Malik, 2015:4). The Regional Medical Officers in each region are primarily accountable to the MOHSW for the provision of regional health services and for the supervision of health service delivery in their region, which implies that these officers are crucial to the sector and should therefore be attracted and retained (Songstad, Rekdal, Massay & Blystad, 2011:3).

The local government is divided into 158 district-level (urban and rural) local government authorities (Mutahaba & Pastory, 2015:272). An average local government authority is led by an elected local government council (Mnyasenga & Mushi, 2015:932). This is the main government level responsible for the delivery of decentralised public services in the country, including the delivery of local health services (Boex *et al.*, 2015:4). Hence, at each level there are employees who are considered vital to the provision of services and, as such, it is imperative that organisations invest in the attraction and retention of such employees.

It is important to note that there are improvements that have been made to the health system, such as building new health facilities throughout the country, which motivate employees to stay in these organisations (Deloitte, 2017:12). However, the challenges that still abound in the provision of healthcare include a poor working environment, characterised by a lack of equipment, and the scarcity or poor quality of facilities, especially in rural areas (Goodell, Kahn, Ndeki, Kaale, Kaaya & Macfarlane, 2017:8). Thus, organisations face difficulties in attracting and retaining employees to work in these conditions. In addition, the funding that the health sector receives from the government is only 5.6% of the Gross Domestic Product, which implies that there is limited investment in the attraction and retention of talented employees, resulting in persistently low levels of healthcare provision by global standards.

In addition, the country is plagued with insufficient funding for healthcare, poor coverage of health insurance schemes, and the lack of an organised healthcare structure – all of which inhibit the attraction and retention of employees (Kajuna, 2014:1). Furthermore, there is a human resource crisis within the sector, as only 58% of the required positions are filled; hence, there is a need to attract and retain employees who can fill the positions and contribute to the accomplishment of the sector's goals (Hickmann, Mbuya-Brown & Dutta, 2014:3). Also, the inequitable distribution of employees is evident across the sector, particularly in relation to the acute shortage of social workers and pharmacists, which calls for the attraction and retention of suitably qualified employees (Sirili, Kiwara, Nyongole, Frumence, Semakafu & Hurtig, 2014:2). Moreover, the country

continues to experience high attrition rates amongst its health workers, despite the fact that talented employees are important assets in the provision of health services (Sirili, Kiwara, Gasto, Goicolea & Hurtig, 2017:2). While Uganda and the United Republic of Tanzania are different countries in terms of population, healthcare spending, and the structure of their health systems, they share striking similarities, such as the shortage of financial and human resources, which calls for strategies aimed at the attraction and retention of employees.

2.9.2 The health system of the Democratic Republic of Congo

The Democratic Republic of Congo (DRC), formerly Zaire, has vast natural resources such as rainforests, deposits of copper, gold, diamonds, tin, tantalum, tungsten and 50 percent of the world's cobalt (Carpenter, 2012:5). In spite of this, the country remains one of the poorest in the world (Burnley, 2011:7). In the 1970s and 1980s, Zaire was one of the most developed African countries in the field of public health (Kongo, 2016:6). In the years thereafter, the country was characterised by war and natural disasters which led to the migration of employees in the field of health (Samndong & Nhantumbo, 2015:4). This caused the degradation of the country's health systems (Pavignani, Michael, Murru, Beesley & Hill, 2013:42). The country has a vast population of over 81 million people, with a big burden of disease; therefore it is in dire need of health workers. It is also important to note that less than 8% of the national budget is allocated to the health sector, which is below the recommended expenditure set out in the 2001 Abuja Declaration (Ntembwa & Van Lerberghe, 2015:7). This is insufficient to catering for the health needs of a large population, providing better health conditions, and retaining employees.

The DRC's health system is organised into operational, provincial and national levels (Lesho, Okito, Mann, McCullough & Hesse, 2014:774). The operational level implements activities related to healthcare in health districts (Muyembe, Bompangue, Mutombo, Akilimali, Mutombo, Miwanda, Mpuruta, Deka, Bitakyerwa, Saidi, Mutadi, Kakongo, Birembano, Mengel, Gessner & Ilunga, 2013:86). The provincial level provides technical and logistic support in provinces (Medecins Sans Frontieres, 2017:2), while the national level is the administrative centre of the health system – it provides

services through tertiary hospitals and the Ministry of Health. The focus of the national level is on overall policy setting, supervision, and regulation.

While each Health District and individual facility operates with considerable autonomy, the Ministry of Health has retained control over certain administrative matters, especially those related to personnel, even with the lack of financial support received from the government (Stasse, Vita, Kimfuta, da Silveira, Bossyns & Criel, 2015:2). As a result, a significant number of government-owned facilities are run like private facilities since they rely on payments for services from patients in order to cater for operational costs (Bertone, Lurton & Mutombo, 2016:1144). Hence, at all levels of healthcare service provision in the DRC, attracting and retaining talented employees is critical to the planning and implementation of health related activities.

The challenges faced by the health system in the Democratic Republic of Congo include inaccessibility, as well as the dilapidated state and poor hygiene of the country's hospitals and health centres, which forces employees to search for opportunities elsewhere. The physical infrastructure of hospitals and health centres are at low levels of functionality, which creates an environment that is not conducive to the recruitment and retention of talented employees (Linguissi, Gwom, Nkenfou, Bates, Petersen, Zumla & Ntoumi, 2017:63). Moreover, the health system is not well funded, which is exhibited through the insufficient supply of materials, medicines and utilities such as electricity and water (Kalisya, Salmon, Manwa, Muller, Diango, Zaidi, Wendel & Reynolds, 2015:156). Furthermore, employees are few in number, especially in rural areas, and they are underpaid and overworked (Muzembo, Mbutshu, Ngatu, Malonga, Eitoku, Hirota & Sukanuma, 2015:70). Hence, with these challenges, which are similar to those experienced in Uganda, it is difficult to attract and retain talented employees. Although the DRC and Uganda are different countries in terms of population, healthcare spending and the structure of their health systems, they share striking similarities in the shortage of financial and human resources, which calls for the implementation of strategies aimed at the attraction and retention of employees.

2.9.3 The health system of the United States of America

Healthcare in the United States of America (USA) is provided by both public and private organisations. The private sector plays a more predominant role in healthcare service delivery, compared to the federal, state and/or city government (Branning & Vater, 2016:445). Some of the country's hospitals are operated by non-profit organisations and government, while others are run for-profit. Hence, it is important to attract and retain talented employees in both the private and public organisations since they are critical to healthcare service provision.

The structure of the health system of the USA consists of community hospitals, which are non-federal, short-term general, or specialty hospitals (Stensland, Watson & Grazier, 2012:666). Government hospitals, which are owned by county and city governments, also form part of the country's health system. There is no nationwide system of government-owned medical facilities open to the general public but there are local government-owned medical facilities that are open to the general public (Mossialos, Wenzl, Osborn & Sarnak, 2016:175-176). Thus, in order to provide quality services to the public, these organisations need to attract and retain employees. Hospitals primarily provide inpatient and outpatient care in special circumstances such as emergency rooms and specialty clinics (Martinez, King & Cauchi, 2016:8). Further, hospice services for the terminally ill are supported by charities and the government. The government of USA supports prenatal, family planning, and dysplasia clinics, all of which are run by nurses who are integral to the provision of said services.

The United States of America spends approximately 18.3% of its GDP on healthcare, which is more than what any other country in the world spends on healthcare; thus, employees are motivated to continue working with these hospitals (Holahan, Blumberg, Clemans-Cope, McMorrow & Wengle, 2017:2). The public sector offers health insurance to its employees, which makes it easy for them to pay for health services; therefore, the organisations within the sector can certainly pay its employees (Sieberg & Shvetsova, 2012:131; Blumenthal, Stremikis & Cutler, 2013:2552). According to Squires (2012:1), the health system of the United States of America is more costly than those of other countries around the world. Despite having a costly health system, organisations

within the health sector are able to retain specialised employees who can carry out specific services because they are able to offer attractive reward packages and satisfactory working conditions, which makes it easy to attract and retain talented employees.

Thus, unlike Uganda, the United States of America has a well-functioning system that is characterised by the availability of state of the art technology, equipment, facilities, financial resources and highly technical human resources. In order to improve the attraction and retention of employees in Uganda, the country needs to increase funding so as to move closer to the 15 percent of the annual government budget recommended by the 2001 Abuja declaration. Hence, Uganda needs to adopt such strategies that may be costly but which can provide positive health outcomes and ensure the performance and commitment of employees in the health sector.

It is apparent that health systems across various countries are under pressure to provide safe, effective, patient-centred, timely, efficient and equitable healthcare, which can be achieved through prioritising the investment in employees. In order to improve the rates of attraction, commitment and retention of health workers, organisations should incorporate reforms such as employee talent management so as to improve rather than diminish the healthcare experience.

2.10 SUMMARY

Chapter One provided the introduction and background to the study. The chapter also described the problem statement, objectives, research questions and hypotheses, together with a brief literature review, and an overview of the research design and methodology as well as the delimitations and structure of the study.

The current chapter, Chapter Two, presented a detailed discussion of the health sector environment in Uganda. The structure of Uganda's health system, as well as the components, facilities and developments in the country's health sector are discussed herein, so as to clarify the purpose of this study. Furthermore, Chapter Two highlighted the contributions of and the challenges faced by the health sector in Uganda, after

which the chapter presented a discussion of the global context of health systems. The ensuing chapter focusses on the theoretical perspectives pertaining to talent management.

CHAPTER THREE

THEORIES UNDERPINNING THE STUDY OF TALENT MANAGEMENT

3.1 INTRODUCTION

Chapter Two provided an overview of the structure of Uganda's health system, the components of the health sector, health sector facilities in the country, and the financing of its health sector. Other topics that were covered in the chapter include developments in the Ugandan health sector, and the contributions of the health sector to Uganda's economy. In addition, the chapter outlined the challenges faced by the health sector in Uganda, and the global context of healthcare systems.

In the current chapter, the theoretical perspective of talent management will be explored together with theories relevant to understanding employee behaviour and its context. To this end, the following theories are discussed in this chapter: Trait and factor theory, Institutional Theory, Psychological Contract Theory, as they are related to the variables of the study. The following theories on talent management are also discussed in this chapter: Human Capital Theory, Vroom's Expectancy Theory, Organisational Support Theory and the Leader-Member Exchange Theory.

3.2 OVERVIEW OF EMPLOYEE TALENT MANAGEMENT

In order to appreciate the theoretical perspective on talent management, it is imperative that the key concepts are clarified. The key concepts used in this study are employee talent and employee talent management.

3.2.1 Employee talent

Talent is a natural aptitude, special skill and knowledge that allows someone to do something well (Gray & Plucker, 2010:365). Furthermore, talent is viewed as a creative or exceptional artistic ability that propels individuals to be productive and efficient in the accomplishment of particular activities (Ross, 2013:167). In the context of this study, talent is appreciated, as it will motivate employees to accomplish organisational

activities. According to Collings and Mellahi (2013:322), talent can be innate (people with inborn abilities) or acquired (people trained to possess special abilities). These individuals possess the right set of abilities and are considered resourceful; they are therefore viewed as assets to the organisation (Jantan, Hamdan & Othman, 2011:2). Chen (2010:143) also notes that talent is cultivated for the benefit of individuals and organisations. Therefore, the importance of identifying and nurturing talent in any organisation cannot be overemphasised.

Acar and Yener (2016:285) suggest that identifying talented persons requires management to make use of a person's judgment, attitude, character and drive, which talented persons use to make significant contributions to organisations (Niedźwiecka, 2016:804). Employee talent can be sourced from within or from outside of the organisation (Horvathova, 2011:5). Organisations that hire from within utilise methods such as transfers, promotions and referrals (Shamsuddin, 2015:2). However, organisations that hire from outside the organisation make use of methods such as advertisements in the media, online recruitment, career fairs, walk-ins, recruitment from colleges or universities, and management consultants (Shammot, 2014:41). Internal sources can be used to hire employees who are knowledgeable about the organisation, while external sources can be used to recruit talented employees when an organisation undergoes radical changes (Lyria, 2013:286; Machado & Davim, 2016:138). The reliance on these sources allows the organisation to recruit the best internal or external talent (Campbell & Hirsh, 2013:17). It is therefore important to note that individuals who are intelligent, motivated, and innovative, as well as those who possess technical expertise and leadership abilities, are regarded as talented (Ingram & Glod, 2016:343). It is with these qualities that employees are able to make a significant contribution to their respective sectors (Gupta & Rokade, 2016:85).

In the health sector, employees such as nurses, doctors, clinical officers, midwives, dentists and laboratory technicians also require special skills, attitudes, knowledge and abilities in order to perform their duties and responsibilities while providing quality services (McKay & Narasimhan, 2012:55; Beattie, Shepherd & Howieson, 2012:141).

According to Woodhead, Lindsley, Micallef and Agius (2015:34), talented employees in the health sector are efficient in the use of specialised equipment, and in establishing good rapport with patients as well as conducting patient assessments. However, the continued failure of these organisations to attract and retain talented employees is detrimental to the performance of the health sector (Rabbani, Perveen, Aftab, Zahidie, Sangrasi & Qazi, 2016:2).

Therefore, for the purpose of this study, employee talent refers to individuals who use their knowledge, abilities, intelligence and sense of achievement to contribute to the performance of organisations in the health sector. These individuals include doctors, consultants, dentists, dispensers, nurses, pharmacists, midwives, clinical officers, laboratory staff, anaesthetic staff, occupational therapists, allied health staff, environmental health officers, general administrative cadres and cold chain technicians, health administrative cadres as well as support staff.

3.2.2 Employee talent management

In the dynamic and competitive working environment, organisations continuously seek ways to minimise turnover and enhance performance (Serrat, 2010:8). Such organisations adopt systematic activities intended to attract and select individuals who can work effectively with minimum supervision (Davies & Davies, 2010:419). Managing talent helps to achieve organisational goals, improves employee satisfaction, and it increases productivity as well as return on investment (Sharda, 2016:5; Sparrow, Otaye & Makram, 2014:3).

Organisations that excel in talent management develop clear job descriptions so as to ascertain the knowledge, skills and abilities needed for a particular job (Vnoučková, 2016:702). Selecting potential workers that fit in an organisation's culture, as well as providing them with training, coaching, mentoring and feedback, enhance talent management (Kohestany & Yaghoubi, 2017:138). More so, organisations that seek to retain talent standardise talent reviews and feedback processes; thus, they are able to

secure a pool of individuals with talent mindsets and who are committed to the company (Cascio & Boudreau, 2016:25). Healthcare institutions are advised of the latter.

In healthcare, managing talent is established for the purpose of patient safety, timely access to care, and cost control (Brandenburg, Gabow, Steele, Toussaint & Tyson, 2015:14). Despite the benefits thereof, the concept of talent management has not fully been embraced and, therefore, organisations in the Ugandan health sector continue to face the challenges associated with the attraction, selection, motivation and retention of talented employees (Namakula & Witter, 2014:23; Witter, Mashange, Namakula, Wurie, Ssenooba & Alonso-Garbayo, 2017:6). In addition, the health sector in Uganda only has a few employees, many of whom have a shortage of skills and a heavy workload (Wanduru, Tetui, Tuhebwe, Ediau, Okuga, Nalwadda, Ekirapa-Kiracho, Waiswa & Rutebemberwa, 2016:1). Hence, it is imperative that such organisations embrace strategies for screening and managing employee talent, which is the focus of the current study.

Therefore, in this study, employee talent management is defined as the adoption of strategies intended to attract, develop, motivate and retain productive employees. Such employees should possess the knowledge, skills, attitudes, values and competencies crucial to organisational performance.

Against this background, the theories relevant to the variables of the study and talent management are discussed below.

3.3 THEORIES RELATED TO THE VARIABLES OF THE STUDY

3.3.1 Trait and factor theory

The main proponent of the trait and factor theory was Frank Parsons (1909). The trait and factor theory offers a strong theoretical explanation for career development and employee personality in organisations (Al-Jarradi, 2011:56). The trait and factor theory guides the making of a wise career choice. In order to make career development decisions, individuals and organisations work together. This reduces the possibility of individuals moving on to organisations that offer better opportunities for career

development (Kazuyuki & Kuo-lin, 2006:18). Based on this, the trait and factor theory is considered a psychological approach to career management and understanding employee personality (Patton & McMahon, 2014:15).

The theory stipulates that a wise career choice is made after studying the individual and understanding the relevant characteristics of the occupations available to the individual. In this way, employability is enhanced when the abilities, interests and personality characteristics of individuals are taken into consideration (Abas-Mastura, Imam & Osman, 2013:151). Thereafter, the individual is matched with the occupation. The trait and factor theory assumes that every person has a unique pattern of traits, namely, their interests, values, abilities and personality characteristics. This causes career decisions to be life changing for each person (Olamide & Olawaiye, 2013:34). Nakabayashi (2015:1) adds that innate abilities determine the speed and depth of skill acquisition as well as the individual's productivity in the workplace. It is imperative that individuals obtain accurate information about their personal traits and occupations so that they are able to make better career choices (Atli, 2016:1837).

In addition, the theory presupposes that each occupation is made up of an occupation profile, which outlines the factors required for the successful performance of particular tasks inherent in an occupation (Lovsin, 2014:109). The theory further looks at aspects of the job such as compensation, opportunities and requirements (Flanigan, 2011:31).

Another assumption of the trait and factor theory is that it is possible to identify a fit between individual traits and job factors using a straightforward decision making process. Specifically, the trait and factor theory is based on the premise that a person's personality traits are either a good or a bad fit when matched with the job in a particular workplace (Flanigan, 2011:12).

The trait and factor theory also assumes that, when individuals are matched to an occupation, it is a good fit. In addition, the theory assumes that placing individuals in jobs best suited to their abilities will heighten their level of performance (Mang, 2012:2).

It is imperative that organisations pay close attention to individual characteristics and have high expectations for achieving performance outcomes.

Furthermore, the theory assumes that the closer the match between personality traits and job factors, the greater the likelihood for successful role performance, productivity and satisfaction (Matthews, 2017:323). In addition, the organisation stands to benefit from employee retention. This implies that a poor match results in missed opportunities and damaged organisational reputation (Khan, Amin & Tahir, 2012:61). However, the trait and factor theory operates under the premise that it is possible to measure both individual talents and the attributes required in a particular job. The trait and factor theory posits that an individual should actively make his/her own career choices, as opposed to leaving it to chance alone. In other words, talented individuals search for environments that suit and nurture their skills and abilities; this environment is supposed to allow individuals to freely express their attitudes and values so that they can take on agreeable roles and positions.

All things considered, the trait and factor theory seeks to explain how individuals make career development decisions. This implies that, for organisations to achieve effective talent management, individuals should be assisted in making the best career choices based on their abilities, interests and personality characteristics. Therefore, the trait and factor theory is relevant to this study since career development and employee personality are beneficial to organisations in their formulation of effective talent management strategies. However, the trait and factor theory ignores other factors that are important to effective talent management.

3.3.2 Institutional Theory

The main proponents of the Institutional theory are Powell and DiMaggio (1991) and Meyer and Rowen (1977); Beckert, 2010:150; and Scott, 2010:6 (cited in Glover, Champion, Daniels & Dainty, 2014:104). The Institutional Theory offers a strong theoretical explanation for the work conditions as well as the social and work environment that characterizes organisations.

The Institutional theory presupposes that organisations have structures and conditions that nurture high levels of consensus and cooperation. These conditions within institutions have an impact on development (Glückler & Lenz, 2016:256). In organisations, there are social structures that are comprised of individuals, social groupings, entities as well as cultural-cognitive, normative and regulative elements (Stanger, Wilding, Hartmann, Yates & Cotton, 2013:750). As a result, resources are utilised effectively and the designed activities reflect stability and give meaning to social life (Wang, Lamond & Worm, 2015:3). Therefore, the structures within organisations are meant to stabilise the changing environment and, in turn, organisations are able to effectively design and adopt strategies for employee talent management. According to Hofer, Hofer, Eroglu and Waller (2011:150), an organisation's strategies, work conditions and its social and work environment have a bearing on employee behaviour. Institutional theory assumes that organisations have remarkable employees who conduct the institutional work, and are built to resist institutional pressure as well as to modify organisational fields in order to survive amidst the environment (Suddaby, 2010:15).

Environmental problems are not primarily technological or economic, but rather include the individual beliefs, norms and social institutions (Hoffman & Jennings, 2015:9). The introduction of new incentives is a trigger for change in institutions or organisations (Glückler & Lenz, 2016:259). Institutional theory provides a rich and complex view of organisational behaviour and it looks at factors for institutional change (Baker, Bédard & Prat dit Hauret, 2014:385). Furthermore, because employees work with fellow employees more in organisations than they do in isolation, they adapt their behaviour to others within the organisation; from this, a shared recognisable and routine behaviour emerges (Börner & Verstegen, 2013:305).

Due to the forces within the firm and the environment, the institutional theory examines the factors that lead organisations to adopt certain structures, strategies, and processes (Kauppi, 2013:1320). The Institutional theory also considers the impact of internal actors and external institutions on the management of an organisation, and how this affects

institutional stability (Gamage & Gooneratne, 2017:225). In addition, organisations can gain a competitive advantage through the management of their internal and external institutions, which can be achieved through effective resource allocation (Huang & Cao, 2016:94). In addition, this theory presupposes that social forces influence organisational actions (Evans, 2014:483).

Glückler and Lenz (2016:257) add that the institutional theory focuses on the social and economic effects of institutions exhibited in the form of social actions, which results in dependence and prosperity. Employees and organisations have the potential to reconstruct the rules, norms and beliefs that guide their actions, for institutional change (Cai & Mehari, 2015:4). According to van Dierendonck, Lankester, Zmyslona and Rothweiler (2016:2), the institutional setting of an organisation affects the effectiveness of its employees. Thus, the rules and structures built into the institutional environment is a basis for legitimisation, rewards, incentives and organisational activities which influence behaviour (Najeeb, 2014:25). The institutional theory has often been criticised for its tendency to focus on explaining how institutions endure, rather than how they change (Gilmore & Sillince, 2014:314).

It is thus evident that Institutional Theory explains the contribution of working conditions as well as the social and work environment to talent management. However, it is important to note that the Institutional Theory ignores other factors that are relevant to effective talent management.

3.3.3 Psychological Contract Theory

The main contributors to the Psychological Contract Theory include Menninger (1958), Agyris (1960), Levinson *et al.*, (1962), Schein (1965), Kotter (1973) and Rousseau (1989) (as cited in Heshmati & Jed, 2015:18). The Psychological Contract Theory offers a theoretical explanation for employee engagement as an important contributor to effective talent management. The psychological contract theory implies that there is an unwritten agreement between the organisation and its employees based on mutually accepted promises and obligations. Psychological contract theory further emphasises

that employees that work beyond their contract, expect to gain job security and job advancement (Sharif, Wahab & Sarip, 2017:86).

Specifically, this implies that there are a series of mutual expectations that employees and employers may themselves only be dimly aware of, but, which ultimately governs their relationship (Sambrook & Wainwright, 2010:3). This contract is the result of the 'individual' beliefs and perceptions, shaped by the organisation, regarding the terms of an exchange relationship between the individual employee and the organisation (Asad, 2017:24). According to Chambel, Lorente, Carvalho and Martinez (2016:80), these expectations between the organisation and individual employee not only cover how much work is to be performed for how much pay, but they also include a whole set of obligations, privileges and rights. However, the psychological contract can be established explicitly as long as pay, working hours and conditions of employment are negotiable.

Interestingly, some expectations, standards and norms are individualised while others are widely shared (DeBode, Mossholder & Walker, 2017:42). It is the anticipation of meeting those expectations that motivates the two parties to continue in that relationship. Employees perceive of their employment as a transaction in which long hours are provided in exchange for high contingent pay and training in reaction to labour market flexibility and economic restructuring of the employment relationship (O'Donohue, Hutchings & Hansen, 2017:3).

Subramanian (2017:61) adds that the understanding that social relationships have always been comprised of unspecified obligations, and unequal distribution of power and resources, is central to the psychological contract theory. This implies that, with the psychological contract, there is a sense of trust, fairness and reciprocal fulfilment of the obligations and expectations amongst the contracted parties (Wang, Li, Wang & Gao, 2017:23). According to Yesufu (2016:52), there are two types of psychological contracts: the transactional contract and the relational contract. The transactional contract focuses on material rewards that have a short-term duration and are relatively

narrow in their scope. The relational contract, however, does not have an implied end date. In addition, the relational contract focuses on less tangible rewards and is subject to the beliefs held by the individual parties. Interestingly, an employer offers a relational contract but employees demand a transactional contract, which results in confusion within an organisation (Xiong, Ye & Wang, 2017:22).

It is worth noting that the psychological contract is meant to be adaptive to the various elements due to the changing demands of the workplace, and the potential of employees to bargain (Reimann & Guzy, 2017:1). Accordingly, the employee expects self-development, a pleasant working environment and reasonable workload, all of which are affected by culture and power differentials (Anggraeni, Dwiatmadja & Yuniawan, 2017:1). Furthermore, the benefits that accrue from the fulfilment of the psychological contract include high levels of commitment, loyalty and satisfaction amongst employees in the organisation; this ultimately leads to employee behaviour being judged by work performance and intention to quit (Arthur & Kolson, 2017:18). Further, the consequences of the violation of the psychological contract include labour unrest, employee dissatisfaction and worker alienation. Nonetheless, the theory is being criticised for the fact that it lacks clear parameters, which casts doubt on whether it should be regarded as a contract in much the same manner as other formal contracts. The theory is also criticised on the grounds of whether the psychological contract is an implicit reflection of the employment relationship and thus resembles a legal contract.

In brief, the Psychological Contract Theory explains the contribution of employee engagement to talent management.

3.4 THEORIES RELATED TO TALENT MANAGEMENT

In order to understand a concept that undergirds a study, it is imperative that reference is made to a relevant theory, or set of theories, that grapple with that concept (Harris, Northcott, Elmassri & Huikku, 2016:1180). A theory is a system of ideas that informs practice and guides empirical research related to a particular phenomenon (Mooney, 2018:1). For the purpose of this study, the following theories have been adopted to

explain employee talent management: Human Capital Theory, Vroom's Expectancy Theory, Organisational Support Theory, Institutional Theory and Leader-Member Exchange Theory.

3.4.1 Human capital theory

The Human Capital Theory of Theodore Schultz (1961; 1963), Gary Becker (1962; 1964) and Jacob Mincer (1958; 1962; 1974) postulates that individuals and society derive economic benefits from the investment in human beings (Schulz, Chowdhury & van de Voort, 2013:424). Such investments include a set of knowledge, skills and attributes that are gained through training and education (Backman, 2013:13). Investment in the acquisition of knowledge and skills will result in labour productivity and career development (van der Merwe, 2010:107). The theory assumes that human capital is the stock of competences as well as social and personality attributes, which are optimised to make employees marketable and productive, and which enhances organisational growth and adaptability to change (Arena & Uhl-Bien, 2016:22; Lucas Jr, 2015:86). In addition, the theory presupposes that human capital can raise skills, abilities and potential through exposure to learning opportunities such as training and education, which will result in a productive workforce (Tan, 2014:412).

Since the human capital theory indicates that the economic value of people's knowledge and skill sets varies, which explains the existence of the talent pool, in that it profiles individuals with the required knowledge, skills and abilities, who have the potential to contribute to the performance of an organisation (Marvel, Davis & Sproul, 2016:599). In addition, the concept of career development is highlighted by the human capital theory as it concentrates on access to education and training opportunities in order to improve upon the skills, knowledge and experience of employees, as part of their attributes (Ployhart, Nyberg, Reilly & Maltarich, 2014:375). Also, the human capital theory explains employee engagement as a way in which organisations invest in the abilities of their employees so that they become more involved, committed, passionate and empowered at work (Febriansyah, 2010:972). The human capital theory also focuses on employee personality in that the attributes of human capital include personality; thus,

organisations need to invest in and leverage employee personality (Mihm-herold, 2010:14).

Health sector employees with the requisite the knowledge, skills and motivation to make a significant impact on patient care, safety and cost control need to be retained for better performance and economic value (Taha, Gajdzik & Zaid, 2015:92). This is in addition to other attributes of good employees such as cognitive ability, ambition, courage, devotion, situational judgment and adaptability to the environment (Ingram & Glod, 2016:342; Pickering, 2015:3).

In light of this understanding, human capital theory will serve as the theoretical foundation of this study, in order to better understand how the concept of talent management is influenced by talent pool, career development, employee engagement and personality. It is important for organisations in the healthcare sector to screen for individuals that have the knowledge, behaviours, routines, social and personality attributes that would enable the accomplishment of tasks. The weakness of this theory is that it does not address the rewarding of committed employees in order to retain them and to motivate them for better performance, while also attracting new talent.

3.4.2 Vroom's Expectancy Theory

Victor Vroom's (1964) expectancy theory assumes that individual performance will be determined by the rewards gained or the outcome. Vroom's Expectancy theory provides ideas for predicting individual behavior (Amha, 2011:15). The theory holds that, at a given time, an individual chooses to attempt a set of potential behaviours (Magidson, Roberts, Collado-Rodriguez & Lejuez, 2014:5). The central idea of this theory is that individuals will carry out different actions while expecting a worthwhile reward (Kagwiria, 2016:12).

It is also important to note that Vroom's expectancy theory presupposes that individuals evaluate potential behaviours using the criteria of expectancy, instrumentality and valence (Turabik & Baskan, 2015:1059; Baumann & Bonner, 2017:407). Expectancy means that individuals expect that when they increase their performance, the rewards

will also be enhanced (Parijat & Bagga, 2014:2). Also, instrumentality means that an individual's performance will bring about a desired outcome (Sahito & Vaisanen, 2017:212). In other words, instrumentality is the extent to which an outcome will result in another outcome (Whittington, 2015:11). Valence is defined as the significance that an individual places on the expected outcome (Cook & Artino Jr, 2016:998). The aspects of expectancy, instrumentality and valence are important in reinforcing performance and the retention of employees through the reward system. According to Blackman, Buick, O'Flynn, O'Donnell and West (2017:3), in regard to the expectancy theory, behaviour results from conscious choices between various alternatives, with the purpose of maximising pleasure and minimising pain (Bin Ramli & Bin Jusoh, 2015:370). This implies that the basis for performance lies in individual factors such as personality, skills, knowledge, experience and abilities (Barba-Sánchez & Atienza-Sahuquillo, 2017:1098). However, effort, performance and motivation are linked to a person's motivation (Chiang & Birtch, 2012:540).

Furthermore, Vroom's Expectancy Theory explains that a favourable execution of tasks will result in an anticipated reward (Al-Jarradi, 2011:56). In order for rewards to be effective, they should be equitable (Turinawe, 2011:8). In addition, rewards boost job satisfaction amongst employees (Sabina, Okibo, Nyang'au & Ondima, 2015:62). According to Abadi, Jalilvand, Sharif, Salimi and Khanzadeh (2011:158), managers need to understand that individuals in organisations will increase their efforts at work when the reward has more personal value to them. A reward that is not perceived as valuable to an employee will not motivate the employee (Zaniboni, Fraccaroli, Truxillo, Bertolino & Bauer, 2011:144). In addition, employees tend to enhance their performance if organisations offer an attractive and comprehensive reward package (Gopalan, Abu Bakar, Zulkifli, Alwi & Mat, 2017:020043-4).

An attractive and comprehensive package should contain components such as the financial and non-financial rewards, and it can be tailored to suit the needs of the individual employee, the team or the organisation (Bussin & Toerien, 2015:1). Financial rewards are extrinsic and encompass an increase in salary, profit share, bonuses,

allowances, insurance and incentives (Erbaşı & Arat, 2012:136). The non-financial rewards are intrinsic and include appreciation, care, job design and meeting new challenges (Yousaf, Latif, Aslam & Saddiqui, 2014:1776). Even in the health sector, employees who register high levels of performance expect worthwhile rewards in exchange for their contributions (Abduljawad & Al-Assaf, 2011:201).

In this regard, Vroom's Expectancy theory relates, primarily, to motivation and behaviour within the work environment (Lloyd & Mertens, 2018:29). Since employees make choices in their work, they assess and choose certain components in the work environment, such as facilities, flexible work schedules, the availability of resources and training opportunities, which motivate them to work (Purvis, Zagenczyk & McCray, 2015:4). As such, organisations need to ensure that the work conditions related to an occupation as well as the social and work environment are attractive, and that they do not cause disgruntlement amongst employees – this is instrumental in motivating employees to achieve the organisational goals (Hsu, Shinnar & Powell, 2014 :123). In light of this study's focus on talent management, Vroom's expectancy theory explains the social and work environment and the work conditions relevant to the study.

Moreover, low performance and low morale are evident in organisations that fail to reward employees for their contributions or to create favourable work conditions, as well as a pleasant social and work environment (Suciu, Mortan & Lazăr, 2013 :186). Vroom's expectancy theory thus operates on the principle that, in order for one to perform or engage in a particular behaviour, needs must be met. This means that the theory can explain that a reward system, work conditions as well as social and work environment are closely linked to the performance and retention of individuals employed in the health sector, which is relevant to this study's investigation of employee talent management. However, since Vroom's expectancy theory does not cover all the relevant aspects of this study, it is important to consider the contribution that Organisational Support Theory makes to the subject of talent management.

3.4.3 Organisational Support Theory

The main proponents of the Organisational Support Theory were Eisenberger, Huntington, Hutchinson and Sowa (1986) (cited in Ismail, Nor, Yahya, Zahar, Ismail & Abu Samah, 2013:41). The organisational support theory is founded on the idea that employees form a general perception of the extent to which the organisation values their contributions, treats them and cares about their well-being (Alvi, Haider & Ali, 2013:576; Fenton, Roncancio, Sing, Sadhra & Carmichael, 2014:4). The organisational support theory explains the social exchange relationship between employers and employees, which is based on reciprocity (Schimansky, 2014:8; Wojtczuk-Turek & Turek, 2016:171).

It is important to note that the Organisational Support Theory explains organisational support as the understanding that employees will commit and perform favourably in organisations that care about their well-being. In addition, the organisational support theory supports the concept of supervisor support, that is, it believes that employees view the actions and encouragement of their supervisors as representative of the actions of the organisation (Kalidass & Bahron, 2015:83). According to Seppänen (2012:8), supervisors are seen as agents who act on behalf of their organisations, since they are responsible for enforcing the policies, norms, procedures and actions of these organisations. Furthermore, organisational performance and employee retention are explained by the organisational support theory, which suggests that organisations that care about the well-being of employees will achieve high levels of performance and employee retention; this is based on the norms of reciprocity (Arshadi, 2011:1104). Due to the discretionary behaviour of the actions of the organisation, the sense of obligation that employees feel towards the organisation is further reflected in employee retention (Beheshtifar & Zare, 2012:31). In turn, employees strive to contribute to the achievement of the goals and objectives of the organisation.

Employees tend to attribute human characteristics to organisations that show concern for their welfare, which inspired the development of the concept of organisational support (Nielsen, 2014:78; Bradler, Dur, Neckermann & Non, 2013:2). It is important to

note that the personification of the organisation is due to the aspects that define role behaviours such as policies, norms and culture, as well as the organisation's legal, moral and financial responsibility for the actions of its agents (Kurtessis, Eisenberger, Ford, Buffardi, Stewart & Adis, 2017:7). The Organisational support theory suggests that organisations can create a positive mood amongst their employees when they exhibit voluntary behaviours such as offering favourable rewards and creating favourable working conditions (Yu & Frenkel, 2013:1165). As a result, employees base their judgments of their perceived value to the organisation on how favourably the organisation appreciates their contributions and treats them, depending on the circumstances (Joy & Chiramel, 2016:71; Satardien, 2014:20).

The intention of the organisational support theory is to meet the socio-emotional needs of employees and to assess an organisation's readiness to reward amplified work effort (Acar & Yener, 2016:288). There is improved quality and quantity of output in organisations that show concern, give support and honest feedback, and which are inclined toward initiating creative ideas (Afsar & Badir, 2017:98). Also, when an organisation gives resources to employees in a voluntary manner, rather than under circumstances beyond their control, employees will view such aid as an indication of them being genuinely valued and respected by the organisation (Beheshtifar & Herat, 2013:306). Employees who work harder will help their organisation reach its goals, which is exhibited through employee attraction, retention and better organisational performance (Arogundade, Arogundade & Adebajo, 2015:543; Colakoglu, *et al.*, 2010:128). In addition, there is a resultant sense of organisational commitment (Gokul, Sridevi & Srinivasan, 2012:29). More so, when an organisation supports its employees in their endeavours, they reciprocate through achievement of positive individual and organisational outcomes such as productivity, job satisfaction, work attendance, job/task performance and organisational citizenship behaviours (McKeown & Cochrane, 2012:789).

Thus, the Organisational Support Theory offers an explanation for organisational support, supervisor support, organisational performance and employee retention, as

relevant to this study on talent management. However, since certain aspects of this topic cannot be explained by the Organisational Support Theory, the contributions made by Leader-member exchange (LMX) theory to the topic of talent management are considered below.

3.4.4 Leader-member exchange (LMX) theory

The Leader-Member Exchange Theory is based on the work of Graen and Cashman (1975), Dansereau *et al.* (1975), Graen (1976), Blau (1964), and Graen and Uhl-Bien (1995) (cited in Power, 2013:278). The leader-member exchange theory is concerned with the role making process involving leaders (superiors) and group members (subordinates), and the magnitude to which their connection reveals exchange and reciprocal influence (Davis & Bryant, 2010:512).

According to Casimir, Ng, Wang & Ooi (2014:369), the Leader-member exchange theory presupposes that there is a strong relationship between leaders and their followers within organisations, which has an impact on leadership style and effectiveness (Mahsud, Yukl & Prussia, 2010:562). Employees' attitudes towards work is affected by the quality of exchange between managers and their employees (Breevaart, Bakker, Demerouti & van den Heuvel, 2015:755). In the leader-member exchange relationship, the two parties form impressions of each other based on their demographic and personal qualities; from these impressions, patterns of interaction emerge which lead to the differentiation in the treatment of subordinates (Jain, Srivastava & Owens, 2014:495). As soon as the role of the subordinate is negotiated, tangible and intangible favours can be exchanged in the relationship (Casimir *et al.*, 2014:367).

In addition, the Leader-member exchange theory highlights the manner in which leaders (superiors) treat subordinates who are regarded as in-group members compared to their treatment of other followers (Subramaniam, Othman & Sambasivan, 2010:353; Yoon & Bono, 2016:1200). A successful exchange relationship between leaders and followers, based on fairness, trust and respect, extends beyond the scope of employment to

promote positive outcomes (Othman, Ee & Shi, 2010:338). In order for the relationship between the leader and follower to have a positive effect, the leader should be attentive, supportive, involve the employee in decision making and commit to making the relationship work for the better of the individual and the organisation (Zhao, 2015:798). The leader avails supportive communication, work-related information, mentoring and coaching (Liao, Hu, Chung & Chen, 2017:434).

Importantly, if employees are satisfied with the relationship, they experience greater job satisfaction as they will have less role stress, less job-related burnout, and it will minimise the propensity to quit (Kahrobaei & Mortazavi, 2016:76). According to Vidyarthi, Erdogan, Anand, Liden and Chaudhry (2014:468) as well as Zivnuska, Kacmar and Valle (2017:38), the level of alignment or misalignment between leaders and followers has a significant bearing on the work attitudes and behaviours of employees, as well as organisational performance and commitment, which are relevant to the retention and attraction of employees as crucial to talent management. Further work-related effects of leader-member exchange are job satisfaction and an improved sense of well-being (Graen & Schiemann, 2013:455).

Therefore, the Leader-Member Exchange Theory focuses on the relationship that develops between managers and the members of their teams. It considers this relationship to be part of their leadership style and it promotes the positive consequences of such a relationship: talent attraction, employee retention, organisational performance and organisational commitment. These matters are crucial to managing talented employees in the health sector.

In light of the above, this study will adopt multiple theories such as the Human Capital Theory, Vroom's expectancy theory, Organisational Support Theory and Leader-Member Exchange Theory to explain the antecedents and the outcomes of effective talent management.

3.5 SUMMARY

This chapter provides an overview of employee talent management and the main theories that are used to guide this study of employee talent management in the health sector in Uganda. Multiple theories have been selected to guide this research, because no one theory that can offer a conclusive explanation for all the antecedents and outcomes of talent management. The theories that are related to the variables of the study are: Trait and factor theory, Institutional Theory and Psychological Contract Theory. As a result, the following theories are adopted in this study: Human Capital Theory, Vroom's expectancy theory, Organisational Support Theory and Leader-Member Exchange Theory. These theories offer a deeper understanding of the antecedents and the outcomes of effective talent management, therefore, the study adopted a multi-theoretical approach to explaining the phenomenon of talent management. While this chapter focussed on theoretical perspective on employee talent management, the next chapter presents a discussion of talent management in public institutions in the health sector.

CHAPTER FOUR

TALENT MANAGEMENT IN PUBLIC INSTITUTIONS IN THE HEALTH SECTOR

4.1 INTRODUCTION

Chapter Three explored theoretical perspective on talent management, with a focus on Human Capital Theory, Vroom's Expectancy Theory, Organisational Support Theory, Institutional Theory and Leader-Member Exchange Theory. These theories guided this study on employee talent management in the Ugandan health sector.

Talent management has become a major contributing factor to growth and economic progress. This is due to the fact that talented individuals are utilised in different situations in order to achieve organisational goals (Wood, Linley, Maltby, Kashdan & Hurling, 2011:16). As a result, organisations are re-examining how they attract, develop and retain employees who show potential (Kelly, 2013:2).

Hence, this chapter will provide a discussion of talent management in public institutions within the health sector. This chapter highlights the approaches, elements, systems and role of talent management in these organisations. In addition, the chapter explores the effectiveness of and challenges facing talent management in different countries.

4.2 APPROACHES TO TALENT MANAGEMENT

Talent management has two approaches: inclusive and exclusive (Garavan, *et al.*, 2012:7). These approaches reflect on the differences in the meaning of employee talent across organisations and cultural settings (O'Connor & Crowley-Henry, 2017:1). When these approaches are adopted, there are different implications and outcomes for the individuals and organisations to which they are applied (Swales, Downs & Orr, 2014:529).

4.2.1 Inclusive approach to talent management

The inclusive approach to talent management focusses on developing the potential of each employee in the organisation, in a bid to develop social capital (Garavan *et al.*, 2012:7). This approach holds that all employees have potential and can contribute to the competitive advantage of an organisation, therefore, they should be developed (Krishnan & Scullion, 2016:5). This can be done through gaining skills that are consistent with the company's values (Shondrick, Nordisk, Neyman & Benckiser, 2013:2). The values equip individuals with special responsibilities which help foster performance (Kaewsaeng-On, 2016:82).

Organisations that adopt the inclusive approach focus on creating a pleasant environment and culture that fosters openness, trust and fairness, which will allow for the discovery of hidden talents (Turner, Glaister & Amri, 2016:55). The supportive culture provides equal opportunities for employees to reach their full potential (Ross, 2013:166). The intention is to allow employees to rise to the status of being regarded as employee talent (Ribeiro & Machado, 2017:121).

The inclusive approach is suited for collective and less performance-oriented cultural settings, such as, public organisations (Agarwal, 2016:4). In fact, these organisations ensure that talent management efforts and resources are focused on the equality and diversity of employees (Newbold, 2010:299). This is aimed at achieving acceptable levels of performance and satisfaction (Ingram & Glod, 2016:344). Therefore, organisations that adopt the inclusive approach invest equally in each employee, and they focus the organisation's talent management efforts on all their employees.

In summary, the inclusive approach is built on the premise that all people are talented and gifted, albeit in differing proportions. It is imperative to empower, enable and guide individuals into pathways for development, as well as to offer employees opportunities to stretch and rebuild their skills, knowledge and personal attributes. In contrast, there are organisations that adopt the exclusive approach to talent management.

4.2.2 Exclusive approach to talent management

The exclusive approach to talent management originates from the perception that organisations are only as strong as their best employees (Ingram & Glod, 2016:340). This approach focusses on developing specific individuals who possess unique critical skills, knowledge and abilities, which can be useful in filling critical positions in the organisation (Garavan *et al.*, 2012:7). These individuals are differentiated by their intelligence and contribution to organisations (Stenbeck & Wallin, 2017:63). They are classified as high-potential employees, senior executives and top performers (Harris, Craig & Light, 2011:7; Ribeiro & Machado, 2017:132). According to Kaewsaeng-On (2016:82), this is considered to be the modern talent management approach to intelligent talented employees.

The main concerns of an organisation that adopts the exclusive approach include building talent pools for individuals with potential, intelligence and the ability to perform beyond the levels of their peers (Agarwal, 2016:3). These individuals are also prepared to fill crucial roles and they make a significant contribution to the organisation's objectives (Seniwoliba, 2015:2). In this respect, organisations that are constrained by financial resources adopt the exclusive approach to talent management, in order to extract the talent pool instead of spreading their resources evenly amongst the entire workforce. The result of this is that organisations focus their investment in individuals with the potential to make valuable contributions (Khatri, Gupta, Gulati & Chauhan, 2010:40). This approach also focuses on the talent pipeline, which is comprised of individuals with leadership potential, who will fill positions in the higher levels of management (Barfield, 2015:2). These employees inspire others to excel (Tansley, 2011:270). Therefore, the adoption of the exclusive approach indicates an organisation's shift away from focusing on all employees to focusing solely on specific employees in the talent pool and talent pipeline.

Therefore, in order for organisations that adopt the exclusive approach to manage employee talent, they need to effectively identify, motivate and retain only the critical employees so as to improve individual and organisational performance (Lopes, 2016:212). However, focus on the best employees can be detrimental to the morale of

the remaining employees which, in turn, affects the overall performance of the organisation (Bish & Jorgensen, 2016:7). Thus, it is imperative that organisations adopt strategies for the identification, motivation and retention of their best employees for the accomplishment of the organisational goals.

Nevertheless, the exclusive approach focuses only on employees who are regarded as talented based on the required critical and leadership skills, ability and potential to perform. Therefore, the inclusive and exclusive approaches reflect how talent is managed within an organisation. For the purpose of this study, it is also important to describe the talent management system that can be utilised to attract, develop and retain employees who have the skills, knowledge and abilities required in organisations.

4.3 TALENT MANAGEMENT SYSTEM

Talent management integrates the human resource management functions of recruitment, retention, workforce planning, employment branding, orientation and redeployment into a seamless process that is characterised by interdependency (Niedźwiecka, 2016:805). This process is designed as a talent management system that can meet the human resource needs of an organisation (Ford, Harding & Stoyanova, 2010:4). According to Tepayakul and Rinthaisong (2016:78), the components of a talent management system range from talent identification, recruitment, selection, performance management, compensation management, development and succession planning to talent retention.

4.3.1 Talent identification

Talent identification is a continuous process of identifying individuals with special characteristics such as skills, knowledge, abilities and potential for employment, to fill critical positions and roles in organisations (Tepayakul & Rinthaisong, 2016:80). These talented individuals are recognised due to the fact that they create value for organisations (Harris *et al.*, 2011:7). Talent identification can be simplified when the organisation is in touch with a large pool of potential candidates that have specialised skills (Opondo, Odida & Njanja, 2014:179). Also, in talent identification, the key positions and roles in the organisation are identified (Sheehan, 2012:67), in addition to

reviewing existing profiles for the crucial roles (Vaiman, Scullion & Collings, 2012:933). Therefore, talent identification can enable organisations to not only find the suitable individuals but also to ascertain whether these individuals are a suitable fit for the available critical roles.

The aim of talent identification is to fill positions that have fallen vacant either through attrition or through expansion, and to meet current and future human resource needs (Van Duren, D'Amico & Knoth, 2015:188). Therefore, the identification of talent is driven by an organisation's need to fill the capability or skills gaps in the organisation, and to identify critical employees who are of the utmost value to the organisation (Yarnall, 2011:510). However, there are also challenges faced at this stage of the talent management system.

In order to undertake talent identification, it is important to determine all the possible criteria and requirements that play a role in the performance of employees (Mechalo, 2016:1). In addition, the strategic positions to be filled by talented employees should be ascertained. This can be enhanced and implemented using various methods.

These methods include screening tests, pivotal role analysis and the competency based approach (Ross, 2013:167). Different screening tests, such as genetic, psychological, biomedical, motor, performance and personality tests, are used to select outstanding employees at any given point in time (Breitbach, Tug & Simon, 2014:4). Pivotal role analysis is a method that is used to accurately evaluate the impact of job families and roles on organisational strategy and growth (Khatri *et al.*, 2010:43), in addition to grouping employees into critical and non-critical categories (Tansley, 2011:270). The competency based approach identifies talented individuals through specifying the knowledge, skills and behaviours that are valued by the company, as these characteristics are considered necessary for critical positions (Vnoučková, Urbancová & Smolová, 2016:1410).

However, the challenges of talent identification include defining the criteria used to identify talented employees (Sæther & Mehus, 2016:2). Another challenge is ensuring that each individual with the competencies that are crucial to individual and organisational success are identified in the talent identification process (Ross, 2013:168). Moreover, talent identification is usually left to chance, with organisations failing to systematically follow the set parameters, thus, the tests might not reflect real abilities (Ford *et al.*, 2010:12). In addition, there might be loss in morale, demotivation, reduced performance and turnover amongst those individuals who are not identified as talented (Cho & Ahn, 2018:3). Therefore, organisations need to devise sustainable and effective strategies, and mitigate the risks related to talent identification.

Generally, organisations put strategies in place so that the right individuals with the right skills, knowledge, abilities and potential for the available crucial positions are noticed.

4.3.2 Talent recruitment

Talent recruitment refers to the method utilised by an organisation to motivate internal and external candidates who have potential and who meet a pre-determined criteria to fill the available critical positions, based on merit as well as current and future benefit to the organisation (Tepayakul & Rinthaisong, 2016:80). It should be noted that the demand for talented young individuals outstrips supply in the labour market (Pruis, 2011:206). Thus, organisations should make efforts to take on individuals who are innovative, skilled and experienced for organisational success (Sahay, 2015:22).

The focus of talent recruitment should be on quality rather than quantity (Van Duren *et al.*, 2015:188). This is due to the fact that there is a limited pool of individuals who are considered talented (Burbach & Royle, 2010:415). Thus, it is increasingly difficult to source skilled talent.

The purpose of talent recruitment is to attract potential candidates to fill the hard-to-fill positions, build a talent pool, deal with change and build long-term relationships at work (Koch, Gerber & de Klerk, 2018:1). In addition, organisations that have an effective talent recruitment strategy benefit from the acquisition of skilled and knowledgeable

employees, and reduced costs related to re-hiring (DeVaro, 2016:1; Eger, Mičik & Řehoř, 2018:224). Furthermore, these employees contribute to the organisation's performance and competitive advantage (Coulson-Thomas, 2012:430). In other words, recruiting the right candidates allows for competent individuals to enter organisations and work in conjunction with other employees to contribute to the organisation's productivity (Khezri, Niknafs, Aidnlou, Alian & Eslamlou, 2016:18). Thus, the importance of talent recruitment cannot be overemphasized.

Because organisations are under pressure to adapt to new ways to fill talent scarcity gaps, a number of methods of talent recruitment have been employed (Sahay, 2014:172). As a result, talent recruitment involves a series of sourcing activities, branding efforts, assessment processes and on-boarding activities intended to fill talent gaps (Sahay, 2015:22; Meyer & Bartels, 2017:10). The employer brand improves the way an organisation is viewed by potential applicants, who then reflect on whether they wish to join the organisation (Kucherov & Zavyalova, 2012:88). The implication of this is that the failure to attract the right calibre of people lies squarely with an organisation's recruitment process (Newby & Howarth, 2012:194). Employee talent can be sourced from recruiting firms, which act as intermediaries in the labour market as they match organisations with the available talent (Kucherov & Zavyalova, 2012:88).

In addition, other sources of recruitment include recruiting from universities and colleges, labour unions, advertising, employment agencies, job posting, promotions, transfers, employee referrals and e-recruitment (Klein, Gamon, Späth, Berger, Meyer, Hohagen, Hautzinger, Lutz, Vettorazzi, Moritz & Schröder, 2017:1; Ahmed, 2015:27; Anand & Chitra, 2016:411; Chidi, 2013:362; Lamba & Choudhary, 2013:409; Tardos & Pedersen, 2011:100; Barma & Gupta, 2015:68). Moreover, organisations allow for flexible recruitment such as regular employment, part time employment, independent contractors, as well as professional employer organisations and employee leasing options (Spreitzer, Cameron & Garrett, 2017:478), in addition to temporary workers and seasonal employees (Houseman, 2014:3). Thus, organisations should endeavour to

adopt the most appropriate methods to attract the required employee talent for organisational performance.

The challenge facing talent recruitment is that poor recruitment policies and processes might, in turn, exclude talent from organisations (Linley, 2015:194). Also, with talent recruitment, an organisation might not be able to ascertain competent individuals with the appropriate work ethic, and who display resilience and tenacity, which also constitute employee talent (Anand & Chitra, 2016:411). In addition, the costs related to recruiting employee talent include salary increases and competition for the same employees (Board, Meyer-ter-Vehn & Sadzik, 2017:1).

In essence, it is important for organisations to recruit talented employees who have the ability to contribute to organisational performance.

4.3.3 Talent selection

Talent selection is a method of screening qualified candidates from the talent pool to fill critical positions within an organisation (Tepayakul & Rinthaisong, 2016:81). According to Guinn (2012:26), talent selection is a procedure of matching organisational requirements with the skills and qualifications of people, which are showcased at selection as job knowledge, education and experience. Furthermore, talent selection involves choosing the best candidate with not only the best professional performance, but who has the right abilities, skills and knowledge for the required job (Chen, Wang & Hsu, 2013:175). Thus, each organisation should put significant effort into attracting and choosing the right candidates for the long term survival of the organisation.

The factors that affect talent selection include selecting employees based on incorrect information about their qualifications, or lack of clear and systematic techniques of selection (Ekwoaba, Ikeije & Ufoma, 2015:24; Baffoe, 2016:30). Other challenges to talent selection include a lack of specialists who are knowledgeable in selection, the high costs associated with selection, and the scarcity of candidates with the required skills, knowledge and expertise in the labour market, as well as poor feedback and job relatedness (Zinyemba, 2013:30; Nabi, Yuanhua, Zaheer, Rehman & Nisar, 2016:321).

In addition, during talent selection, it is difficult to predict the performance abilities of the different individuals (Gardner & Deadrick, 2012:379), which can affect the selection of individuals, such as managers, which requires an emphasis on people leadership, change management and empathy. However, as the competition for talented individuals increases, talent selection has become critical for organisations (Nabi *et al.*, 2016:321; Anwaar, Nadeem & Hassan, 2016:3). Thus, it is important to consider the factors that affect the selection of talented individuals so that individuals who are able to perform and commit to their organisation are recruited.

The main aim of talent selection is to match individuals with jobs and the organisation (Ekwoaba *et al.*, 2015:26). Organisations need to select employees who have the potential to exhibit desirable post-hire work outcomes (Roth, Bobko, Van Iddekinge & Thatcher, 2016:271). In addition, an organisation benefits from talent selection due to the fact that it results in job satisfaction, retention and organisational commitment (Valentine, Hollingworth & Eidsness, 2014:692). Talent selection also enhances organisational ethics because, with an effective talent selection process, an organisation is able to ensure that the right individuals are chosen to take on the suitable roles (Hoek, O'Kane & McCracken, 2016:69). An organisation will also be able to save time and money by selecting the right candidate (Ližbetinová & Hitka, 2017:337). Thus, it is important to select the right candidates in order to enhance performance within organisations.

Talented employees tend to be attracted to and hired by organisations that share their values, thus, organisations adopt a number of suitable techniques for talent selection; these include intuition, discussions, tests and interviews (Bhoganadam & Rao, 2014:997). According to Miles and Sadler-Smith (2014:606), as a tactic for judgment, intuition plays an undeniable role in the selection of talented employees. The methods of talent selection include testing, gathering information and interviewing (Rebić, Dražeta & Đokić, 2015:673). The tests that can be utilised to select talented employees include cognitive ability tests, personality tests, physical ability tests, integrity tests, and work sample tests, amongst others (Alsabbah & Ibrahim, 2013:86). In addition to

gathering information via resumes, biographical data and referral background checks (Bolander & Sandberg, 2013:289). Interviews can be carried out to ascertain the skills, knowledge and attributes of talented individuals (Opayemi & Oyesola, 2013:95). It should be noted that these methods of talent selection consider the problem solving abilities, values and behavioural attitudes of candidates (Lodato, Highhouse & Brooks, 2011:353). Hence, it is important for organisations to utilise the right methods in the selection of qualified, skilled and knowledgeable individuals.

Generally, organisations need to emphasise the need for, and adopt, effective techniques for talent selection in order to choose and retain quality employees, so that they are able to accomplish their organizational goals. Therefore, it is essential for management to employ and assign suitable employees who share the organisation's values.

4.3.4 Talent performance management

Talent performance management involves ongoing communication between superiors and subordinates regarding the objectives and expectations of employees at work, providing feedback, and ascertaining the outcomes of their work in comparison to their goals (Pulakos, Hanson, Arad & Moye, 2015:52). Sahoo and Jena (2012:296) suggest that this process is part of the day-to-day management of talented employees, and it is aimed at improving knowledge, skills and competence requirements. Moreover, it is important to improve performance at the strategic, operational and individual levels (Thursfield & Grayley, 2016:789). The elements of the performance management of talented individuals includes the measurement, as well as the reporting and use of performance management information for decision making. The sub-processes include strategy definition (planning/goal setting), strategy execution, training and performance measurement (Sarrico, Rosa & Manatos, 2012:274). Hence, it would be worthwhile for an organisation to incorporate talent performance management into its overall strategy.

The aim of talent performance management is to reduce costs and contribute to the growth and development of an organisation through the implementation of employee development programs and rewarding achievements (Forslund, 2012:298).

Furthermore, the intention performance management is to identify and eliminate barriers to performance, to ascertain the skills that need to be developed, and to provide feedback on performance (Sahoo & Mishra, 2012:3). Also, recognising the personality of each employee helps management figure out how to help each employee develop their job specific skills and knowledge, and how to turn these talents into real performance (Madegwa & Muathe, 2013:1131). According to Buick, Blackman, O'Donnell, O'Flynn and West (2015:272), talent performance management provides opportunities for learning and improvement, which results in the maximum utilisation of scarce resources, the implementation of development programs, improvement of overall efficiency and effectiveness, and it enables organisations to deal with change. In addition, talent performance management is viewed as a basis for decision making on matters regarding the evaluation, reward, motivation and promotion of talented employees (Schláfke, Silvi & Möller, 2012:110). Thus, it is imperative that organisations manage the performance of talented employees so as that they are able to benefit from the employee's full potential.

Talented employees take pleasure in working with organisations that have performance management practices that are fully developed, implementable and applicable (Blasini & Leist, 2013:479). In order to implement a talent performance management program, organisations need to create a conducive work environment that encourages employees to think, feel and have the desired and productive behaviours that would enable them to exceed their performance targets (Silva & Ferreira, 2010:438). Moreover, employee job profiles should be clearly defined and expectations should be laid out and clearly communicated (Colville & Millner, 2011:38). In addition, for the assessment aspect of performance management, employees should be offered rewards for good performance, such as being given opportunities for promotion (Maamari & Alameh, 2016:133). Thus, talented employees appreciate joining and are committed to staying with organisations that have clear performance management schemes, which identify and recognise the contributions made by these employees.

Overall, talent performance management improves the overall efficiency and effectiveness of an organisation, through the assessment, improvement and rewarding of performance amongst talented employees. This is crucial to the enhancement of performance through utilising the skills, knowledge and behaviours of talented employees.

4.3.5 Talent compensation management

Talent compensation management refers to everything that an organisation offers its employees in exchange for their contributions (Muguongo, Muguna & Muriithi, 2015:47). As part of talent compensation management, talented individuals receive compensation packages, incentives and non-financial benefits (Welsh, Ganegoda, Arvey, Wiley & Budd, 2012:267). The elements of talent compensation include incentives, salaries, wages, allowances, promotions, benefits and stock options (Denning, 2012:16). Designing a compensation package can be challenging as it must incorporate an appropriate combination of salary and employee benefits (Lee, Bosworth & Kudo, 2016:24). Further, talent compensation packages vary across occupations, organisations and industries and should be perceived as equitable and competitive while matching the requirements of the labour market and encouraging high performance work practices (Adams, Gupta & Leeth, 2010:367; Shiah-Hou & Cheng, 2012:915; Chênevert & Tremblay, 2011:856). Compensation can include intrinsic and extrinsic rewards that have an impact on employee attitudes, such as commitment and job satisfaction (Ajmal, Bashir, Abrar, Khan & Saqib, 2015:461). Thus, organisations focus on equitable and fair practices of compensation management so as to attract and retain talented employees in order to meet their present and future human resource needs.

The aim of talent compensation is to attract new talent to the organisation and to enhance the job satisfaction of its employees (Ajmal *et al.*, 2015:461). Also, talented individuals in organisations are motivated towards exceptional performance when the organisation provides incentives (Tepayakul & Rinthaisong, 2016:83). Further, Shiah-Hou and Cheng (2012:915) concur that compensation is associated with performance. In addition, compensation results in the retention of workers, and the

enhancement of social standing and reputation, which is important to high performers (Kossivi, Xu & Kalgora, 2016:262; Chapman & Kelliher, 2011:124). According to Kaliannan, Abraham and Ponnusamy (2015:651), attractive compensation packages stop employees from changing jobs frequently. More so, employees that view the available compensation packages as fair and equitable feel a sense of sustenance, security and privilege while working for the organisation (Judge, Piccolo, Podsakoff, Shaw & Rich, 2010:157). It should be noted that talent compensation is a major factor in making strategic choices, aligning organisational and individual goals, and highlighting propensity for risk (Lin & Cheng, 2013:1381). Furthermore, dissatisfaction with compensation elements, such as pay and promotion, results in employee turnover (Malik, Danish & Munir, 2012:6). In addition, inequitable compensation breeds cynicism and negative attitudes amongst employees at work (Welsh *et al.*, 2012:261). Hence, talent compensation is a tool that can be used to propel individuals and organisations to perform.

The challenge of designing a talent compensation package lies in creating the appropriate combination of salary and benefits (Lee *et al.*, 2016:24). In addition, some organisations have a shortage of financial resources and, as such, they are not in a position to offer attractive compensation packages (Aguinis, Joo & Gottfredson, 2013:242). Thus, even with these challenges, talent compensation is still relevant to organisations.

In general, talent compensation management is an important component of the talent management system since it boosts the ability of organisations to attract, motivate and retain talented individuals.

4.3.6 Talent development

Talent development refers to the enhancement of individual and organisational performance through advancing knowledge, abilities, attitudes and skills (Tepayakul & Rinthaisong, 2016:82). Talent development is also explained as the planning, selection and implementation of strategies aimed at the advancement of the entire talent pool, so that current and future talent needs can be met, for the achievement of organisational

objectives (Garavan *et al.*, 2012:6). Therefore, it is imperative that organisations ascertain what talent and competences need to be developed for individual and organisational performance.

Talent development utilises interventions such as education, coaching and mentoring, project development and formal programmes on leadership and management (Fitzgerald, 2014:3). Other methods of talent development are on-the-job training, supervision, job rotations, transfers, classroom training, self-instruction, case studies, simulation, role play, networking, apprenticeship and web based learning (Pruis, 2011:212; Tansley, Hafermalz & Dery, 2016:492). Due to the severe skills shortages in many organisations, the development of talented individuals is a topical issue in organisations (Kronz, 2014:249; Yarnall, 2011:510). Therefore, organisations need to adopt the appropriate methods for talent development, in order to enhance employee abilities and to minimise skills shortages.

The aim of talent development is to acquire the necessary skills to meet the demands of the job (Garavan *et al.*, 2012:6). Furthermore, talent development programmes address weaknesses that employees face in organisations, such as gaps in performance, skills and knowledge constraints, dealing with unfamiliar tasks, more responsibility, working across boundaries, and so forth (Oppong & Gold, 2016:343; Ghosh, Haynes & Kram, 2013:233). Organisations make use of talent development to match employees with the available internal opportunities, thus meeting the organisational needs (Rowland, 2011:37). Even after identifying and recruiting the right talent, a proper talent development program must be put in place to ensure that talented employees do not become unproductive but rather minimise the gap between their current and ideal skills (Piip, 2015:718). As a result, development programmes increase compliance, collaboration and teamwork amongst employees (Corsello, 2012:29).

According to Newbold (2010:299), there is organisational development and flexibility in organisations that offer learning opportunities to their employees. The performance of individuals and organisations is enhanced as a result of the advancement of the

knowledge, skills and competences of employees (Wait & Frazer, 2018:3; Jangbahadur & Sharma, 2018:455). Further, learning approaches facilitate the flourishing of other capacities, traits and qualities within talented individuals (Ahmadi, Ahmadi & Abbaspalangi, 2012:216). The advancement of knowledge amongst employees boosts health and safety, personal development, satisfaction and morale at work (Jha, 2016:80). Organisations also use talent development as a tool to promote competitive advantage (Mayfield, Mayfield & Wheeler, 2016:4; Dalal & Akdere, 2018:343). Moreover, employees who are able to access talent development opportunities feel supported by their organisations, and they thus identify with the organisation (Cole, 2016:26).

Talent development is designed to empower employees and strengthen the employer brand of an organisation (Garcea, Linley, Mazurkiewicz & Bailey, 2012:201; King, 2017:308). There is also increased instances of work engagement and commitment amongst employees who have access to development opportunities (Mehdiabadi & Li, 2016:288). In addition, advancing employee skills and knowledge is important for succession planning since employees are enabled to take over from one another as needed, and to work on teams or work independently without constant help and supervision from others, thus taking control of their careers (Panda & Sahoo, 2015:15; Martin, 2011:291). Organisations that offer development opportunities to their employees also enhance the leadership capabilities of young talents so that they can become future leaders (Good, Taylor, Robertson, Demmer & Burroughs, 2016:566). Organisations also see an improvement in processes, innovation and the adoption of new technologies and methods as a result of acquiring knowledge and meeting the learning needs of their employees (Rezaei & Beyerlein, 2018:87). Organisations are able to embrace change when they have employees who have been trained (McFarland & Jestaz, 2016:75). More importantly, organisations design unique and attractive development opportunities to increase adaptability, in order to retain valuable employees and avoid unnecessary external recruitment (Kunasegaran, Ismail, Rasdi, Ismail & Ramayah, 2016:371).

However, it is important to note that the failure to develop employees adversely affects the attraction and retention of talent which will, inevitably, have a negative impact on performance (Sheehan, 2012:68). Thus, it is important that organisations recognise the importance of developing top talent for skilled positions, and the difficulties therein, as this is crucial to employee retention and overall performance.

The factors that influence talent development at work include top management support, technology and learning style (Jakubik, 2016:106). Nevertheless, the challenges facing talent development include a lack of time and finances for the requisite activities (Anand, 2011:27). In addition, the required skills and knowledge are not clearly defined (Glastra & Meerman, 2012:107). In spite of these challenges, organisations should minimise the challenges associated with, and embrace the need for, talent development – particularly since there are a number of adverse consequences of the failure to adopt talent development programs (Jehanzeb & Bashir, 2013:244). Therefore, organisations need to have talent development programs for current and future performance.

For talent development to thrive, an organisation is required to have a favourable culture that allows and supports the planning and implementation of related activities (Meng, Wang, Chen, Zhang, Yang, Wang & Zheng, 2016:130). In addition, it is important for talent to be identified and supported in their roles, and for a talent development structure to be put in place (Ross, 2013:12). The identification of the skills, knowledge, experience and traits that the organisation needs is also important (Newhall, 2015:3). Thus, organisations should commit to talent development programmes that can guide and nurture employees so that they are able to grow and realise their full potential.

Therefore, talent development represents an important component of the overall talent management process. Due to the specific knowledge and skills acquired, the organisation is able to get the best out of its employees, enhance employee performance and help employees work on their current and future roles.

4.3.7 Talent succession planning

Talent succession planning is described as a deliberate and systematic process of identifying, assessing and developing potential and high quality leaders, managers, executives or other individuals with the required skills, knowledge and experience to take on different crucial roles and positions in an organisation, in the present and in the future (Ahmadi *et al.*, 2012:217). According to Tepayakul and Rinthaisong (2016:84), talent succession planning is regarded as the process of identifying, auditing and developing the right skills, knowledge and abilities of talented individuals for future openings of key positions in organisations. Furthermore, this is a strategy used to link competencies, knowledge assets, people and the organisation in order to address the leadership challenges facing organisations, such as decision making, loyalty, trust, technology, globalisation and employee retention, amongst others (Estedadi, Shahhoseini & Hamidi, 2015:41). Thus, organisations should recognise and integrate talent succession planning initiatives into the talent management process, so as to realise the full potential of their employees.

The aim of talent succession planning is to have a continuous flow of employee talent throughout the organisation (Burbach & Royle, 2010:415). Succession planning is a career management initiative that relates the required competencies and knowledge to individuals and the organisation so as to maintain leadership and maximise achievement (Mehrabani & Mohamad, 2011a:37). As a talent management practice, there is continuity in leadership, management and organisations since successors are provided with opportunities to prepare for future managerial or leadership positions (Huynh, 2016:756; Saan, Enu-Kwesi & Nyewie, 2018:166). The talent needed for specific roles is determined during talent succession planning, and employees who show potential in these areas will take on these crucial roles, thus increasing the organisation's chance for survival and growth (Kowalewski, Moretti & McGee, 2011:99). Further, through their managers, organisations are able to gain control of the careers of talented employees (Yarnall, 2011:511). The intention of this is to identify potential leaders, enhance motivation and increase performance outcomes through feedback and talent reviews (McDonnell, Collings, Mellahi & Schuler, 2017:95; Budhiraja & Pathak, 2018:31). Talent succession planning reduces costly mistakes related to the

recruitment, development or promotion of the wrong employee for a critical position via external recruitment (Stadler, 2011:264). While the process of succession planning makes it easy to find a replacement for those individuals who have retired, resigned, died or been terminated, it is also used as a tool to reduce the turnover of talented employees (Weare Jr, 2015:314; Hall-Ellis, 2015:96).

According to Zepeda, Bengtson and Parylo (2012:139) and González (2013:409), the process of succession planning creates a team of talented employees who, due to their leadership capabilities, are motivated and ready to perform their tasks well, who are able to anticipate rapidly changing conditions, and who assume more senior responsibilities. More so, organisations that are able to map out the careers of their employees early on will be viewed as encouraging flexibility and competitiveness for better roles (Mehrabani & Mohamad, 2011b:371; Kumaran, 2015:440). Therefore, organisations that are interested in managing talented employees tend to adopt the continuous practice of succession planning for the achievement of organisational goals.

According to Mehrabani and Mohamad (2011a:38), succession planning methods entail assessing the performance and potential of talented employees, planning their career paths through the organisation, and establishing detailed plans to develop these talented employees. For effective talent succession planning, Mehrabani and Mohamad (2011a:38) indicate that the following factors should be taken into consideration:

- clarifying the aim and desired results of the effort;
- determining the requirements of the current performance;
- measuring the performance;
- determining the performance needed for the future;
- assessing the potential;
- establishing a way to narrow the gaps;
- following up;
- documenting competence;
- making and maintaining rewards for developing people;
- evaluating results; and

- leading from the front.

Organisations should make use of the relevant methods and recognise these factors for effectiveness, so as to draft a well-designed and coordinated talent succession plan that can be used to enhance the development of individuals and organisations.

The challenge of talent succession planning is that individuals with fresh ideas, vision and experiences are barred from entry into the organisation due to internal recruitment efforts (Mwemezi, 2011:45-46). In addition, there are those challenges related to the dwindling talent pool, competition for talent, poorly structured succession programs, lack of interest and investment in competing priorities, amongst other factors (Hejase, Hejase, Mikdashi & Bazeih, 2016:504; Church, 2014:236). Therefore, organisations should recognise the challenges they face, and design and adopt a systematic approach to them, in order to ensure the continuity of employees at all levels.

Consequently, talent succession planning is part of a holistic process of talent management and it should therefore be aligned to the organisational strategy, through a strategic human resource plan. Due to the decrease in talent, it is important for organisations to match the right people with the right skills and knowledge to the right positions at the right time, thereby contributing to employee performance, retention, commitment and satisfaction, as well as the achievement of organisational goals and objectives.

4.3.8 Talent retention

Talent retention is described as an effort to create and foster a favourable working environment that is supportive of talented employees remaining in the organisation for the maximum period of time, or until the completion of a specific project (Das & Baruah, 2013:8). Further, Tepayakul and Rinthaisong (2016:82) suggest that talent retention is the ability of an organisation to maintain its skilled and competent employees so that they refrain from accepting better employment offers from other organisations. Similarly, Maamari and Alameh (2016:121) maintain that talent retention requires the provision of a systematic working environment characterised by favourable, transparent and

equitable procedures. In order to gain insight into talent retention, organisations may adopt employee surveys as a technique to gain insight into employee satisfaction (Balakrishnan, Masthan & Chandra, 2013:10), and exit interviews to gain insight into workplace experience (Hossain, Himi & Al Ameen, 2017:2). Organisations may also hire employee retention consultants to provide expert insight into turnover (O'Connor, 2018:6). Therefore, organisations that intend to retain their talent should prioritise employee needs, feelings, opinions, sentiments and aspirations.

Certain factors are considered important in determining the obligation and attachment that employees feel towards an organisation, which encourages them to stay with the organisation (Rono & Kiptum, 2017:109). These factors are: flexible work schedule, career development systems, compensation and rewards, motivation, orientation and leadership development (Sinha & Sinha, 2012:146). Additional factors include offering opportunities for feedback, work/life balance, dealing with change as well as fostering teamwork, communication and interpersonal relationships (Ellehuus, 2012:85). Similarly, other factors include job security, learning and development, organisational culture, supervisor support, work environment and organisational justice (Das & Baruah, 2013:9; Govaerts, Kyndt, Dochy & Baert, 2011:36). These retention factors cater to the needs and desires of employees; consequently they boost job satisfaction, loyalty and commitment (Kaur, 2017:168). Therefore, talent retention strategies should be recognised and adopted for organisational success.

Management should develop a talent mindset in order to retain skilled and competent employees who are also important contributors to economic growth and sustainability (Barkhuizen, Schutte & van der Sluis, 2014:117). Once developed, talented employees will surely remain and work for the successful achievement of organisational goals and refrain from taking their talents to a competitor (Kelly, 2013:2). Further, talent retention is intended to boost return on investment since it encourages effectiveness (Matongolo, Kasekende & Mafabi, 2018:217). Moreover, organisations that seek a competitive advantage across sectors, through valuable employees, make use of talent retention strategies (Naim & Lenka, 2018:434). Therefore, organisations that are interested in the

retention of talented employees should implement suitable strategies for the achievement of their organisational goals.

Organisations thus face the challenge of low levels of retention (Harris *et al.*, 2011:8), coupled with the significant costs associated with the loss of an investment (that is, hiring and training new employees) in organisations that fail to retain talented employees (Tlaiss, Martin & Hofaidhllaoui, 2017:429). Despite these challenges, talent retention is a crucial part of talent management since it forms the basis for the enhancement of loyalty and commitment amongst talented employees.

It is therefore imperative that organisations apply all the components of the talent management system identification, recruitment, selection, compensation management, performance management, development, succession planning and talent retention in an integrated manner so as to achieve a competitive edge over their competitors in the era of competition for talent. This integration is crucial to getting the most from the talent management process.

4.4 THE ROLE OF TALENT MANAGEMENT IN ORGANISATIONS

Talent management is an ongoing, challenging and dynamic process of systematically identifying, assessing and developing high-potential individuals to fill key roles for continuity and the maximisation of organisational performance (Festing & Schäfer, 2014:263). Talent management is considered a top priority due to its relevance to organisations (Coulson-Thomas, 2012:429). In addition, the escalating demand for talented employees to fill key positions has led to the realisation that organisations should improve the management of talent (Rabbi, Ahad, Kousar & Ali, 2015:208). Fundamentally, talent management is a tool adopted and used by organisations to gain a competitive advantage through having the right people, with the right skills in the right jobs (Höglund, 2012:126). It should be noted that talent management is crucial for profitability, productivity, positive attitudes at work, professional development as well as organisational performance and effectiveness (Yarnall, 2011:511). In addition, talented individuals are a source of sustainable organisational success and skills, as well as professional development (Dhanabhakym & Kokilambal, 2014:24).

In order to manage employee talent, organisations build a high performance workplace that fosters diversity and learning; this subsequently leads to an improvement in the organisation's reputation, morale, growth and customer satisfaction (Fitzgerald, 2015:3). Talented employees find ease in adaptability to change and executing new processes (Keçecioglu & Yilmaz, 2014:6236). Also, talented individuals are able to meet present and future demands for a skilled labour force (Nilsson & Ellström, 2012:27) and they contribute to organisational development through their potential (Pruis, 2011:207). The failure to implement talent management strategies results in unrealised goals, absenteeism, and recruitment costs related staff to turnover (Ross, 2013:13).

Therefore, it is imperative that talented employees are part of the organisation's structure and that their capabilities are leveraged in order to realise the benefits thereof. Organisations that effectively manage talent are in a better position to seek, motivate, develop and retain highly skilled and knowledgeable professionals.

4.5 THE EFFECTIVENESS AND CHALLENGES OF TALENT MANAGEMENT IN DIFFERENT COUNTRIES

Talent management is comprised of all those activities that are undertaken for the purpose of attracting, selecting, developing and retaining the finest employees (Krishnan & Scullion, 2016:5). In those fundamental roles, it is necessary for an organisation to achieve its goals on an international scale (Scullion, Collings & Caligiuri, 2010:106). Since the internationalisation of businesses, a global perspective of talent management has emerged in order to include organisational initiatives that contribute to the attraction, selection, development and retention of the best employees in the most important roles worldwide, for the purpose of organisational development and success (Al Ariss, Cascio & Paauwe, 2014:174). Essentially, the demand and competition for highly skilled labour is intense (Nilsson & Ellström, 2012:27).

4.5.1 Talent Management in the global context

Globally, the workforce has become increasingly educated, diverse and mobile (Tarique & Schuler, 2010:123). A number of countries face the challenge of severe unemployment, such as Nigeria (37%), Mauritania (30.8%), Macedonia (29.8%), Bosnia (29.2%), Greece (28.1%) and Spain (27.2%) (Kayode, *et al.*, 2014:69; Irpan, Saad, Nor, Noor & Ibrahim, 2016:1). In sub-Saharan Africa, the unemployment rate is 50.1% in South Africa, 24.4% in Sudan, 19.3% in Tanzania and 9.4% in Uganda (Bolton, 2016:2; Uganda Bureau of Statistics, 2016:30). Despite these high unemployment rates, searching for talented employees remains a challenge (Farndale, *et al.* 2010:161).

In order to remain competitive, different countries handle talented individuals in different ways. For instance, the health sector in Qatar depends quite heavily on expatriates who come with different challenges and, therefore, threaten the stability of the health workforce (Goodman, 2015:179; Bener & Mazroei, 2010:86). Poland and Romania have experienced the emigration of significant numbers of health workers in search of better opportunities in other European countries, which has subsequently affected their health systems (Anghel, Botezat, Coşciug, Manafi & Roman, 2016:20; Suciu, Popescu, Ciumageanu & Buzoianu, 2017:2).

Furthermore, Rudhumbu and Maphosa (2015:21) have revealed that, in Botswana, talent management was still a work in progress due to the managers' lack of knowledge and ability to plan and implement talent management programs. Similarly, Egerová, Lančarič, Eger and Savov (2015:116) found that, in the Czech Republic and Slovakia, talent management is a new concept and is thus not a primary concern for most organisations.

In Lesotho, 50% of the country's health workers have left for greener pastures (Ministry of Health and Social Welfare Government of Lesotho, 2010:6). The situation is no different in Uganda, which is the context of this study, where 50% of the health workers in public hospitals and health centres left the country due to their dissatisfaction with their working conditions, thus being ranked number 186 out of 191 nations in health care performance (Kayiwa, 2015:1; Ayebazibwe, 2013:1).

Even so, many countries have made significant efforts to manage talented employees in spite of these challenges. In China, organisations integrate talent management with their organisational strategy and they emphasise the role of appropriate recruitment, selection, role allocation, training and development, and reward management (Iles, *et al.*, 2010:187). Also, in Kenya, Mochorwa and Mwangi (2013:18) note that, in order to manage employee talent, organisations should do away with counterproductive employment practices such as nepotism and the selective recruitment of people so that they can attract, develop and retain individuals with the right skills. Dajani (2015:145) found that, in Egypt, talented employees registered high levels of engagement and performance while working in organisations that had effective leadership and organisational justice.

One can then conclude that the attraction, development and retention of critical employee talent remains a challenge for several countries. For countries that struggle to manage talent, it is important that they revitalise their talent management strategies so as to enhance the performance and commitment of their employees.

4.5.2 Talent management in the Ugandan context

The most important organisational asset, especially in knowledge-intensive organisations, are the people on whom the future competitiveness and prosperity of an organisation depend (Nilsson & Ellström, 2012:26). Despite the high cost of their acquisition, placement and compensation, organisations in the public sector face monumental challenges related to talent management (Mochorwa & Mwangi, 2013:18). In Uganda, there is a shortage of critical talent in the health sector, which is evidenced by the number of positions filled: 8% for pharmacists, 30% for anaesthetic staff, 33% for health administrators, and 40% for cold chain technicians (Ministry of Health, Uganda, 2014:11). This can be attributed to the sector's failure to attract and retain skilled health workers in public institutions. In order to curb this trend, the government has instituted measures such as enhancing the salaries of employees in Health Centre IVs, making the delivery of social services easier and bringing it closer to the people, establishing new infrastructure and expanding the existing infrastructure. These efforts have

widened the roles of talented employees to include the management of the relevant facilities. Despite these efforts by the government, the health sector still faces the challenge of employee attraction, motivation and retention. Lutwama, *et al.* (2013:1) affirm the inadequacy of performance management of healthcare workers.

4.6 SUMMARY

This chapter entailed a detailed discussion of talent management in public institutions in the health sector. The discussion included an outline of approaches to talent management, the elements of a talent management system, and the role of talent management in organisations. In addition, this chapter highlighted the effectiveness of and challenges associated with talent management in different countries. The next chapter, Chapter Five, presents the hypothetical model of effective talent management in public institutions.

CHAPTER FIVE

HYPOTHETICAL MODEL OF EFFECTIVE TALENT MANAGEMENT IN PUBLIC INSTITUTIONS

5.1 INTRODUCTION

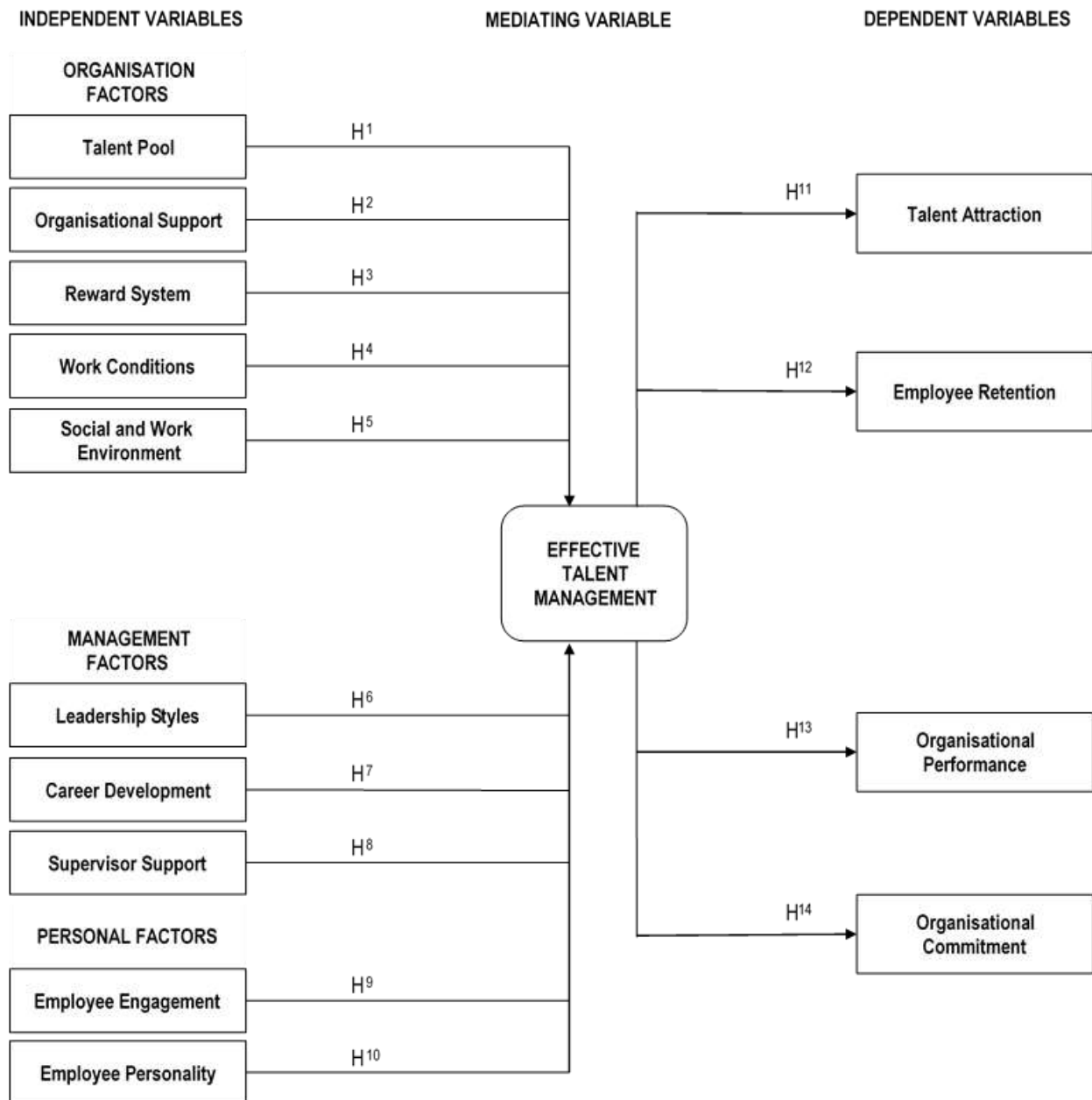
Chapter Four focused on talent management in public institutions within the health sector. Further to this, the chapter explored the approaches, elements, systems and role of talent management. In addition, the effectiveness and challenges to talent management, in different countries, were reviewed in Chapter Four of this study.

It has been recognised that talent management processes and practices contribute to outstanding results in organisations, even though organisations may lack clarity on how to proceed (Ross, 2013:166). Therefore, the current chapter explores the hypothetical model of effective talent management in public institutions.

Chapter Five presents a discussion of the hypothetical model of effective talent management in public institutions in the Ugandan health sector. This chapter includes a detailed discussion of the operationalisation of variables, and the research findings concerning the influences and outcomes of effective talent management.

Figure 5.1 indicates the hypothetical model that explains the influences and outcomes of effective talent management. This model is interpreted in relation to factors that influence effective talent management amongst employees of public institutions in the Ugandan health sector, in addition to investigating the outcomes of effective talent management in public institutions within the Ugandan health sector.

Figure 5.1: The modelled influences and outcomes of effective talent management of employees in public institutions in the Ugandan health sector



5.2 THE MODELLED INFLUENCES OF EFFECTIVE TALENT MANAGEMENT

The hypothetical model of this study (presented Figure 5.1, above) indicates that the following factors influence effective talent management: talent pool, organisational support, reward system, work conditions, and social and work environment. Additional factors that influence talent management include leadership style, career development, supervisor support, employee engagement and employee personality.

5.2.1 Talent pool

Some organisations group their exceptional employees into talent pools, which is a collection of specially skilled and knowledgeable employees, such as leaders, who have the potential to contribute to current and future organisational performance (Tansley, 2011:270). The talent pool also encompasses individuals who are picked out from a group of people and considered more gifted than the rest of the workforce (Tansley, *et al.* 2016:495). According to Seopa, Wöcke and Leeds (2015:718), these individuals are identified and developed due to their potential to become assets. Being in the talent pool helps employees identify with the organisation, which makes them feel that they have a future with the organisation (Swales & Blackburn, 2016:115). Therefore, for the purpose of this study, the talent pool is defined as a group of high potential individuals who possess unique abilities, capabilities and competencies, and who are ready to take on critical positions, roles and responsibilities that are crucial for present and future organisational performance.

Organisations can recruit individuals with the skills, knowledge and experience required to offer new insights (Vanderpyl, 2012:40). These skilled and motivated people can be identified either from within the organisation or from outside, such as through the talent pipeline and specific professional groups (Chitsaz-Isfahani & Boustani, 2014:116). Organisations also look for individuals who show potential but are yet to find the confidence and opportunity to work (Fullerton, 2013:20). The priority is not only to fill the pool with skilled employees, but also to invest in them (King, 2016:95). Internships and apprenticeship programs can be adopted for the replenishment and survival of the talent pool (Leavy, 2016:9). Hence, organisations should channel their efforts towards creating

a vibrant talent pool so as to accomplish the necessary activities and enhance organisational performance.

The purpose of a talent pool is to ensure a constant flow of employees into key positions, and to prepare employees for future development and/or promotional opportunities (Nilsson & Ellström, 2012:28; Meng, *et al.* 2016:133).

Thunnissen and van Arensbergen (2015:185) and Foster (2015:17) indicate that, in the talent pool, the skills, knowledge and capabilities of individuals are nurtured so that they can contribute to the accomplishment of organisational goals and objectives. Further, Uusi-Autti (2011:60) revealed that allowing talented people to participate in the daily activities of an organisation has a positive effect on their commitment. Furthermore, Yarnall (2011:511) postulates that the talent pool reduces staff turnover and minimises the failure rates of new employees. In addition, Juhdi, Pa'wan and Hansaram (2015:187) show that certain competences, such as results-oriented character, interpersonal competence and technical competence, enhance employee retention and performance. Atan and Stapf (2017:14) concur that selecting and investing in individuals with potential boosts performance, while Mwanzi, Wamitu and Kiama (2017:1) indicate that identifying the right individuals is important to organisational growth.

In their study, Swailes and Blackburn (2016:112) revealed that employees in the talent pool were more positive, about their future prospects, than employees who were left outside of the talent pool. Those outside of the talent pool felt that they were not supported and believed that they were treated unfairly; as a result, they had low expectations of the organisation's interest in them, which translated into poor performance. Nevertheless, a number of scholars maintain that identifying and deploying talented individuals is associated with the success of talent management, which results in employee commitment and the desire to contribute to the survival and performance of their organisations, as supported by Poorhosseinzadeh and Subramaniam (2012:12524).

Lutwama's (2011:230) study of Uganda revealed that, despite the low staff numbers in the health sector, those who are available are skilled and competent; however, particular aspects of the work environment – such as lack of adequate working space and safety hazards – affect their performance and ability to stay. Moreover, Wiskow, Albreht and De Pietro (2010:1) argue that health workers are dissatisfied by their working conditions, and that these poor conditions compromise the supply of health workers to the sector. In summary, institutions in the health sector need to develop a talent pool of individuals who show significant potential, so that they are able to fill the available positions in an effort to manage talent within the sector.

It is therefore hypothesised that:

H1: There is a relationship between the talent pool and effective talent management.

5.2.2 Organisational support

Organisational Support refers to the perceived extent to which an organisation cares about and values its employees (Paillé & Raineri, 2015:2405). Fard, Seyedyousefi and Tohidi (2015:148) suggest that organisations that are concerned about the happiness and future of their employees are willing to cooperate and support them. Kunasegaran, *et al.* (2016:371) prefer the integration of organisational support practices into, and embedded in, organisational culture, policies and activities. Therefore, for the purpose of this study, organisational support is described as the mental process of evaluating the degree to which an organisation offers assistance, encouragement, appreciation, respect, care and empowerment for the well-being of its employees, as compared to similar positions in other organisations.

The value that an organisation places on employees is important because individuals rationalise their interactions with organisations and, thereafter, exhibit positive attitudes and behaviours (de Roover, 2015:4; Bogler & Nir, 2012:288). The feelings of reciprocity that employees display towards organisations associated with organisational support strengthens the bond between employer and employee; moreover, it boosts performance and it has a positive influence on the implementation of change (Alvi, Abbasi & Haider, 2014:951; Newman, Thanacoody & Hui, 2014:3; Simosi, 2012:302). In

addition, employees feel that their welfare, comfort and security are enhanced and prioritised while working with the organisation. In turn, the organisation will benefit from more meaningful work engagement, emotional stability, productive behaviour, innovative ideas and commitment on the part of its employees (Gokul, *et al.* 2012:36; Afsar & Badir, 2017:98). This is supported by Caesens, Stinglhamber and Ohana (2016:1216), whose findings show that organisational support predicts employee motivation at work. Moreover, organisational support not only increases job satisfaction but also enhances work relationships, work-life balance, job security and conscientiousness in carrying out job responsibilities (Hamwi, Rutherford & Boles, 2011:4; Makri & Ntalianis, 2015:177). Further, the rates of burnout, turnover and absenteeism amongst employees are reduced (Muhammad, 2014:60; Yaghoubi, Pourghaz & Toomaj, 2014:315).

Ahmed, Nawaz, Ali and Islam (2015:627) found that employees will commit to and stay in an organisation where there is a show of justice, the provision of growth opportunities, efficiency in communication and interaction, as well as supervisor and coworker support. Similarly, Giunchi, Chambel and Ghislieri (2015:22) report that participation in decision making, together with the use of appropriate incentives, rewards, job conditions and fairness, are signs of support and appreciation of employee efforts, which boosts employee commitment. Further, Kurtessis, *et al.* (2017:1854) affirm that employee commitment, performance and well-being are the result of having supportive leaders, flexible work practices and conditions consistent with organisational support. Wickramasinghe and Wickramasinghe (2012:157) reveal that the beliefs of how an organisation values its employees are associated with the satisfaction and attachment that those employees feel to the organisation.

In contrast, however, Alpkhan, Bulut, Gunday, Ulusoy and Kilic (2010:732) report that the abovementioned aspects of organisational support, particularly the allocation of free time, autonomy in decision-making and tolerance for mistakes, have no impact on the performance and retention of employees. Moreover, Hur, Moon and Jun (2013:109) founds that employees tend to withdraw physically, emotionally, mentally and

psychologically when they feel that there is no care for their well-being. The empirical findings of Wen, Li and Hou (2016:323) further reveal that an organisation's failure to fulfill its obligations to its employees gives rise to a hostile working environment that is characterised by aggressive employees and the mistreatment of customers. Despite the lack of support from Alpkhan *et al.* (2010:732), a number of scholars maintain that employees who are talented appreciate working in supportive organisations. This encourages them to commit to and continuing to work with the organisation, as supported by the work of Du Plessis (2010:95-96) and Sadeli (2015:17).

In the health sector, Zhao, Liu, Ma, Jiao, Li, Hao, Sun, Gao, Hong, Kang and Wu (2015:14430) found that, while working for organisations that have supportive mechanisms in place to counter violence and anxiety, nurses remained committed to providing quality treatment to patients. Similarly, Tomo and De Simone (2017:49) concur that organisations in the health sector focus their attention on creating working conditions that enhance fairness, employee well-being and the involvement of employees, and which foster relationships as a show of support. In summary, institutions in the health sector need to be supportive so as to encourage reciprocal behaviour amongst health workers, which is important in managing employee talent.

It is therefore hypothesised that:

H2: There is a relationship between organisational support and effective talent management.

5.2.3 Reward system

A reward system is described as the combination of financial and non-financial elements and programs – such as salaries, wages, incentives, bonuses, housing, leave and children's education payments – that an organisation provides for its employees in exchange for the work they perform (Tornikoski, 2011:215; Chapman & Kelliher, 2011:121). Non-financial rewards include task variety, benefits, job security, mentoring, leave, recognition and promotion, while financial rewards are the core rewards and they encompass salary and wages (Stumpf, Tymon, Jr., Ehr & van Dam, 2016:468; Prouska,

Psychogios & Rexhepi, 2016:1262). For the purpose of this study, a reward system is defined as a combination of the policies and practices that govern the provision of all monetary and non-monetary compensation and incentives provided by an organisation to its employees, in exchange for their contributions to the overall organisational goals.

The intention of a relevant and competitive reward system is to boost the morale, loyalty and performance of employees (Mehmood, Ramzan & Akbar, 2013:6; Rudge, 2011:6; Azzone & Palermo, 2011:91). Through rewards, organisations are able to communicate their goals, values and priorities to new and existing employees (Kealesitse, O'Mahony, Lloyd-Walker & Polonsky, 2013:34). As a result, these organisations gain a competitive advantage and are able to get value for money (Armstrong, Brown & Reilly, 2011:106). In organisations that offer a fair exchange of rewards, employee behaviours and attitudes show significant improvement, which results in enhanced creativity, deeper employee commitment and the maintenance of long-term relationships (Tornikoski, 2011:215; Jackson, Rossi, Hoover & Johnson, 2012:647; Zhou, Zhang & Montoro-Sánchez, 2011:83; Park, Chung & Woo, 2013:226).

Mabaso (2017:213) indicates that employees tend to increase their levels of commitment to work for organisations in which they can appreciate elements such as recognition, promotion and training opportunities as their reward. Allisey, Rodwell and Noblet (2016:663) assert that social rewards, such as social support and recognition in the workplace, have an impact on the rates of absenteeism amongst employees. Furthermore, Mangusho, Murei and Nelima (2015:196) suggest that employees who receive competitive salary packages, with pay raises and bonuses, are not only committed to their roles and positions but they are also motivated to stay in organisations. According Schlechter, Thompson and Bussin (2015:275), rewards reflect the values and beliefs of an organisation, and are important in the attraction of talent. This is supported by the work of Azasu (2012:450), which reveals that the fairness of a reward system is useful for the attraction of new employees and for motivating them to stay. Peluso, Innocenti and Pilati (2017:311) also suggest that organisations that plan,

adopt and implement practices and policies related to rewards are able to benefit from motivated employees and innovative employee behaviour.

Furthermore, Wiley and Lake (2014:223) and Kikoito (2014:48) found that employees who receive fair and appropriate salaries, wages and other payments from their organisations are likely to show high levels of motivation, engagement at work and performance. In addition, Hoole and Hotz (2016:1) determined that employees will be loyal and engaged in their work activities if the organisation grants them relevant compensation and rewards. Moreover, the employees who are talented increase their work efforts and positive behaviour when they feel that rewards are fairly earned (Allisey *et al.*, 2016:665). Numerous studies identified reward management elements such as compensation, benefits and recognition as important to predicting the management, retention and commitment of talented employees (Alferaih, Sarwar & Eid, 2018:181; Gakure, Kamau & Waititu, 2013:41; Mwangi, 2015:129; Martin-Perez & Martin-Cruz, 2015:1167).

On the contrary, Taba's (2018:65) findings suggest that intrinsic and extrinsic reward systems have no direct relationship on work performance and/or organisational commitment. However, Day, Holladay, Johnson and Barron (2014:75) indicate that the system of rewards and recognition reduces inconsistencies, which can misrepresent the organisation's culture and systems. In addition, Massingham and Tam (2015:390) indicate that employee commitment and employee satisfaction have no relationship with rewards such as pay. Likewise, de Waal and Jansen (2013:41) reveal that an organisation that does not have an appropriate reward system will run into trouble with its employees and have difficulty improving its performance. This is in line with the work of Beal (2016:18), which reveals that perceived unfairness in the distribution of rewards, as well as an imbalance between effort and reward, can be a source of work related stress and could encourage counterproductive behaviours (Weiß & Süß, 2016:451). Despite the lack of support from some scholars, such as Taba (2018:65) and Massingham and Tam (2015:390), a number of scholars maintain that a fair and relevant reward system is appreciated by talented employees. They also indicate that it

results in employee motivation to commit, perform and stay within organisations, as supported by Ong and Teh (2012:1014).

In the health sector, a study carried out by Bertone, *et al.* (2016:1143) found that the distribution of allowances and other rewards had a negative impact on the management of talented health workers, their motivation and performance. Similarly, Antwi and Phillips (2013:101) concur that restructuring the pay scale can significantly reduce attrition in organisations. More so, Ojaka, Olango and Jarvis (2014:1) found that talented health workers stay in an organisation that offers competitive salaries, fair promotion, relevant training and permanent contracts. Furthermore, Nyamweya, *et al.* (2017:1115) found that, in the health sector in Uganda, the failure to acknowledge and offer competitive remuneration in health facilities caused stress and absenteeism, which inhibited performance. In light of this, it is evident that organisations in the health sector need to implement fair and equitable systems of financial and non-financial rewards, such as remuneration, allowances, pension and other benefits, in order to manage, attract and retain talented health workers.

It is therefore hypothesised that:

H3: There is a relationship between a reward system and effective talent management.

5.2.4 Work conditions

Work conditions are described as the conditions in and under which work is performed (Wang, Pan & Heerink, 2013:5). Flexibility in work schedules, balancing family and work, workplace hazards, social benefits, housing conditions, access to public facilities and the type of employment contract are aspects of work conditions (Fagnani, 2011:28). Work conditions also include aspects such as repetitive work, job autonomy, job intensity, job complexity and control, as well as the use of machinery and equipment (Cottini & Lucifora, 2010:4; Hasle, Bojesen, Jensen & Bramming, 2012:832; Bakotić & Babić, 2013:209), in addition to discrimination, job insecurity, decision making authority and social support from a spouse, relatives, friends, supervisors, colleagues at work, for

problems at work and at home (Barnay, 2016:150; Wiskow *et al.*, 2010:18). Furthermore, Safstrom and Hartig (2013:419) as well as Suliman and Al Obaidli (2011:311) maintain that the psychological, cognitive and emotional demands placed on the employee also form part of the conditions of work. Work conditions, for the purpose of this study, are the physical, psychological and chemical conditions of employment imposed on the employee; they include job autonomy, job variety, job security, expectations, work schedule, work hours, workload, health and safety facilities, interpersonal relationships, posture during work, work-family issues, sexual harassment, violence, employee welfare facilities and housing.

In their findings, Shahvazian, Mortazavi, Lagzian and Rahimnia (2016:675) revealed that talented individuals consider autonomy, nature and feedback desirable characteristics of their job. In addition, Hussain and Endut (2018:90) revealed that talented employees will appreciate social dialogue, fair treatment and working decent hours; this enhances their performance and morale, and encourages them to stay in the workplace. Ali, *et al.*(2013:76) suggest that talented employees need favourable conditions in order to be efficient and productive in their jobs.

Also, Reineholm (2013:1) reports that quality of work life in an organisation is positively associated with the health and well-being, work ability and performance of its employees. Duxbury and Halinski (2014:100) recommended that organisations that are interested in the retention and commitment of their employees should address workload issues. Numerous studies identified favourable conditions of work, such as the adoption of technology at work, role clarity, responsibilities, flexible and supportive programs, as important in predicting the management, retention and commitment of talented employees (Au & Ahmed, 2016:796; Sanséau & Smith, 2012:483; Mayerhofer, Schmidt, Hartmann & Bendl, 2011:605; Coupaud, 2017:95; Lirio, 2014:178; Kretsos & Livanos, 2016:25; de Sivatte, Gordon, Rojo & Olmos, 2015:883).

Conversely, the results of a study carried out by Amponsah (2015:69) suggest that job security negatively impacts upon employee turnover. Allisey *et al.* (2016:663) also

indicate that low workload was associated with a higher frequency of absenteeism. Furthermore, Hamwi *et al.* (2011:4) found that, as work conditions, role conflict and role ambiguity have a negative impact on perceived organisational support.

Rovithis, Linardakis, Rikos, Merkouris, Patiraki and Philalithis (2017:653) reported that, in the health sector, low performance amongst talented employees was the result of role conflict and role ambiguity, however, the provision of quality patient-centered care required the coordination of many highly specialised disciplines. Moreover, Dasgupta (2012:513) found that organisations that demanded the delivery of too much work from nurses, in too short a period of time, registered low levels of employee satisfaction, engagement and commitment. Mwanzi *et al.* (2017:1) suggest that enhancing the working conditions of health workers is associated with talent utilisation.

In addition, Khamlub, Harun-Or-Rashid, Sarker, Hirosawa, Outavong and Sakamoto (2013:233) reported that talented employees in the health sector were satisfied, committed and interested in staying with an organisation in which they have a variety of responsibilities relevant to their jobs, good relationships with co-workers and the freedom to choose their method of working. Salam, Abu-Helalah, Jorissen, Niaz, Mansour and Al Qarni (2014:156) reported that employees in the health sector are not satisfied and committed to organisations where they feel they are under pressure to meet deadlines and are expected to work on weekends.

However, Mastekaasa (2011:36) found that freedom, independence and discretion in scheduling and performing work was not related to job satisfaction amongst professional health workers. Nevertheless, in order for organisations to manage, attract and retain talented health workers, they should provide quality work conditions for the different types of employee contracts, such as the outsourced, transferred, temporary, contract or permanent employees. In spite of Mastekaasa's (2011:36) findings, organisational policies should reflect and support favourable work conditions so that organisations can attract and retain talented employees, who will find ease in the accomplishment of tasks.

It is therefore hypothesised that:

H4: There is a relationship between work conditions and effective talent management.

5.2.5 Social and work environment

The social and work environment refers to the employee's surroundings at work, which are characterised by low levels of stress, employees feeling appreciated by management and not feeling threatened at work (Markey, *et al.*, 2012:2). It is important to note that organisations differ from one another in terms of the interplay of factors within the social and work environment, such as social interaction, norms, values and attitudes (Bamel, Rangnekar, Stokes & Rastogi, 2013:199; Cafferkey & Dundon, 2015:667). The social interactions at work and the value and meaning of work are also viewed as part of this environment (Ekbladh, Thorell & Haglund, 2010:2). Thus, for the purpose of this study, the social and work environment refers to the prerequisites for work that interact with employees such as systems, processes, structures, tools, quality of air, furniture, ventilation, lighting, noise levels, lifestyle changes, communication, work life balance as well as alternative ways of working.

In their study, Piansoongnern, Anurit and Kuiyawattananonta (2011:1578) emphasised that employees who balance their work and daily life continued working in their organisations for long periods, and they easily retained their jobs. More so, Turner, *et al.* (2016:53) suggest that the environment in which employees work shapes talent management practices. Fletcher (2016:2) and Bal and De Lange (2015:2) indicated that it is important to create flexible environments in which employees are comfortable enough to make contributions to their organisations. According to Rothe, Lindholm, Hyvönen and Nenonen (2012:91), favourable conditions in the social and work environment are associated with transparency, trust, integrity, inspiration, teamwork, social interaction, collaboration, division of work, innovation and privacy. Mwanzi *et al.* (2017:1) also found that there is enhanced growth in organisations that provide a conducive social and work environment.

Azasu (2012:449) reported that flexible work hours and social exchanges drive reciprocal discretionary behaviour amongst employees. Moreover, Mwanzi *et al.* (2017:1) revealed that a conducive social and workplace environment characterised by communication, interaction and cultural diversity was associated with improved employee performance and commitment. In addition, Prouska *et al.* (2016:1259) state that employee involvement and organisational culture are elements of social and work environment that positively affect organisational performance. Maamari and Majdalani (2017:330) concur that employees behave and perform differently due to the factors in their surroundings. Subsequently, Suliman and Al Obaidli (2011:309) indicate that the social and work atmosphere is linked to the improvement of employee retention and the sustenance of the organisation, while Al-Omari and Okasheh (2017:15544) reveal that noise, office furniture, ventilation and light have a negative effect on performance. This is supported by Asigele (2012:36), whose study revealed that there was a negative relationship between employees' interactions with each other and their performance. Nevertheless, numerous studies indicate that talented employees can be managed in a reputable organisation with a conducive social and work environment, which has abundant resources and is free from distractions; this results in the adoption of productive behaviours, commitment, performance and retention (Timms & Brough, 2013:769; Chavengvorakul & Wongsurawat, 2017:17; Johansson, Sandahl & Andershed, 2011:136; Kasekende, Munene, Ntaji & Ahiauzu, 2015:834).

In the health sector, Lin, Wu, Yuan, Zhang, Jing, Zhang, Luo, Lei and Wang (2015:14883) found that there were incidences of workplace violence, such as verbal abuse, which had a negative impact on the commitment and performance of health workers in hospitals. Also, Happell, Dwyer, Reid-Searl, Burke, Caperchione and Gaskin (2013:638) found that, in order to retain and enhance the commitment and performance of nurses, factors that cause stress need to be addressed; these factors include interpersonal issues, patients' relatives, parking, handover procedures, no common area for nurses, and patient mental health in hospitals and health centres.

Furthermore, Edem, Akpan and Pepple (2017:4) suggest that talented health workers were impressed by, and successfully fulfilled their tasks in, organisations that had office space, work areas, new furniture, access to electricity, transport, housing, improved work tools, bright wall colours, lighting, proper ventilation, plants at the workplace, feedback mechanisms and open communication with management. Thus, it is imperative that employees feel protected and empowered to perform their duties within the social and work environment, which is related to the attraction, commitment and retention of talented employees.

It is therefore hypothesised that:

H5: There is a relationship between social and work environment and effective talent management.

5.2.6 Leadership style

Leadership styles are defined as the different types of behaviour and characteristics of leaders which, if used effectively, contribute to the creation of a well-positioned organisation (Bosiok & Sad, 2013:75). Veale (2010:151) describes leadership styles as encompassing the means of communicating a shared vision and performance expectations, providing an appropriate role model, and fostering collaboration amongst employees in order to achieve collective goals. It should be noted that leadership styles include authoritarian, democratic and laissez-faire styles, which highlight the behaviours of individuals in leadership positions and how they differ in terms of interdependency and shared goals between leaders and followers (Gerard, McMillan & D'Annunzio-Green, 2017:116). Thus, for the purpose of this study, leadership style is described as the approach, manner, outlook, attitude and behaviour that a person with certain knowledge and skills uses to influence others to accomplish an objective and directs the organisation in a way that makes it more cohesive and coherent in achieving its objectives.

The empirical findings Sadeli's (2015:1) study show that leaders that adopt transformational or transactional leadership styles have a positive effect on the

management, retention and commitment of talented employees. Further, Schneider and George (2011:61) reveal that employees exhibit high levels of commitment, job satisfaction, performance and intention to stay if they perceive leadership style to be fair and participative. Van der Zee (2016:1) also suggests that transformational leadership style is associated with uniqueness, a sense of belonging and employee retention. This is in line with the results of a study by Weiß and Süß (2016:450), which confirms that there is a relationship between transformational leadership and employees exerting extra effort at the workplace. Further, Jackson, *et al.* (2012:646) indicate that a leader's behaviour is positively linked to employee performance, behaviour and their decision to stay with an organisation. Seong and Ho (2012:530) also indicate that, through their power, values and personality, vibrant leaders have an influence on social interactions. In addition, Puni, Mohammed and Asamoah (2018:522) indicate that the level of satisfaction amongst talented employees is high in an organisation that has a transformational or transactional leader. More so, Al-Yami, Galdas and Watson (2018:531) found that the transformational leadership style, with its adaptability to the ever changing needs of an organisation, was a strong predictor of organisational commitment. Gottlieb (2012:974) supports the understanding that, through their leadership styles, leaders make use of negotiation, appreciation, motivation and collaboration as methods to build and nurture sustainable relationships with talented employees.

The findings of a study carried out by Hayward (2010:12), and supported by Schoemaker, Krupp and Howland (2013:4), indicate that there is increased social justice, collaboration, employee engagement and creation of new perspectives and ideas when talented employees are working in an organisation in which they see their leader as a role model. Moreover, numerous studies indicate that the attitudes and behaviours that leaders exhibit in the execution of their duties, guide and manage the emotions and feelings of talented employees towards realising their full potential, participating in decision making, and accomplishing tasks – which will result in the attraction, motivation and retention of employee talent (Rao, 2013:144; Frost, 2014:124; Gonos & Gallo, 2013:157; Chapman, Johnson & Kilner, 2014:284).

On the contrary, von Rueden, Gurven, Kaplan and Stieglitz (2014:2) found that envy and the abuse of power are prevalent in organisations that have a leader who has failed to foster trust, inspire a shared vision, encourage creativity and recognise the accomplishments of subordinates. In addition, Shin (2013:103) demonstrates that there is no relationship between laissez-faire leadership styles, and innovation, commitment and retention of talented employees. In spite of the findings of von Rueden *et al.* (2014:2), leadership styles are important to the management, attraction and retention of talented employees since they can inspire confidence, respect, communication and other positive attitudes and behaviours amongst employees. This is supported by the findings of Nanjundeswaraswamy and Swamy (2014:57), Ebrahimi, Moosavi and Chirani (2016:351), Emu and Umeh (2014:19), Makaske (2015:1) as well as Buble, Juras and Matić (2014:161).

Sfantou, Laliotis, Patelarou, Sifaki-Pistolla, Matalliotakis and Patelarou (2017:1) found that, in the health sector, leadership styles and skills were positively associated with the performance and well-being of healthcare workers. Furthermore, Gilson and Agyepong (2018:ii1) revealed that leadership practices at the individual, team and system levels have an influence on the management of talented health workers, their motivation, the work climate, team work, performance and commitment. This is in line with a Ugandan study carried out by Musinguzi, Namale, Rutebemberwa, Dahal, Nahirya-Ntege and Kekitiinwa (2018:21), which revealed that high levels of motivation, teamwork and performance amongst health workers was associated with leaders who had a transformational leadership style. Thus, it is imperative that organisations discover and recognise exceptional leaders who, through their leadership style, motivate talented employees towards organisational performance and commitment even in a changing environment.

It is therefore hypothesised that:

H6: There is a relationship between leadership styles and effective talent management.

5.2.7 Career development

Career development is described as a continuous and progressive process of enabling individuals to move through a journey that predicts the achievement of individual and organisational goals through accessing opportunities and advancements at work (Osibanjo, Oyewunmi & Ojo, 2014:68). Furthermore, Jusuf, Mahfudnurnajamuddin, Mallongi and Latief (2016:8) define career development as the technical, theoretical, conceptual and moral education regarding the requirements of the position held by an employee. For the purpose of this study, career development is defined as the process through which an organisation provides employees guidance on their career paths; it also includes selecting, assessing, assigning and developing employees so that they become more qualified, secure, employable, change resilient, ready for promotion and meeting future needs.

Hurst, Leberman and Edwards (2016:62) found that age, gender and workplace relationships are significant predictors of the success of career development and management decisions. Van den Bergh and Du Plessis (2012:142) also support that that identify embeddedness, social support and life phase are significantly linked to career success, as well as the willingness and ability to work effectively in an organisation. Further, Duxbury and Halinski (2014:660) suggest that career development boosts employee commitment levels. In addition, Piansoongnern *et al.* (2011:1578) have noted that people's careers are advanced through training, which enhances an individual's passion to remain in the workplace. According to a study conducted by Bocciardi, Caputo, Fregonese, Langher and Sartori (2017:68), the knowledge and skills gained from education are related to enhanced job security and career adaptability, as well as advancement and performance, since employees are able to make better decisions and cope with the demands of their work.

Further, Mangusho *et al.* (2015:196) emphasise that, through job rotation and career progression, an organisation can develop talent and thus enhance performance. This is in line with the work of Saleem and Amin (2013:203), which concludes that career

development creates feelings of appreciation in the minds of employees, which is important for boosting the output and performance of employees. Lancaster and Di Milia (2014:642) further stipulate that it is important to provide high-quality relevant development programmes and to align course content to strategy and the job as part of career development. Downs (2015:349) found that while some organisations have programs in place to develop high potential, many still do not, despite this being regarded as helpful in recruiting and retaining top talent.

Additionally, Malkawi (2017:80) reveals that there is a positive relationship between talent development and organisational commitment, while Oladapo's (2014:19) study suggested that job advancement is the most significant factor affecting retention rate. Govaerts, *et al.* (2011:35) have suggested that enabling employees to do more and learn more of what they are good at will encourage them to stay with the organisation. Moreover, Njeri (2013:41) found out that career management was another factor that affected talent management. Davis (2015:32) and Li and Yeo (2011:202) suggest that career development is linked to building and maintaining strong relationships between employers and employees. Numerous studies have indicated that talent development is associated with talent management, retention, performance and organisational commitment (Mehdiabadi & Li, 2016:263; Nobarieidishe, Chamanifard & Nikpour, 2014:1116; Garavan, *et al.*, 2012:5; Pruis, 2011:206; Tobing, 2016:207; Bambacas, 2010:808; Wang, 2013:994; Kwenin, 2013:3).

In their study of the health sector, Price and Reichert (2017:1) found that health workers, especially nurses, perceived organisations that invested in employee training and education as having a healthy work environment, which was significantly associated with career satisfaction, retention and attraction. This is in line with the work of Momanyi, Adoyo, Mwangi and Mokuu (2016:1) who suggest that there is a positive relationship between the training initiatives provided to health workers and their motivation and performance. However, O'Donovan, O'Donovan, Kuhn, Sachs and Winters (2018:1) found that ongoing training on performance indicators had no impact on community health workers. For the Ugandan health sector, Sendawula, Kimuli,

Bananuka and Muganga (2018:1) suggest that the provision of work related training to health workers will boost their performance. Nevertheless, a number of studies support that continuous learning and development are associated with employee satisfaction as well as the attraction and retention of talented health workers, such as midwives, nurses and doctors (Tanaka, Horiuchi, Shimpuku & Leshabari, 2015:1; Li, Hu, Zhou, He, Fan, Liu, Zhang, Li & Sun, 2014:1).

In light of this, it is clear that organisations within the health sector need to make opportunities for learning and development available to their employees, so that employees are able to improve their skills, knowledge, attitudes, behaviours and competences – this will enhance talent management and talent attraction, retention, performance and commitment.

It is therefore hypothesised that:

H7: There is a relationship between career development and effective talent management.

5.2.8 Supervisor support

Supervisor support is explained as the extent to which individuals with supervisory roles provide encouragement as they identify with employees within their work groups in order to facilitate the performance of employees (Baloyi, van Waveren & Chan, 2014:87). Furthermore, supervisor support is described as a crucial factor of the work environment that caters to the needs and concerns of employees and how assistance can be rendered (Chauhan, Ghosh, Rai & Kapoor, 2017:269; Hsu, 2011:235). For this study, supervisor support is described as employee beliefs regarding the manner in which supervisors treat their subordinates, value their contributions, care about their interests and well-being, and show patience and tolerance towards employees who experience difficulties in completing their tasks,. Supervisor support includes giving credit for jobs well done, listening to employees' complaints about workplace stress, and providing incentives for employees to perform better.

Duxbury and Halinski (2014:660) found that the support of managers or supervisors is associated with employee commitment. Du Plessis (2010:95-96) has further indicated that a positive relationship exists between supervisor support, talent management and employee retention. The work of Tuzun and Kalemci (2012:518) reveals that employees who perceive high levels of supervisory support but report low levels of organisational support will also report high levels of turnover intentions, in comparison to employees who perceive low levels of supervisory support and low levels of organisational support. Furthermore, Wiley and Lake (2014:221) reveal that organisations with supervisors who excel at inspiring, respecting and rewarding employees also achieve higher levels of employee engagement, satisfaction and performance.

Dawley, Andrews and Bucklew (2010:259) also suggest that the level of compatibility between supervisor and employee, as developed through mentoring, is considered valuable by all members and is associated with job involvement, job satisfaction and improvements in the retention of employees. This is supported by the findings of Ghosh, Chauhan and Rai (2015:201), which reveal that the morale of talented employees and their retention is high in organisations in which supervisors encourage autonomy, communication, participation in decision making, learning, tolerance and feedback. Moreover, Lancaster, Di Milia and Cameron (2013:7) suggest that the actions and initiatives of supervisors, such as meetings, transfers and training efforts, are related to deepening employee engagement, as well as building and developing the desired workplace attitudes and behaviours. Numerous studies indicate that programmes that demonstrate supervisor support are associated with employee attraction, commitment, performance and retention (Newman, Thanacoody & Hui, 2011:56; Hsu, 2011:233; Ng, 2017:57; Seiberling & Kauffeld, 2017:812).

In contrast, a study by Naharuddin and Sadegi (2013:73) indicates that the supervision of subordinates is not associated with employee performance and commitment. In addition, Beigi, Ershadi and Shirmohammadi (2012:961) found that unproductive workplace behaviours and high staff turnover rates are evident in hospitals, which it is suggested is the result of employee mistrust in their supervisor, or little or no ties to their

supervisor. Also, Choi, Cheong and Feinberg (2012:510) report that organisations that do not have supportive supervisors are associated with emotional exhaustion due to work-life conflict and the reduced accomplishment of activities.

For the health sector, Nyamweya *et al.* (2017:1115) cited poor supervision as a predictor of poor performance in Ugandan hospitals and health centres. The work of Frimpong, Hellinginger, Awoonor-Williams, Yeji and Phillips (2011:1225) supports the view that, in healthcare facilities, performance was high amongst midwives and other health workers; this was considered an outcome of frequent supervisory visits, which made health workers feel supported. This is in line with the research of Ludwick, Turyakira, Kyomuhangi, Manalili, Robinson and Brenner (2018:1), who reveal that supportive supervision is related to the management of talented health workers in Uganda. Koponen, Vahtera, Pitkäniemi, Virtanen, Pentti, Simonsen-Rehn, Kivimäki and Suominen (2013:1), however, found that since most health workers work alone, there was no association between supervisor support and worker performance.

Nevertheless, a number of studies support that there is a positive relationship between the actions and initiatives of a supportive supervisor and the attraction, commitment, performance and retention of talented health workers (Aksoy & Yağcınoy, 2017:26; Umamaheswari & Krishnan, 2016:612; Masum, Azad, Hoque, Beh, Wanke & Arslan, 2016:1). Thus, it is evident that talented employees in organisations, especially those in the health sector, appreciate the support of their direct supervisors in relation to the problems or outcomes of their work; this results in the attraction, retention and performance of employees, and their organisational commitment.

It is therefore hypothesised that:

H8: There is a relationship between supervisor support and effective talent management.

5.2.9 Employee engagement

Employee engagement is defined as the practice of ensuring that employees with a positive, fulfilling work related state of mind feel connected and loyal, so that they grow attached to organisations and exceed organisational expectations (Xie, Shi & Zhou, 2016:105; Alvi *et al.*, 2014:952). Furthermore, Tomlinson (2010:26) describes employee engagement as the extent to which an individual in an organisation is emotionally, physically and psychologically connected with his/her fellow employees, as well as his/her work and the organisation. For the purpose of this study, employee engagement is described as the employee's physical, cognitive, emotional and psychological show of vigour, pride, dedication, enthusiasm and passion in performing their duties, roles and responsibilities.

The empirical findings of a study by Sharma and Bhatnagar (2016:16) indicate that employees exhibit high levels of engagement while working in organisations that provide them with feedback, support and an environment that is conducive to interaction. Sambrook, Jones and Doloriert (2014:173) suggest that employee engagement initiatives influence the management and maintenance of innovative and talented employees within organisations. Musgrove, Ellinger and Ellinger (2014:153) indicate that, in organisations, employees with an engagement track record appreciate working in an organisation that supports, values and rewards quality.

In addition, Shuck, Owen, Manthos, Quirk and Rhoades (2016:383) found that the quality of relationships amongst employees at the workplace is associated with physical, emotional and psychological engagement, performance and retention. Kunerth and Mosley (2011:24) also suggest that employee engagement has a positive influence on the management of talented employees; it encourages employees to enjoy their work and establish healthy work relationships, which affords them opportunities for professional growth, to realise their full potential and to accomplish their tasks. Moreover, Anitha (2014:308) reveals that employee engagement in relation to the meaningfulness of work, as well as employee involvement, energy, enthusiasm and

integrity, is associated with increased performance and competitiveness amongst individuals at all levels in the organisation.

Uusi-Autti (2011:60), Alias, Noor and Hassan (2014:227) and Tiwari and Lenka, (2015:208) found that employee engagement has a positive impact on the management, attraction and retention of talented employees, who then reflect the values of an organisation as brand representatives. This is supported by the work of Ramli, Isa, Baharin and Ibrahim (2018:1), which proved that there is a relationship between talent management practices, employee engagement and staff retention. This is in line with the findings of Ramli *et al.* (2018:1), who established that there is a relationship between talent management practices and employee engagement. Furthermore, Choo, Mat and Al-Omari (2013:3) determined that an organisation that rewards and encourages career growth and communication, offers learning and development opportunities, and has supportive leaders, is positively linked to employee engagement.

In the health sector, Fountain (2016:88) found that employees with high levels of engagement would be in frequent contact with patients, sanitised their hands, kept checking IV lines, and so forth – which is significantly related to commitment at work. Further, Bulkapuram, Wundavalli, Avula and Reddy (2015:54) indicate that engaged health workers made few mistakes while administering medications, and that they transferred their vigour, positive emotional state and attitudes to their colleagues; this is positively related to improved performance in the workplace. This is supported by the work of Nusrat's (2018:14) finding that employee engagement has a significant influence on the efficient and effective performance of health workers, as employees who are engaged have a well-established connection with each other and the organisation, which creates a sense of belonging. In addition, Rosiek, Rosiek-Kryszewska, Leksowski, Kornatowski and Leksowski (2016:2468) suggest that the engagement of health workers in the treatment process and the cleanliness of the hospital was linked to employee performance and their motivation to stay employed in a health facility. In Uganda, Sendawula *et al.* (2018:1) found that, if health workers utilise

their vigor, dedication and absorption to engage in decision making and making patients happy, it would boost their performance and commitment to work in the health sector.

Numerous studies have indicated that employees who are engaged at work are ambitious, committed and involved, which is associated with talent management, reduced intention to leave, the accomplishment of tasks, and employee commitment (Ferreira & de Oliveira, 2014:235; Chick, 2011:3; Tiwari & Lenka, 2016:19; Dajani, 2015:138; Welch, 2011:328; Yemeshvary, Upadhyay & Palo, 2013:302; Kunerth & Mosley, 2011:22; Rana, Ardichvili & Tkachenko, 2014:249; Al Mehrzi & Singh 2016:831). Therefore, organisations need to emphasise employee engagement initiatives and programs that boost an organisation's ability to attract, retain, commit and enhance the performance of talented employees.

It is therefore hypothesised that:

H9: There is a relationship between employee engagement and effective talent management.

5.2.10 Employee personality

Employee personality is described as the way in which individuals act in varying circumstances within their organisations (Dant, Weaven & Baker, 2013:282). According to Emecheta, *et al.* (2016:69), employee personality is explained as a reflection of the way in which individuals think, feel and behave, that has an impact on their emotions, anxiety, needs, desires, satisfaction, confidence levels, preferences, propensity for risk and performance. Foumani, Salehi and Babakhani (2015:116) refer to personality as the stable and predictable profile of behavioural response patterns that structure the individual's thoughts. Employee personality can be classified according to personality traits such as openness, persistence, neuroticism, goal-orientedness and conscientiousness (Khuong, *et al.*, 2016:300; Andrews, *et al.*, 2016:1266). For the purpose of this study, employee personality is described as the lasting and stable psychological characteristic patterns within the individual that determine his/her thoughts, emotions, abilities, behaviour, temperament, intellect and unique adjustments

to people, matters, him/herself and the entire environment in life, which differentiates him/her from others.

Abdullah, Omar and Rashid (2013:759) found that, in the recruitment and selection of new employees, the personality traits of extraversion, agreeableness and conscientiousness are positive predictors of employee commitment to organisation. This is in line with the work of Darkwah (2014:94), who maintains that for the recruitment and selection process, personality predicts efficiency, effectiveness and performance in organisations. This is supported by the work of Awadh and Ismail (2012:108), Echchakoui (2013:25), Mirzaei, Nikbakhsh and Sharififar (2013:439) and Seddigh, Berntson, Platts and Westerlund (2016:1). According to Tews, Michel and Lyons (2010:345), conscientiousness and extroversion influence employee performance; they found that employees who were purposeful, strong-willed and determined were efficient in the accomplishment of the tasks assigned to them. Ghani, Yunus and Bahry (2016:50) also suggest that a leader's personality traits are associated with their subordinate's performance, ability to stay and commitment to an organisation. In this regard, Abedi, Molazadeh-Mahali, Mirzaian, Nadi-Ghara and Heidari-Gorji (2016:239) found that the neurotic personality trait is associated with dissatisfaction and staff turnover. This indicates that managers and employees that have the neurotic trait registered low levels of satisfaction and were not motivated to stay with their employers.

Ferreira and Nascimento (2016:682) also found that performance, retention and commitment are high amongst employees who are organised in conducting tasks and who sympathise with the situations of others. Further, Chen, Wu and Chen (2010:198) highlight that there is a positive relationship between personality and creativity, as it allows an organisation to forecast an individual's ability to be innovative and be creative. Hlatywayo, Mhlanga and Zingwe (2013:553) also indicated that low neuroticism was positively related to job satisfaction; therefore, employees who are calm, tolerant of stress and free from persistent negative feelings were satisfied with their jobs. Yang, Gong and Huo (2011:740) also revealed that there is a link between personality traits

and career development, since proactive employees are ambitious and use their interests and values to plan and advance their careers.

Howell (2017:145) also revealed that enhanced employee engagement is predicted by an individual's personality traits. This is supported by the findings of Rosopa, Schroeder and Hulett (2013:149) and Ongore (2014:1315), which reveal that engagement in desirable behaviours, as a result of personality, predicts performance, creativity and innovativeness. According to Chiu-Chi, Ming-Chun, Chiou-Shuei and Li-Hui (2013:1019), individuals' personalities are related to teamwork, because personality traits such as agreeableness, conscientiousness and emotional stability help individuals fit and work in teams as they take on their most fitting roles. Moreover, Bertolino, Truxillo and Fraccaroli (2013:868) show that the personality traits of a manager or supervisor, such as stereotyping, broadmindedness, insight and patience, predict the way people are treated in an organisation.

In contrast to the findings discussed above, Klang (2012:1) revealed that there was no association between the personality traits of Agreeableness and Openness to Experience, and employee performance. Furthermore, Khizar and Mustafa (2016:109) found that the personality traits of neuroticism, openness to experience and job satisfaction were not associated with employee commitment or performance. It should be noted that a number of researchers (Magnano, Paolillo & Barrano, 2015:10; Bartels, van Weegen, van Beijsterveldt, Carlier, Polderman, Hoekstra & Boomsma, 2012:368; Wolff & Kim, 2012:43; Tolea, Terracciano, Simonsick, Metter, Costa Jr & Ferrucci, 2012:264; Hosseinkhazadeh & Taher, 2013:99) have found that employee personality traits such as openness to experience, extraversion and agreeableness predict the management, attraction, performance, commitment and retention of talented employees.

Eley, Cloninger, Walters, Laurence, Synnott and Wilkinson (2013:1) have found that, in the health sector, individual differences in personality, such as maturity, responsibility, optimism, perseverance and cooperation, predict resilience and self-directedness

among doctors. Further, the results of a study conducted by Somoray, Shakespeare-Finch and Armstrong (2017:52) indicate that emotional stability (low neuroticism), extraversion, agreeableness and conscientiousness have a positive impact on employee satisfaction and commitment, since these traits improve communication, empathy, reliability and attention to detail amongst health workers when they provide even the most basic health services. In addition, McCarthy, Cronly and Perry (2017:394) reveals that, across hospitals, personality traits such as being collaborative and cooperative predict a health worker's ability to control and deal with job demands such as workload, depression and anxiety; this means that these employees can withstand the pressures of their work, which results in employee commitment, performance and retention.

In light of this, organisations need to identify suitable and desirable personalities and qualities that dictate how doctors, nurses, midwives, consultants and other employees think, feel and act while interacting with patients and colleagues. This is important for the attraction, motivation and retention of talent.

It is therefore hypothesised that:

H10: There is a relationship between employee personality and effective talent management.

5.2.11 Talent management

Talent management is defined as the adoption of a combination of built-in organisational workforce strategies designed to attract, develop, motivate and retain productive, engaged employees (Massie, 2015:1). Furthermore, Moczydlowska (2012:432) explains talent management refers to all practices implemented in order to achieve organisational goals through maximising the potential inherent in employees. Armstrong (2012:130) describes talent management as the policies and practices used to drive the attraction, retention, motivation and professional growth of a deep diverse pool of skilled and high potential employees who can meet the present and future human resource needs of the organisation. For the purpose of this study, talent

management is defined as the adoption of a combination of policies and practices designed to attract, develop, motivate and retain productive, engaged employees who possess a combination of exceptional knowledge, skills, attitudes, values and competencies that are crucial to organisational success.

Piansoongnern *et al.* (2011:1578) found that fair salary, together with good safety and health insurance were crucial to keeping talent rooted to organisations. According to Rastgoo (2016:653), there is a positive and significant relationship between talent management, organisational development and employee motivation. Further, a study by Zesik (2016:3) provides evidence that managers experience anxiety and frustration in the talent management process as a result of the fear of raising expectations that might not be met. Liu and Pearson (2014:153) report that the influence of cultural nuances and organisational structural processes restrict the practice of talent management. Also, Annakis, Dass and Isa (2014:163) found that perceptions of talent identification, talent development and talent management are the most important contributors to employee talent management.

Kronz (2014:249) has indicated that organisations need to adopt flexible talent management systems in order to operate in different environments, while Khmour (2016:157) found that there was a strong relationship between the introduction and implementation of talent management and organisational strategies. Moreover, Sahay (2014:170) reported that the process of managing talent relationships is associated with building the organisation's image and meeting customer expectations. Kohestany and Yaghoubi (2017:138) indicate that talent management is linked to the retention of employees, and Kheirkhah, Akbarpouran and Haghani (2016:145) reveal that there is a correlation between talent management and organisational commitment. Vural, Vardarlier and Aykir's (2012:340) findings support the notion that talent management integrated procedures and performance systems have a positive impact on employee commitment. The findings of Nobarieidishe *et al.* (2014:1116) also show that there is a significant relationship between talent management, the attraction of talent, and organisational commitment.

Furthermore, Mensah's (2015:544) findings reveal that the implementation of a talent management system leads to employee performance. This is in line with studies by Ingram (2016:195) and Muriithi and Makau (2017:90) which report that the strategic, structural and ideological dimensions of talent management are linked to the financial and non-financial performance of organisations. This is supported by the findings of Kehinde (2012:178) and Abbasi, Sohail and Syed (2010:74), which reveal that focusing on, and taking care of, people as part of talent management practice has a positive impact on the performance of the organisation.

Contrary to these findings, Du Plessis's (2010:95-96) study established a negative relationship between organisational support, supervisor support and talent management practices in relation to intention to quit. In addition, Rana and Abbasi (2013:655) have indicated that there is a negative relationship between talent management and organisational efficiency; in other words, there are times when talent management elevates employee turnover intentions and reduces organisational efficiency. Despite these negative relationships, there is evidence that talent management is predicted by talent pool, organisational support, reward system, work conditions, social and work environment, leadership styles, career development, supervisor support, employee engagement and employee personality. In addition, there are numerous studies that link talent management to outcomes such as talent attraction, employee retention, organisational performance and organisational commitment.

5.3 OPERATIONALISATION OF THE DEPENDENT VARIABLES OF THE STUDY: OUTCOMES OF EFFECTIVE TALENT MANAGEMENT

The hypothetical model presented in Figure 5.1 specifies the following dependent variables for this study: talent management, talent attraction, employee retention, organisational performance and organisational commitment.

5.3.1 Talent attraction

Talent attraction is described as the process of ascertaining the degree to which an organisation is considered to be the best choice of employment and, as a result, has the

ability to appeal to employees with specialised knowledge, skills and capabilities (Vidal-Salazar, Cordón-Pozo & de la Torre-Ruiz, 2016:488). However, for the purpose of this study, talent attraction is defined as an organisation's ability to seek and hire high potential, skilled, sophisticated and productive individuals with the right attitudes and values to fill pivotal positions in the organisation.

Bussin and Toerien (2015:1) indicate that a positive relationship exists between preferred reward components and the attraction of sophisticated and talented employees in organisations. This is in line with the work of Mabaso and Moloi (2016:26), who indicate that there is an association between salary, benefits, incentives and responsibilities, together with the development opportunities offered by an organisation, and the attraction of new talent. Furthermore, Hung (2013:7) suggests that talent attraction is predicted by employer branding, the types of psychological contract, person-organisation fit and the employee value proposition. This concurs with the findings of Alshathry, Clarke and Goodman (2017:413), which indicate that talented employees are inspired to join an organisation when they get to know about the desired characteristics of the organisation and its available positions. This is supported by the findings of numerous scholars (Pingle & Sodhi, 2011:20; Zaidman & Elisha, 2016:100; Maheshwari, Gunesh, Lodorfos & Konstantopoulou, 2017:742; Vantilborgh, Bidee, Pepermans, Willems, Huybrechts & Jegers, 2012:1074; Randmann, 2013:37; Adams, 2011:19), which all revealed that talented individuals are inclined to search for opportunities in an organisation that has a favourable image and good employment relationship, because this corresponds to their needs and expectations.

Yang (2017:7) also revealed that the degree of fit between a talented individual and organisational characteristics is related to talent attraction. This is in agreement with the work of Giauque, Resenterra and Siggen (2014:2) who suggest that the compatibility of characteristics and mutual satisfaction of needs, between individuals and organisations, is associated with the attraction of talented individuals to organisations. Kirss, Kuusk, Rozeik and Haaristo (2014:11) further report that there is a link between utilising incentives, such as excellent conditions and a high reputation in the market, and an

employer's ability to bring more skilled and sophisticated talent onboard. In addition, Shikongo (2011:85) has highlighted that there is an association between talent attraction and unfavorable policies and practices.

According to Matos, *et al.* (2012:585), there is an association between talent pool and talent attraction, because talent is always sought with the intention of replenishing the talent pool and filling pivotal positions in the organisation. Furthermore, a study by Becker and Soosay (2013:363) suggest that infrastructure, amenities and lifestyle, especially in rural and remote areas, have an impact on an organisation's ability to attract talented employees. Silvano, Ryan and McNulty (2015:238) further showed that challenging work, autonomy, competitive rewards, work-life balance, opportunities for development, recognition, tolerance, diversity, transparency and good governance are important predictors of talent attraction.

In the health sector, a study by Rose and van Rensburg-Bonthuyzen (2015:44) reported that the attraction of talented health workers to rural and remote areas is predicted by intrinsic and extrinsic factors such as having a "calling" to work in a particular area, community affiliation, geographical location, diversity of work, functional referral networks and strong management. This is in line with the results of a study conducted by Belaid, Dagenais, Moha and Ridde (2017:1), which showed that factors such as marital status, gender, no electricity, the lack of available services, heavy workload, isolation, lack of financial compensation as well as national and local insecurity, influence talent attraction amongst health workers in rural and remote areas. Oyetunde and Ayeni (2014:590) further suggest that leadership structures, a sense of job security and work environment are associated with a hospital's ability to attract nurses and other professional health workers. Rajbangshi, Nambiar, Choudhury and Rao (2017:51) also discovered a link between rural background and community attachment, and health workers deciding to work in rural hospitals. Namakula, *et al.* (2014:6) revealed that, in Uganda, the coordination of the recruitment process and incentives such as training and allowances are associated with the attraction of quality and competent health workers.

However, a study conducted by Makondo and Makondo (2014:361) revealed that the continued failure to attract qualified health workers was linked to the mismatch between the profession and the person, limited or no growth opportunities, a lack of appreciation, the lack of trust, and the non-existence of support and coordination amongst co-workers and management. There are however numerous studies (Matos *et al.*, 2012:583; Matuson, 2014:42; Kheswa, 2015:32; Sathya & Indradevi, 2014:202) that suggest it is important for organisations to align their values and priorities to the management of talent, in order to attract other talented individuals with the right vision, skills, knowledge, attitude and productive behaviours.

It is therefore hypothesised that:

H¹¹: There is a relationship between effective talent management and talent attraction.

5.3.2 Organisational performance

Organisational performance is defined as the financial and non-financial outcomes resultant of behaviours exhibited in an organisation, which are measured against performance expectations (Rašula, *et al.*, 2012:152). Maduenyi, Oke, Fadeyi and Ajagbe (2015:354) describe organisational performance as an organisation's ability to accomplish its goals and objectives through the use of resources in a properly structured manner. For this study, organisational performance is defined as the financial and non-financial outputs that result from the efficient and effective use of resources, when measured against the goals, objectives and other performance expectations in the organisation.

Owoyele (2017:46) revealed that employees who are motivated and satisfied feel empowered to perform in the workplace. This is in line with the work of Musyoka (2016:76), who suggests that there is an association between shared values, skill set, technology and performance. Habtoor (2016:460) also asserts that human factors influence organisational performance. In addition, their findings show that organisational environment has a positive effect on organisational performance (Jayaweera,

2015:271). Muntean (2014:300) also reports that highly skilled, trained, knowledgeable and experienced employees play a significant role in the performance of organisations.

Alharbi (2017:4516) found that, amongst health workers, the leadership style of a manager is an important predictor of performance; this is exhibited through reduced mistakes in patient care and improved service delivery. Lega, Prenestini and Spurgeon (2013:S46) also indicate that, in the health sector, performance is the result of management practices, leadership and manager characteristics. Sendawula *et al.* (2018:1) reported that employee engagement influences performance amongst health workers in Uganda. Péfoyo and Wodchis (2013:11) also indicate that patient satisfaction and improved service are associated with organisational performance in the health sector.

Numerous studies (Byremo, 2015:30; Lyria, 2014:141; Kehinde, 2012:178; Rastgoo, 2016:653; Son, Park, Bae & Ok, 2018:1; Keoye, 2014:54; Najm & Manasrah, 2017:36; Ingram, 2016:195; Abbasi *et al.*, 2010:74) reveal that talent management has a positive impact on organisational performance. For instance, in their study of firms in the emerging market in Turkey, Glaister, Karacay, Demirbag and Tatoglu (2018:160) indicate that integrating the practices of talent management helps organisations leverage performance, as these strategies can help the organisation achieve its targets. This is supported by Mensah (2015:557) who suggested that the identification of talent, reward and employee development as part of a talent management system enhances the achievement of organisational goals. Talented employees make use of their skills, knowledge, attitudes and behaviours to contribute to organisational performance.

It is therefore hypothesised that:

H¹³: There is a relationship between effective talent management and organisational performance.

5.3.3 Employee retention

Employee retention is described as an organisation's ability to create a suitable environment to keep employees satisfied and attached to the organisation, and which encourages them to remain with the organisation over the long term (Das & Baruah, 2013:8). However, it should be noted that the study adopted the definition of Das and Baruah (2013:8).

Salman, *et al.* (2014:171) found that employee retention has an impact on productivity and morale, and it lowers turnover costs. Vijayalakshmi and Balanagagurunaathan (2012:2) also indicate that job satisfaction predicts employee retention since satisfied employees will not think of leaving the current job. Kossivi, *et al.* (2016:261) report that organisations that have development opportunities, compensation, work-life balance, leadership, positive work environment, social support, autonomy, training and development easily retain quality and competent employees.

In the health sector, Shemdoe, Mbaruku, Dillip, Bradley, William, Wason and Hildon (2016:1) found that the unsatisfactory conditions borne from failed promises and workplace safety have a negative impact on the retention of health workers in rural hospitals, since these conditions halted their settling into the community and the job. According to Araujo and Maeda (2013:8), there is a link between unsuitable pre-service training, limited availability of equipment or drugs, insufficient family support, inadequate management, unsupportive supervision and the retention of health workers – all of which disrupt patient care. Furthermore, Ntangu (2014:38) reported that different types of cadres, such as doctors, nurses, clinical officers and assistant medical officers, have different preferences, therefore, the retention of these employees is linked to different personal, work and policy related issues.

A study conducted by Namusoke, Akulume, Tetui, Kananura, Bua and Ekirapa-Kiracho (2017:60) in Uganda found that the retention of health workers is related to existing favourable policies, rewards, support from families and communities, and promotion, leadership or investment opportunities. This is consistent with the findings of Rockers,

Jaskiewicz, Wurts and Mgomella (2011:9) who emphasise competitive salary, good quality and dependable health facilities, infrastructure, equipment and supply as factors that have a significant impact on an organisation's ability to retain health workers from various cadres. In this regard, numerous studies (Dormon, Balen, Schmidtke & Vlaev, 2017:1; Ebuehi & Campbell, 2011:1; Dolea, Stormont & Braichet, 2010:379) have associated the management of talented employees with the retention of health workers.

For instance, Festing and Schäfer (2014:268) carried out a study of a company in Germany, in which they revealed that extensive talent management activities such as training, development and career advancement are even more crucial to the retention of talented employees in Generations X and Y, than it is for Baby Boomers. In addition, a study of IT organisations in Malaysia (Alias *et al.* 2014:241), indicated that employees are happy to remain working in organisations that have satisfactory talent management practices such as managerial support, career development and rewards. It is thus crucial that organisations design retention strategies that enable talented employees to stay with the organisation in the long run.

It is therefore hypothesised that:

H¹²: There is a relationship between effective talent management and employee retention.

5.3.4 Organisational commitment

Organisational commitment is described as the degree to which employees identify with, are attached to, remain loyal and are able to feel a sense of involvement and belief in the organisation's goals and values (Albdour & Altarawneh, 2014:194). Furthermore, Iqbal, *et al.* (2015:2) refer to organisational commitment as the exertion of considerable effort, which shows that employees are interested in maintaining their membership of the organisation. However, in this study, organisational commitment refers to the degree to which employees identify with, feel a sense of involvement in and are attached or loyal to an organisation, and wish to maintain their membership of the organisation, while exerting considerable effort towards the achievement of organisational goals.

Haque and Aston (2016:95) indicate that occupational stress factors, such as role demand and organisational leadership, hinder organisational commitment. Further, Geldenhuys, Laba and Venter (2014:1) found that psychological meaningfulness and work engagement are associated with organisational commitment. Pinho, Rodrigues and Dibb (2014:374) contend that market orientation affects organisational commitment. Studies by Ndlovu, Ngirande, Setati and Zhuwao (2018:1), Kibozi and Michael (2018:60), Mesu, Sanders and Riemsdijk (2015:970) and Faizan and Zehra (2016:21) report a strong association between transformational leadership style and organisational commitment. According to Kalkavan and Katrinli (2014:1137), satisfaction at work and role clarity were found to result in organisational commitment. In addition, Affum-Osei, Acquaaah and Acheampong (2015:769) suggest that gender, age, qualification, experience and marital status are the demographic factors linked to organisational commitment.

In the health sector, scholars such as Kheirkhah *et al.* (2016:145) indicate that a significant relationship exists between talent management and organisational commitment amongst health workers. Tekingündüz, Top, Tengilimoğlu and Karabulut (2017:522) also found that organisational commitment in hospitals and health centres is predicted by trust, satisfaction and personal characteristics such as age, education, gender, department (laboratory or surgery room), the structure of work, income, and marital status. In addition, Al-Yami *et al.* (2018:531) conclude that, in a dynamic and changing healthcare system, organisational commitment is best achieved in settings in which the transformational leadership style is adopted by managers and leaders. Nevertheless, the empirical findings of numerous studies (Malkawi, 2017:80; Mahfoozi, Salajegheh, Ghorbani & Sheikhi, 2018:11; Parthasarathy, & Zimmermann, 2012:1; Vural *et al.*, 2012:340) reveal a positive relationship between the adoption of talent management practices and organisational commitment.

It is therefore hypothesised that:

H¹⁴: There is a relationship between effective talent management and organisational commitment.

5.4 SUMMARY

This chapter provided a detailed discussion of the hypothetical model of effective talent management in public institutions in the Ugandan health sector. The discussion included an indication of the operationalisation of factors that influence effective talent management, by highlighting the following elements: talent pool, organisational support, reward system, work conditions, social and work environment, leadership style, career development, supervisor support, employee engagement and employee personality. The chapter also explored the operationalisation of the outcomes of effective talent management, which included the following: talent attraction, employee retention, organisational performance and organisational commitment.

In the ensuing chapter of this study, Chapter Six, the research design and methodology employed in the study will be presented. The chapter provides an explanation of the steps and techniques used in the collection and analysis of data for the study. In addition, the design, population and sample, research instruments, data collection and analysis, reliability and validity of the research are described in Chapter Six. Furthermore, the chapter will reflect on the ethical considerations and limitations of this study of employee talent management in public institutions in Uganda's health sector.

CHAPTER SIX

RESEARCH DESIGN AND METHODOLOGY

6.1 INTRODUCTION

The previous chapter presented the hypothetical model of the study; the chapter also highlighted the modelled influences and outcomes of effective talent management in public institutions within the Ugandan health sector. The factors that influence effective talent management were elaborated upon to include the following: talent pool, organisational support, reward system, work conditions, social and work environment, leadership styles, career development, supervisor support, employee engagement and employee personality. The chapter also provided a detailed discussion of the outcomes of effective talent management, such as talent attraction, employee retention, organisational performance and organisational commitment.

However, in the current chapter, Chapter Six, the research design and methodology employed for this study is explored in detail. This chapter describes the research methodology and design, research paradigm, sampling and data collection methods used in the study. The questionnaire design, the criteria for evaluating the measuring instrument and pretesting the measuring instrument are also elaborated upon herein. Finally, the data analysis used in this study, as well as the ethical considerations of the study, are highlighted in this chapter.

6.2 PURPOSE OF THE STUDY

The overall purpose of this study was to examine the factors that influence effective talent management amongst employees in public institutions within the Ugandan health sector; thereafter, the study sought to investigate the outcomes of effective talent management. In a number of countries, talent management is characterised by shrinking and aging talent pools which pose a challenge to employee retention; the Ugandan health sector is not an exception to this problem. The findings of this study

will, therefore, assist Human Resources (HR) managers and top management to develop a plan for the training of new executives, that is, managing directors and senior managers, as the old executives are replaced – the future of many organisations may very well depend on these proactive measures. Finally, the recommendations of the study are to be used to develop effective strategies towards ensuring effective talent management, the retention of talented employees and a reduction in labour turnover costs in healthcare institutions within the health sector.

6.3 RESEARCH METHODOLOGY AND DESIGN

Research methodology is the overall systematic approach to research design, research instrument design, data collection, data analysis and measurement that are applied in order to understand a given phenomenon in which the researcher is interested (Morales & Ladhari, 2011:242; Walliman, 2011:64). Further, Creswell (2014:295) and Rajasekar, *et al.* (2013:5) assert that research methodology is a plan or procedure taken in an attempt to investigate, obtain knowledge and solve a problem of the world in relation of philosophical assumptions, designs and specific methods.

Research design is referred to as a comprehensive blueprint that is used to exercise control over the procedures implemented for the collection, analysis, interpretation and reporting on information, which can affect the understanding of the phenomenon under investigation (McGrath & O'Toole, 2012:509). The aim of the research design is to facilitate the researcher's addressing of the research questions and testing the study hypotheses (Bryman & Bell, 2014:100). Caruth (2013:112) further acknowledges that the research design assists the researcher to articulate what data is required. In addition, it is through the research design that subjects and research sites are selected to allow for the reflection of conditions and planned interventions laid out for the study (Roggema, 2017:1). In simple terms, research design is an action plan for the research; it covers the population or sample being studied, the design type, and whether it is exploratory, correlational, experimental or descriptive (Maxwell, 2012:1). The research design adopted for this study was deductive and explanatory in order to explain, in

meticulous detail, the antecedents and outcomes of employee talent management in public institutions within the Ugandan health sector.

Deductive research is described as the thorough process of forming a hypothesis (or hypotheses) based on existing theory and, thereafter, designing a research approach to test the hypothesis (or hypotheses). Further, this is the process of testing prior theoretically derived views (Wilson & Anmol, 2010:3). The aim of deductive research is to search for evidence to either support or refute the hypotheses. In this study, the deductive research design was used to form hypotheses and, thereafter, test the hypotheses so as to ascertain the accepted and null hypotheses.

Explanatory research is referred to as the systematic investigation of a problem that has not previously been studied in depth, as well as the cause and effect relationships of a particular study. Researchers make use of explanatory research to elucidate key factors for the occurrence of certain phenomena and the relationship established between the forces that surround these phenomena (Freitas, Bufrem & Breda, 2016:9). In this study, the explanatory research design was used to establish which factors influence effective talent management amongst employees in public institutions within the Ugandan health sector, and to investigate the outcomes of effective talent management. In addition, the relationships between the factors and the outcomes of effective talent management amongst employees in public institutions within the Ugandan health sector were identified.

6.4 RESEARCH PARADIGM

The research paradigm is defined as a philosophical way of thinking that defines the nature of the researcher's enquiry, so as to infer meaning embedded in data (Quinlan, 2011:205; Kivunja & Kuyini, 2017:26). The establishment of a research paradigm facilitates the development of a study, as it has a significant bearing on the kind of information to be collected for the study (Kumar, 2011:96). The answers to questions pertaining to a particular study can be obtained through the adoption of a research paradigm; therefore, the behaviour of a researcher is guided by the selected research paradigm (Jonker & Pennink, 2010). Creswell (2014:295) and Cooper and Schindler

(2011:163) support this notion by maintaining that the nature of the inquiry adopted in research can include the following: qualitative, quantitative and mixed methods.

6.4.1 Qualitative research

In various fields of research, qualitative research methods are used to address and answer questions relating to the way in which humans organise and interact in order to come to terms with less naturally occurring phenomena in the social world (Cooper & Schindler, 2011:160). Qualitative research describes and explains the why and how of the behaviours, opinions and experiences of individuals (Gill & Johnson, 2010:148). The aim of qualitative research is to investigate the socially constructed everyday realities that lead people to behave in particular ways. The answers and information obtained are best provided by direct experience through the physical senses such as observation and interaction (Jervis & Drake, 2014:234), which is a challenge for quantitative research (Rossman & Rallis, 2012:5).

Qualitative research utilises narrative data, such as words or pictures, with a disregard for numbers, in order to provide answers to a study (Edwards & Holland, 2013:26). The collected data is interpreted so as to provide answers to the research questions. Similarly, the researcher is able to observe and learn about the sense that participants make of their experiences, perspectives, histories as well as their social and material circumstances (Ritchie, Lewis, Nicholls & Ormston, 2013:4).

Moriarty (2011:8) asserts that qualitative research is exploratory, detailed and extensive, which allows for the discovery of information relevant to a particular study. In addition, Denzin and Lincoln (2011:3) affirm that qualitative research is interpretative, materialistic and focuses on naturally occurring phenomena (Flick, 2013:4). Although qualitative research allows a researcher to make sense of the experiences and the world in which people live, it is not free from bias, controversy or contradiction, which can affect the quality of decision making of the researcher (Ramadhan, 2015:25). In addition, qualitative research is time consuming, with data collection being fairly difficult, and data analysis is often a complex process (Dooly & Moore, 2017:4). Data collected through the use of qualitative methods fails to provide precise and easy answers.

Moreover, qualitative research is not applicable for large samples (Jervis & Drake, 2014:234), and the results cannot be generalised to the broader population. Further still, the privacy and confidentiality of information related to the target group still poses a challenge for researchers who use qualitative research methods (Saunders, Kitzinger & Kitzinger, 2015 : 618).

6.4.2 Quantitative research

Quantitative research is described as a systematic and scientific way of investigating a phenomenon and its relationships with other factors by collecting and using numerical data that can be analysed using statistical techniques (Eyisi, 2016:94). The quantitative approach is sometimes called the traditional, experimental or positivist approach of measuring a phenomenon in terms of quantity (Pavan & Nagarekha, 2014:170). This research method uses objectively agreed upon criteria and procedures in order to achieve results that are statistically reliable (Simion, 2016:4). Furthermore, it applies the methods and principles of science to the study of human behaviour and human events.

Quantitative research is based on the objective rather than subjective measurement of a phenomenon that can be observed and recorded (Matthews & Ross, 2010:27). The adoption of the quantitative method allows for the original set of research goals to be followed firmly, thus the researcher is able to arrive at more objective conclusions, test the hypotheses, and determine causality (Pandey & Pandey, 2015:29). In other words, data is collected so that the information is enumerated and subjected to statistical handling, so as to explain the nature of the phenomenon under study (Zikmund, Babin, Carr & Griffin, 2012:134). This approach to research allows the behaviour of individuals to be quantified and reflected with numbers. It is also important to note that quantitative research is a method best used for studies that consist of large samples (Wright, O'Brien, Nimmon, Law & Mylopoulos, 2016:98). It can be used in response to relational questions of variables within the research and to ascertain relationships between variables using numerical analysis, which minimises the subjectivity of judgment (Nel & Schoeman, 2015:91). It is imperative to note that the quantitative approach typically

ends with the confirmation of the hypotheses that were tested (Mundar, Matotek & Jakuš, 2012:79).

The quantitative design of this study allowed for hypotheses testing and the measurement of relationships between variables. Thus, in this study, there was early commitment to the hypotheses, which were formulated prior to data collection and were used to make statistical inferences.

Table 6.1, below, indicates the differences between qualitative and quantitative research on the basis of the following research aspects: focus of research, researcher involvement, research purpose, sample design, sample size, research design, participant preparation, data type and preparation, and data analysis.

Table 6.1: Differences between qualitative and quantitative research

Research Aspect	Qualitative	Quantitative
Focus of Research	<ul style="list-style-type: none"> • Understand and interpret 	<ul style="list-style-type: none"> • Describe and explain
Researcher Involvement	<ul style="list-style-type: none"> • High – researcher is participant or catalyst 	<ul style="list-style-type: none"> • Limited – controlled to prevent bias
Research purpose	<ul style="list-style-type: none"> • In-depth understanding; theory building 	<ul style="list-style-type: none"> • Describe or predict; build and test theory
Sample design	<ul style="list-style-type: none"> • Non-probability 	<ul style="list-style-type: none"> • Probability
Sample size	<ul style="list-style-type: none"> • Small 	<ul style="list-style-type: none"> • Large
Research design	<ul style="list-style-type: none"> • May evolve or adjust during the course of the project • Often uses multiple methods simultaneously or sequentially • Consistency is not expected • Involves a longitudinal approach 	<ul style="list-style-type: none"> • Determined before commencing the project • Uses single method or mixed methods • Consistency is critical • Involves either a cross-sectional or a longitudinal approach
Participant preparation	<ul style="list-style-type: none"> • Pre-tasking is common 	<ul style="list-style-type: none"> • No preparation desired, in order to avoid participant bias
Data type and preparation	<ul style="list-style-type: none"> • Verbal or pictorial descriptions • Reduced to verbal codes (sometimes with computer assistance) 	<ul style="list-style-type: none"> • Verbal descriptions • Reduced to numerical codes for computerised analysis
Data analysis	<ul style="list-style-type: none"> • Human analysis following 	<ul style="list-style-type: none"> • Computerised analysis –

	computer or human coding; primarily non-quantitative	statistical and mathematical methods dominate
--	---	--

Source: Adapted from Cooper and Schindler (2011:163)

6.4.3 Mixed methods research

Mixed methods research is a combination of qualitative and quantitative research methods in the collection, analysis and interpretation of data (Terrell, 2012:260). Mixed methods research has accumulated considerable influence across disciplines, especially in research in the social and behavioural sciences (Heyvaert, Maes & Onghena, 2011:2). Moreover, the growth in the utilisation of mixed methods research is attributed to its ability to integrate quantitative and qualitative approaches as components of a research enquiry (Ponce & Pagán-Maldonado, 2015:113).

In addition, mixed methods research addresses the complex problems and questions that arise from the adoption of either quantitative or qualitative methods (Maxwell, 2016:13). The data collected is comprised of words, pictures, narrations and numbers (Fiorini, Griffiths & Houdmont, 2016:39). Mixed methods research resolves the war that exists between qualitative and quantitative research by drawing inferences from both research paradigms in a single study (Cameron, 2011:96).

Consequently, this study adopted the quantitative research method in order to gather, process and analyse data. The quantitative research method was employed for the formulation, testing and validation of the hypotheses. The reliability and precision of the measuring instrument (questionnaire) was achieved as a result of the utilisation of the quantitative research method.

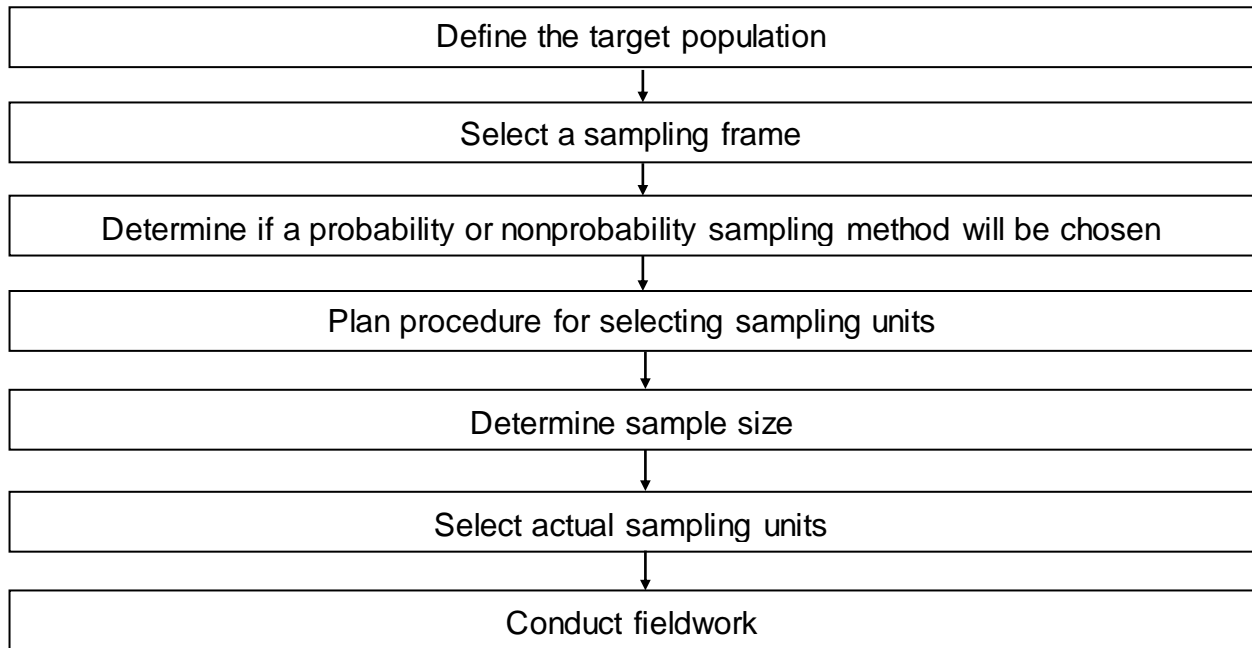
6.5 SAMPLING

Sampling is a procedure used to identify a subset of individuals, who make up a portion of the population that is of utmost interest to a specific study, to participate in a study so that the findings can contribute to making conclusions about the entire population (Hanlon & Larget, 2011:7; Zikmund *et al.*, 2012:68; Alvi, 2016:11). Quinlan (2011:209) further acknowledges that sampling is the process of selecting some elements from a

population from which knowledge can be gained; the intended outcome thereof is to address the research problem of the study by gathering data from a subset of the target population (Cooper & Schindler, 2011:364). Due to financial and time constraints, it is not practical to survey the entire population and, as such, the observations made about people, settings, events, behaviours, and social processes can form the basis for assumptions and generalisations that are made about the target population (Wilson, 2010:191; Goldstein, Lynn, Muniz-Terrera, Hardy, O'Muircheartaigh, Skinner & Lehtonen, 2015:447). The information collected is thereafter subjected to data analysis (Feldmann, 2014:6). It should be noted that the larger the sample size, the more reliable the collected information, particularly in regard to generalising the findings of the study to the broader population (Burmeister & Aitken, 2012:5). In order to choose from a particular population, Uprichard (2013:3) classifies sampling methods into either probability or non-probability.

The target population of this study was all employees in public institutions within the Ugandan health sector; probability sampling was adopted to select a sample from the target population. Probability sampling not only registers the accuracy of the research findings, but it is also time-saving and cost effective (Ishak & Bakar, 2014:29). The researcher is certain that the characteristics of the individuals included in the sample represented the characteristics of the population. However, in order to effectively carry out sampling, the researcher needs to understand the steps taken in selecting a sample. Figure 6.1, below, provides a schematic diagram illustrating the seven elements involved in the selection of a sample (Bhattacharjee, 2012:65; Martínez-Mesa, González-Chica, Duquia, Bonamigo & Bastos, 2016:327).

Figure 6.1: Stages in selecting a sample



Source: Adapted from Zikmund *et al.* (2012:391)

The process began with a definition of the target population of 35 903 employees in public institutions in the Ugandan health sector. The researcher then selected a sample frame consisting of national referral hospitals, regional hospitals, general hospitals, district health offices, urban authorities' health units and three health centres within public institutions located in the Central region of Uganda.

Thereafter, the researcher adopted the probability sampling method, specifically the stratified random sampling technique. The sample size of 655 employees was determined. At the same time, the actual sampling units such as employees in hospitals and healthcare centres in Uganda were identified. Finally, the researcher conducted fieldwork, with the distribution of 910 questionnaires to the study respondents.

6.5.1 Population and sampling

In research, it is important to ascertain information regarding the study population (de Waure, Poscia, Viridis, Di Pietro & Ricciardi, 2015:96). A population is referred to as the

parent group, or entities of interest that share at least one common characteristic, from which a sample is drawn in order to collect data (Pandey & Pandey, 2015:40; Sa'id & Madugu, 2015:50). Further, Quinlan (2011:206) and Omair (2014:142) acknowledge that a population constitutes any number of individuals, elements or objects that make up a study's unit of analysis, and which are considered relevant and accessible to said study. Pazzaglia, Stafford and Rodriguez (2016:4) describe a population as any precisely defined set of people or collection of items for consideration when collecting information, particularly from which the researcher would like to generalise the results of the study. However, it should be noted that the population should meet the criteria set by the researcher.

In this study, the population comprised of 35 903 healthcare employees in public institutions in the Ugandan health sector (Ministry of Health, Uganda, 2013:23). The health sector has both public and private institutions that provide essential health services; however, the public sector provides approximately 66% of healthcare services in the country (Ministry of Health, Uganda, 2018). More specifically, the population for this study includes all employees in public institutions in the health sector in the Central region of Uganda, which comprises of the following districts: Kampala, Wakiso, Mpigi, Masaka and Mukono. The categories of healthcare employees within this population are: doctors, consultants, dentists, dispensers, nurses, pharmacists, midwives, clinical officers, laboratory staff, anaesthetic staff and occupational therapists, in addition to allied health staff, environmental health officers, general administrative cadres, cold chain technicians, health administrative cadres and support staff. The appropriate sample of 910 participants was selected from the defined population, as suggested by Shringarpure and Xing (2014:901).

6.5.2 Determining the sampling method

A sampling method is described as a procedure for choosing some members of the broader population who have the ability to represent the target population, while also minimising the use of time, money and other resources (Shorten & Moorley, 2014:32). In addition, sampling allows for the enhanced accuracy of the results of a study (Esfahani & Dougherty, 2014:242). In order to achieve reliable results, it is important to

choose a sampling method that suits the prevailing circumstances (Elfil & Negida, 2017:2). The available sampling methods are: non-probability sampling, probability sampling and mixed sampling (Shorten & Moorley, 2014:32).

6.5.2.1 Non-Probability sampling

Non-probability sampling is described as the process of selecting units based on specific characteristics associated with the research questions of a particular study, rather than on a random basis (Farrokhi & Mahmoudi-Hamidabad, 2012:784). This process allows for the researcher to decide which elements are to be included in or excluded from a sample, based on accessibility and availability, amongst other characteristics (Elfil & Negida, 2017:2). Non-probability sampling poses a challenge in situations in which the researcher seeks to address research questions that require statistical inferences about the characteristics of the population. Non-probability sampling techniques are closely associated with qualitative research (Bryman & Bell, 2011:441). The methods employed in non-probability sampling include convenience sampling, judgement sampling, quota sampling and snowball/referral sampling techniques (Bhattacharjee, 2012:69).

Convenience sampling is a technique used to select a sample unit of respondents on the basis of geographical proximity, ease of accessibility and willingness to participate in the study (Hesse-Biber & Leavy, 2010:99; Shorten & Moorley, 2014:33). Further, Etikan, Musa and Alkassim (2016:1) assert that convenience sampling is the method researchers use to target members of the population of interest who meet certain criteria, such as availability at a given time, so that they are included in the study. Researchers use this technique to collect a large number of completed questionnaires quickly and cost-effectively (Etikan *et al.*, 2016:1). The ease in acquiring the sample is connected to the cost of locating the population, the geographic distribution of the sample and obtaining interview data from the respondents (Alvi, 2016:29). The respondents should also possess characteristics that fit the objectives of the study (Farrokhi & Mahmoudi-Hamidabad, 2012:784). In order for convenience sampling to be more representative of the population, elements of randomness are incorporated into

the study (Jugenheimer, Kelley, Hudson & Bradley, 2014:38). Convenience sampling is usually appropriate for exploratory research (Smith, 2010:98).

Judgment sampling / purposive sampling is described as a non-probability sampling technique by which the researcher selects a sample deliberately based on his or her own judgment (Van Aartsengel & Kurtoglu, 2013:91). The main objective of judgment sampling is to produce a sample that considerably represents the study population. Judgment sampling is most appropriate if the population of the study is difficult to locate or if some members are thought to be more knowledgeable than others, in regard to the focus of the study (Etikan *et al.*, 2016:3).

Quota sampling is a non-probability sampling technique that is used to segment the study population into mutually exclusive subgroups, which are proportional to the population (Yang & Banamah, 2014:2; Sharma, 2017:751). Quota sampling takes two forms, namely, proportional and non-proportional quota sampling. For proportional quota sampling, the proportion of respondents in each subgroup should match that of the population (Alvi, 2016:32). However, for non-proportional sampling, the proportion of respondents is less representative of the population, but may be useful to the study (Gogtay & Thatte, 2016:69). It is from the chosen proportion of respondents that the opinions of small and underrepresented groups are obtained (Bhattacharjee, 2012:69).

Snowball sampling is sometimes referred to as the referral sampling technique, which implies a great number of social connections that allow a researcher to reach hard-to-reach populations (Etikan, Alkassim & Abubakar, 2016:1; Waters, 2015:369). This technique is used when the characteristics of the target population are rare, and the information retrieved from the members of the population is quite valuable (Jugenheimer *et al.*, 2014:39). In addition, this method is used in situations in which no sampling frame is available (Bhattacharjee, 2012:70). Thus, snowball sampling is employed when the existing study subjects recruit future subjects from amongst their acquaintances.

6.5.2.2 Probability sampling

Probability sampling is defined as the technique by which all the units, objects or individuals in the population, or specific subgroups of a population, have equal chances of being selected (Rao & Fuller, 2017:146; Creswell, 2014:227-228). The intention is to answer the research questions and address the questions and objectives that require the statistical estimation of the characteristics of the population, as derived from the sample. In addition, with probability sampling, the researcher claims that the sample that is selected is representative of the population under study (Quinlan, 2011:209). The samples collected indicate that each member of the population has a known non-zero probability of being selected (Adams, Khan & Raeside, 2014:73); this implies that, with probability sampling, errors are kept to a minimum. According to Khalid, Hilman and Kumar (2012:21), it is important to note that probability sampling techniques include simple random sampling, systematic sampling, stratified sampling and cluster sampling.

Simple random sampling is based on the concept of random selection (Alvi, 2016:16). This is a controlled procedure that assures that each population element is given a known non-zero chance of selection (Cooper & Schindler, 2011:369). In order to engage in simple random sampling, a complete list (or map, or chart), of every member of the population is presented so that each member of the sample can be randomly selected for consideration in the study (Jeelani, Nazir, Mir, Jeelani, Dar, Haq, Maqbool & Wani, 2014:706).

Systematic sampling involves choosing individuals from a list by selecting every k^{th} sampling frame member, where k is the population divided by the preferred sample size (Abdelmegeed, 2014:1). It should be noted that there is ease of implementation, practicability and a semblance of order in the adoption of this technique (Kareem, Oshungade & Oyeyemi, 2015:104). Similarly, there is efficiency in the use of this technique in that, for the same sample size, each important segment of the population is better represented (Alvi, 2016:18). Systematic sampling ensures that there is no over representation since the sample is representative of the population (Elsayir, 2014:112).

Cluster sampling is the technique of grouping the population into clusters (Alvi, 2016:22). This is preceded by selecting the groups or clusters rather than individual elements for inclusion in the sample (Makela, Si & Gelman, 2017:1). The cluster sampling technique is usually adopted when the sample size is larger than the simple random sample in order to ensure the same level of accuracy as well as to reduce bias and errors that can be made in the selection of the sample (Pu, Gao, Fan & Wang, 2016:2). This method is relatively easy and efficient, especially for field work and in the case of personal interviews.

Stratified sampling involves the division of a population into subgroups that are relatively homogeneous and non-overlapping, then randomly selecting units from those strata (Meng, 2013:536). Homogeneity, in this respect, refers to the sharing of one or more characteristics amongst the subgroups within each stratum. In contrast, there is also heterogeneity between strata (Alvi, 2016:20). Interestingly, there is reduced variability in the resulting population estimates, especially during measurements of interest (Barcaroli, 2014:3). Therefore, it is interesting to note that stratified sampling allows reliable estimates to be made about each stratum (Levin & Kanza, 2014:1).

This study adopted the stratified random sampling technique whereby the researcher first identified the target population of 35 903 employees. The targeted employees were extracted from the Central region of Uganda; this region has populous districts and the national referral hospitals which are located solely in Uganda's Central region. In other words, the Central region is the only region that has all types of, and the highest number of, hospitals and health centres as per the structure of the Ugandan health sector.

These were categorised into hospitals and health centres such as National Referral Hospitals (2,816), Regional Referral Hospitals (3,121), District / General Hospitals (5,545), Health Centre IVs (5 731), Health Centre IIIs (12,070), Health Centre IIs (6,428) and Health Centre Is / Urban Health Units (192). These categories of hospitals and health centres are comprised of fifteen (15) types of employees, each with an equal chance of being selected to participate in the study. It is from this population that the

sample size of 910 employees was determined. For the collection of data, a letter of permission was used to gain access to a list of all employees working in the selected hospitals and health centres. A list of randomly computer-generated numbers was used to identify the selected sample of 910 employees from the entire population of 35 903 health sector employees; the researcher was then able to select respondents who would form part of this research, until the necessary number of respondents was obtained. In this regard, a total of 130 respondents were carefully selected from each of the seven strata, which amounts to 910 respondents in total.

6.5.3 Sampling frame and sample size

A sampling frame is a list of actual cases from which a sample can be drawn (Wilson, 2010:191); it provides detailed information about the samples selected for a particular study (DiGaetano, 2013:296). It is important that the sampling frame is representative of the population and is relevant to the study (Ishak & Bakar, 2014:30). It is equally important is to ensure that all elements in the sampling frame have measurable characteristics, which are clearly defined (Enticott, Shawyer, Vasi, Buck, Cheng, Russell, Kakuma, Minas & Meadows, 2017:2). When the entire population is not accurately represented or when some sample elements are not included in the sampling frame, the researcher is bound to experience a sampling error during the sampling process (Zikmund *et al.*, 2012:393).

In this study, a representative sample was drawn from all cadres of healthcare workers, namely, doctors, consultants, dentists, dispensers, nurses, pharmacists, midwives, clinical officers, laboratory staff, anaesthetic staff and occupational therapists, in addition to allied health staff, environmental health officers, general administrative cadres, cold chain technicians, health administrative cadres, support staff and any other individuals employed in organisations in the Ugandan health sector. These targeted groups of employees should be employed in the seven categories of public healthcare institutions in the Central region of Uganda.

A total of 910 questionnaires were distributed by the researcher; of these, only 655 were useable, which indicates a response rate of 72%. All useable questionnaires were inspected, edited and coded. The purpose is to ensure that the data is accurate, consistent, uniformly entered and properly arranged so as to facilitate coding. All the questionnaires were given a reference number in order to facilitate data capturing for the purpose of statistical analysis. Table 6.2, below, lists the sample structure of the study to include the number of employees chosen to represent the different target groups from the broader population. These target groups (strata) include the different categories of hospitals and health centres in the Ugandan health sector.

Table 6.2: Sample structure of the study

Targeted Groups	Sample Size
National Referral Hospitals	120
Regional Hospitals	120
District / General Hospitals	100
Health Centre IVs	130
Health Centre IIIs	180
Health Centre IIs	130
Health Centre Is / Urban Authorities Health Units	130
TOTAL	910

Source: Researcher's own construction.

Table 6.2 conveys the sample structure of this study, which indicates that the total sample size for the categories of hospitals and health centres was 910 respondents. The categories included in the sample are: National Referral Hospitals (120), Regional Hospitals (120), District / General Hospitals (100), Health Centre IVs (130), Health Centre IIIs (180), Health Centre IIs (130), Health Centre Is / Urban Authorities Health Units (130). It is from this sample size that inferences were made about the target population.

There are fourteen constructs that were measured in this study, as indicated in the hypothesised model (Figure 1.1). The independent constructs include the talent pool,

organisational support, reward system, work conditions, social and work environment, leadership style, career development, supervisor support, employee engagement and employee personality. At the same time, the dependent constructs include employee attraction and retention, organisational performance and commitment. Burmeister and Aitken (2012:5) recommend that the selected sample size of 910 is large enough to draw adequate data for the validation of results and to reach a meaningful conclusion regarding effective employee talent management in public institutions within the Ugandan health sector. It should be noted that the larger the sample size, the more reliable the information collected is considered to be, particularly in regard to generalising the study findings to the broader population.

Morton, Bandara, Robinson and Carr (2012:106) suggest that the expected response rate needs to be taken into consideration. This implies that the researcher needs to make allowance for non-responses to a survey, so that this can be calculated into the required sample size.

The calculations done for this study indicated that a minimum sample size of 910 was required, with an expected response rate of 70%. This means that an initial sample size of $1300 = 910/0.7$ was selected to allow for possible non-responses. This indicates that 1300 employees, who have particular and well-defined knowledge of public institutions in the Ugandan health sector, were carefully decided upon.

6.5.3.1 Response rate and sample size

A total number of 910 questionnaires were distributed to respondents in Uganda's Central region. The questionnaires expected from the respondents were not to be less than 655 (calculated to get a 70% response rate), therefore, this study achieved the acceptable response rate of not less than 70%. Table 6.3, below, illustrates the number of respondents as per the initial sample size, minimum sample size, usable questionnaires received and the response rate.

Table 6.3: Sample size and response rate

Questionnaires	Respondents
Initial sample size	1300
Minimum sample size	910
Usable questionnaires received	655
Response rate	72%

Table 6.3 shows that the number of respondents as per the initial sample size was 1300, with a minimum sample size of 910 respondents, while 655 usable questionnaires were received – this indicates a response rate of 72%. This value is above the acceptable response rate of 70% recommended by Morton *et al.* (2012:107).

6.5.3.2 Missing data

In research, missing data is referred to as the absence of data, or value stored, for a variable that can occur as a result of non-responses (Kang, 2013:402). This could be due to errors in data entry, made by the researcher, or because respondents failed to answer certain questions (Cheema, 2014:487). This is a common occurrence in research (Baraldi & Enders, 2010:5). Missing data can affect the relationships between variables and the conclusions that are drawn from the data (Izquierdo & Pedrero, 2014:517). It is important to manage missing values in order to minimise the drawing of inaccurate inferences from the data, without distorting the results.

In this study, the questionnaires that were distributed and returned to the researcher were checked in order to ascertain missing data. The sections were all scrutinised and it was found that a total of two hundred and fifty-five (255) from nine hundred and ten (910) questionnaires were wasted and incomplete; these questionnaires were therefore not useful for data capturing.

6.6 DATA COLLECTION METHODS

Data collection is described as the process of putting together and measuring known facts, things or variables of interest, to use as a basis for inferences (Goodman, Cryder & Cheema, 2012:112). Data collection should be planned so as to minimise errors,

organise both human and material resources for data collection, and map out a clear overview of tasks to be carried out, including notes on who should perform these tasks and the duration of each task (Cleary, Horsfall & Hayter, 2014:473). Moreover, the quality of data collection depends on the selection of participants, the number of participants in a study, the interviewer and the questions, as well as the data collection procedures (Englander, 2012:13).

Since the purpose of any study is to obtain credible and comprehensive responses, data collection seeks to address a complex social reality in a bid to respond to the research objectives (Buhrmester, Kwang & Gosling, 2011:4). The collected data is used for the research investigation (Peersman, 2014:9). More importantly, data collection methods should be checked for cost effectiveness, speed, intrusiveness, bias, anonymity and privacy before proceeding with the data analysis (Simmons, Nelson & Simonsohn, 2011:1361). This process helps the researcher to deal with sensitive issues that can affect a particular study. According to Lowry (2015:14), data collection methods can be classified into two categories: primary and secondary data collection methods.

6.6.1 Primary data

Primary data supplies a researcher with current information (Daneshjo & Kravec, 2014:22). Furthermore, primary data answers a study's research questions by collecting data from individuals and groups (Peersman, 2014:3). According to Driscoll (2011:154), primary data can also be extracted through the use of experiments, surveys or questionnaires, and interviews or focus groups.

A survey is a systematic method of gathering information from entities or units for the purpose of constructing quantitative descriptors of the attributes of the larger population to which the entities belong (Groves, Fowler, Couper, Lepkowski, Singer & Tourangeau, 2011:2). A survey is a research method used to collect information from a sample by means of a questionnaire (Eybers, 2010:130). The questionnaire is handed out to those individuals that the researcher is interested in having as part of his/her study (Pavan & Nagarekha, 2014:171). A survey is an appropriate method for quantitative research; it is also suitable in instances in which there is a representative sample of a large population

(Harwell, 2011:149). Thus, in circumstances in which a study aims to investigate behaviours, attitudes and needs, and when people may be asked about their beliefs, opinions, characteristics, past or present behaviour, expectations and knowledge, the survey method is the most appropriate.

Self-constructed and self-administered questionnaires were the tools used to collect the primary data for this study. A self-administered questionnaire is commonly used to gather primary data in quantitative research (Appelbaum, Cooper, Kline, Mayo-Wilson, Nezu & Rao, 2018:17). For this study, primary data was gathered from employees in public institutions within the Ugandan health sector. These include doctors, consultants, dentists, dispensers, nurses, pharmacists, midwives, clinical officers, laboratory staff, anaesthetic staff, occupational therapists, allied health staff, environmental health officers, general administrative cadres, cold chain technicians, health administrative cadres, support staff and any other staff. More specifically, the employees targeted for this study were based in the Central region of Uganda. In order to collect primary data concerning employee talent management in public institutions within the health sector in Uganda, 910 questionnaires were distributed to respondents.

6.6.2 Secondary data

Secondary data is impartial data that has already been collected and published by other researchers (Daas & Arends-Tóth, 2012:4). Similarly, secondary data also refers to the collection of existing literature on the topic of discourse (Boo & Froelicher, 2013:130). Further, secondary data should be accurate, reliable, precise, unbiased, valid, appropriate and timely so that it can be used by researchers to answer new research questions and problems (Tasić & Feruh, 2012:326). In respect of secondary data, the researcher collects and analyses data that has previously been collected and tabulated by other sources (Anyan, 2013:1). In other words, secondary data is collected by an individual other than the researcher; it is data that is reused by the researcher or the researcher's team pertaining to a prior study (Kruse & Thestrup, 2014:320). As opposed to primary sources, secondary sources present important information second-hand (Cheng & Phillips, 2014:371).

For this study, secondary data was collected from publications, books, databases, reports and internal records. A comprehensive body of literature was consulted through the general online databases and search engines, as well as the Nelson Mandela University Library and its online databases. The general online databases consulted for this study include Emerald, Advanced Google Search, Yahoo, the Ugandan Ministry of Health resource centre and government databases. The Nelson Mandela University online databases consulted for this study include EBSCO Host, Sabinet, Science Direct, and Business Source premier. Furthermore, published books and journals were the largest source of secondary information consulted for this study.

6.7 QUESTIONNAIRE DESIGN

A questionnaire is a list of questions posed to elicit reliable responses from a chosen sample (Jones, 2010:220). Harlacher (2016:1) defines a questionnaire as a descriptive survey aimed at gathering opinions or information. Moreover, a questionnaire is a measuring instrument that asks questions about the variables of a study (Kaltenbrunner, Bengtsson, Mathiassen & Engström, 2017:2). A questionnaire is a written set of pre-formulated structured, unstructured or quasi-structured questions which require respondents to express their opinions on a specific matter by recording their answers (Acharya, 2010:2). Structured questionnaires require that respondents select an answer from a given set of choices (Zohrabi, 2013:254), while unstructured questionnaires require respondents to provide answers in their own words or expressions, without offering suggestions or choices (Bhattacharjee, 2012:74). Quasi-structured questionnaires, sometimes referred to as semi-structured questionnaires, contain a mixture of both structured and unstructured questions; in these questionnaires a number of questions are planned ahead of time, with allowance being made for unexpected opinions to emerge (Blandford, 2013:22). It should be noted that questionnaires are not only easy and cost effective to administer, but they are also quick to analyse and develop (Mavodza, 2010:115). According to Murdoch, Simon, Polusny, Bangerter, Grill, Noorbaloochi and Partin (2014:2), researchers should ensure the confidentiality of their study respondents in order to get more complete responses,

especially those pertaining to sensitive information. Nevertheless, for questionnaires to be relevant, they should be guided by research questions, objectives, a theoretical framework and a literature review (Jong & Jung, 2015:30).

For this study, the researcher worked with the study promoters and statisticians to develop a structured questionnaire as the data collection tool; this proved convenient for gathering a large amount of primary data from a variety of respondents. The questions generated for the questionnaire were brief, concise and relevant to a deeper understanding of the factors that influence effective talent management amongst employees in public institutions within the Ugandan health sector, and the effect of effective talent management on employee attraction and retention, as well as organisational performance and commitment.

This study utilised a structured and closed-ended questionnaire to solicit answers from the respondents. The questionnaire was divided into three sections: Section A, B and C. Furthermore, Section A consisted of 68 items on a seven-point Likert-type scale (1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = undecided, 5 = somewhat agree, 6 = agree, 7 = strongly agree). Section A investigated respondents' perceptions of the factors that influence effective talent management, such as the organisational, management and personal factors. Section A also investigated respondents' views of talent management. Section B contained 28 items on a seven-point Likert-type scale (1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = undecided, 5 = somewhat agree, 6 = agree, 7 = strongly agree). Section B solicited answers regarding respondents' perceptions of the outcomes of effective talent management, such as employee attraction and retention, as well as organisational performance and commitment.

Sections A and B used the interval level of measurement to categorise the collected data. The interval level of measurement refers to the quantitative scale used to classify attributes according to rank or order, with the distance between attributes being equal along the scale and have meaning (Prion & Adamson, 2013:e32). In addition, this

allows for more sophisticated statistical analysis such as the mean, standard deviation, correlation, regression and analysis of variance (Walliman, 2011:76).

Section C sought to solicit biographical information from the respondents. This section comprised of questions pertaining to the demographic information of the respondents, and the sector in which they are employed. The biographical data of respondents was measured using a nominal scale. As part of their biographical data, the respondents were asked to answer questions related to gender, age, level of education, organisation, position in the organisation, and years of service. The nominal level of measurement was utilised to categorise the data collected in Section C. The nominal level of measurement describes and classifies data into categories and labels (Musvoto & Gouws, 2010:429).

The key dimensions interrogated in Section A include talent pool, organisational support, reward system, work conditions, social and work environment, leadership style, career development, supervisor support, employee engagement and employee personality. The information solicited in Section B includes matters of employee attraction and retention, as well as organisational performance and commitment. Section C solicited personal information from the respondents, across the following six categories: gender, age, level of education, categories of health units, position in the institution, and years of service in the organisation (tenure). Table 6.4, below, illustrates the attributes and number of items that characterise the organisational, management and personal factors, as well as talent management, talent attraction, employee retention, organisational performance, organisational commitment and biographical information of the respondents, as depicted in the measuring instrument.

Table 6.4: Measuring instrument – Number of items per variable

Variables	Attributes	No. of items
Organisational factors	• Talent pool	6
	• Organisational support	6
	• Reward system	6
	• Work conditions	8
	• Social and work environment	9
Management factors	• Leadership style	9
	• Career development	6
	• Supervisor support	6
Personal factors	• Employee engagement	6
	• Employee personality	6
Talent Management	-	10
Talent Attraction	-	7
Employee Retention	-	7
Organisational Performance	-	7
Organisational Commitment	-	7
Biographical Information	-	6

Source: Researcher's own construction

Table 6.4 shows that the attributes related to organisational factors include talent pool (6 items), organisational support (6 items), reward system (6 items), work conditions (8 items) as well as social and work environment (9 items). The attributes pertaining to management factors are leadership style (9 items), career development (6 items) and supervisor support (6 items). The personal factors encompassed attributes such as employee engagement (6 items) and employee personality (6 items). In addition, the questionnaire had 10 items for talent management, 7 items for talent attraction, 7 items for employee retention, 7 items for organisational performance, 7 items for organisational commitment and 6 items for biographical information.

Moreover, the questionnaire was designed to guarantee anonymity, privacy and confidentiality so that the respondents were comfortable enough to respond without fear of criticism; this helped the researcher to collect complete responses. The questionnaires were distributed by the researcher. On the rare occasion in which

respondents had inquiries prior to questionnaire completion, the researcher would respond to these queries before leaving the respondents to complete the questionnaires on their own.

6.7.1 Demographic profile of the respondents

Section C of the measuring instrument solicited responses regarding the biographical information of the respondents. Table 6.5, below, provides a summary of the demographic composition of the 655 respondents according to gender, age, highest level of education achieved, details of organisation/health unit, designation/position in the organisation, and years of service in the organisation.

Table 6.5: Composition of the respondents in demographic terms

Demographic category	Range	N	%
Gender	Male	323	49
	Female	332	51
	TOTAL	655	100
Age group	20-29	136	21
	30-39	318	48
	40-49	170	26
	50-59	31	5
	60+	0	0
	TOTAL	655	100
Designation/Position in the organization	Doctor/ Dentist	56	9
	Consultant/ Clinical Officer	59	9
	Anaesthetist	25	4
	Pharmacist	40	6
	Nurse	159	24
	Midwife	89	14
	Lab Technician	34	5
	Occupational Therapist	27	4
	Dispenser	19	3
	Other Allied Health Staff	14	2
	Environmental Health Officer	10	1
	General Administrator	19	3
	Cold Chain Technician	20	3
Health Administrator	27	4	

	Support Staff	51	8
	Other (please specify)	6	1
	TOTAL	655	100
Highest level of education achieved	O-Level	19	3
	Certificate	136	21
	A-Level	24	4
	Diploma	235	36
	Postgraduate diploma	79	12
	Bachelor's degree	122	18
	Postgraduate degree	39	6
	Other	1	0
	TOTAL	655	100
Details of organisation / health unit	HC I / Urban Health units	23	4
	HC II	14	2
	HC III	29	5
	HC IV	225	34
	General / District Hospital	199	30
	Regional Referral Hospital	132	20
	National Referral Hospital	33	5
	TOTAL	655	100
Years of service in the organisation	1-5 years	249	38
	6-10 years	241	37
	11-15 years	96	15
	16-20 years	56	8
	21 years +	13	2
	TOTAL	655	100

Source: Researcher's own construction

Table 6.5 provides an outline of the demographic composition of the respondents who have been approached for statistical analysis in this study. A total of 910 questionnaires were distributed by the researcher, with only 655 useable questionnaires returned by the respondents; this indicates a response rate of 71%. All useable questionnaires were inspected, edited and coded. The purpose of this process was to ensure that the collected data is accurate, consistent, uniformly entered and properly arranged so to facilitate coding. All the questionnaires were given a reference number in order to facilitate data capturing for the purpose of statistical analysis.

Table 6.5 indicates that 51% of the respondents were female whilst males were 49%. The majority of the respondents (82%) have diplomas and bachelor's degrees; this implies that healthcare sector still maintains high educational levels and professionalism in the public institutions. Pertaining to the length of service in the organisation, the majority of the respondents, that is, 75% have a tenure of less than ten years in the health sector public institutions. This implies that the management and government should implement employee retention strategies to manage talent effectively in the health sector public institutions.

Table 6.5 indicates the demographic profile of the respondents. It is evident that the study had varying percentages of both male and female respondents. The study was comprised of respondents from the following age groups: 20-29 years, 30-39 years, 40-49 years, 50-59 years, and 60 years or older. In addition, the study was comprised of respondents with the following as their highest levels of education achieved: O-Level, Certificate, A-Level, Diploma, Postgraduate diploma, Bachelor's degree and Postgraduate degree.

Furthermore, it is important to note that the respondents are individuals who have served in different organisations or units such as Health Centre Is / Urban Health units, Health Centre IIs, Health Centre IIIs, Health Centre IVs, District / General Hospitals, Regional Referral Hospitals and National Referral Hospitals.

6.7.2 Variables of the research instrument design

Literature on the factors and outcomes of employee talent management amongst employees in public institutions within the Ugandan health sector was consulted in order to effectively utilise the variables in the hypothesised model. Existing measuring instruments have been used to provide evidence of reliability.

6.7.2.1 Talent pool

In this study, talent pool refers to a group of high potential individuals who possess unique abilities, capabilities and competencies, and who are ready to take on critical positions, roles and responsibilities that are crucial for present and future organisational performance. The study adapted a six item scale to measure the talent pool in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure talent pool in this study were derived from the work of Ford, Harding and Stoyanova (2010:7), Barkhuizen, Welby-Cooke, Schutte and Stanz (2014:15).

6.7.2.2 Organisational support

In this study, organisational support refers to the mental process of evaluating the degree to which an organisation offers assistance, encouragement, appreciation, respect, care and empowerment for the well-being of its employees, in comparison to other similar positions in other organisations. The study adapted a six item scale to measure organisational support in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure organisational support in this study were derived from Ayers (2010:144).

6.7.2.3 Reward system

In this study, a reward system is defined as all monetary and nonmonetary compensation and incentives provided by the organisations to their employees in return for their contributions to the overall organisational goals. It is also defined as the policies and practices that govern the provision of monetary and nonmonetary compensation and incentives such as salary increments, allowances, bonuses and fringe benefits in organisations, in return for employee efforts in the performance of a task, service or fulfilment of a responsibility (Husin, *et al.*, 2012:145). The study adapted a six item scale to measure the reward system in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure reward

system in this study were derived from Mikander (2010:48), Shikongo (2011:102), Kikoito (2014:59) and Diankenda (2015:65).

6.7.2.4 Work Conditions

In this study, work conditions refers to the physical, psychological and chemical conditions of employment imposed on the employee; these include job autonomy, job variety, job security, expectations, work schedule, work hours, workload, health and safety facilities, interpersonal relationships, posture during work, work-family issues, sexual harassment, violence, employee welfare facilities, housing and nutrition. The study adapted an eight item scale to measure work conditions in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure work conditions in this study were derived from Shikongo (2011:105) and Parent-Thirion, Vermeulen, Cabrita and Biletta (2016:119).

6.7.2.5 Social and Work Environment

In this study, the social and work environment is defined as the prerequisites for work that interact with employees – either positively or negatively – such as systems, processes, structures, tools, geographical location, quality of air, furniture, ventilation, lighting, noise levels, lifestyle changes, work/life balance, health and fitness, information sharing, design of work stations, protective and functional equipment, participation, social interaction, collaboration and availability of internet connection infrastructure, as well as performance feedback, workplace incentives, work actualisation, mentoring/coaching, and alternative ways of working. The study adapted a nine item scale to measure the social and work environment in relation to employee talent management in public institutions within the Ugandan health sector. Items measuring the social and work environment in this study were derived from Bhaga (2010:123), Bushiri (2014:69) and Oswald (2012:83).

6.7.2.6 Leadership style

In this study, leadership style refers to the approach, manner, outlook, attitude, behaviour by which a person with certain knowledge and skills gets to influence others

to accomplish an objective, and directs the organisation in a way that makes it more cohesive and coherent in achieving its objectives. The study adapted a nine item scale to measure leadership style in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure leadership style in this study were derived from Christensen (2010:163), Shikongo (2011:101), Alnaqbi (2011:223), Adedamola (2016:68) and Bharatkumar (2011:182).

6.7.2.7 Career Development

In this study, career development is defined as the process through which an organisation provides employees guidance on their career paths, in addition to selecting, assessing, assigning and developing employees so that they become more qualified, secure, employable, resilient to change and ready for promotion, so as to meet the future needs of the organisation. The study adapted a six item scale to measure career development in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure career development were derived from Mensah (2014:167), Optimis (2012:28), Mwanje (2010:96) and Ondimu (2013:60).

6.7.2.8 Supervisor Support

In this study, supervisor support refers to employee beliefs regarding the way in which supervisors treat their subordinates, and the extent to which they value their contributions, care about their interests and well-being, show tolerance for employees who experience difficulties in completing tasks, give credit for work well done, listen to employee complaints about workplace stress, and provide incentives for employees to perform better. The study adapted a six item scale to measure supervisor support in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure supervisor support in this study were derived from Burns (2016:26), Radford (2013:300), Shikongo (2011:104), Baloyi, van Waveren and Chan (2014:90) and Kopp (2013:41).

6.7.2.9 Employee Engagement

In this study, employee engagement is defined as the employee's physical, cognitive, emotional and psychological show of vigour, pride, dedication, enthusiasm and passion in performing organisational duties, roles and responsibilities. The study adapted a six item scale to measure employee engagement in relation to employee talent management in public institutions within the Ugandan health sector. Items used to measure employee engagement in this study were derived from Mensah (2014:167), Shuck, Adelson and Reio Jr. (2017:961), Karuri and Nahashon (2015:895), Drake (2012:32) as well as Soane, Truss, Alfes, Shantz, Rees and Gatenby (2012:23).

6.7.2.10 Employee Personality

In this study, employee personality refers to the lasting and stable psychological characteristic patterns within the individual that determine his/her thoughts, emotions, abilities, behaviour, temperament, intellect and unique adjustments to people, matters, him/herself and the entire environment in life, which differentiates him/her from others. The study adapted a six item scale to measure employee personality in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure employee personality were derived from Nederström (2017:151), MySkillsProfile (2015:6), Rohner and Ali (2017:2) and István (2011:188).

6.7.2.11 Talent Management

In this study, talent management is defined as the adoption of a combination of policies and practices designed to attract, develop, motivate and retain productive and engaged employees who possess a combination of exceptional knowledge, skills, attitudes, values and competencies that are crucial for organisational success. The study adapted a ten item scale to measure talent management in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure talent management in this study were derived from Hollingsworth (2015:87) and Karuri and Nahashon (2015:888).

6.7.2.12 Talent Attraction

In this study, talent attraction is defined as an organisation's ability to seek and hire high-potential, skilled, sophisticated and productive individuals with the right attitudes and values to fill pivotal positions within the organisation. The study adapted a seven item scale to measure talent attraction in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure talent attraction in this study were derived from Shikongo (2011:103), American Society of Employers (2018), Hung (2013:85) and Thompson (2013:110).

6.7.2.13 Employee retention

In this study, employee retention is defined as an organisation's ability to create a suitable environment so as to keep quality employees satisfied with and attached to the organisation, and which encourages them to remain with the organisation over the long term. The study adapted a seven item scale to measure employee retention in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure employee retention in this study were derived from Shao (2013:73), Alnaqbi (2011:224), Shikongo (2011:102) and Belbin, Erwee and Weisner (2012:747).

6.7.2.14 Organisational Commitment

In this study, organisational commitment refers to the degree to which employees identify with, feel a sense of involvement in, are attached, loyal and wish to maintain their membership of an organisation; it includes the degree to which employees hold a strong desire to exert considerable effort towards the achievement of organisational goals and values. The study adapted a seven item scale to measure organisational commitment in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure organisational commitment in this study were derived from Bharatkumar (2011:185), Kopp (2013:46), Trevisan, Veloso, da Silva, Dutra and Fischer (2014:60) and Alnaqbi (2011:222).

6.7.2.15 Organisational performance

In this study, organisational performance refers to the financial and non-financial outputs that result from the efficient and effective use of resources, when measured against organisational goals and objectives as well as other performance expectations. The study adapted a seven item scale to measure organisational performance in relation to employee talent management in public institutions within the Ugandan health sector. The items used to measure organisational performance in this study were derived from Argyropoulou (2013:373), Kimaite (2016:77), Fox (2005:133) and Quansah (2013:127).

Table 6.6, below, provides a summary of the variables that assessed the factors that contribute to, and the outcomes of, employee talent management in public institutions within the Ugandan health sector, and scale development.

Table 6.6: Summary of factors that contribute to and outcomes of employee talent management in public institutions within the Ugandan health sector and measuring scale development

Talent pool – 6 items
Talent pool refers to a group of high potential individuals who possess unique abilities, capabilities and competencies, and who are ready to take on critical positions, roles and responsibilities that are crucial for present and future organisational performance. Talent pool also refers to a database consisting of the profiles of candidates and employees who are seen to create a sustainable, competitive advantage for organisations (Schuler, Jackson & Tarique, 2011:506; Uusi-Autti, 2011:9; Iles, <i>et al.</i> , 2010:181; Beheshtifar & Kamani-Fard, 2013:307; Swailes & Blackburn, 2016:112; Seopa, <i>et al.</i> , 2015:717; Yarnall, 2011:510).
Organisational support – 6 items
Organisational support refers to the mental process of evaluating the degree to which an organisation offers assistance, encouragement, appreciation, respect, care and empowerment, for the well-being of its employees, as compared to similar positions in other organisations. Organisational support also refers to the human-like

characteristics that employees assign to organisations (Giorgi, Dubin & Perez, 2016:2; Onyishi & Ogbodo, 2012:4; Arshadi, 2011:1103; Colakoglu, *et al.*, 2010:126; Eisenberger, *et al.*, 2016:4; Krishnan & Mary, 2012:1; Peterson, 2015:47).

Reward system– 6 items

Reward system is defined as all monetary and nonmonetary compensation and incentives that organisations provide to their employees in return for their contributions to the overall organisational goals. It is also defined as the policies and practices that govern the provision of monetary and nonmonetary compensation and incentives such as salary increments, allowances, bonuses and fringe benefits in organisations in return for employee efforts in the performance of a task, service or the fulfillment of a responsibility (Husin *et al.*, 2012:145; Mikander, 2010:16; Armstrong, 2012:392; Ong & Teh, 2012:1009; Pratheepkanth, 2011:85; David, Rajput, Khan & Raghuwanshi, 2015:14; Murphy, 2015:57).

Work Conditions – 8 items

Work conditions refer to the physical, psychological and chemical conditions of employment imposed on the employee, such as job autonomy, job variety, job security, expectations, work schedule, work hours, workload, health and safety facilities, interpersonal relationships, posture during work, work-family issues, sexual harassment, violence, employee welfare facilities, housing and nutrition. Work conditions also refer to all circumstances that contribute to employee wellbeing and which enable employees to exert themselves in their roles, thus translating into convenience in job performance (Jain & Kaur, 2014:1; Nguyen, *et al.*, 2014:146; Ali, *et al.*, 2013:68; Eluka & Okafor, 2015:2; Siegrist, Benach, McKnight, Goldblatt & Muntaner, 2010:23; Rasila, 2012:94; Wang, *et al.*, 2013:14; Croucher, Stumbitz, Vickers, Quinlan, Banfield, Brookes, Lange, Lewis, McIlroy, Miles, Ozarow & Rizov, 2013:1; Ranjan & Prasad, 2013:17).

Social and Work Environment – 9 items

The social and work environment is defined as all those prerequisites for work that interact with employees – either positively or negatively. This includes systems, processes, structures, tools, geographical location, quality of air, furniture, ventilation, lighting, noise levels, lifestyle changes, work/life balance, health and fitness,

information sharing, design of work stations, protective equipment, participation, social interaction, collaboration, social support, and the availability of internet connection infrastructure. The social and work environment also includes setting meaningful goals, offering performance feedback, workplace incentives, work actualisation, mentoring/coaching, suggesting alternative places and ways of working, as well as the design of work stations (Awan & Tahir, 2015:329; Oswald, 2012:10; Leblebici, 2012:38; Ajala, 2012:142; Markey, *et al.*, 2012:142).

Leadership style – 9 items

Leadership style refers to the approach, manner, outlook, attitude and behaviour by which a person with the requisite knowledge and skills influences others in order to accomplish an objective and direct the organisation in a way that makes it more cohesive and coherent in achieving its objectives. Leadership style also refers to the process by which a person with the requisite knowledge and skills influences others to accomplish an objective and directs the organisation in a way that makes it more cohesive and coherent in achieving objectives (Sharma & Jain, 2013:310; Gonos & Gallo, 2013:167; Obiwuru, Okwu, Akpa & Nwankwere, 2011:108-109; Bosiok & Sad, 2013:76).

Career Development – 6 items

Career development refers to the process through which an organisation provides its employees with guidance regarding their career paths. Moreover, career development is the process through which an organisation selects, assesses, assigns and develops an employee to become more qualified, secure, change resilient and ready to meet future needs of the organisation as it adjusts to changing market conditions (Mulhall, 2014:218; Osibanjo, *et al.*, 2014:70; Neault, 2010:43; Kwenin, 2013:8; Ampoty, 2014:75).

Supervisor Support – 6 items

Supervisor support is defined as employee beliefs regarding the way in which supervisors treat their subordinates, and the extent to which they value the contributions of their subordinates, care about their interests and well-being, show tolerance for employees who experience difficulties in completing tasks, give credit for jobs well done, listen to employee complaints about workplace stress, and provide

incentives for employees to perform better (Kula & Guler, 2014:210; Yasar, *et al.*, 2014:39; Mohamed & Ali, 2016:435; Chou, 2015:1; Wang, 2014:213).

Employee Engagement – 6 items

Employee engagement is defined as an employee's physical, cognitive, emotional and psychological show of vigour, pride, dedication, enthusiasm and passion in performing organisational duties, roles and responsibilities. Employee engagement also refers to the process through which employers inspire their employees to go beyond, exert extra effort and to fully commit to roles so as to enhance job performance, organisational citizenship behaviour and reduce turnover intention (Truss, *et al.*, 2013:2659; Choo, *et al.*, 2013:4; Rana, *et al.*, 2014:250; Dromey, 2014:23; Anitha, 2014:320; Cattermole, Johnson & Roberts, 2013:253; Mehrzi & Singh, 2016:838).

Employee Personality – 6 items

Employee personality refers to the lasting and stable psychological characteristic patterns within the individual that determine his/her thoughts, emotions, abilities, behaviour, temperament, intellect and unique adjustments to people, matters, him/herself and the entire environment in life, which differentiates him/her from others. Employee personality explains the stable characteristic patterns of thought, emotion and abilities, as well as the recurring regularities or trends that affect the work behaviours of an employee (Mohan & Mulla, 2013:19-20; Zahari, 2016:12; Misha, Youshan & Hassan, 2015:2; Abdullah, *et al.*, 2013:763; Lo, Lin, Tung-Hsing & Tu, 2014:137; Askarian & Eslami, 2013:325).

Talent Management – 10 items

Talent management is defined as the adoption of a combination of policies and practices designed to attract, develop, motivate and retain productive, engaged employees who possess a combination of exceptional knowledge, skills, attitudes, values and competencies that are crucial for organisational success. Talent management relates to the process of building or maintaining an organisation's ability to compete for top talent while increasing productivity (Ifeoma, *et al.*, 2015:96; Pfeiffer & Thill, 2015:1).

Talent Attraction – 7 items

Talent attraction is defined as an organisation's ability to seek and hire high potential, skilled, sophisticated and productive individuals with the requisite attitudes and values to fill pivotal positions within the organisation. Talent attraction is the ability of an organisation to seek individuals who can fill pivotal positions (Matos, *et al.*, 2012:585; Sathya & Indradevi, 2014:202; Kirss, *et al.*, 2014:11).

Employee retention – 7 items

Employee retention is defined as an organisation's ability to create a suitable environment so as to keep quality employees satisfied with and attached to the organisation, and which encourages them to remain with the organisation over the long term (Das & Baruah, 2013:8; Salman, *et al.*, 2014:171; Erasmus, Grobler & van Niekerk, 2015:57; Vijayalakshmi & Balanagagurunaathan, 2012:2).

Organisational Commitment – 7 items

Organisational commitment refers to the degree to which employees identify with, feel a sense of involvement in, are attached, loyal and wish to maintain their membership of the organisation, and who hold a strong desire to exert considerable effort towards the achievement of organisational goals and values (Iqbal, *et al.*, 2015:2; Albdour & Altarawneh, 2014:194).

Organisational performance – 7 items

Organisational performance refers to the financial and non-financial outputs as a result of the efficient and effective use of resources, when measured against goals, objectives and other performance expectations in the organisation (Rašula, *et al.*, 2012:152; Maduenyi, *et al.*, 2015:354).

Source: Researcher's own construction

6.8 CRITERIA FOR EVALUATING THE MEASURING INSTRUMENT

In order to evaluate a measuring instrument, reliability and validity are required (Ghazali, 2016:148). As a researcher prepares for the collection of primary data, it is important to make sure that the statements in the instrument are checked for precision and accuracy (Bajpai & Bajpai, 2014:142; Mohamad, Sulaiman, Sern & Salleh, 2015:165). Nevertheless, this implies the existence of reliability and validity.

6.8.1 Reliability

Reliability refers to the extent to which the measuring instrument produces consistent results after numerous measurements are used on the same group of respondents (Warrens, 2014:1). In order for an instrument to be considered a reliable instrument, it is subjected to careful examination so as to determine whether it can produce the same results when drawn and used repeatedly, which is done prior to data collection and analysis (Heale & Twycross, 2015:66). Moreover, a particular measuring instrument tends to be reliable at a particular time and under particular circumstances (de Souza, Alexandre & Guirardello, 2017:1). It is important to note that the ways in which the dependability and stability of test scores can be expressed include test-retest reliability, parallel forms reliability, inter-rater reliability and internal consistency reliability (Matta, Azeredo & Luiza, 2016:795).

Test-retest reliability can be used when there is a need to carry out the same test more than once over a period of time, with the participation of the same sample group, in order to ascertain whether there is stability of scores (John, 2015:71). At the same time, parallel forms reliability is adopted when there is a need to measure the same phenomenon with the participation of the same group of respondents, but using different methods; the results of the measurements can then be compared to ensure maximum split-half reliability (Mohajan, 2017:3). Inter-rater reliability is used when there is a need to conduct different independent assessments on the same measuring instrument (Bardhoshi & Erford, 2017:260). Internal consistency reliability, the most common measure of reliability, is used to assess how consistently a group of respondents reply to one set of items (Vansickle, 2015:2).

The internal reliability of the scale can be measured using Cronbach's alpha coefficient (Cho & Kim, 2015:207). The Cronbach's alpha coefficient is a type of reliability estimate or coefficient of internal consistency that determines how well a set of items put together in a measuring instrument is able to measure a single construct (Cooper & Schindler, 2011:322). It should be noted that Cronbach's alpha reliability coefficient values normally range between 0 and 1. The closer the Cronbach's alpha coefficient is to 1.0

the greater the internal consistency of the items in the scale; more specifically, the greater the Cronbach's alpha coefficient value, the more reliable the scale of measurement (Andrew, Pedersen & McEvoy, 2011:202).

For the purpose of this study, Cronbach's alpha coefficient was used to measure the degree of reliability of the items measuring the variables under investigation. Furthermore, Cronbach's alpha coefficients were used to ascertain which items would be included to measure the variables in the study. According to Bajpai and Bajpai (2014:115), a Cronbach's alpha value above 0.60 is considered an adequate and acceptable indication of the reliability of the measuring instrument. Therefore, a Cronbach's alpha of 0.60 is acceptable and was used as the cut-off point in assessing internal consistency reliability in this study.

6.8.2 Validity

Validity is an indication that the selected instrument measures what it is intended to measure (Aravamudhan & Krishnaveni, 2015:133). In addition, De Souza, *et al.* (2017:649) acknowledge that the research instrument must adequately measure and reflect the real meaning of the concept being studied. Tavakol and Dennick (2011:53) emphasise that the measuring instrument is evaluated to ensure the validity thereof, that it answers the research question. The validity of a measuring instrument serves three functions: to represent the universe of content, to establish relationships with a particular variable and to measure affective behaviour or cognitive variables (Newman, Lim & Pineda, 2013:243; Balkin, 2017:264; Johnson, Morgeson & Hekman, 2012:1142). For the purpose of this study, the researcher ensured that the measuring instrument measured what it was intended to measure using face, content and construct validity. This was done to determine how truthful the research results are.

Face validity takes place when the researcher or expert skims through the surface of the instrument to form an opinion on whether the test looks right and whether it measures what it is supposed to measure (Panahi, 2014:328; Amendola, Alvarenga, Gaspar, Yamashita & Oliveira, 2011:1737). This is usually ascertained by experts, to

whom the instrument that is to be developed is given (Bolarinwa, 2015:196). In this study, face validity was determined by handing the questionnaire over to experts in the field of talent management in order that they ascertain and agree on whether the items measure the intended concepts, on the face of it. The comments received helped the researcher to adjust the relevant items so as to reflect the exact meaning of the study variables.

Content validity is the degree to which items of a measuring instrument are representative of a given construct that is pertinent to the study (Lyon, Möllering & Saunders, 2012:260). Further, Bolarinwa (2015:197) notes that the fundamentals of the subject to be covered in a study should be adequate enough to be considered a fair demonstration of the wider topic under examination.

In this study, the aim of content validity was to ensure that the measuring instrument provides items that are relevant to the subject covered, as per recommendation (Zohrabi, 2013:258; Aravamudhan & Krishnaveni, 2015:144). This was gauged by using the opinions of the study promoters and other academicians. A test of content validity index (CVI) was carried out in order to evaluate the applicability of the constructs being studied (Larsson, Tegern, Monnier, Skoglund, Helander, Persson, Malm, Broman & Aasa, 2015:2). CVI was obtained by getting the proportion of the items declared valid divided by the total number of items. All the items were above $CVI \geq 0.7$ as recommended by Zamanzadeh, Ghahramanian, Rassouli, Abbaszadeh, Alavi-Majd and Nikanfar (2015:171) and Natalio, Faria, Teixeira-Salmela and Michaelsen (2014:355).

Construct validity is the degree to which questions in a measuring instrument are relevant to what they claim or purport to measure (Masuwai & Saad, 2017:13). Further, this refers to how well researchers translate or make inferences about the operational definition of the variables of the study (Colliver, Conlee & Verhulst, 2012:366). The two aspects of construct validity are convergent and discriminant validity (Wang, French & Clay, 2015:84; Zinbarg, Pinsof, Quirk, Kendall, Goldsmith, Hardy, He, Sabey & Latta, 2017:736). **Convergent validity** refers to the degree to which scale measures of the

same constructs that should theoretically be related, actually do correspond to each other (Brown, 2010:39). It is also the degree to which the operational definition is correlated with those variables that one would expect it to be correlated with (Ab Hamid, Sami & Sidek, 2017:2). **Discriminant validity** occurs when constructs that are expected not to relate do not relate (Olofsson, Holmström & Kristiansen, 2015:3). Further, Tavakoli (2012:176) postulates that discriminant validity occurs when constructs in an inquiry are poles apart and unrelated to other substantially comparable constructs. In this study, discriminant validity was ascertained by identifying the latent variables, which are those that had items loading on separate components, as recommended by Henseler, Ringle and Sarstedt (2015:115). This was realised after carrying out explanatory factor analysis (Koeberich, Glattacker, Jaarsma, Lohrmann & Dassen, 2013:12). Using factor analysis, we found that there were constructs that did not measure what they should measure, which was evidenced by the factor loading of 0.40 or greater and highly loaded on one factor, thus suggesting adequate convergence (Williams, Onsmann & Brown, 2010:5; Stacciarini & Pace, 2017:4; Pedrosa, Rodrigues, Padilha, Gallani & Alexandre, 2016:652). If there are items that are loaded on to one factor, then they measured the same underlying construct (Ghadi, Alwi, Abu Bakar & Talib, 2012:140). However, when items load on separate constructs, this means that they are not measuring the same underlying construct, but another latent construct (Reichenheim, Hökerberg & Moraes, 2014:928; e Silva, Areco, Bandiera-Paiva, Galvão, Garcia & Silveira, 2017:21). In addition, the factors with a factor loading of less than 0.4 were deleted, as recommended by Ugulu (2013:1403).

All things considered, the validity of the measuring instrument in this study was assessed to ensure the accuracy and effectiveness of the measuring instrument.

6.9 PRETESTING THE MEASURING INSTRUMENT

A pilot study is a condition for assessing the effectiveness of a research instrument (Arain, Campbell, Cooper & Lancaster, 2010:1). The aim of a pilot study is to detect potential risks such as mistakes and errors in the measuring instrument that may pose a threat to the quality and validity of the results (Wolfe, 2013:194). The identified errors

and mistakes can be checked and adjustments can be made to ensure that the measuring instrument is appropriate for the study (Kim, 2010:191). A pilot study is the first test of the research design which is done on a small sample of participants who share the same characteristics as those of the participants that can be selected in the main study (Gill & Johnson, 2010:144). Specifically, the pilot study is a small-scale study that is performed to pre-test and modify the design and procedures of the main study. Charlifue, Monden and Gerber (2017:1) state that a pilot study ensures the credibility of the results of the main study, and it gives researchers a clearer picture of the empirical results that can be expected in the main study.

It is important for researchers to first test their questionnaire on a smaller number of respondents drawn from the study sample (Johanson & Brooks, 2010:394). Yin (2014:39) postulates that a pilot study helps to test and refine the measuring instrument. In addition, as recommended by Dikko (2016:521), a pilot study allowed the researcher to detect unclear and biased questions, as well as language errors. Furthermore, a pilot study allows the researcher to ascertain and learn the behaviour of the respondents towards the study.

In this study, the researcher conducted a pilot study by distributing 30 structured and closed-ended questionnaires to respondents drawn from the population, that is, from employees of interest who work in public institutions within the Ugandan health sector. These respondents were selected from a Referral Hospital, a Health Center II and a Health Center III from Mubende district, which is not one of the districts that have been earmarked for the main study. The aim of this pilot study was to permit for the preliminary testing of the hypotheses so that the researcher can decide whether to change or drop the hypotheses, or to develop new hypotheses. During the pilot study, the researcher found that the Ethics clearance letter has to be submitted together with the letter of permission from the Ministry of Health, Uganda, or from the Chief Administrative Officer of the District, in order to be granted permission to issue questionnaires to the respondents. The researcher was thus able to get the targeted respondents to complete the questionnaires. Initially, the thirty respondents selected for

the pilot study lacked an understanding of some of the concepts pertaining to talent management and required clarification; the researcher took a few minutes to explain these concepts to the respondents. The pilot study was therefore able to address issues related to unclear and numerous questions, improper design and the structure of the questionnaire. In fact, the respondents suggested the use of fewer and clearer questions. Despite these challenges, through the pilot study, the researcher gathered useful information regarding employee perceptions of talent management, as required for the questionnaire development. The data was then collected and entered into an Excel spreadsheet; thereafter, the completed questionnaires were couriered to Nelson Mandela University, as requested by the promoters.

6.10 DATA ANALYSIS

Research involves the statement of the problem as well as the formation of a hypothesis (or hypotheses), a literature review and data analysis. Data analysis in the quantitative research method is a statistical procedure that involves the way in which researchers analyse primary data so as to test hypotheses and answer research questions and address problems (Peersman, 2014:5). According to Dooly and Moore (2017:3), data analysis is described as a systematic approach that involves the reduction and transformation of numerical data into meaningful information. It should be noted that researchers can only draw conclusions and make sense and meaning of primary data after the data has been analysed (de Casterle'; Gastmans, Bryon & Denier, 2012:369). This implies that the credibility of the research findings is determined through the analysis of the primary data (Singh & Singh, 2015:50).

The steps involved in data analysis include preparing the data for analysis, then exploring, analysing, validating and interpreting the data (Creswell & Plano, 2011:204). The appropriateness of data analysis is dependent on the quality of data collected (Peersman, 2014:6). Furthermore, Hoogland, van der Loo, Pannekoek and Scholtus (2011:4) postulate that quantitative researchers analyse data by preparing the raw data, then editing, coding, tabulation, and summarising the data; finally, the data is analysed through the use of statistical software.

In this study, the researcher first edited and coded the primary data using the Microsoft Excel software package. Thereafter, the STATISTICA software (version 12) package was used to analyse data for reliability, validity, descriptive statistics and multiple regression. Finally, the hypothesised relationships of this study were tested.

6.10.1 Factor analysis

Factor analysis is described as an exploratory technique applied to a set of observed variables that seeks to find unobservable or underlying factors (subsets of variables) from which the observed variables were generated (Klami, Virtanen, Leppäaho & Kaski, 2015:1). The aim of factor analysis is to reveal any latent variables that cause the manifest variables to vary in correlation with another related variant (Hooper, 2012:3; Fabrigar & Wegener, 2012:20). This is in addition to reduced redundancy and duplication, which results in the development and refinement of scales and measures (Williams, *et al.*, 2010:1). Confirmatory Factor Analysis (CFA) and Exploratory Factor Analysis (EFA) are the two types of factor analysis that can be used by researchers (Vanoutrive, Van Malderen, Jourquin, Thomas, Verhetsel & Witlox, 2010:130; Nesselroade & Cattell, 2013:235). Confirmatory factor analysis is a statistical method used to validate the factor structure of a set of observed variables in a way that a hypothesis is tested to ascertain whether a relationship exists between observed variables and their underlying latent constructs (Bédard, Garcia-Aymerich, Sanchez, Le Moual, Clavel-Chapelon, Boutron-Ruault, Maccario & Varraso, 2015:1560).

Exploratory factor analysis is a statistical procedure or technique that generates structures, models and hypotheses in order to uncover complex patterns by exploring the dataset and testing predictions (Courtney, 2013:1; Yong & Pearce, 2013:79). This procedure not only explores and discovers relationships, but also summarises data by grouping together measured variables that are intercorrelated (de Smith, 2018:30; Schmitt & Sass, 2011:95). This is in addition to assessing the latent sources of variation and covariation amongst observed variables (Izquierdo, Olea & Abad, 2014:395). In addition, EFA investigates a number of unexplored domains and forms data out of these

for the generation of a hypothesis (Revelle, 2018:28). Exploratory factor analysis is a better form of factor analysis because it provides a more conservative test of a study's hypothesis (Yong & Pearce, 2013:80; Nesselroade & Cattell, 2013:235).

In this study, exploratory factor analysis was adopted in order to ascertain the underlying structure of and relationships amongst the measured variables. Equally, Sawaki (2011:3) concurs with this expectation. The study utilised two sets of exploratory factor analysis. The first set of exploratory factor analysis involved the perceptions of employees in health sector institutions towards independent factors, while the second set of exploratory factor analysis involved the perceptions of talent management and its potential outcomes. The factor loading was calculated to determine how the latent (unobserved) variable is measured indirectly by the variables. The researcher then considered only those factors that had a load of at least three items and factorial loads that are not less than 0.4 (>0.4). The remaining factors were deleted and thus not considered for further analysis.

6.10.2 Descriptive statistics

Descriptive statistics refers to the collection, organising, presentation and analysis of data (Bhattacharjee, 2012:119). The data should be presented in an enlightening manner so as to answer the research questions (Walliman, 2011:157). Descriptive statistics is also referred to as a statistical technique or method aimed at reducing large data into meaningful information (Loeb, Dynarski, McFarland, Morris, Reardon & Reber, 2017:1). The information is assessed to ascertain the mean, median and measures of dispersion, such as standard deviation and range (Wan, Wang, Liu & Tong, 2014:2). The aim thereof is to assist researchers to summarise and organise data in an effective and meaningful manner in order to answer the research questions (Skuzza, 2013:7; Walliman, 2011:157). In this study, simple descriptive analysis and interpretation, in the form of percentages, were used; in other words, this study presented the biographical information of the respondents in numbers and percentages. Furthermore, descriptive statistics was used to reduce the large set of data contained in Sections A, B and C of the measuring instrument.

6.10.3 Regression analysis

Regression analysis refers to the statistical techniques used to investigate dependencies such as associations and correlations amongst variables (Nzabanita, 2015:1). The types of regression include single regression and multiple regression which are modelled on the relationships between the independent and dependent variables. Regression analysis can be a long, drawn-out process of taking account of more than one self-determining variable, and can be referred to as multiple regression analysis (Guerard, 2013:19). Accordingly, Schneider, Hommel and Blettner (2010:779) define multiple regression analysis as a rigorous statistical technique that predicts the unknown value of the dependent variable from the known value of multiple independent variables. Furthermore, Othman (2014:118) affirms that multiple regression analysis explains the variability of a dependent (predict) variable when two or more independent (predictor) variables change. However, Guerard (2013:20) refers to single regression analysis as a type of analysis that seeks to measure the statistical association between two variables. Kachapova and Kachapov (2010:2) recommends that researchers should have clarity in terms of what they are trying to estimate while dealing with data, such as identifying the response and predictor variables before running a regression analysis.

In this study, multiple regression analysis was carried out to determine the influence of independent variables (predictors) measured in Section A on the dependent variables (responses) measured in Section B of the measuring instrument for this study. The first level of regression analysis tested the relationship between the antecedents (independent variables) suggested in the model of the study and the dependent variables, while the second level of regression analysis tested the influence of the moderating variable on each of the outcomes (dependent) variables as depicted in the modified study model. Thereafter, the hypotheses were either accepted or rejected.

6.11 ETHICAL CONSIDERATIONS

Ethics are standards or norms of behaviour that underpin good choices about behaviour and how people relate to others (Fouka & Mantzourou, 2011:4). Ethical considerations

refer to whether the researcher showed competency, maintained honesty in managing resources, acknowledged sources and support during the study, and gave an accurate report of the findings (Baer, 2010:7). The aim of research ethics is to guide the conduct of the researcher in relation to the rights of those who become the subject of the work of the researcher, or who are affected by it (Koulouriotis, 2011:3). The researcher would undermine the entire scientific process if there was a record of failure to behave responsibly or to uphold ethics when carrying out his/her research (Vanclay, Baines & Taylor, 2013:243). In order to uphold the expected ethical behaviour, the following was considered:

- Approval was obtained from the Research and Ethics Committee of the Business Management and Economics Department of the Nelson Mandela University.
- Permission to conduct the study was obtained from the Ministry of Health, Uganda.
- The aims and objectives of the research were communicated to both the respondents and the public institutions in the Ugandan health sector.
- All the respondents were provided with the relevant information regarding the details of the study and the expectations of the research, together with the questionnaires.
- The researcher furnished the respondents with her contact details, so that she could be reached if necessary.
- The researcher obtained written and informed consent to distribute the questionnaire to employees.
- Confidentiality was ensured by protecting all the data collected during the study from unauthorised persons.
- The respondents remained anonymous to ensure that responses could not be linked to particular individuals. Respondents were not required to provide their personal details, including their names. Their privacy was also respected.
- The respondents were not influenced by the researcher when completing the questionnaires.
- The respondents provided responses according to their personal opinion.
- The respondents were allowed to withdraw from participating in the study at any time.

- The respondents were made aware that the research was being conducted for study purposes.
- The collected data was stored in the researcher's laptop. The researcher also stored the hard copies of the questionnaires safely.
- The researcher was guided by a promoter and co-promoter who are experienced in the fields of business management and healthcare research. This enhanced adherence to research principles.
- For this study, ethics clearance was sought from the Research Technology and Innovation (RTI) committee of the Faculty of Business and Economic Sciences at Nelson Mandela University.

6.12 SUMMARY

This chapter on the research design and methodology employed in this study explored the research paradigm, including providing an understanding of qualitative research, quantitative research and mixed methods research. This study adopted the quantitative research paradigm. In addition, sampling was explored in this chapter, including population and sampling, determining the sampling method, the sampling frame and the sample size. Further, this chapter provided a brief outline of the primary data and secondary data that would form part of the data collected for the study. The chapter indicated that the target population for this study was 35 903 individuals strong, while the questionnaire that was adopted as the measuring instrument was distributed to 910 respondents. The chapter also included a discussion of the following items: questionnaire design, the evaluation of the measuring instrument, pretesting the measuring instrument, and data analysis. Data analysis was conducted using the STATISTICA (version 12) statistical package in order to ascertain the reliability and validity of the constructs in the measuring instrument, and for the descriptive statistics and regression analysis. Finally, the chapter covered outlined the ethical considerations of the study.

The ensuing chapter, Chapter Seven, presents the empirical evaluation of the results of the data analysis by highlighting the results of the reliability, validity, descriptive and

multiple regression assessments. The chapter concludes with a summary of the empirical evaluation and analysis of the antecedents and outcomes of employee talent management in public institutions within the Ugandan health sector.

CHAPTER SEVEN

EMPIRICAL EVALUATION OF THE RESULTS OF THE STUDY

7.1 INTRODUCTION

This chapter presents the results of this study. To be more specific, the chapter highlights the results of the reliability, validity, descriptive and multiple regression assessments. The chapter also provides an overview of the empirical evaluation and analysis of the antecedents and outcomes of employee talent management in public institutions within the Ugandan health sector.

7.2 SUMMARY OF THE OBJECTIVES OF THE EMPIRICAL INVESTIGATION

The research investigated and analysed employee perceptions of factors that influence effective talent management, and the outcomes of effective talent management, in public institutions within the Ugandan health sector. The research and analysis were based on the key variables pertaining to the factors and outcomes of effective talent management in public institutions within the Ugandan health sector. In particular, the study provides useful insights into the identification of factors that contribute to, and the benefits of, effective employee talent management in public institutions within the Ugandan health sector. Through the questionnaire used for this study, the researcher aimed to collect data pertaining to employee perceptions of the factors that contribute to, and the benefits of, effective employee talent management in public institutions within the Ugandan health sector. The hypotheses developed for the purpose of this study are listed below, so as to highlight the key focus areas:

7.3 HYPOTHESES OF THE STUDY

7.3.1 The first set of hypotheses concerning the relationships between the independent variables and effective talent management are:

H¹: There is a relationship between talent pool and effective talent management.

H²: There is a relationship between organisational support and effective talent management.

- H³: There is a relationship between reward system and effective talent management.
- H⁴: There is a relationship between working conditions and effective talent management.
- H⁵: There is a relationship between social and work environment and effective talent management.
- H⁶: There is a relationship between leadership style and effective talent management.
- H⁷: There is a relationship between career development and effective talent management.
- H⁸: There is a relationship between supervisor support and effective talent management.
- H⁹: There is a relationship between employee engagement and effective talent management.
- H¹⁰: There is a relationship between employee personality and effective talent management.

7.3.2 The second set of hypotheses pertaining to the relationships between effective talent management and the dependent variables are:

- H¹¹: There is a relationship between effective talent management and talent attraction.
- H¹²: There is a relationship between effective talent management and employee retention.
- H¹³: There is a relationship between effective talent management and organisational performance.
- H¹⁴: There is a relationship between effective talent management and organisational commitment.

The first and second set of hypotheses governing this study are depicted in Figure 7.1, below.

Figure 7.1: Theoretical model of employee talent management in public institutions in the Ugandan health sector

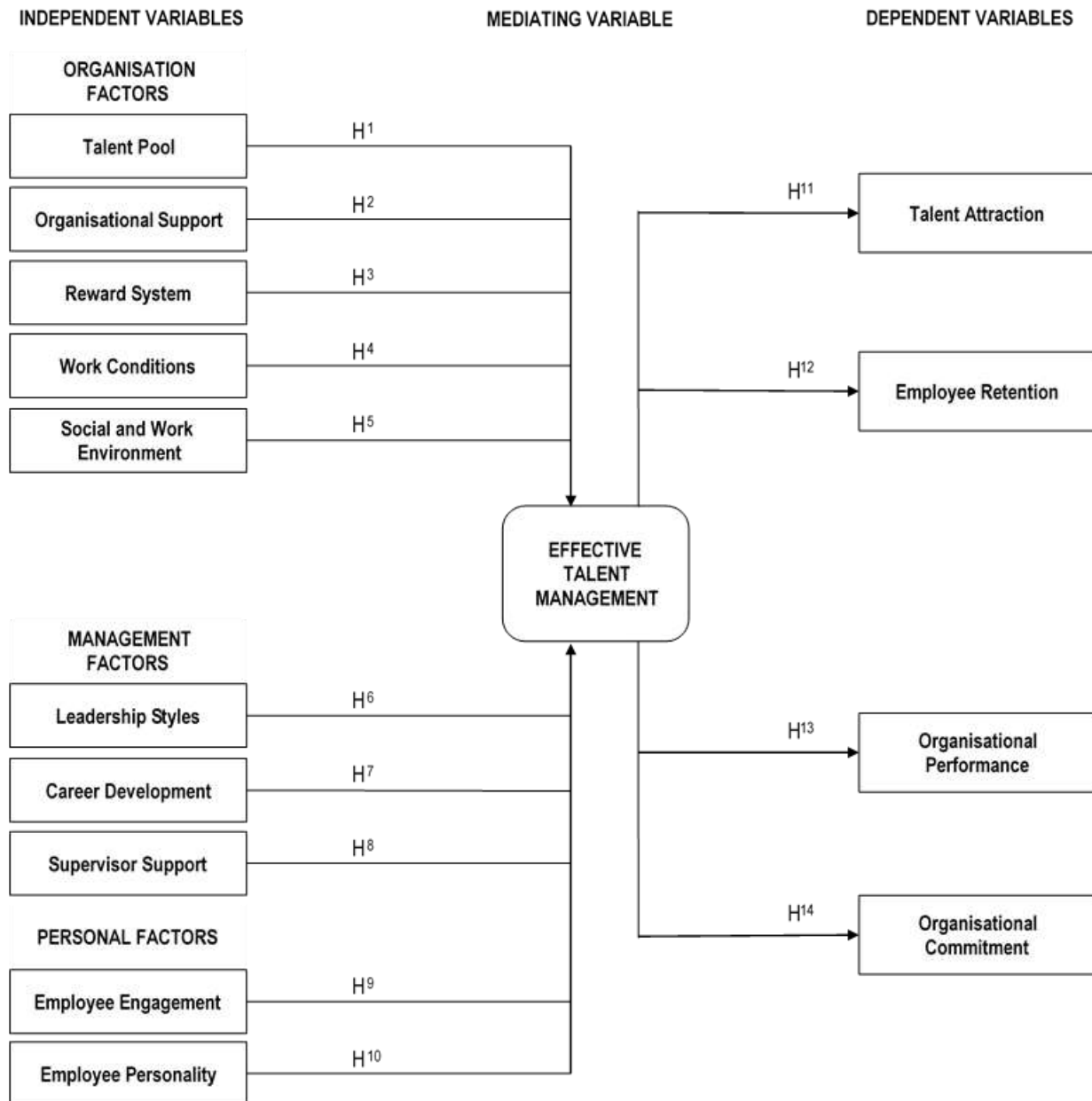


Table 7.1, below, shows the abbreviations of the variables of the study.

Table 7.1 Abbreviations of the study variables

VARIABLE	ABBREVIATION
INDEPENDENT VARIABLES: Organisation factors	
Talent pool	TP
Organisational support	OS
Reward system	RS
Work conditions	WC
Social and work environment	SWE
INDEPENDENT VARIABLES: Management factors	
Leadership style	LS
Career development	CD
Supervisor support	SS
INDEPENDENT VARIABLES: Personal factors	
Employee engagement	EE
Employee personality	EP
DEPENDENT VARIABLES	
Talent management	TM
Talent attraction	TA
Employee retention	ER
Organisational performance	OP
Organisational commitment	OC

7.4 DATA ANALYSIS

The five phases of the data analysis employed for this study are as follows:

- The first phase in the data analysis was to assess the internal reliability of the measuring instrument used. The internal reliability was measured by the use of Cronbach's alpha. In addition, the Cronbach's alpha values were calculated using the STATISTICA (version 12) statistical package (Bajpai & Bajpai, 2014:115).
- The second phase of the data analysis was to discuss the descriptive statistics of the study. The descriptive statistics were performed on the primary data. Descriptive statistics reduced the large number of primary data gathered into a summarised and

comprehensive form. The results from the descriptive analysis were presented in percentages, frequency tables, as well as mean and standard deviations (Kern, 2014:3).

- In the third phase of data analysis, the researcher's intention was to ascertain the validity of the various items used to measure the constructs under consideration. Validity was verified by means of factor analysis, which was used to assess whether the individual items in the questionnaire are indeed separate measures of the underlying dimensions they are supposed to measure (Mohajan, 2017:15).
- During the fourth phase of the data analysis, the influence of the independent variables on the dependent variables specified in the model depicted in Figure 7.1 were evaluated through multiple regression analysis (Walliman, 2011:125).
- The last phase of data analysis pertains to testing the hypothesised relationships highlighted in the study (Pandey & Pandey, 2015:29).

7.4.1 Reliability of the measuring instrument

Reliability is the degree to which a measuring instrument is free from random errors (Mohajan, 2017:58). Therefore, an instrument that produces the same results when the same test is redone by the same researchers at different times, or with different sets of items, which are consistent over the course of time, is considered reliable (Tavakol & Dennick, 2011:53). In other words, a measure is reliable when different attempts at measuring something produce the same results (Zikmund, *et al.*, 2012:305). According to Ghazali (2016:149), the types of measures that can be used to test the reliability of a measuring instrument include test-retest, inter-rater or inter-observer, and internal consistency reliability.

The measuring instrument used in this study was checked for consistency, and the stability of its measures was assessed. Internal consistency reliability refers to the extent to which the items in the measuring instrument contain inter-correlated scores (Bajpai, 2011:50). Cronbach's alpha value was utilised in order to assess the internal consistency of the measuring instrument and to test for reliability (Warrens, 2014:1). Cooper and Schindler (2011:322) suggest that Cronbach's alpha coefficient is a type of

reliability estimate or coefficient of internal consistency that determines how well a set of items put together in a measuring instrument is able to measure a single construct. In order to ascertain internal reliability, Cronbach's alpha coefficient was calculated using the STATISTICA (version 12) software package. It should be noted that the greater the value of the Cronbach's alpha coefficient, the more reliable the scale of measurement (Andrew, *et al.*, 2011:202).

According to Zikmund and Babin (2010:249), Cronbach's alpha values below 0.50 should be deemed unacceptable, while values between 0.80 and 0.96 should be considered to have excellent reliability. If the Cronbach's alpha value is above 0.60 and 0.70, the items on the measuring instrument are considered an adequate and acceptable indication of reliability (Bajpai & Bajpai, 2014:115). Therefore, for the purpose of this study, a Cronbach's alpha value of 0.60 is considered acceptable and was used as the cut-off point in assessing internal consistency reliability. Table 7.2, below, shows that all the Cronbach's alpha values of the measuring instrument are 0.60 and above.

Table 7.2: Initial reliability of the measuring instrument

VARIABLE in the measuring instrument	Alpha value
Talent pool (TP)	0.84
Organisational support (OS)	0.82
Reward system (RS)	0.80
Work conditions (WC)	0.60
Social and work environment (SWE)	0.73
Leadership style (LS)	0.64
Career development (CD)	0.69
Supervisor support (SS)	0.77
Employee engagement (EE)	0.77
Employee personality (EP)	0.82
Talent management (TM)	0.62

Talent attraction (TA)	0.89
Employee retention (ER)	0.92
Organisation performance (OP)	0.93
Organisational commitment (OC)	0.76

7.4.2 Descriptive statistics

Descriptive statistics is described as the collection, organising, presentation and analysis of data (Bhattacharjee, 2012:119). Descriptive statistics is also the statistical technique or method intended to reduce large sets of data into meaningful information (Loeb, *et al.*, 2017:1). In this way, researchers are able to summarise and organise data in an effective and meaningful manner (Skuzza, 2013:7).

Table 7.3, below, presents the descriptive statistics of the variables used in the questionnaire. In this study, the seven-point Likert-type scale employed in the questionnaire shows the degree to which each respondent agreed or disagreed with the statements in the questionnaire. The Likert scale in the questionnaire contained the following range of responses: 1=strongly disagree; 2=disagree; 3=somewhat disagree; 4=neutral; 5=somewhat agree; 6=agree; and 7=strongly agree. The data was coded and analysed, and the descriptive results were summarised and presented in mean and standard deviations.

Table 7.3: Descriptive Statistics for each variable

Variable	Mean	Standard Deviation
Talent Pool (TP)	4.72	1.50
Organisational Support (OS)	5.07	1.04
Employee Satisfaction (ES)	3.08	1.34
Enabling Work Environment (EWE)	5.28	1.06
Stable Working Environment (SWE)	4.90	1.27
Employee Motivation (EM)	4.15	1.69
Job Autonomy (JA)	4.40	1.74

Personal Value (PV)	3.73	1.71
Career Development (CD)	4.80	1.42
Employee Engagement (EE)	5.04	1.30
Talent Management (TM)	4.97	0.94
Holistic development for organisational performance (HD-OP)	2.97	1.32
Organisational Commitment (OC)	4.56	1.91
Employee Retention (ER)	4.03	1.57

As Table 7.3 indicates, the respondents feel that an enabling work environment (mean score=5.28) and organisational support (mean score=5.07) are important mechanisms for talent management. This implies that, when employees are placed in positions that match their capabilities, and when their goals and values are considered, management is able to successfully manage talent in public health sector institutions. Although the respondents regard employee engagement (mean score=5.04) as important for talent management, it is important for management to pay more attention to clear communication of information and to involve employees more meaningfully in their job-related tasks, so as to enhance their skills. Table 7.3 further indicates that talent pool (mean score=4.72), career development (mean score=4.80), and a stable working environment (mean score=4.90) are also important tools for talent management. This implies that management should play a major role in identifying future challenges and opportunities, and in ensuring that employees adapt easily and quickly to difficult situations in their working environment.

Table 7.3 further reveals that the respondents perceive that employee motivation (mean score=4.15) and job autonomy (mean score=4.40) are, to some extent, important for improving talent management. Furthermore, Table 7.3 indicates that employee satisfaction (mean score=3.08) and personal value (mean score=3.73) received the lowest scores. This implies that when employees are working in a positive and supportive culture that motivates them to accomplish set goals, talent management will be successfully achieved. Therefore, it is important for management to pay attention to the personal values of individual employees. Table 7.3 also reveals that the respondents

perceive talent management (mean score=4.97) as favourable and necessary.

Table 7.3 further reveals the low score of holistic development for organisational performance (HD-OP) (mean score=2.97). This implies that management in public institutions within the health sector need to implement effective mechanisms in order to successfully attract talent and promote organisational performance. Moreover, Table 7.3 shows that employee retention (mean score=4.03) is a result of effective talent management. Although organisational commitment (mean score=4.56) is important in public institutions within the health sector, it is not considered a direct result of talent management. This implies that some employees may prefer to stay with the organisation even if they are offered similar jobs elsewhere, therefore, they are more committed to their careers and jobs in the public institutions in the health sector environment.

7.4.3 Validity of the measuring instrument

Validity of a measuring instrument refers to the degree to which a scale, which is prearranged into a set of questions, actually measures the variable it is supposed to measure (Gill & Johnson, 2010:143). Validity thus refers to the precision of a measure or the extent to which a score honestly represents an idea (Zikmund *et al.*, 2012:307). Validity is also the extent to which the research in question is reasonable, honest, strong, sound, sensible, important and useful in a particular study (Quinlan, 2011:42).

Similarly, the results of the test for validity not only represent the universe of content, but the test also establishes relationships with a particular variable and measures affective behaviour or cognitive variables (Tavakol & Dennick, 2011:53). In fact, validity is intended to check the research instrument to ensure that it adequately measures and reflects the real meaning of the concept being studied (Bajpai & Bajpai, 2014:112). Validity can be classified as content validity and construct validity (convergent and discriminant) (Cooper & Schindler, 2011:280).

Content validity is the extent to which a test adequately samples the population or area of items it intends to measure (de Souza *et al.*, 2017:5). It is the extent to which the instrument sufficiently covers the investigative questions that direct the study (Cooper & Schindler, 2011:281). In this study, content validity was used to ensure that the content of the scale is checked for comprehensiveness and representativeness.

Construct validity refers to how well researchers translate or transform a concept, idea or behaviour, that is, a construct into functioning and operating reality (Mohajan, 2017:18). In addition, construct validity is assessed by seeing whether scores on a test which purports to measure a given trait are associated with behavioural differences that a theory says should be associated with that particular trait (Ghadi, *et al.*, 2012:140). Furthermore, construct validity shows the extent to which presumptions are justifiably prepared from the operationalisation in one's study to the hypothetical constructs on which the operationalisation are based (Bajpai & Bajpai, 2014:113). Discriminant and convergent validity are sub-categories of construct validity (Jakobsson, 2011:6).

Discriminant validity occurs when constructs in an inquiry are poles apart from other substantially comparable constructs (Schweizer, 2014:45). Discriminant validity also occurs when constructs fail to measure what they should measure (Henseler, *et al.*, 2015:116). Convergent validity is the degree to which the operational definition is correlated with variables that one would expect it to be correlated with (Engellant, Holland & Piper, 2016:39). In this study, discriminant validity was established through the use of factor analysis.

7.4.3.1 Factor analysis and factor loadings

Factor analysis was considered the best method for establishing the underlying dimensions between measured variables and latent constructs, thus allowing for the formation and refinement of theory and it provides evidence of construct validity for self-reporting scales. Factor analysis is a statistical method of identifying a smaller number of underlying unobservable (latent) factors from a larger number of measured (observed) variables (Zikmund & Babin, 2010:625). Furthermore, factor analysis brings

forth unobserved factors that are, thereafter, viewed as broad concepts that can describe an observed phenomenon. After factor analysis, the remaining variables are considered for further analysis in a regression analysis. In this study, exploratory factor analysis is used to establish complex interrelationships amongst items and to group items that are part of unified concepts (de Smith, 2018:30). Exploratory factor analysis (EFA) is described as a method of identifying the possible underlying factor structure influencing a set of observed variables by analysing which variables go together (Yong & Pearce, 2013:80). Exploratory factor analysis makes it possible for the researcher to generate a model or theory from a relatively large set of latent constructs that are represented by a set of items (Williams, *et al.*, 2010:3).

Factor loading describes how the components of a factor are correlated with the original variables (Zikmund & Babin, 2010:626), and it ascertains the extent to which a variable loads onto a factor. The intention of factor loading is to determine how the latent (unobserved) variable is measured indirectly by the variables.

In this study, a factor should have at least three items (Yong & Pearce, 2013:80), and each of these items should have factorial loads that are not less than 0.4 (>0.4) (Maciel, Savay-Da-Silva, Vasconcelos, Galvão, Sonati, da Silva & Oetterer, 2013:101). This implies that factors that fail to load up to three items and have loadings of less than 0.4 will be deleted, as they will be considered insignificant and therefore not suitable for further analysis. The STATISTICA (version 12) statistical package was used to conduct three sets of exploratory factor analyses.

The first set of exploratory factor analysis focussed on employee perceptions of organisational factors (OF) (measured by 'talent pool', 'organisational support', 'reward system', 'work conditions' and 'social and work environment'), management factors (MF) (measured by 'leadership style', 'career development' and 'supervisor support') and personal factors (PF) (measured by 'employee engagement' and 'employee personality').

The second set of factor analysis focussed on perceptions of ‘talent management’ and its potential outcomes, such as, talent attraction (TA), employee retention (ER), organisational performance (OP) and organisational commitment (OC).

a) Employee views of factors that contribute to effective talent management

The results of the first exploratory factor analysis, as shown in Table 7.4 below, reveal that one of the six items (CD2) expected to measure ‘career development’, one of the six items (EE1) expected to measure ‘employee engagement’, one of the nine items (SWE9) expected to measure ‘social and work environment’, one of the six items (EP6) expected to measure ‘employee personality’ and one of the eight items (WC4) expected to measure ‘work conditions’ loaded on factor one (1). This means that the respondents viewed these items as measures of a single construct which, for the purpose of this study, is termed: ‘employee engagement’.

Table 7.4 indicates that one of the eight items (WC1) expected to measure ‘work conditions’, one of the nine items (SWE6) expected to measure ‘social and work environment’, one of the six items (EP3) expected to measure ‘employee personality’, one of the nine items (LS8) expected to measure ‘leadership style’, one of the six items (SS4) expected to measure ‘supervisor support’ and one of the six items (TP5) expected to measure ‘talent pool’ loaded on factor two (2). This means that the respondents viewed these items as measures of a single construct, which has been renamed ‘employee motivation’ for the purpose of this study.

Table 7.4 further illustrates that two of the six items (RS4, RS5) expected to measure ‘reward system’, one of the nine items (LS6) expected to measure ‘leadership style’ and one of the six items (SS2) expected to measure ‘supervisor support’ loaded on factor three (3). This means that the respondents perceived these items as measures of a single construct, which has been renamed: ‘employee satisfaction’ for the purpose of this study.

Table 7.4 also indicates that one (CD4) of the six items expected to measure 'career development', one (EE3) of the six items expected to measure 'employee engagement' and one (LS2) of the nine items expected to measure 'leadership style' loaded onto factor four (4). This means that the respondents viewed these items as measures of a single construct, which has been renamed 'career development' for the purpose of this study.

As indicated in Table 7.4, three (OS2, OS3, OS5) of the six items expected to measure 'organisational support', one (EP5) of the six items expected to measure 'employee personality', one (CD1) of the six items expected to measure 'career development', one (SS6) of the six items expected to measure 'supervisor support', one (SWE8) of the nine items expected to measure 'social and work environment', and one (WC3) of the eight items expected to measure 'work conditions' loaded onto factor five (5). This means that the respondents viewed these items as measures of a single construct, which has been renamed 'organisational support' for the purpose of this study.

Furthermore, Table 7.4 reveals that one (SWE7) of the nine items expected to measure 'social and work environment', one (WC2) of the eight items expected to measure 'work conditions', one (LS9) of the nine items expected to measure 'leadership style', one (SS5) of the six items expected to measure 'supervisor support', and one (EP4) of the six items expected to measure 'employee personality' loaded onto factor six (6). This means that the respondents viewed these items as measures of a single construct, which has been renamed 'job autonomy' for the purpose of this study. Moreover, one (WC6) of the eight items expected to measure 'work conditions', one (SWE5) of the nine items expected to measure 'social work environment', two (LS5, LS7) of the nine items expected to measure 'leadership style', one (EP2) of the six items expected to measure 'employee personality', and one (SS3) of the six items expected to measure 'supervisor support' loaded onto factor seven (7). This means that the respondents viewed these items as measures of a single construct, which has been renamed 'personal value' for the purpose of this study.

Table 7.4 also indicates that two (WC5, WC8) of the eight items expected to measure 'work conditions', two (EE5, EE6) of the six items expected to measure 'employee engagement', one (SS1) of the six items expected to measure 'supervisor support', one (CD6) of the six items expected to measure 'career development', one (LS4) of the nine items expected to measure 'leadership style', and one (SWE1) of the nine items expected to measure 'social and work environment' loaded onto factor eight (8). This means that the respondents viewed these items as a single construct, which has been renamed 'enabling work environment' for the purpose of this study. Furthermore, Table 7.4 shows that one (WC7) of the eight items expected to measure 'work conditions', one (CD5) of the six items expected to measure 'career development', one (EE4) of the six items expected to measure 'employee engagement', and one (LS3) of the nine items expected to measure 'leadership style' loaded onto factor nine (9). This means that the respondents viewed these items as a single construct, which has been renamed 'stable working environment' for the purpose of this study.

Table 7.4 reveals that five of the six items (TP1, TP2, TP3, TP4, TP6) that were expected to measure 'talent pool' loaded on factor ten (10). This means that respondents viewed these items as a single construct, which has been renamed 'talent pool' for the purpose of this study.

Table 7.4 also indicates that eight items (OS6, EE2, LS1, RS2, RS3, SWE3, SWE4, EP1) cross-loaded and were deleted as they lack sufficient validity for further analysis. Six items (RS1, RS6, OS1, OS4, CD3, SWE2) that were expected to measure 'reward system', 'organisational support', 'career development' and 'social and work environment' could not load to a significant extent ($p < 0.4$), which led to the deletion of these items and their exclusion from further analysis.

The fact that the items expected to measure talent pool, reward system, work conditions, social and work environment, leadership style, career development, supervisor support, employee engagement and employee personality loaded onto different factors, with values greater than 0.4, demonstrates sufficient discriminant

validity for further analysis. Therefore, it can be concluded that the items expected to measure reward system, work conditions, social work environment, leadership style, supervisor support and employee personality are not sufficiently valid for the respondents to interpret, as expected. Consequently, respondents interpreted some of these items as measures of 'employee engagement', 'employee motivation', 'job satisfaction', 'career development', 'job autonomy', 'enabling work environment' and 'stable working environment'.

Table 7.4: Factor loadings: Employee views of antecedents and outcomes of effective talent management (TM)

Items	Factor1	Factor2	Factor3	Factor4	Factor5	Factor6	Factor7	Factor8	Factor9	Factor10
	Employee engagement	Employee motivation	Employee satisfaction	Career development	Organisational support	Job autonomy	Personal value	Enabling work environment	Stable environment	Talent pool
CD2	0.838	0.007	0.103	-0.056	0.175	0.134	-0.126	0.064	0.097	0.151
EE1	0.829	0.031	-0.019	0.044	0.067	0.243	0.052	0.127	0.033	0.181
SWE9	0.818	0.026	0.004	-0.004	0.183	0.170	-0.002	0.141	0.109	0.167
EP6	0.797	0.050	-0.044	0.024	0.085	0.243	-0.002	0.150	0.077	0.209
WC4	0.760	0.077	0.109	-0.004	0.240	0.142	-0.088	0.087	0.137	0.235
OS6	0.474	0.134	-0.023	0.195	0.234	-0.079	-0.188	0.171	0.150	0.476
EE2	0.457	-0.108	0.023	0.243	0.093	-0.024	0.126	0.448	0.208	0.351
LS1	0.445	-0.054	-0.002	0.186	0.231	-0.092	0.025	0.424	0.270	0.372
WC1	0.026	0.882	0.061	-0.084	0.105	0.201	0.111	0.053	0.091	-0.066
SWE6	-0.017	0.853	0.071	-0.074	0.139	0.207	0.115	0.112	0.174	-0.067
EP3	0.052	0.831	-0.024	-0.014	0.028	0.282	0.246	0.160	0.113	-0.062
LS8	0.032	0.829	-0.001	0.012	0.027	0.288	0.250	0.157	0.119	-0.043
SS4	0.029	0.822	0.021	-0.008	0.072	0.264	0.236	0.151	0.131	-0.062
TP5	0.080	0.413	0.288	-0.047	0.026	0.206	0.390	-0.123	-0.285	0.392
RS5	0.069	0.001	0.888	-0.072	0.035	0.088	-0.065	0.007	0.072	-0.103
LS6	0.120	0.087	0.755	0.037	-0.020	0.177	0.082	0.020	-0.012	-0.065
RS4	-0.276	0.064	0.729	-0.090	0.065	0.173	0.048	-0.153	0.021	0.212

SS2	0.248	0.089	0.625	0.151	-0.029	0.262	0.353	0.213	0.011	-0.045
RS3	-0.301	-0.063	0.603	-0.102	0.159	0.144	0.078	-0.435	0.030	-0.143
SWE4	0.247	0.145	0.582	0.196	-0.114	0.319	0.418	0.247	-0.077	0.005
EP1	0.301	0.174	0.497	0.219	-0.080	0.352	0.462	0.247	-0.063	0.030
RS2	-0.520	-0.183	0.443	-0.055	0.244	0.115	0.247	-0.132	0.106	0.014
EE3	0.039	-0.039	-0.048	0.931	0.015	0.060	0.061	0.071	-0.022	0.012
LS2	0.010	-0.015	-0.003	0.903	0.115	-0.027	-0.060	-0.027	-0.036	0.011
CD4	-0.009	-0.068	0.067	0.817	0.163	-0.132	-0.256	-0.060	0.041	-0.048
WC3	0.205	0.177	0.127	0.089	0.733	0.280	0.014	0.193	-0.121	0.090
SWE8	0.192	0.115	0.002	0.096	0.696	0.315	0.097	0.298	-0.071	0.087
SS6	0.191	0.109	0.081	0.096	0.679	0.325	0.103	0.268	-0.110	0.057
CD1	0.256	0.158	0.082	0.125	0.663	0.299	0.081	0.210	-0.132	0.082
EP5	0.210	0.142	-0.018	0.135	0.648	0.362	0.130	0.299	-0.115	0.097
OS5	0.305	0.089	-0.148	0.226	0.439	-0.271	0.069	0.057	0.229	0.326
OS2	0.254	0.012	-0.099	0.238	0.416	-0.362	0.107	-0.076	0.357	0.105
OS3	0.062	-0.088	-0.217	0.271	0.401	0.034	-0.015	0.247	0.159	0.390
EP4	0.132	0.235	0.080	0.000	0.093	0.861	0.172	0.076	0.085	-0.034
LS9	0.146	0.261	0.143	0.006	0.122	0.849	0.194	0.060	0.059	-0.020
SWE7	0.129	0.254	0.151	-0.054	0.168	0.835	0.142	0.043	0.076	-0.041
SS5	0.136	0.260	0.151	-0.018	0.169	0.823	0.171	0.054	0.074	-0.038
WC2	0.125	0.290	0.204	-0.078	0.183	0.776	0.058	-0.043	0.052	-0.031
SS3	-0.068	0.354	0.115	-0.002	0.161	0.206	0.799	-0.033	0.082	-0.015

EP2	-0.072	0.345	0.100	-0.041	0.106	0.209	0.797	-0.019	0.054	-0.032
LS7	-0.074	0.357	0.162	-0.064	0.105	0.152	0.748	-0.121	0.012	-0.043
SWE5	-0.149	0.317	0.193	-0.093	0.174	0.134	0.743	-0.076	0.143	-0.062
WC8	0.145	0.145	-0.005	-0.066	0.171	0.105	0.003	0.824	-0.031	0.131
EE5	0.093	0.146	-0.020	0.004	0.084	0.160	0.034	0.823	-0.052	0.158
CD6	0.111	0.138	-0.001	-0.065	0.274	0.049	-0.100	0.790	0.063	0.145
LS4	0.141	0.180	-0.017	-0.047	0.292	0.047	-0.098	0.726	0.030	0.148
EE6	0.282	0.332	-0.051	0.317	0.065	0.133	-0.148	0.473	0.157	0.251
SS1	0.225	0.249	0.022	0.189	0.161	0.004	-0.307	0.464	0.250	0.151
SWE3	0.056	0.270	0.116	0.092	-0.158	-0.187	0.184	0.447	0.057	0.479
SWE1	0.249	0.350	0.095	0.228	0.105	-0.004	-0.382	0.414	0.156	0.205
WC5	0.386	-0.125	0.094	0.105	0.224	-0.147	-0.107	0.405	0.304	0.370
WC7	-0.041	0.104	0.173	-0.196	-0.117	0.014	-0.227	-0.036	0.779	-0.078
CD5	0.228	0.317	0.008	-0.001	0.023	0.114	0.046	0.029	0.752	0.010
EE4	0.199	0.324	-0.015	0.101	-0.182	0.258	0.214	0.079	0.708	0.037
LS3	0.240	0.369	-0.026	0.086	-0.126	0.218	0.179	0.040	0.685	0.024
TP3	0.196	-0.161	0.003	0.060	0.005	0.068	-0.052	0.124	-0.115	0.854
TP2	0.319	-0.116	-0.031	-0.079	0.105	-0.061	-0.007	0.115	-0.017	0.819
TP1	0.366	-0.190	-0.073	-0.016	0.114	-0.027	-0.079	0.177	-0.059	0.757
TP4	0.344	0.190	-0.012	-0.102	-0.020	-0.097	-0.036	0.254	0.086	0.657
TP6	-0.168	0.027	-0.132	-0.074	0.183	-0.159	-0.078	0.272	0.273	0.593
RS1	-0.297	-0.281	0.337	0.090	0.109	0.097	-0.198	0.070	0.129	0.332

OS4	0.109	0.041	-0.142	0.122	0.385	-0.070	0.149	0.240	0.373	0.301
CD3	0.386	-0.160	0.181	0.053	0.268	-0.240	-0.247	0.345	0.331	0.296
SWE2	0.167	0.377	0.159	0.144	0.326	-0.364	-0.334	0.106	0.029	0.158
LS5	0.087	0.247	0.168	0.043	0.182	-0.119	-0.645	0.137	0.159	0.119
OS1	-0.002	-0.059	-0.129	0.383	0.373	-0.114	0.340	-0.027	0.315	-0.072
WC6	-0.238	-0.209	0.225	0.396	0.176	-0.273	-0.585	-0.187	0.125	-0.100
RS6	-0.267	0.292	0.363	-0.325	0.317	-0.056	0.381	-0.299	0.155	-0.124
Expl.Var	6.492	6.198	4.370	3.661	4.575	5.848	5.395	5.456	3.592	4.945
Prp.Totl	0.095	0.091	0.064	0.054	0.067	0.086	0.079	0.080	0.053	0.073

Factors with loadings greater than 0.4 were considered significant (Maciel *et al.*, 2013:101).

b) Employee views towards talent management (TM) and the outcomes of talent management (TM)

Table 7.5, below, indicates that five (TA2, TA4, TA5, TA6, TA7) of the seven items expected to measure 'talent attraction', five (OP2, OP3, OP4, OP5, OP6) of the seven items expected to measure 'organisational performance', and two (TM6, TM10) of the ten items expected to measure 'talent management' loaded on factor one (1); these items were regarded as a measure of 'holistic development for organisational performance (HD-OP)'. Therefore, respondents perceive these items as a single new construct termed 'holistic development for organisational performance'. According to Table 7.5, four (OC2, OC3, OC4, OC5) of the seven items expected to measure 'organisational commitment' and one (ER6) of the seven items expected to measure 'employee retention' loaded on factor two (2) and were termed 'organisational commitment.' All the items that loaded onto factor three (3) were deleted due to the lack of sufficient validity for further analysis.

Table 7.5 also indicates that five (TM1, TM2, TM3, TM4, TM5) of the ten items expected to measure 'talent management' loaded on factor four (4) and were termed 'talent management'. Two (TM7, TM8) of the ten items expected to measure 'talent management' did not load to a significant extent and were deleted. This means that these items did not demonstrate sufficient discriminant validity.

Table 7.5 further indicates that three (ER2, ER3, ER4) of the seven items expected to measure 'employee retention' loaded on factor five (5).

Moreover, two (TA1, TA3) of the items expected to measure 'talent attraction', two (OP1, OP7) of the seven items expected to measure 'organisational performance', three (ER1, ER5, ER7) of the seven items expected to measure 'employee retention', one (OC1) of the seven items expected to measure 'organisational commitment' and three (ER1, ER5, ER7) of the seven items expected to measure 'employee retention' cross-loaded and were deleted as they lack sufficient validity for further analysis.

Table 7.5: Factor loadings: Talent management and outcomes of talent management

Items	Factor1	Factor2	Factor3	Factor4	Factor5
	Holistic development for organisational performance (HD-OP)	Organisational commitment (OC)	N/A	Talent management (TM)	Employee retention (ER)
OP4	0.927785	0.118528	0.129133	-0.009747	-0.113980
OP3	0.912936	0.092886	0.133530	-0.079374	-0.088617
TA7	0.892031	-0.106030	0.158006	0.057789	0.161781
TA5	0.872413	-0.023374	0.118588	0.035217	0.017005
TA6	0.866385	0.104900	0.089017	-0.024822	-0.093834
OP2	0.826776	0.280604	-0.053524	-0.098846	-0.133294
OP6	0.771718	0.203913	0.368559	0.139062	-0.152064
TA2	0.742111	0.043205	-0.368793	0.056884	0.334143
TM6	0.629701	-0.172872	-0.143784	-0.001204	0.074326
OP1	0.629536	-0.067122	0.676746	-0.091184	0.236623
OP5	0.599470	0.354357	0.267942	0.229455	0.006512
TA1	0.581846	0.121793	-0.348471	0.060340	0.468942
TA3	0.525846	0.184416	0.349454	-0.015956	0.517206
TA4	0.496783	-0.099413	-0.135801	-0.035371	0.388793
OP7	0.494354	0.217645	0.753167	0.005594	0.157148
TM10	0.421434	-0.004512	0.020430	0.253992	-0.016809
OC4	0.207703	0.918174	0.125902	0.057809	0.182063
OC2	0.260259	0.881862	0.206698	0.039848	0.122271
OC3	0.272074	0.878073	0.126325	0.072242	0.207589
OC5	-0.053220	0.556558	-0.003124	0.163755	0.361922
OC6	0.014544	0.341662	0.750533	-0.077526	0.291879
OC7	0.390636	0.081133	0.716047	-0.155151	0.228680
OC1	-0.022726	-0.736113	0.487575	0.058166	0.139384
TM5	-0.198780	0.087761	-0.225737	0.763729	-0.063920
TM4	0.080836	0.168085	-0.067899	0.670594	-0.101141
TM1	0.080137	0.112152	-0.111175	0.612642	0.058711
TM3	0.240713	-0.228398	0.071527	0.512766	-0.265852
TM2	0.094656	-0.179649	0.036916	0.511268	0.040802
ER3	-0.083552	-0.210884	-0.265235	0.100262	-0.875230
ER4	-0.068833	-0.257809	-0.239508	0.036233	-0.832599
ER2	0.228625	-0.329971	-0.136899	-0.018501	-0.829042
ER1	0.065274	-0.638089	-0.037602	-0.025556	-0.634393

ER5	0.020062	-0.705949	-0.002335	0.077732	-0.498500
ER7	0.327067	-0.407767	-0.527504	0.181707	-0.401693
ER6	0.244135	-0.783628	-0.108035	0.068656	-0.340399
TM9	0.102199	0.291723	-0.447348	0.067433	-0.236296
TM8	0.307969	0.197738	-0.282915	-0.326600	-0.067532
TM7	0.385569	0.239759	-0.130598	-0.153849	0.067547
Expl.Var	9.217177	6.020746	3.934016	2.368672	4.542659
Prp.Totl	0.242557	0.158441	0.103527	0.062333	0.119544

Loadings greater than 0.4 were considered significant (Maciel *et al.*, 2013:101).

7.4.4 Cronbach's alpha values of latent variables based on the results of factor analysis: Theoretical model

Table 7.6, below, provides a summary of the items that are regarded as measures of individual variables in the theoretical model following the exploratory factor analyses. The study retains Employee Engagement (EE), Employee Motivation (EM), Employee Satisfaction (ES), Career Development (CD), Organisational Support (OS), Job Autonomy (JA), Personal Value (PV), Enabling Work Environment (EWE), Stable Working Environment (SWE), Talent Pool (TP), Talent Management (TM), Holistic Development for Organisational Performance (HD-OP), Organisational Commitment (OC) and Employee Retention (ER).

The internal reliability of 'personal value (PV)' was 0.52 and of 'organisational commitment (OC)' was 0.59. The removal of items LS5 and WC6 improved the alpha value of 'personal value' to 0.95. Furthermore, removing item ER6 improved the alpha value of 'organisational commitment' to 0.92.

Table 7.6 further indicates that all Cronbach's alpha are above 0.60 which, for the purpose of this study, is regarded as acceptable (Juul, van Rensburg & Steyn, 2012:83-84). It is with these results summarised in Table 7.6 that a regression analysis was carried out.

Table 7.6: Factor loadings: Cronbach's alpha coefficients of latent variables based on the comprehensive exploratory factor analysis

LATENT VARIABLE	Initial Reliability	Final Reliability
Talent Pool (TP)	0.88	0.88
Organisational support	0.87	0.87
Employee Satisfaction (ES)	0.82	0.82
Enabling Work Environment (EWE)	0.90	0.90
Stable Working Environment (SWE)	0.86	0.86
Employee Motivation (EM)	0.94	0.94
Job Autonomy (JA)	0.97	0.97
Personal Value (PV)	0.52	0.95
Career Development (CD)	0.90	0.90
Employee Engagement (EE)	0.95	0.95
Talent Management (TM)	0.68	0.68
Holistic development for organisational performance (HD-OP)	0.94	0.94
Organisational Commitment (OC)	0.59	0.92
Employee Retention (ER)	0.92	0.92

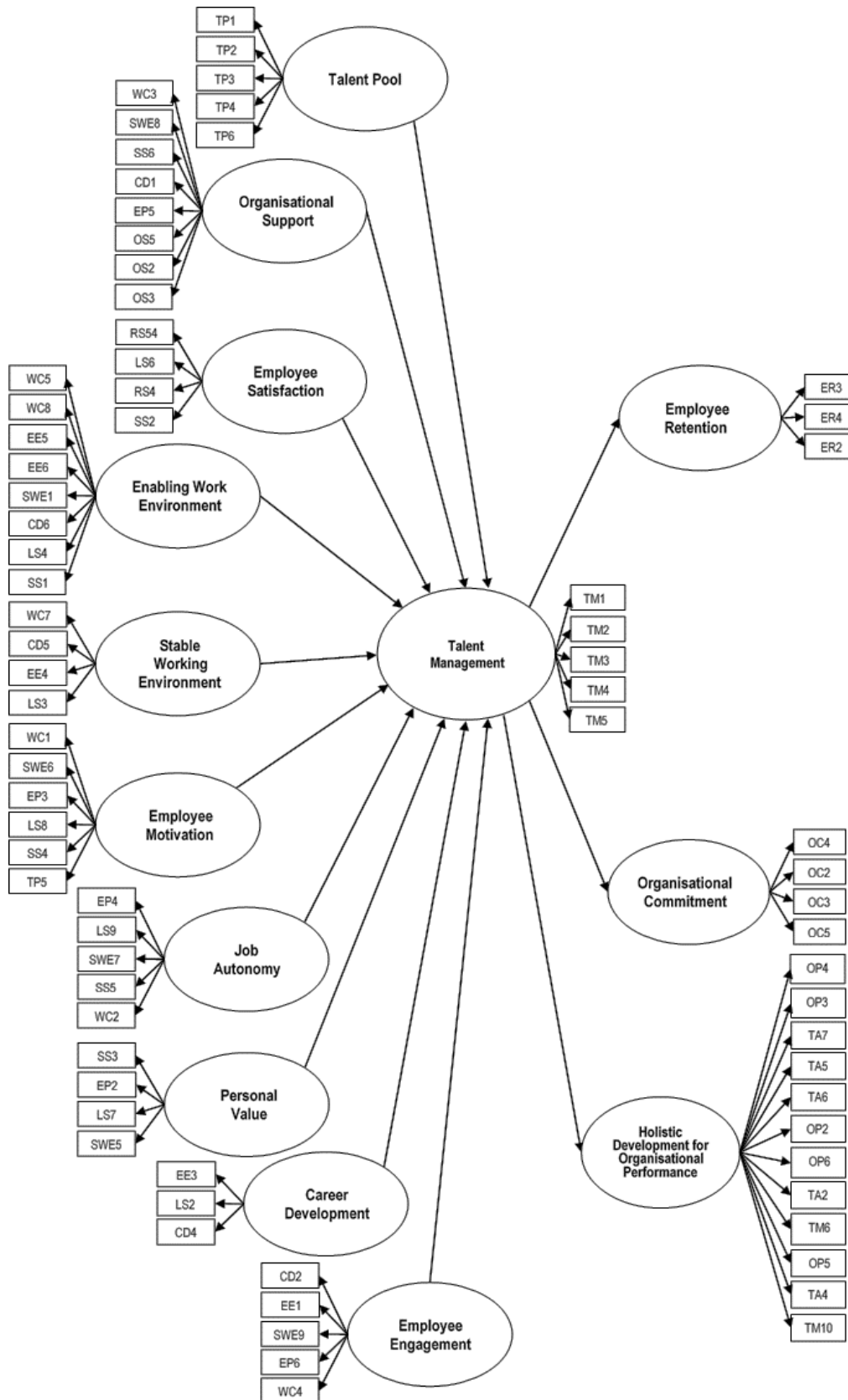
Subsequently, the reliability and validity assessment, ten independent variables (Employee Engagement, Employee Motivation, Employee Satisfaction, Career Development, Organisational Support, Job Autonomy, Personal Value, Enabling Work Environment, Stable Working Environment and Talent Pool), one mediating variable (Talent Management) and three dependent variables (Holistic Development for Organisational Performance, Organisational Commitment and Employee Retention) remained in the empirical model. The latent variables, and the individual items measuring them, are summarised in Table 7.7 below.

Table 7.7: Empirical factor structure for regression analysis of the latent variables

LATENT VARIABLE	ITEMS
Talent Pool (TP)	TP1, TP2, TP3, TP4, T6
Organisational Support (OS)	WC3, SWE8, SS6, CD1, EP5, OS5, OS2, OS3
Employee Satisfaction (ES)	RS5, LS6, RS4, SS2
Enabling Work Environment (EWE)	WC5, WC8, EE5, EE6, SWE1, CD6,LS4, SS1
Stable Working Environment (SWE)	WC7, CD5, EE4, LS3
Employee Motivation (EM)	WC1, SWE6, EP3, LS8, SS4, TP5
Job Autonomy (JA)	EP4, LS9, SWE7, SS5, WC2
Personal Value (PV)	SS3, EP2, LS7, SWE5
Career Development (CD)	EE3, LS2, CD4
Employee Engagement (EE)	CD2, EE1, SWE9, EP6, WC4
Talent Management (TM)	TM1, TM2, TM3, TM4, TM5
Talent Pool (TP)	TP3, TP2, TP1, TP4, TP6
Holistic development for organisational performance (HD-OP)	OP4, OP3, TA7, TA5, TA6, OP2, OP6, TA2, TM6, OP5, TA4, TM10
Organisational Commitment (OC)	OC4, OC2, OC3, OC5
Employee Retention (ER)	ER3, ER4, ER2

The empirical factor structure summarised in Table 7.7 was exposed to a multiple regression analysis using the STATISTICA (version 12) statistical software package. The refinement of the scale meant that the original hypotheses had to be redesigned and the theoretical model (Figure 7.1) had to be adapted. Figure 7.2, below, depicts the adapted model of the relationships between variables based on employee perceptions of effective talent management in public institutions within the health sector.

Figure 7.2: Adapted model of the relationships amongst variables based on employee views of effective talent management in public institutions within the Ugandan health sector



The first set of hypotheses pertaining to effective talent management in public institutions within the health sector:

H¹: There is a relationship between talent pool and effective talent management.

H²: There is a relationship between organisational support and effective talent management.

H³: There is a relationship between reward system and effective talent management.

H³ is modified into H^{3.1}

H^{3.1}: There is a relationship between job satisfaction and effective talent management.

H⁴: There is a relationship between working conditions and effective talent management.

H⁴ is modified into H^{4.1} and H^{4.2}

H^{4.1}: There is a relationship between an enabling work environment and effective talent management.

H^{4.2}: There is a relationship between stable working environment and effective talent management.

H⁵, H⁶, H⁸ and H¹⁰ are modified into H^{5.1}, H^{5.2} and H^{5.3}

H^{5.1}: There is a relationship between employee motivation and effective talent management.

H^{5.2}: There is a relationship between job autonomy and effective talent management.

H^{5.3}: There is a relationship between personal value and effective talent management.

H⁷: There is a relationship between career development and effective talent management.

H⁹: There is a relationship between employee engagement and effective talent management.

The second set of hypotheses pertaining to the relationship between effective talent management and the dependent variables:

H¹²: There is a relationship between effective talent management and employee retention.

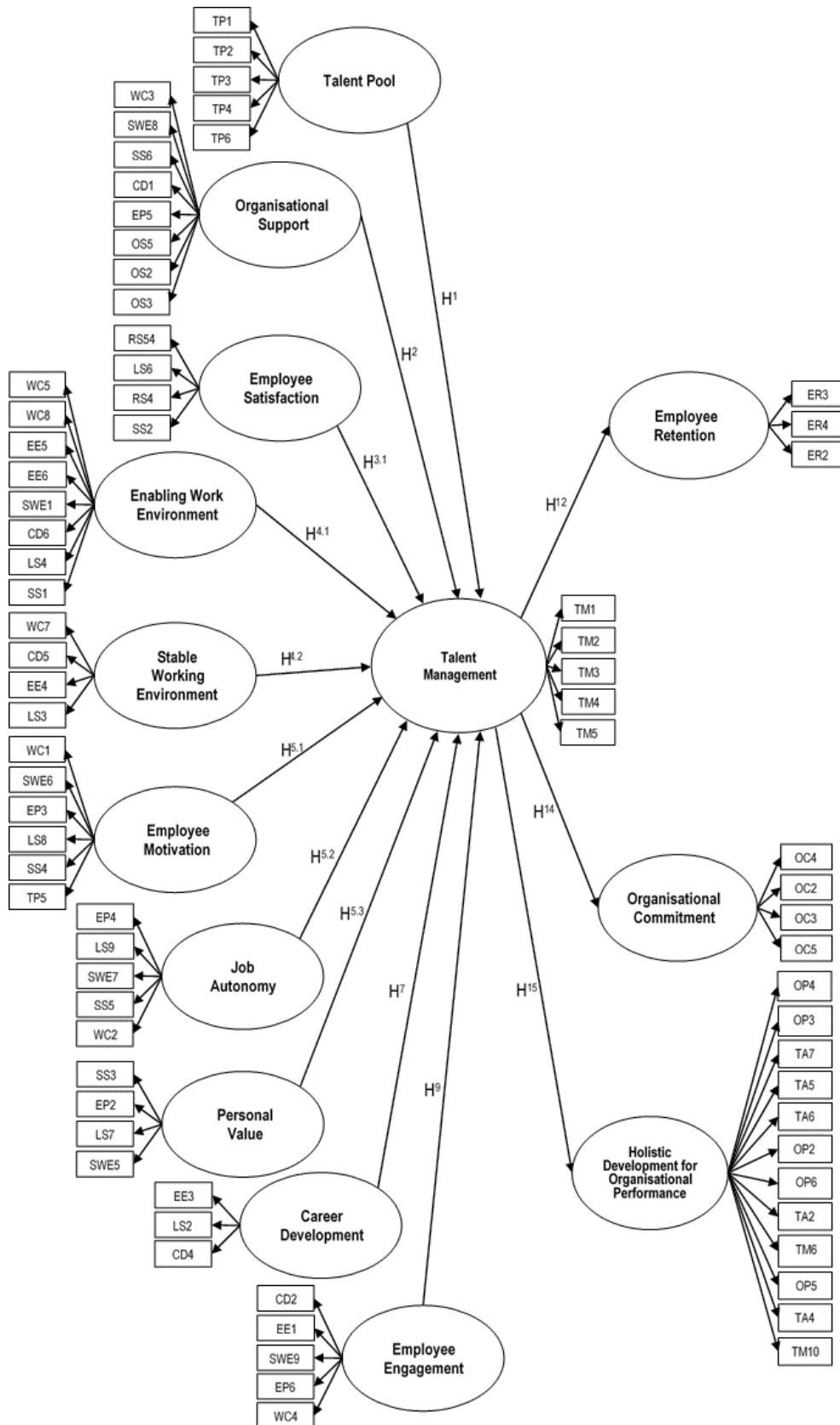
H¹⁴: There is a relationship between effective talent management and organisational commitment.

H¹¹ and H¹³ are modified into H¹⁵

H¹⁵: There is a relationship between effective talent management and holistic development for organisational performance.

Three variables did not load as factors, namely, Leadership Style (LS), Supervisor Support (SS) and Employee Personality (EP); consequently, the H⁶, H⁸ and H¹⁰ hypotheses were not tested. Figure 7.3, below, shows the hypothesised model of employee perceptions regarding effective talent management in public institutions within the health sector.

Figure 7.3: The hypothesised model of employee views pertaining to effective talent management in public institutions within the health sector



7.5 REGRESSION ANALYSIS

Regression analysis is a statistical method used to measure the linear association between a dependent and an independent variable (Min & Mishra, 2010:113). Regression analysis is an approach used to examine factors with the intention of predicting one variable based on numerous independent factors (Uyanik & Guler, 2013:234). Furthermore, multiple regression analysis is a method of analysis that explains the variability of a dependent variable when two or more independent variables change (Sreejesh, Mohapatra & Anusree, 2014:195). In other words, regression analysis determines a statistical association or correlation amongst variables, rather than a causal relationship amongst variables (Benoit, 2011:2).

It is important to note that regression analysis can take the form of single or multiple regressions (Walliman, 2011:125). Single regression analysis measures the statistical association between two variables (Ács, 2015:140), while multiple regression analysis predicts the unknown value of the dependent variable from the known value of multiple independent variables (Bhattacharjee, 2012:35).

In the aftermath of a multiple regression, a hypothesis can either be accepted or rejected. A 'goodness for fit' measure will be required in order to evaluate the success of the independent variables in predicting a variation in the dependent variables and one such measure is the coefficient of determination denoted by R^2 , which ranges between one and zero (Gogtay, Deshpande & Thatte, 2017:50).

In this study, regression analysis was performed to investigate and measure the relationships between several independent variables (predictors) and several dependent variables (responses) in this study.

The first level of regression analysis tested the relationship between the antecedents (independent variables) suggested in the model of the study and the dependent variables. At the same time, the second level of regression analysis tested the influence

of the moderating variable on each of the outcomes (dependent variables) as depicted in Figure 7.3, the modified study model.

7.5.1 Employee views on the influence of antecedents on effective talent management

7.5.1.1 The influence of talent pool, organisational support, employee satisfaction, enabling work environment, stable working environment, employee motivation, job autonomy, personal value, career development and employee engagement

Table 7.8, below, indicates that an enabling work environment ($b=0.432$, $p<0.001$), a stable working environment ($b=0.0254$, $p<0.001$) and career development ($b=-0.189$, $p<0.001$) are positively related to talent management in public institutions within the health sector. This implies that talent management is effectively managed when employees are offered work related training and when they are allowed to identify future career development challenges and opportunities. In total, the R^2 of 0.651 explains the 65% of variability in the model explained by the moderating variable (talent management in public institutions within the health sector) as shown in Table 7.8. Furthermore, Table 7.8 shows that job autonomy ($b=-0.052$, $p<0.01$) and personal value ($b=-0.060$, $p<0.001$) are negatively related to talent management in public institutions within the health sector. This implies that respondents feel that they need the freedom to decide how they are going to carry out their duties and solve problems on their own. Therefore, management needs to pay attention to the flexibility of performing duties and encourage employees to solve problems on their own.

Although Table 7.8 shows that organisational support ($b=0.086$, $p<0.01$) and employee satisfaction ($b=0.045$, $p<0.01$) are related to talent management in public institutions within the health sector, these variables are moderately related. This implies that talent management will be effective in public institutions within the health sector when supervisors and management play an active role in employee career development. Furthermore, supervisors and management must take their employees' best interests into account when making decisions that affect them.

Table 7.8 also indicates that talent pool ($r=-0.034$, NS), employee motivation ($r=-0.028$, NS) and employee engagement ($r=-0.026$, NS) do not exert a significant influence on effective talent management in public institutions within the health sector.

Table 7.8: Regression analysis: The influence of talent pool, organisational support, employee satisfaction, employee engagement, employee motivation, career development, job autonomy, personal value, enabling work environment and stable working environment.

REGRESSION SUMMARY FOR DEPENDENT VARIABLE: TALENT MANAGEMENT IN PUBLIC INSTITUTIONS WITHIN THE HEALTH SECTOR						
Parameter	Beta b*	Std. Error	B	Std Error	T value	P-value
TP	0.034	0.030	0.021	0.019	1.156	0.248
OS	0.096	0.032	0.086	0.030	2.951	0.003**
ES	0.064	0.025	0.045	0.018	2.545	0.011*
EWE	0.486	0.033	0.432	0.029	14.888	0.001***
SWE	0.344	0.026	0.254	0.019	13.088	0.001***
EM	-0.028	0.034	-0.016	0.019	-0.827	0.408
JA	-0.097	0.032	-0.052	0.018	-2.993	0.002**
PV	-0.110	0.031	-0.060	0.017	-3.520	0.001***
CD	0.285	0.025	0.189	0.017	11.383	0.001***
EE	0.026	0.031	0.019	0.022	0.851	0.395
R	R²	F	Std Error of estimate P			
81%	0.65165043	120.47	0.55814	p< .00000		
* = p < 0.05						
** = p < 0.01						
*** = p < 0.001						

7.5.2 The influence of talent management on employee retention, organisational commitment and holistic development for organisational performance

7.5.2.1 The influence of talent management on employee retention in public institutions within the health sector

Table 7.9, below, indicates that the R² of 0.029 explains that 3% of the variability in the model is explained by the variable ‘employee retention’. This means that talent management in public institutions within the health sector has a positive relationship with employee retention (b=0.285, p<0.001).

Table 7.9: Regression analysis: The influence of talent management on employee retention in public institutions within the health sector

REGRESSION SUMMARY FOR DEPENDENT VARIABLE: EMPLOYEE RETENTION						
Parameter	Beta b*	Std. Error	B	Std Error	T value	P-value
Talent Management (TM)	0.171	0.038	0.285	0.064	4.424	0.001***
R	R²	F	Std Error of estimate P			
17%	0.02914794	19.575	1.5445 p<0 .00000			
* = p < 0.05						
** = p < 0.01						
*** = p < 0.001						

7.5.2.2 The influence of talent management on organisational commitment in public institutions within the health sector

Table 7.10 also indicates that talent management (r=-0.027, NS) does not exert a significant influence on organisational commitment in public institutions within the health sector.

Table 7.10: Regression analysis: The influence of talent management on organisational commitment in public institutions within the health sector

REGRESSION SUMMARY FOR DEPENDENT VARIABLE: ORGANISATIONAL COMMITMENT						
Parameter	Beta b*	Std. Error	B	Std Error	T value	P-value
Talent Management(TM)	0.027	0.040	0.056	0.080	0.702	0.483
R	R²	F	Std Error of estimate P			
3%	0.00075 336	.49231	0.48315 p<0 .00000			
* = p < 0.05						
** = p < 0.01						
*** = p < 0.001						

7.5.2.3 The influence of talent management on holistic development for organisational performance in public institutions within the health sector

As evident in Table 7.11, below, the R² of 0.013 indicates that 1% of the variability in the model is explained by the variable ‘holistic development for organisational performance’. This means that holistic development for organisational performance (b=0.162, p<0.01) has a positive relationship with talent management in public institutions within the health sector. This implies that the number of innovations increase when talent is managed in public institutions within the health sector.

Table 7.11: Regression analysis: The influence of talent management on holistic development for organisational performance in public institutions within the health sector

REGRESSION SUMMARY FOR DEPENDENT VARIABLE: HOLISTIC DEVELOPMENT FOR ORGANISATIONAL PERFORMANCE						
Parameter	Beta b*	Std. Error	B	Std Error	T value	P-value
Talent Management (TM)	0.114	0.039	0.162	0.055	2.944	0.01**
R	R²	F	Std Error of estimate P			
11%	0.01309798	8.6665	1.3205	p<0 .00000		
* = p < 0.05						
** = p < 0.01						
*** = p < 0.001						

The t-values reported in Tables 7.8 to 7.11 indicate that the higher the t-values, the stronger the impact of the independent variables on ‘talent management in public institutions within the health sector’. Further, the t-values of the mediating variable indicate a moderate to weak impact on the dependent variables. Table 7.8 indicates that independent variables with high t-values, namely, enabling work environment (t=14.888), stable working environment (t=13.088) and career development (t=11.383) have a strong impact on talent management in public institutions within the health sector. In contrast, Table 7.8 reveals a moderate t-value for personal value (t=-3.520), and low values for job autonomy (t=-2.993) and organisational support (t=2.951). Furthermore, Table 7.8 presents the independent variable employee satisfaction with a low value (t=2.545) on talent management in public institutions within the health sector. Table 7.9 indicates the medium impact of ‘talent management in public institutions within the health sector’ on employee retention, with a moderate t-value (t=4.424),

followed by holistic development for organisational performance with a low t-value ($t=2.944$) as shown in Table 7.11.

7.6 FINDINGS ON HYPOTHESISED RELATIONSHIPS

7.6.1 Findings on the first set of hypotheses

Hypothesis H¹: *There is a relationship between talent pool and effective talent management.*

Table 7.8 indicates that the talent pool is not significantly related to effective talent management ($r = 0.034$, NS). This means that there is no significant correlation between talent pool and effective talent management. Therefore, H¹ is **rejected and the alternative is accepted**.

Hypothesis H²: *There is a relationship between organisational support and effective talent management.*

Table 7.8 indicates a weak but existent relationship between organisational support and effective talent management ($p<0.01$). This means that there is a significant correlation between organisational support and effective talent management, $r=0.096$ and t value ($t=2.951$). Therefore H² is **accepted**.

Hypothesis H^{3.1}: *There is a relationship between employee satisfaction and effective talent management.*

Table 7.8 reveals a weak but existent relationship between employee satisfaction and effective talent management ($p<0.01$). This means that there is a significant correlation between employee satisfaction and effective talent management, $r=0.064$ and t value ($t=2.545$). Therefore H^{3.1} is **accepted**.

Hypothesis H^{4.1}: *There is a relationship between enabling work environment and effective talent management*

Table 7.8 reveals a statistically significant positive relationship between enabling work environment and effective talent management ($p<0.001$). This means that there is a significant positive correlation between enabling work environment and effective talent

management, $r=0.486$ and t value ($t= 14.888$). Therefore $H^{4.1}$ is **accepted**.

Hypothesis $H^{4.2}$: *There is a relationship between stable working environment and effective talent management*

Table 7.8 reveals a statistically significant positive relationship between stable working environment and effective talent management ($p<0.001$). This means that there is a significant positive correlation between stable working environment and effective talent management, $r=0.344$ and t value ($t= 13.088$). Therefore $H^{4.2}$ is **accepted**.

Hypothesis $H^{5.1}$: *There is a relationship between employee motivation and effective talent management*

Table 7.8 indicates that employee motivation is not significantly related to effective talent management ($r=-0.028$, NS). This means that there is no significant correlation between employee motivation and effective talent management. Therefore, $H^{5.1}$ is **rejected and the alternative is accepted**.

Hypothesis $H^{5.2}$: *There is a relationship between job autonomy and effective talent management*

Table 7.8 reveals a statistically significant relationship between job autonomy and effective talent management ($p<0.01$). This means that there is a significant correlation between job autonomy and effective talent management, $r=-0.097$ and t value ($t=-2.993$). Therefore $H^{5.2}$ is **accepted**.

Hypothesis $H^{5.3}$: *There is a relationship between personal value and effective talent management*

Table 7.8 reveals a statistically significant positive relationship between personal value and effective talent management ($p<0.001$). This means that there is a significant positive correlation between personal value and effective talent management, $r=-0.110$ and t value ($t=-3.520$). Therefore $H^{5.3}$ is **accepted**.

Hypothesis H⁷: *There is a relationship between career development and effective talent management*

Table 7.8 reveals a statistically significant positive relationship between career development and effective talent management ($p < 0.001$). This means that there is a significant positive correlation between career development and effective talent management, $r = -0.285$ and t value ($t = 11.383$). Therefore H⁷ is **accepted**.

Hypothesis H⁹: *There is a relationship between employee engagement and effective talent management*

Table 7.8 indicates that employee engagement is not significantly related to effective talent management ($r = 0.026$, NS). This means that there is no significant correlation between employee engagement and effective talent management. Therefore, H⁹ is **rejected and the alternative is accepted**.

7.6.2 Findings on the second set of hypotheses

Hypothesis H¹²: *There is a relationship between effective talent management and employee retention*

Table 7.9 indicates a statistically significant positive relationship between effective talent management and employee retention ($p < 0.001$). This means that there is a significant positive correlation between effective talent management and employee retention, $r = 0.171$ and t value ($t = 4.424$). Therefore H¹² is **accepted**.

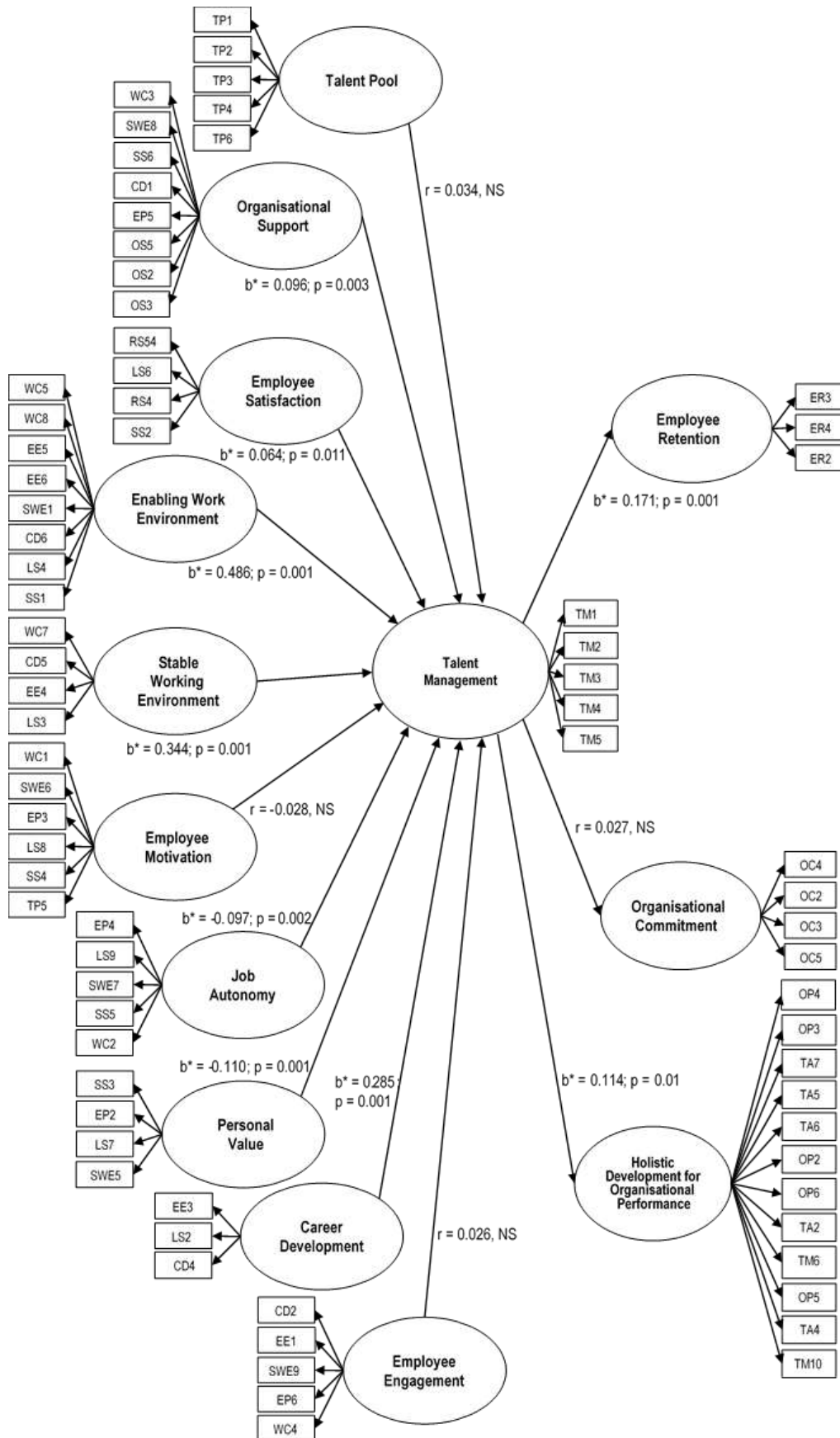
Hypothesis H¹⁴: *There is a relationship between effective talent management and organisational commitment*

Table 7.10 indicates that effective talent management is not significantly related to organisational commitment ($r = 0.027$, NS). This means that there is no significant correlation between effective talent management and organisational commitment. Therefore, H¹⁴ is **rejected and the alternative is accepted**.

Hypothesis H¹⁵: *There is a relationship between effective talent management and holistic development for organisational performance*

Table 7.11 indicates that there is a statistically weak but existent relationship between effective talent management and holistic development for organisational performance ($p < 0.01$). This means that there is a significant correlation between effective talent management and holistic development for organisational performance, $r = 0.114$ and t value ($t = 2.944$). Therefore H^{15} is **accepted**.

Figure 7.4: Summary of the results of the regression analysis



7.7 SUMMARY

This chapter provided the empirical evaluation and statistical analysis of the antecedents and outcomes of employee talent management in public institutions within the Ugandan health sector. The data collected for this study was coded and entered into an Excel spreadsheet; thereafter, the data was analysed for reliability, validity, descriptive statistics and regression using the STATISTICA (version 12) software package.

The internal reliability of the measuring instrument was measured using Cronbach's alpha; all the Cronbach's alpha values of the measuring instrument were found to be acceptable, with values of 0.60 and above. In addition, descriptive statistics was performed on the primary data in order to reduce the large amount of primary data gathered for this study into a summarised and comprehensive form – the primary data was thus presented as percentages, frequency tables, mean and standard deviations.

Thereafter, the validity of the various items was ascertained by means of factor analysis, so as to assess whether the individual items in the questionnaire are indeed separate measures of the underlying dimensions they are supposed to measure. Consequently, the exploratory factor analysis allowed this study to take on talent pool, organisational support, employee satisfaction, enabling work environment, stable working environment, employee motivation, job autonomy, personal value, career development and employee engagement as the independent variables for the study, with talent management as the mediating variable, and holistic development for organisational performance, organisational commitment and employee retention as the dependent variables in this study. Furthermore, in this chapter, an evaluation of the influence of the independent variables on the dependent variables specified in the hypothesised model was done through multiple regression analysis.

The results from the regression analysis were utilised as the basis for accepting and rejecting the hypotheses. For the first set of hypotheses, the accepted hypotheses include the relationships between independent variables (organisational support,

employee satisfaction, enabling work environment, stable working environment, job autonomy, personal value, career development) and effective talent management. The rejected hypotheses include the relationships between talent pool, employee motivation and employee engagement. For the second set of hypotheses, the accepted hypotheses include the relationships between the mediating variable (effective talent management) and the dependent variables (employee retention, holistic development for organisational performance), while the rejected hypotheses include the relationship between the mediating variable (effective talent management) and the dependent variable (organisational commitment).

In the next chapter of this study, Chapter Eight, the empirical findings and the managerial implications will be explored. The chapter will also provide recommendations that are relevant to this study. In addition, a brief synopsis of the chapters of the study and conclusions on research problem will be presented. Furthermore, the chapter will also highlight the limitations of the study and suggested areas for research.

CHAPTER EIGHT
MANAGERIAL IMPLICATIONS, SUMMARY, CONCLUSIONS
AND RECOMMENDATIONS

8.1 INTRODUCTION

Chapter Eight presents a summary of the empirical findings of the study, as highlighted in Figure 8.1 below, and the managerial implications thereof, in order to provide recommendations that are in line with this research. In addition, this chapter presents a brief synopsis of the chapters of the study, the conclusions drawn in relation to the research problem, as well as the limitations of the study. Moreover, suggested areas for future research are presented in this chapter. It is important to note that the primary objective of this study was to identify the factors that contribute to, and the benefits of, effective employee talent management in public institutions within the Ugandan health sector.

8.1.1 Brief synopsis of the chapters of the study

Chapter One provided a discussion of the background of the study, the problem statement, the purpose and significance of the study, the primary and secondary objectives of the study, as well as the research questions and hypotheses driving the study. The primary objective of this research was to identify the factors that contribute to, and the benefits of, effective employee talent management in public institutions within the Ugandan health sector. The Strategic Talent Management Model, Talent Management Model, Conceptual Model of Intent to Stay and Talent Management Framework Model, all of which support the study, were also highlighted in the introductory chapter.

Furthermore, Chapter One described the proposed theoretical model for the talent management of employees in the health sector; this model entailed the independent, mediating and dependent variables in the hypothetical model, as explained in the literature review. The independent variables included organisational factors (talent pool, organisational support, reward system, work conditions, and social and work

environment), management factors (leadership style, career development, supervisor support) and personal factors (employee engagement, employee personality). The mediating variable (effective talent management) was also briefly explained in this chapter. The chapter also highlighted the dependent variables of effective employee talent management, which include talent attraction, organisational performance, employee retention and organisational commitment. In addition, the introductory chapter included an outline of the research design and methodology employed in the study, the delimitations of the study, a review of prior research relevant to the study, the structure of the study, as well as its research framework and the proposed budget.

Chapter Two described the health sector environment in Uganda. A brief overview of the structure and components of Uganda's health sector, and its facilities, was provided in this chapter. Other aspects discussed in Chapter Two include the developments within the Ugandan health sector, and the contributions of the health sector in Uganda. In addition, the chapter offers an outline of the challenges faced by the Ugandan health sector and a discussion of the global context of healthcare systems.

Chapter Three explored theoretical perspectives on talent management, with a focus on theories pertaining to the variables of the study, these theories are Trait and Factor Theory, Institutional Theory and Psychological Contract Theory. This study focused on Human Capital Theory, Vroom's Expectancy Theory, Organisational Support Theory, Institutional Theory and Leader-Member Exchange Theory as the theories that guided this study on employee talent management in public institutions within the Ugandan health sector.

Chapter Four presented a discussion of talent management in public institutions within the health sector. This chapter explored approaches to, as well as the elements, systems and role of talent management. In addition, the chapter provided a review of the literature on the challenges of talent management in various countries.

Chapter Five interpreted and discussed the hypothetical model of the study. This chapter also focused on the research findings of each variable from various studies in order to justify the hypothesised model and, thus, put the study into perspective. The modelled influences and outcomes of effective talent management in public institutions within the Ugandan health sector were deliberated upon in this chapter. More specifically, the model incorporated factors that influence effective talent management, such as talent pool, organisational support, reward system, work conditions, social and work environment, leadership style, career development, supervisor support, employee engagement and employee personality. Further, the outcomes of effective talent management in the model are discussed in this chapter, namely, talent attraction, employee retention, organisational performance and organisational commitment.

Chapter Six explored the research design and methodology employed in this study in detail. The research methodology and design, research paradigm, sampling and data collection methods used in the study were explained in this chapter. In addition, the questionnaire design, the criteria for evaluating the measuring instrument, and the pretesting of the measuring instrument were elaborated upon as part of this discussion. Finally, the chapter provided a discussion of the data analysis employed in the study, as well as the ethical considerations pertinent to the study.

Chapter Seven details the empirical evaluation of the results drawn from the analysis of the data collected for this study. Specifically, the chapter highlights the results of the reliability, validity, descriptive and multiple regression assessments employed in the study. The chapter also highlights the empirical evaluation and analysis of the influences and outcomes of employee talent management in institutions within the Ugandan health sector.

This chapter provides an interpretation of the empirical findings of the study, and discusses the managerial implications thereof. Chapter Seven also outlines the limitations of the study. The empirical results show that effective talent management is influenced by an enabling work environment, a stable working environment, job

autonomy, personal values, career development, organisational support and employee satisfaction. Further, effective talent management influences employee retention and holistic development for organisational development, but it does not influence organisational commitment.

8.1.2 Conclusions on the research problem of the study

In this study, the literature review and empirical results were explored to address the following research problem:

- *The limited intervention in respect of talent management literature related to the antecedents that can attract and retain talent in public institutions within the Ugandan health sector.*

Many of the studies on talent management in Uganda, as discussed in this study, were carried out in other sectors rather than in the country's health sector. For instance, a study by Balyejjusa (2014:5) was carried out amongst teachers and student leaders in order to enhance talent attraction, talent development and talent retention. In order to achieve this, the study recommended that teachers remain conscious of their conduct. It was recommended that schools strengthen relationships at work, and that a favourable environment, with characteristics such as painted classrooms and comfortable furniture, is provided. The study also recommended that further research be conducted in order to ascertain other factors that could enhance talent management (Balyejjusa, 2014:74).

In addition, a study carried out by Kasekende, Byarugaba and Nakate (2013:41), amongst teachers from primary schools in Kampala District, noted that talent management can be improved in terms of employee satisfaction and retention. This study emphasised that, in order to develop efficiency and retain talent, employees need to gain satisfaction at work; this can be done when organisations improve the attitudes, perceptions and judgment of their employees.

Miir, Azam, Mohamad and Mohd's (2017:13) study of talent management amongst university staff from six universities in the Central Region of Uganda emphasised that, in order to achieve talent management, support must be offered to staff members through professional development, in conformity with organisational strategy. Moreover, it was suggested that universities institutionalise talent management strategies such as identification, development, culture and retention, which helps staff perform beyond organisational expectations. Furthermore, Kakumba and Fennell (2014:197) found that, in order to retain talented employees amongst top officials in Uganda's local government, organisations should hire talented employees through a clear, independent and merit-based recruitment and selection exercise; in addition, they should offer fair and attractive rewards, while also monitoring and managing the performance of individuals and teams at different levels.

Studies pertaining to employees in the Ugandan health sector environment focused on individual aspects such as, rewards, employee satisfaction, commitment and the performance of health workers – however, these studies did not focus on talent management as a whole (Matsiko, 2010:7; Vareilles, Pommier, Kane, Pictet & Marchal, 2015:1; Rockers *et al.* (2011:1); Maniple, 2015:24; Turinawe, 2011:3; Lutwama, Roos & Dolamo, 2013:1). For example, Akullo (2018:15) focused on health policy interventions, organisational performance and organisational commitment. Akullo's (2018:83) study recommended that policies on effective recruitment, remuneration, reward and incentives, such as promotions and hard-to-reach allowances, together with management practices which include extensive training and job design, should be adopted and implemented in order to enhance organisational performance.

Moreover, Kajungu and Mugisha (2015:10) found that increasing pay levels, merit pay and allowances that are comparable in the labour market were critical to the retention of health workers. It was found that health workers under such circumstances become more stable in the job as opposed to looking for better opportunities elsewhere. As such, the study recommended the timely promotion of employees, the redesign of

allowances, as well as the implementation of pay policy reforms and structures that could increase the retention of health workers.

In addition, a study by Nabirye (2010:7) focused on employee satisfaction and organisational performance amongst hospital nurses in Kampala City. The study recommended that, in order to improve employee satisfaction, organisational performance and offer quality healthcare to patients, these organisations need to assess their work environment and personal characteristics, have good communication at work, and recognise employees for excellent work. Also, it is recommended that nursing leaders advocate for better working conditions such as better pay, fringe benefits, the provision of adequate resources, hiring more nurses so as to reduce work overload, and implement better promotion policies which would improve job satisfaction amongst nurses. Appointed nurse managers and other managers in healthcare settings should be trained in management in general, and in human resource management specifically, in order for them to be able to address these work-related issues.

A study conducted by Brunie *et al.* (2014:103), amongst community health workers from family planning programs in Uganda, focused on factors that motivate community health workers in Uganda. The study explores the performance and retention of community health workers; it recommended that the provision of a means of transport, such as a bicycle, would alleviate transport challenges. In addition, the study recommended that organisations within the health sector should provide community health workers with supplies that are relevant to their work. The study also recommended that accountability, to both the community and the health structure, should be reinforced. Furthermore, the study suggests that, in order to motivate community health workers, the contributions they make to service statistics should be displayed and recognised by organisations.

Although several studies have been carried out on the topic of talent management, for example, see the work of Kakumba and Fennell (2014) as well as Kajungu and Mugisha (2015), no study appears to have investigated the antecedents of talent management

that can attract and retain talent in public institutions within the Ugandan health sector. This gap in the available literature is what this study intends to fill by carrying out research within the Ugandan context and, more specifically, in public institutions, with the aim of identifying the antecedents and the outcomes of effective talent management amongst employees in public institutions within the Ugandan health sector. Therefore, this study is the first of its kind in Uganda, since it focuses on the antecedents and outcomes of effective talent management amongst employees in public institutions within the Ugandan health sector.

- *The benefits of effective employee talent management in public institutions within the Ugandan health sector*

Attempts to investigate the research question were answered by both the literature review and the empirical results of the study. Organisations in various sectors and countries, such as Uganda, face significant challenges pertaining to the management of talented employees. Based on the literature review and the empirical findings of this study, it is evident that talent management is reflected in organisations that can align their talent programmes with the needs required by their available positions. This is supported by the work of Mathew (2015:149). In addition, it became apparent that the organisations under investigation did not have adequate talent pools that can be used to unearth the hidden exceptional potential of their employees. There was no evidence of existing systematic succession plans that could enable employees to effectively perform roles that have traditionally been reserved for managers or senior staff. Hence, organisations should foster professional growth and development, and facilitate the development of work-related competencies amongst their employees.

It is possible that talent management can result in holistic development for organisational performance. Organisations within the health sector did not coach employees in individual career planning. In addition, the process of evaluating and communicating performance feedback was not made clear to the employees, however, this was important for the attraction of talent, as supported by the work of Ahammad, Glaister, Sarala and Glaister (2018:6). Further, there were problems with the reward

package and workplace relationships. Consequently, it was determined that organisations need the interdependence of activities so as to enhance productivity, innovation, quality of services and the speed of adoption of new technology. This notion is supported by the work of Viitamo (2014:20) as well as that of Roghanian, Rasli and Gheysari (2012:550).

Based on the available literature and the empirical findings of the study, talent management can also result in organisational commitment. This notion is supported by Vural *et al.* (2012:340) and Malkawi (2017:80).

The empirical findings of this study indicate that talent management does not influence organisational commitment in institutions within the health sector. This implies that employees are not willing to put in any effort, beyond what is normally expected of them, in order to help public institutions within the health sector to successfully meet their organisational goals. Employees also indicated that they do not care about the fate of public institutions within the health sector. According to Parand, Dopson, Renz and Vincent (2014:1), this could be attributed to a number of reasons: general concern regarding poor administration support from staff, which contributes to poor health systems, compromised service delivery and low morale amongst employees in public institutions within the health sector. Moreover, Ayebazibwe (2013:1) found that enrolled professionals have left Uganda; this, together with the resultant staff absence, has contributed significant challenges related to the lack of effective talent management in government health facilities. The failure to achieve organisational commitment could be the result of employees' exposure to stressful conditions such as a lack of support from their supervisors, unrealistic workloads and conflicts within these public institutions; Bhatti, Bhatti, Akram, Hashim & Akram (2016:029) support this notion. Thus, Ingram and Glod (2016:340) postulate that, for many institutions in the health sector, a competent, committed and engaged workforce is essential to organisational success.

Anwar ul Haq, Jindong, Hussain and Anjum (2014:18) indicate that organisational commitment can be achieved when organisations provide promotional opportunities,

attractive and fair rewards, and create an environment in which employees are supported at work, such as in the health sector. Hence, employees care for, and feel a sense of moral obligation to remain committed to, an organisation that they consider the best of all possible organisations for which to work due to its effective talent management practices and systems.

Also, empirical findings of this study showed that talent retention includes problems such as the lack of adequate succession plans in place in order to manage employee retirement. In addition, the employees in the health sector of Uganda do not see a future for themselves regarding promotion to higher positions within their organisations. Therefore, organisations need to boost talent retention through succession planning and the provision of work that inspires satisfaction amongst employees. This notion is supported by Nasir and Mahmood (2016:182).

Conclusively, the literature and empirical results of this study were able to ascertain the benefits of effective talent management amongst employees in public institutions within the health sector; these benefits include the attraction, commitment, retention and performance of employees. Therefore, the collection of primary data from different hospitals and health centres in Uganda successfully provided answers to the research questions.

8.1.3 Presentation and conclusions on the research questions of the study

Table 8.1: Conclusions to the research questions of the study

Research questions	Attempts made / conclusions
RQ1: Does a restricted talent pool influence effective talent management?	<p>Previous scholars such as Uusi-Autti (2011:9), Iles <i>et al.</i> (2010:181) and Beheshtifar and Kamani-Fard (2013:307) have indicated that the talent pool has an impact on effective talent management, which means that the ability of an organisation to find talented people to fill the talent pool is key to effective talent management.</p> <p>However, the findings of this study indicate that the</p>

	restricted talent pool does not influence talent management in public institutions within the health sector.
RQ2: Does the support of colleagues and management influence effective talent management?	<p>Employees tend to feel that they are appreciated and valued when an organisation offers the necessary support through colleagues and management; this notion is supported by Colakoglu <i>et al.</i> (2010:126). Eisenberger <i>et al.</i> (2016:4) further suggest that employees in supportive organisations are likely to contribute to organisational performance and commitment.</p> <p>This is in line with the current study, which found that the support of colleagues and management has an influence on effective talent management. This means that employees will stay and perform well in organisations that consider their goals and values, and which allow them to carry out their jobs in a suitable manner. Healthcare employees are specially trained individuals who are expected to use their skills for the benefit of their clients, by rendering satisfactory healthcare services. It is thus indicated in this study that acknowledgement and high support in the rendering of satisfactory healthcare services is important in enhancing effective talent management in public institutions within the health sector.</p>
RQ3: Do reward systems impact upon talent management?	<p>Employees receive a combination of financial and non-financial rewards such as salaries, wages, incentives, bonuses, housing, mentoring, job security, leave, recognition and promotions in exchange for the work they do (Kikoito, 2014:48). Studies carried out by Allisey <i>et al.</i> (2016:663), Mangusho <i>et al.</i> (2015:196) and Wiley and Lake (2014:223) affirm that a reward system influences effective talent management. This means that the morale and performance of an employee may be boosted upon receipt of quality and competitive rewards such as a pay raise, a bonus and/or a promotional opportunity. This notion is supported by Mehmood <i>et al.</i> (2013:6), Rudge (2011:6) and Azzone and Palermo (2011:91).</p> <p>The empirical results of the current study reveal that employee satisfaction has a significant impact on talent management. Therefore, management should put the</p>

	regular and systematic adoption of policies regarding rewards, compensation and promotional opportunities in place, together with the positive recognition of talented employees and professionals in the work environment, as these factors contribute to employee satisfaction.
RQ4: Does social and working environment promote effective talent management?	<p>Various researchers such as Au and Ahmed (2016:796), Coupaud (2017:95) and Kretsos and Livanos (2016:25), maintain that the social and work environment may promote effective talent management.</p> <p>However, the results of this study point out that health sector employees and professionals are committed to their work as long as their work environment is enabling and stable; this finding supersedes the social aspect of the health environment. Therefore, in order to effectively manage a talented and proficient workforce, management needs to: create a conducive environment in which employees are provided the requisite space to do their work; have access to sufficient work materials; and are treated with respect in public institutions within the health sector.</p>
RQ5: Does leader development and leadership style impact on effective talent management?	<p>In organisations, the leader's behaviour and attitude as well as his/her skills, knowledge and experience gained through development, explain the quality of governance and supervision (Iqbal <i>et al.</i>, 2015:4). Lin <i>et al.</i> (2015:2) and Gonos and Gallo (2013:167) indicate that the nature of the leader's approach, manner, outlook and attitude impact effective talent management.</p> <p>However, the findings of this study indicate that the leader's development and leadership style do not impact upon effective talent management. Thus, the leader's development and leadership style does not promote effective talent management in public institutions within the health sector.</p>
RQ6: Does career development promote effective talent management?	Employees appreciate working in organisations that allow them to access opportunities for advancement, particularly those that allow for the achievement of their individual goals. This notion is supported by Osibanjo <i>et al.</i> (2014:68). Various researchers, such as Jusuf <i>et al.</i>

	<p>(2016:8), Oladapo (2014:19), Njeri (2013:41), Mehdiabadi and Li (2016:263), Saleem and Amin (2013:203) and Nobarieidishe <i>et al.</i> (2014:1116), affirm that career development may promote effective talent management.</p> <p>These views are in line with the findings of this study, which implies that career development promotes effective talent management. Thus, organisations that encourage employees to assess their abilities and interests in order to match these to their career needs and goals, and which enable employees to take advantage of opportunities for personal development and growth, may boost employee morale and lead to them staying with the organisation. Career development thus has the ability to promote effective talent management.</p>
<p>RQ7: Does employee engagement promote effective talent management?</p>	<p>Before employees exert any effort at the workplace, they need to be emotionally, physically and psychologically connected with their colleagues, their work and the organisation. Various scholars, such as Ferreira and de Oliveira (2014:235), Tiwari and Lenka (2016:19), Dajani (2015:138) and Yemeshvary <i>et al.</i> (2013:302), indicate that employee engagement can promote talent management; this means that employees with high levels of connection with the workplace tend to stay long and exert extra effort at work.</p> <p>In contrast, the findings of this study indicate that employee engagement is not significantly related to talent management. This implies that employee engagement does not promote effective talent management in public institutions within the health sector.</p>
<p>RQ8: Does employee personality influence effective talent management?</p>	<p>Employees think, feel and behave in varying ways within organisations, which has an impact on the way in which they perform (Emecheta <i>et al.</i>, 2016:69). A study conducted by Magnano <i>et al.</i> (2015:10) affirms that employee personality may influence effective talent management.</p> <p>The findings of the current study reveal that employee personality does not influence talent management directly,</p>

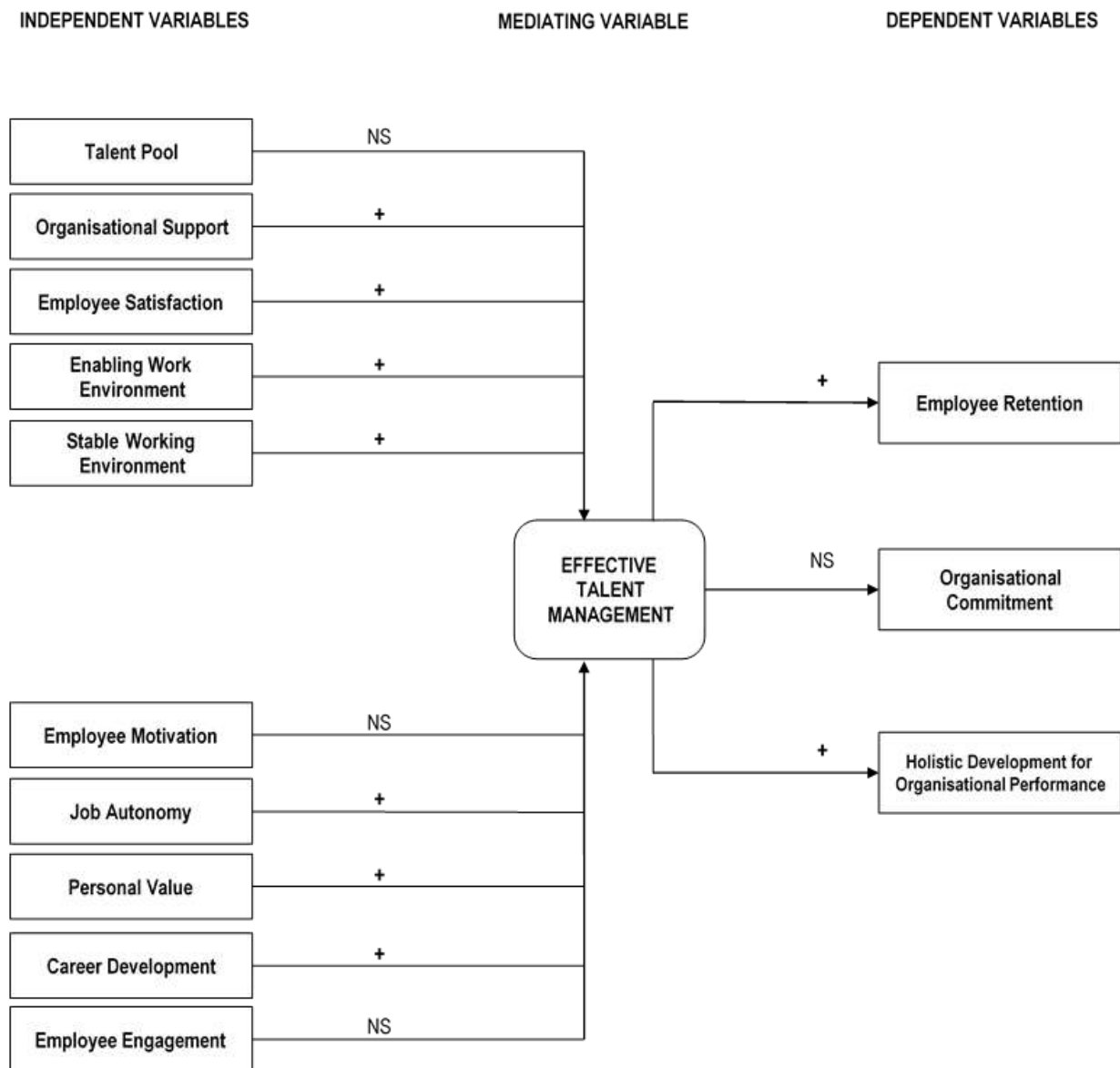
	<p>but rather influences it through employee personal values. This means that the belief regarding what is wrong and correct in the service of humanity was the founding denominator in public institutions within the health sector. Therefore, it is important for management to make an effort to understand the values of individual employees and to match employees to jobs which enhance their talent effectively.</p>
<p>RQ9: Does effective talent management impact on employee attraction and retention, organisational performance and commitment?</p>	<p>Talent attraction allows for employees to consider an organisation as the best choice when compared with other competing organisations. Numerous studies found that talent management impacts upon talent attraction. This notion is shared by Matuson (2014:42), Kheswa (2015:32) and Sathya and Indradevi (2014:202). Organisations that offer employees a manageable workload, flexible working arrangements, reasonable work space and a fair reward system will be able to attract the right talent. This is supported by Bussin and Toerien (2015:1). In addition, the presence of health and wellness programmes, and the ability to help employees establish a balance between work and family life, are likely to enable organisations to attract more talented employees than their counterparts. Moreover, talented employees can be enticed to join organisations that have an employment package which includes competitive pay, bonuses and other benefits. Effective organisations are able to recruit qualified employees by offering a well-defined career development programme and team building activities which involve other employees; this is supported by Mabaso and Moloji (2016:26).</p> <p>Thus, the current study finds that effective talent management impacts on talent attraction. The results of this study reveal that effective talent management positively influences holistic development for organisational performance through a combination of employee attraction and organisational performance in public institutions within the health sector. This implies that, when talent management is practiced effectively, it promotes holistic development for organisational performance – for instance, through a well-defined organisational structure, delivery</p>

	<p>system, successful leadership and employee commitment. This is supported by Sangomek and Ratanakomut (2010).</p> <p>The research findings of this study indicate that effective talent management positively influences employee retention in public institutions within the health sector. This means that when talent management is adopted effectively, employees are able to establish a balance between work environment, self and family life which keeps them satisfied and attached to the organisation so that they remain in its employee for longer. This notion is shared by Dormon <i>et al.</i> (2017:1), Ebuehi and Campbell (2011:1) and Das and Baruah (2013:8). In addition, enabling employees to take advantage of opportunities for personal development and growth may encourage them to stay with the organisation.</p> <p>The research findings of this study reveal that health sector employees are not committed to their organisation specifically; instead, they are committed to their job/healthcare service. However, what is important is the freedom of job autonomy that assists employees to be creative in their jobs. Healthcare training and the nature of jobs within the health sector, together with the personal values held by employees, are regarded as a more significant influence on this characteristic of health sector employees. Thus, holistic care (for employees), job autonomy and training are fundamental to effective talent management, which enhances employee commitment.</p>
--	---

8.2 SUMMARY OF EMPIRICAL RESULTS

Figure 8.1, below, presents a summary of the empirical results of this study as explored in Chapter Seven. The variables that exerted a significant influence on talent management were shown in both models, that is, Figure 7.2 and Figure 7.3 (see Chapter Seven). Employee perceptions of effective talent management in public institutions within the health sector are reflected in both models.

Figure 8:1 Empirical evaluation of the proposed influences and outcomes of effective talent management in public institutions within the Ugandan health sector



8.3 MANAGERIAL IMPLICATIONS AND EMPIRICAL FINDINGS OF THE STUDY

According to Figure 8.1, above, organisational support, employee satisfaction, enabling work environment, stable working environment, job autonomy, personal values, and career development significantly influence talent management. However, the empirical results of this study indicate that talent pool, employee motivation and employee

engagement do not influence talent management in public institutions within the Ugandan health sector.

Figure 8.1 further shows that effective talent management has a significant influence on employee retention and holistic development for organisational performance. However, the empirical findings of the study indicate that there is no relationship between effective talent management and employee commitment. This implies that talent management does not exert any influence on organisational commitment in public institutions within the Ugandan health sector.

8.3.1 Empirical findings and implications based on factors that influence effective talent management

8.3.1.1 Organisational support

In this study, organisational support is described as the mental process of evaluating the degree to which an organisation offers assistance, encouragement, appreciation, respect, care and empowerment for the well-being of its employees, as compared to other similar positions in other organisations. Giorgi *et al.* (2016:3) and Kalpana (2018:1) claim that, in order for organisations to be supportive, they must make use of job demands, job control, job involvement, and the quality of relationships between employees and the organisation. According to Bano, Vyas and Gupta (2015:358) and Nartey (2018:15), supportive mechanisms in organisations are crucial to the performance, satisfaction, commitment and retention of employees.

The empirical results of this study, as depicted in Table 7.8 (in Chapter Seven), suggest that there is a relationship between organisational support and effective talent management. This implies that, in public institutions within the health sector, employees believe that when their goals and values are considered, talent management is effectively practiced, since employees are then able to identify with their organisations. Eisenberger *et al.* (2016:4) support these findings by asserting that employees with high levels of organisational support are more compelled to view organisational goals as

their own. The empirical results of the current study further indicate that acknowledging employee contributions to the achievement of organisational objectives also enhances talent management, because this makes employees feel appreciated and valued.

Based on the empirical findings of this study, health sector employees believe that receiving guidance from a mentor or supervisor, when completing new/difficult tasks, enhances an organisation's ability to manage talent as it allows for improvement and personal development. The research findings further reveal that when employees are offered opportunities to do a variety of tasks, make plans and follow through with them, talent management is effectively practised in public institutions within the health sector. In addition, the study findings also reveal that talented employees appreciate working in organisations in which their abilities, interests, career needs and goals are assessed. More so, it was found that employees believe that solving problems creatively influences talent management since this creates new opportunities that could help employees realise their full potential. It was also revealed that talent management is effectively practised in public institutions within the health sector when supervisors play an active role in the career development of their employees, as employees feel supported when they are given access to learning opportunities. It can therefore be concluded that organisational support positively influences the talent management of employees.

8.3.1.2 Employee satisfaction

Employee satisfaction refers to the mental state pertaining to the level of fulfilment of the needs, wants and desires of an individual in an organisation (Deshpande, Arekar, Sharma & Somaiya, 2012:618). Moreover, Osemeke (2016:83) describes employee satisfaction as a psychological perception of how pleased an employee is with the aspects of their position in the organisation as well as the organisation's policies. For the purpose of this study, employee satisfaction has been described as a subjective value judgment that concerns the extent to which an individual in an organisation is content that their needs, wants and desires pertaining to their job, position in the organisation and work environment are fulfilled, as suggested by Sageer, Rafat and

Agarwal (2012:32). The organisation needs to acknowledge that employees usually compare what they want to receive with what is actually received (Odubaker, 2016:70). Therefore, organisations need to create opportunities that can fulfil the needs, wants and desires of their employees. Myskova (2011:101) maintains that employee satisfaction boosts commitment, retention, productivity, teamwork, long-term stability and competitiveness.

The empirical results of this study, as depicted in Table 7.8 (in Chapter Seven), found that there is a weak but existent relationship between employee satisfaction and effective talent management. This implies that employees in the health sector believe that employee satisfaction influences talent management. Previous research indicates that employee satisfaction is linked to talent management (Frederiksen, 2016:21). The empirical findings of this study reveal that the presence and implementation of regular and systematic financial policies pertaining to salary increment and other monetary benefits effectively influence the management of talented employees in public institutions within the health sector. Consequently, organisations should adopt regular and systematic policies pertaining to matters such as promotion, reward and compensation. This suggestion is supported by the work of Akhtar, Aamir, Khurshid, Abro and Hussain (2015:251) as well as that of Osibanjo, Adeniji, Falola and Heirsmac (2014:65).

In addition, the empirical findings indicate that employee talent is effectively managed when health sector employees are offered satisfactory promotional opportunities. Furthermore, the research findings reveal that employees in the health sector prefer minimal input from management, as opposed to having managers who dominate, threaten and manipulate their peers or subordinates when they are engaged in job-related tasks. The empirical findings also show that it is important for supervisors to take employee interests into account when making decisions within the health sector. This makes employees feel valued and trusted by their supervisors, and it offers them an opportunity to learn.

8.3.1.3 Enabling work environment

An enabling work environment refers to the extent to which employees perceive the systems, conditions and situations that form part of their involvement with the work itself as fulfilling (Anjum, Ming, Siddiqi & Rasool, 2018:1-2). These aspects of the work environment could include: sufficient light, absence of noise, proper ventilation, office design, working tools, workload and safety (Vervoort & Vercammen, 2015:1210). Moreover, an organisation should have opportunities for development, favourable aspects of the job, a healthy organisational culture, and it should encourage positive relationships amongst colleagues (Nguyen *et al.*, 2014:146). The combination of these aspects constitutes an enabling work environment. In this study, an enabling work environment is explained as a setting in which the systems and circumstances meet the needs of employees and make the work itself a rewarding experience.

In this study, it was hypothesised that there is a relationship between an enabling work environment and effective talent management. The empirical results depicted in Table 7.8 (in Chapter Seven) reveal a statistically significant positive relationship between an enabling work environment and effective talent management. Employees in public institutions within the Ugandan health sector believe that talent management is effective when they are placed in positions that match their capabilities and experience. Umamaheswari and Jayasree (2016:615) support this notion by maintaining that an enabling work environment helps employees to fully expose their capabilities.

The empirical findings also indicate that employees believe that the use of the relevant technology and equipment effectively influences the management of employee talent in hospitals and health centres. The empirical results further reveal that when employees are completely focused on their work-related duties and determined to give their best efforts at work each day, their talent is effectively managed in public institutions within the health sector. Furthermore, employees believe that, when management is dedicated to their professional career development, talent management is effective in public institutions within the health sector. The findings also reveal that employees in public institutions within the health sector believe that their talent is effectively managed when

management gives subordinates enough space to do their work and when managers treat employees with respect. This is supported by Msengeti and Obwogi (2015:1) and Fernandez and Worasuwan (2017:500). In addition, the empirical results of the study indicate that employee talent is effectively managed when co-workers continuously behave in a professional manner towards one another.

8.3.1.4 Stable Working Environment

A stable working environment is described as a work setting that offers a combination of physical, cultural, psychological and work conditions that can help maximise the performance, quality of care, health and wellbeing of employees (Sohn, Choi & Jung, 2016:209). In this study, a stable working environment is described as a work setting that offers a combination of conditions such as social ties, participatory decision making, resources, and which have the ability to enhance positive outcomes such as performance, quality of work, loyalty and employee wellbeing.

In this study, it was hypothesised that there is a relationship between a stable working environment and effective talent management. The empirical results depicted in Table 7.8 (see Chapter Seven) reveal a statistically significant relationship between a stable working environment and effective talent management. The findings further indicate that talent management is effective when employees work in an organisation in which there is stability as well as clear and transparent recruitment policies and procedures, together with training opportunities that allow employees to realise their full potential. The work of Okeke-Uzodike and Subban (2015:26), Jehanzeb and Bashir (2013:243) and Chen (2014:356) support these findings.

The findings further reveal that, when employees in public institutions within health sector work in an atmosphere that enables them to adapt quickly to difficult situations, talent management is effectively practiced. Smith, Hviid, Frydendall and Flyholm (2013:4999) support this finding by maintaining that an organisation is expected to make a stable working environment an incentive for employees to enter and remain in the organisation.

The empirical findings also reveal that, when management in public institutions within the health sector invest in opportunities for work-related training, the management of talented employees is effectively accomplished. The study findings further reveal that when management gives orders to – and clarifies procedures for – employees, the management of talented employees is effectively practiced.

8.3.1.5 Job Autonomy

Riisgaard, Søndergaard, Munch, Le, Ledderer, Pedersen and Nexøe (2017:191) as well as Thompson and Prottas (2005:104) describe job autonomy as the degree to which the job offers considerable liberty, providing freedom and choice to individuals in scheduling their work. In this study, job autonomy is described as the extent to which freedom, accountability, authority and responsibility are offered to employees, upon getting access to opportunities and resources that can help them schedule and accomplish the requisite tasks. Riisgaard *et al.* (2017:191) and Noorman and Johnson (2014:2) support this notion by maintaining that particular aspects of job autonomy, such as flexible scheduling at work and the freedom to make decisions, are associated with the successful execution of their tasks.

In this study, it was hypothesised that there is a relationship between job autonomy and effective talent management. As indicated in Table 7.8 (see Chapter Seven), the empirical results of the study reveal a statistically significant negative relationship between job autonomy and effective talent management in public institutions within the health sector. The study findings reveal that employees in the health sector believe that they are restricted from making decisions on how to carry out their duties and they are not permitted to work flexible hours. The empirical findings further infer that management regards employees as not having sufficient competence levels in order to perform their duties. The research results also indicate that employees feel that they do not have access to the resources required to perform their duties. Talent management is effectively practiced when employees have the freedom to decide how to carry out their duties and when they are allowed to work flexible hours in order to accomplish set

goals in public institutions within the health sector. Furthermore, when management makes an effort to ensure that employees perform their duties proficiently, and when they provide employees with easy access to the resources required to perform their duties, talent management is effectively practiced in public institutions within the health sector. This notion is supported by Sia and Appu (2015:772) and Saragih (2015:203), who maintain that freedom of access to information, opportunities and resources can help employees in the accomplishment of tasks. Furthermore, the results of this study suggest that employees in public institutions within the health sector believe that they always work under pressure, therefore, they find themselves overwhelmed with work and cannot cope with the concomitant problems. It can thus be concluded that job autonomy is an important influence on talent management.

8.3.1.6 Personal Value

It is important to note that personal values impact upon human behaviour and help determine how an individual ought or ought not to behave or act in terms of judgments, evaluations and attitudes (Thomas, 2013:23). Employees need to have certain traits, principles, goals and standards that are perceived as useful and constructive to their respective organisations (Schwartz, 2012:3). According to Zahari (2016:13) and Timming and Johnstone (2015:157), employees who possess desirable personal values such as honesty, intelligence, creativity, kindness, confidence, courage, fairness, courtesy and passion have the ability to alter their behaviour, actions, feelings and thinking. In this study, personal value is described as the principles, goals and standards that individuals consider worthy.

In this study, it was hypothesised that there is a relationship between personal value and effective talent management. The empirical results, as indicated in Table 7.8 (in Chapter Seven), reveal a statistically significant negative relationship between personal value and effective talent management. This implies that employees in public institutions within the health sector feel that they are neither sufficiently proficient to generate solutions to problems, nor are they inspired to openly and honestly communicate their views to management. The empirical findings of the study further

indicate that employees feel that they are not allocated appropriate work space in which to perform their duties, and they lack interest in participating in decision-making processes. However, it was found that organisations feel that employees with constructive traits are those who are able to openly and honestly communicate their ideas and add value in their organisations. This is supported by the work of Irawanto (2015:159) and Saha and Kumar (2017:79). It has thus been established that personal value can influence talent management in hospitals and health centres in Uganda.

8.3.1.7 Career development

Career development is described as a continuous and progressive process of enabling individuals to move through a journey that predicts the achievement of individual and organisational goals through accessing opportunities and advancements at work (Osibanjo *et al.*, 2014:68). For the purpose of this study, career development is referred to as the process through which an organisation provides guidance on career paths in addition to the selection, assessment, assignment and development of employees in order that they become more qualified, secure, employable, change resilient, ready for promotion and are able to meet the future needs of the organisation. In addition, career development pertains to the technical, theoretical, conceptual and moral education of the employee, in relation to the requirements of the position he/she holds (Jusuf *et al.*, 2016:8).

In this study, it was hypothesised that there is a relationship between career development and effective talent management. The empirical results indicated in Table 7.8 (in Chapter Seven) reveal a statistically significant positive relationship between career development and effective talent management. This implies that, in the health sector, career development influences the talent management of employees. Furthermore, the study results reveal that employee talent is effectively managed in public institutions within the health sector when employees are allowed to take the initiative in identifying future challenges and opportunities.

The empirical findings also indicate that employees are interested in, and satisfied with, working in health sector institutions that invest in employee training and education. This

is supported by the work of Litano and Major (2016:52), who claim that organisations that invest in career development, through their leaders, are able to address learning, work and family needs as well as transitions. This notion is further supported by Dragomiroiu, Hurloiu and Mihai (2014:368) who maintain that organisations should enhance the achievements of their members through the provision of relevant training and education opportunities. Furthermore, the findings of the current study reveal that it is important for management to take a lead role in the evaluation of employee achievements, as this enhances employee talent management. It can therefore be concluded that career development positively influences employee talent management.

8.3.2 Empirical findings and implications based on employee perceptions of talent management

As discussed in Chapter Five, Armstrong (2012:130) describes talent management as those policies and practices that are used to drive the attraction, retention, motivation and professional growth of a deep, diverse pool of skilled and high potential employees who can meet the present and future human resource needs of an organisation. Therefore, for the purpose of this study, employee talent management refers to the adoption of strategies intended to attract, develop, motivate and retain productive employees.

The research findings of this study, as reported in Chapter Seven, indicate that employees feel that talent management is effectively practised when their talents are affiliated with the requirements for the currently available positions. This implies that when employees' talents meet the requirements of the currently existing positions, they are appropriately placed in these jobs. The empirical findings further reveal that employees believe that talent management is effectively implemented in public institutions within the health sector when there is a systematic succession plan to enable them to perform roles that have traditionally been reserved for managers/senior staff. As highlighted in Chapter One of this study, Farndale *et al.* (2010:163) support this finding by maintaining that talent management is important in creating high performance, competitive and sustainable organisations through value creation, proper

accountability, the provision of high quality products and services, as well as proper succession planning.

The study findings further reveal that employees believe that, when a comprehensive effort is made to facilitate the learning of work-related competencies, and when professional growth and development is fostered, talent management is effectively enhanced in public institutions within the health sector. Furthermore, the research results show that employees believe that talent management is effectively enhanced in public institutions within the health sector when there is an adequate talent pool that is used to uncover the hidden exceptional potential amongst employees. Previous studies, such as those conducted by Thunnissen and Van Arensbergen (2015:185) and Foster (2015:17), support these findings; they maintain that an organisation that intends to manage talented employees should put in place, and maintain, a talent pool that constitutes skilled and knowledgeable individuals – this will enable employees to identify with the organisation and remain positive about their future prospects.

8.3.3 Empirical findings and implications based on the outcomes of effective talent management

The key to organisational success is to attract and retain talented people (Deery & Jago, 2015:455). The empirical findings of this study suggest that the outcomes of effective talent management are: employee retention and holistic development for organisational performance.

8.3.3.1 Talent management and employee retention

In this study, employee retention is described as the ability of the organisation to create a suitable environment in order to keep quality employees satisfied and attached to the organization, and which encourages them to remain with the organisation over the long term (Das & Baruah, 2013:8).

The empirical results of this study, as depicted in Table 7.8 (in Chapter Seven), found that there is a significant positive relationship between effective talent management and

employee retention. This implies that health sector employees believe that talent management influences employee retention. The empirical results of this study reveal that employees are satisfied with their jobs when their talents are effectively managed; they thus remain with public institutions within the health sector for longer periods of time. A study conducted by Vijayalakshmi and Balanagagurunaathan (2012:2) supports this finding. The current study also found that employees believe that the implementation of adequate succession plans, as a mechanism of talent management, entices employees to stay in public institutions within the health sector for longer periods of time. The empirical findings of the study further indicate that employees are determined to continue working in public institutions within the health sector when they are offered job promotions as a mechanism of effective talent management. The work of Namusoke *et al.* (2017:60) supports this research finding. Thus, it can be concluded that effective talent management influences employee retention.

8.3.3.2 Talent management and holistic development for organisational performance

Holistic development for organisational performance entails activities in which systems, people and culture, amongst other factors, are integrated to form an organisation. In this study, holistic development for organisational performance is described as the combination of systems, people, culture and resources that are integrated into an organisation's activities in order to enhance performance. According to Al-Khouri (2010:14), a holistic approach deals with the performance of the organisational system as a whole. This is not a simple sum of individual performances but, rather, a combination of various internal and external factors (Bakotić, 2016:119). Internal factors include the individual as well as the practices, resources, systems and processes that unite for organisational performance and survival (Tsai, Edwards & Sengupta, 2010:10). Moreover, organisational performance is influenced by various factors, both internal, which the company can influence, and external, which are beyond the company's influence. The dimensions of organisational performance include ability, motivation and opportunity (Al-Khouri, 2010:13). In organisations, performance is measured through productivity, profit, employee turnover, employee accidents, and customer satisfaction;

this results in ascertaining problems within these processes, such as those activities that do not add value to the organisation (Argyropoulou, 2013:44). Holistic development for organisational performance is enhanced by organisational structure, leadership, employee commitment, delivery systems and marketing, which are all tuned to performance (Sangomek & Ratanakomut, 2010:707). Therefore, the system looks at people and how they interact to deliver products and services.

The empirical results reported in Chapter Seven indicate that there is a weak but existent relationship between talent management and holistic development for organisational performance. This implies that talent management influences holistic development for organisational performance in public institutions within the health sector. The empirical results of this study reveal that employees in public institutions within the health sector believe that, when talent management is effectively practised, a fair reward system is offered to attract the right talent. Also, when talent management is effectively implemented, employees believe that they are attracted with a lucrative employment package. This implies that the implementation of effective talent management in public institutions within the health sector can attract successfully talented employees with, for example, competitive pay, incentive bonuses, medical aid, retirement annuity and pension benefits. The study findings further indicate that when talent management is effectively practised in public institutions within the health sector, employees become aware of well-defined career development, health and wellness programmes that are offered for their benefit; this implies that management is determined to implement effective talent management in order to attract and recruit qualified employees, and it shows that they care about the wellbeing of their employees. Based on the findings of this study it is evident that, when talent management is effectively implemented, employees believe that they are encouraged and motivated to engage in team building or other social networking activities involving other employees in public institutions within the health sector. Gittell, Seidner and Wimbush (2010:503) support these findings.

The research results indicate that employees in public institutions within the health sector believe that productivity levels, the number of innovations and the speed of adoption of new technology increase when talent management is practiced. Sangomek and Ratanakomut (2010:707) support these findings. This implies that the implementation of talent management leads to an improvement in deliverables and the quality of services offered by public institutions within the health sector. Gavrea, Ilieş and Stegorean (2011:286) support these findings. The study findings further report employee perceptions that effective talent management includes a clear process of evaluation, and communicating feedback on how employees perform their job; employees also believe that it includes being coached in individual career planning. Moreover, management is proficient in building strong relationships with employees, which leads to excellent outputs.

8.4 RECOMMENDATIONS REGARDING FACTORS THAT INFLUENCE TALENT MANAGEMENT IN PUBLIC INSTITUTIONS WITHIN THE UGANDAN HEALTH SECTOR

8.4.1 Organisational Support

Based on the findings of this study, it can be concluded that there is an existent relationship between organisational support and effective talent management. Therefore, public institutions within the health sector need to effectively manage talented employees by offering them support. Thus, it is recommended that the management of these institutions:

- provide the necessary assistance, encouragement, appreciation, respect, care and empowerment for the well-being of employees.
- consider the different financial, emotional, moral and psychological needs of employees.
- consider and support the goals, values and opinions of employees by providing them with opportunities for career development and promotion, etcetera.
- acknowledge, encourage and recognise the hard work and contribution of each employee, in order for employees to feel appreciated and valued.

- provide mentorship and guidance programmes such as job shadowing, monthly meetings, or mentorship sessions that can assist employees in reaching their full potential.
- create a healthy and safe environment with facilities such as rest rooms, properly maintained equipment, enough room space and a clean work place that can encourage employees to enjoy their work.
- identify, recognise and assess the abilities, interests, career needs and goals of employees in order to ascertain their strengths and weaknesses.
- identify and allow individuals to solve problems creatively, in innovative and imaginative ways, in order to improve chances of managing talented individuals in organisations.
- support employees by allowing supervisors to actively take part in the career development of employees, because, the success of talent management is improved when organisations make significant efforts to support their employees at work.

8.4.2 Employee Satisfaction

Based on the findings of this study, it can be concluded that there exists a significant relationship between employee satisfaction and effective talent management. Therefore, organisations need to manage talented employees by ascertaining and fulfilling their employment needs, wants and desires, as well as those related to their position and work environment, so that they are gratified with their job performance. Thus, it is recommended that for employee satisfaction, so as to promote the effective talent management of employees in public institutions within the health sector, management should:

- promote the presence of regular and systematic financial policies, such as activities and decisions on salaries, benefits and allowances, in order to satisfy employees, which will enhance talent management.
- provide clear, transparent and efficient policies on remuneration, performance, evaluation and retention, since this has a bearing on employee satisfaction.
- provide talented employees with opportunities for promotion to positions of greater responsibility and authority, as this is an opportunity for career advancement.

- ensure that their input is minimal, and take the employee interests into account in order to make sound decisions and improve operations, which would lead to employee satisfaction.

8.4.3 Enabling work environment

Based on the findings of this study, it can be concluded that there is a significant relationship between an enabling work environment and talent management. Organisations thus need to create an enabling work environment that would make for a more rewarding work experience, which would allow for effective talent management. Accordingly, it is recommended that management:

- provide a work space that is safe, free from noise and has sufficient lighting.
- cultivate a culture of participation in decision making pertaining to issues such as career and organisational growth, which can drive creativity and innovation.
- focus on potential, and not only on performance, by matching individuals with the suitable positions that could expose their capabilities and potential. This can be done by providing employees with the requisite skills, tools and technology to carry out tasks and fulfil the responsibilities inherent in these positions.
- help employees plan their career transitions and growth, which includes providing career opportunities that are in line with employee passions and interests.
- trust and respect the decisions made by employees.

8.4.4 Stable Working Environment

Based on the results of this study, it can be concluded that a significant relationship exists between a stable working environment and talent management. Therefore, organisations need to expose employees to a stable working environment that can enhance employee well-being and become a source of competitive advantage for organisations. In this respect, it is recommended that management in public institutions within the health sector:

- provide clean and comfortable work surroundings, recognise and reward performance, respect work/life balance and mitigate instances of workplace bullying, harassment and discrimination.

- make employees comfortable by encouraging open communication.
- prepare a stable and pleasant workplace for employees as they carry out their duties, such as providing job security at work and designing clear work rules and policies that can guide the practice of employees on employment issues including, work hours, leave, vacation time, holidays and overtime.
- offer training related to the accomplishment of tasks, and focussing on matters such as health and safety, data protection, and so forth.
- be proactive and adapt to both short and long-term changes in methods, technologies and organisational structure in order to succeed in managing talented employees.
- adapt to changes and promote employees' ability to adapt to change, which can be done through training.

Therefore, organisations should prioritise keeping their employees happy and comfortable at work in order to accomplish organisational goals and maintain a competitive advantage within the industry. This means that when employees believe their workplace to be a stable working environment, talent management will be achieved.

8.4.5 Job Autonomy

Based on the findings of this study, it can be concluded that there is a significant negative relationship between job autonomy and talent management. This implies that job autonomy can be an important influence on talent management in health sector institutions if it is positively facilitated and monitored. Therefore, organisations need to offer job autonomy in terms of offering employees the freedom to carrying out tasks that would allow for their talents to be effectively managed in public institutions within the health sector. In light of this, it is recommended that management:

- provide employees with access to information and resources that are relevant to the accomplishment of their duties.
- grant employees authority and responsibility at work, which can enable them to realise their potential and contribute to their performance.

- encourage employees to schedule their work and determine how to do it, for example, deciding how to carry out shifts, work together and allocate tasks themselves.
- have flexibility in their work arrangements and appreciate employees who are flexible at work; this includes working hours, expectations, responsibilities, tasks and responses to change.
- appreciate and recognise employees who have the ability to remain calm under pressure, cope with problems and overcome setbacks.

More so, for talent management to be improved, it is important that employees see that their organisations consider them to be competent, with the right skills and knowledge to carry out their assignments.

8.4.6 Personal Value

Based on the findings of this study, it can be concluded that there is a significant negative relationship between personal value and talent management. This implies that public institutions within the health sector should be able to determine the personal value of each employee so as to identify employees who have the desirable attitudes and intentions, for the enhancement and effective management of their talent.

Accordingly, it is recommended that management:

- appreciate personal values in terms of understanding the principles, goals and standards that individuals consider worthy, in order to promote their talent.
- encourage employees to participate in decision making and to openly communicate their ideas.
- appreciate employees who are innovative, adaptive to change and open and honest while communicating.
- recruit and retain individuals who possess desirable and productive traits such as reliability, loyalty, commitment, honesty, efficiency, open-mindedness and proactiveness.
- identify individuals who have the potential to make better decisions and generate original solutions, in order to improve talent management.

- understand the values of individual employees and match each employee to a job that suits his/her personal values.
- create socialisation opportunities that can improve the fit between job tasks and the organisation.
- invest in training and development so as to inculcate appropriate and sound values in employees.
- allocate an appropriate space for employees in order that they are motivated to change their attitudes and intentions towards organisations.
- build and nurture personal values by rewarding positive behaviours, and create a conducive environment that is characterised by open communication and feedback as well as furnished, well-lit, comfortable and equipped work spaces.
- manage talented employees by enriching and modifying the values of employees through job redesign, enlargement, enrichment and adherence to rules and regulations.

8.4.7 Career development

Based on the findings of this study, it can be concluded that there is a significant relationship between career development and talent management. It can therefore be inferred that, in public institutions within the health sector, talent management can be influenced by career development. Therefore, health sector institutions need to manage talented employees by identifying career development needs that can be modified through the enhancement of skills, knowledge and experience relevant to the field of health. Thus, it is recommended that management:

- coach, mentor and counsel new employees so that they are aware of, and participate in, career development efforts within their institutions.
- take an active interest in individual employees' career plans and possibilities for development.
- have one-on-one career sessions or workshops in which employees are assisted in career planning.
- prioritise investment in the training and education of all employees.

It can also be concluded that it is important for management to be the chief judge of the achievements of members of their group, which ensures effective leadership in terms of career development.

8.5 RECOMMENDATIONS REGARDING PERCEPTIONS AND OUTCOMES OF EFFECTIVE TALENT MANAGEMENT IN PUBLIC INSTITUTIONS WITHIN THE UGANDAN HEALTH SECTOR

8.5.1 Perceptions of effective talent management

Based on the findings of this study, it can be concluded that the following factors have a positive and significant influence on effective talent management: enabling work environment, stable working environment, job autonomy, personal value, career development,–organisational support and employee satisfaction. It is thus recommended that management:

- make an effort to align the positions of talented employees with organisational needs. Talent management improves when organisations integrate the goals of employees into their organisational goals, which is rewarding for both employees and the organisation.
- put in place systematic succession plans that can enable employees to effectively perform roles that have traditionally been reserved for members of management. This means that organisations are able to manage talented employees when they have the ability to deal with the changing realities of the workplace that result from the transfer, death or retirement of employees.
- facilitate and support employees to learn work-related competencies such as teamwork, responsibility, work commitment, decision making, communication and leadership.
- foster professional growth and development in order to enhance talent management in organisations.
- offer specialised training, formal education, or advanced professional learning intended to help employees to increase their levels of knowledge, competence, skill and effectiveness at work.

- recognise the role of the talent pool since it has the ability to uncover the hidden potential of employees, which is the essence of talent management.
- create and make use of a profile of employees who have the potential and ability to contribute to performance.

It can thus be concluded that talent management is important in uncovering potential and contributing to holistic development for organisational performance and the retention of employees.

8.5.2 Employee retention

Based on the findings of this study, it can be concluded that there is a significant positive relationship between effective talent management and employee retention. Therefore, it is important to create an environment that is conducive to the retention and long service of talented employees in public institutions within the health sector. As a consequence, it is recommended that management:

- create an environment that can motivate employees to view the organisation, and thereafter recommend it, as a great organisation for which to work.
- make use of strategies such as the allocation of appropriate rewards and the provision of a conducive working environment, which will cause employees to care about the fate of the organisation.
- take action in a bid to encourage employees to feel a sense of moral obligation to remain with the organisation.

Finally, talent management can be adopted as a tool that allows employees to view the organisation as the best of all possible organisations for which to work due to its favourable practices and systems.

8.5.3 Holistic Development for Organisational Performance

Based on the findings of this study, it can be concluded that a positive but weak relationship exists between effective talent management and holistic development for organisational performance. In order for better organisational performance to be

achieved, talented individuals need to manage the integrated parts of public institutions within the health sector. Therefore, such organisations need to retain, attract and maintain talented individuals who can perform well. Thus, it is recommended that management:

- explore the interests and abilities of employees, and involve them in developing career plans.
- clarify the process of evaluation, and communicate feedback to employees.
- provide quality services and appreciate employees who contribute to the quality of services offered.
- be fair, flexible and consistent in motivating employees for improved performance.
- engage with and involve employees in activities such as social networking, which can boost their performance.
- provide an attractive and comprehensive employment package that has competitive pay, bonuses, allowances and other benefits.
- design a well-defined career development programme for employees, since this can cater to the needs of individuals and would act as an incentive for the recruitment of qualified employees.
- offer counselling services and set up fitness centres that can improve the health and well-being of employees so that the organisations can register holistic development for organisational performance.
- enable employees to build strong and positive relationships with their peers and supervisors, for organisational performance.
- increase the speed of adoption of innovations, especially those related to products and technology, in order to cultivate positive employee morale and enhance performance.

Conclusively, nurses, doctors, clinical officers, and other employees, are required to contribute their skills, knowledge, competencies and expertise to the health sector. These talented employees need to work together with their interconnected systems and technology, such as medical infrastructure, machinery and equipment. As they care for patients, they take action in respect of the diagnosis and management of healthcare by

using the resources available to them for the improvement of the performance of hospitals. This promises better outcomes in terms of the treatment, diagnosis and management of patients.

8.6 CONTRIBUTION OF THE STUDY

This study has contributed to the available literature on the factors and outcomes of talent management in the Ugandan health sector. The initial empirical evidence indicated that there was a limited number of studies conducted to identify the factors and outcomes of talent management in the Ugandan health sector. The findings and scientific information emanating from this study will not only benefit Uganda, but will also provide significant insight to other countries that experience challenges related to talent management.

Based on the findings of this study, talent management promotes the importance of talented employees in the health sector by identifying the skills, knowledge, competencies and expertise they contribute to their fields. These talented employees need to work together with consistency and expertise. Therefore, job autonomy and personal values, which were found to be important factors in talent management, could be of assistance in this regard.

This study provides an opportunity for health sector authorities, management and professionals to focus on advancing focussed training, formal education and/or innovative professional learning intended to help employees in health sector institutions increase their knowledge, competence, skills and effectiveness at work.

This study also provides an opportunity for Human Resource managers and top management to implement effective talent management mechanisms by developing a well-designed and coordinated talent succession plan that can be used to enhance the development of individuals. Human Resource managers can take the initiative in developing a plan for training new executives, such as managing directors and senior managers, as old ones are replaced – the future of the organisation may very well depend on these pre-emptive measures.

Based on the research findings, talent pool does not influence talent management; however, this study has proven that it is important for health sector institutions to consider talent pool as one of the major mechanisms of talent management. Therefore, this study provides an recommends to Ugandan health sector authorities to create programs that promote the use of career fairs and internships which are important avenues for accessing employees with the right skills, knowledge, attitudes and dedication, as relevant to the accomplishment of the country's healthcare objectives. This implies that using the talent pool as a mechanism of effective talent management will enhance the recruitment and retention of talented employees in the Ugandan health sector.

Another important revelation in this study, which makes a positive contribution to the understanding of talent management, is the fact that health sector employees are committed to their jobs rather than to the organisations in which they are employed. However, a stable and enabling environment is a pre-requisite to this commitment. A well-designed conceptual model was successfully developed for this study; this model assisted in identifying the unique antecedents and outcomes pertaining to effective talent management practices in public institutions within the health sector. The related research findings will help decision makers, policy makers and management within health sector institutions to understand the unique antecedents of effective talent management of employees in the health environment, namely, organisational support, employee satisfaction, enabling environment, stable work environment, job autonomy, employee values and career development.

The recommendations of the study can be used to develop strategies to ensure effective talent management by uncovering the potential of employees, promoting the retention of talented employees, and enhancing holistic development for organisational performance in health sector institutions – this, not only in Uganda, but in other developing countries as well.

8.7 LIMITATIONS OF THE STUDY AND AREAS FOR FUTURE RESEARCH

The length of the questionnaire proved a consistent challenge despite the adaptations made to it following the pilot study. This was due to the number of variables (ten) in the study, which caused the respondents to take longer than the stipulated time to complete the questionnaire.

The study was conducted in and restricted to public institutions within the health sector in the Central region of Uganda. The targeted employees were extracted from the Central region, which is made up of populous districts and which is the only region to house Uganda's national referral hospitals. In other words, the Central region is the only region that has all types of, and highest number of, hospitals and health centres, as per the structure of the Ugandan health sector. These hospital and health centre categories include Ugandan national referral hospitals, regional hospitals, general hospitals, district health offices, urban authorities' health units and three health centres. Thus, employees from public institutions within the Central region were selected for this study as the region in which they work is the only one in Uganda to host all types of, and the highest number of, hospitals and health centres.

Based on the researcher's study experience, the geographical location has proven to be a challenge. This is specifically in regard to the distance learning, at times, due to corrections or recommendations being misinterpreted, or a number of to and fro sending of documents for clarity.

Possible areas for future research include the following: a comparative study between professionals, such as nurses of different levels or ranks, from both public and private institutions within the Ugandan health sector would offer further insights into the sector and shed light on any discrepancies between talent management in public and private institutions. Further, the study could be replicated amongst private institutions within the Ugandan health sector, or in other countries in which such a study would be more suitable to their health sector needs. Further investigation can be carried out in other sectors such as defence, education, entertainment, manufacturing in Uganda, or in other countries.

8.8 CONCLUSION

In order for organisations to manage talented employees, they need to establish an enabling work environment that is suitable to motivating employees towards performance. Organisations are expected to provide a stable working environment that can meet the needs and desires of their employees. Employees consider staying rooted to organisations that offer career development opportunities, can help employees fulfil their potential. Organisations that provide employees with enough freedom to carry out their tasks at work are making significant strides in the management of employee talent. Organisations need to ascertain and utilise information about the values and principles that employees hold, since this will help explain employee behaviours and attitudes at work, which is important to the management of employee talent. The support that an organisation provides, in terms of assistance and guidance, is guaranteed to contribute to positive behaviour within the workplace, which is important in the management of talented employees. The contentment that employees feel when their needs have been fulfilled is also important to employee talent management.

It can therefore be concluded that organisational support, employee satisfaction, an enabling work environment, a stable work environment, job autonomy, personal values and career development influence talent management. The findings of the study also reveal that the outcomes of talent management are employee retention and holistic development for organisational performance.

REFERENCES

- Ab Hamid, M. R., Sami, W. & Sidek, M. H. M. 2017. Discriminant Validity Assessment: Use of Fornell & Larcker criterion versus HTMT Criterion. *Journal of Physics: Conf. Series*, (890):1-5.
- Abadi, F. E., Jalilvand, M. R., Sharif, M., Salimi, G. A. & Khanzadeh, S. A. 2011. A Study of Influential Factors on Employees' Motivation for Participating in the In-Service Training Courses Based on Modified Expectancy Theory. *International Business and Management*, 2(1):157-169.
- Abas-Mastura, M., Imam, O. A. & Osman, S. 2013. Employability skills and task performance of employees in government sector. *International Journal of Humanities and Social Science*, 3(4):150-162.
- Abbasi, M. U., Sohail, M. & Syed, N. A. 2010. Talent Management as Success Factor for Organizational Performance: A Case of Pharmaceutical Industry in Pakistan. *Journal of Management and Social Sciences*, 6(2):74-83.
- Abdelmegeed, S. A. M. 2014. *Remainder Linear Systematic Sampling with Multiple Random Starts*. Unpublished Master's Dissertation, Oklahoma State University.
- Abduljawad, A. & Al-Assaf, A. F. 2011. Incentives for better performance in health care. *Sultan Qaboos University Medical Journal*, 11(2):201-206.
- Abdullah, I., Omar, R. & Rashid, Y. 2013. Effect of Personality on Organizational Commitment and Employees' Performance: Empirical Evidence from Banking Sector of Pakistan. *Middle-East Journal of Scientific Research*, 18(6):759-766.
- Abedi, G., Molazadeh-Mahali, Q. A., Mirzaian, B., Nadi-Ghara, A. & Heidari-Gorji, A. M. 2016. The effect of personality traits of managers/supervisor on job satisfaction of

medical sciences university staffs. *Annals of medical and health sciences research*, 6(4):239-242.

Abidin, A. Z. & Monsor, A. N. 2016. The relationship between talent management and self-efficacy from the perspective of secondary school administrators and teachers. *International conference on education and regional development*, 83-88.

Acar, P. & Yener, M. I. 2016. Theoretical Journey of Talent Management: Egalitarian and Elitist Approach. *Journal of Management, Marketing and Logistics*, 3(3):284 – 290.

Aceng, J. R. 2015. *National Village Health Teams (VHT) Assessment in Uganda*. Ministry of Health Report.

Acharya, B. 2010. *Questionnaire design*. In A paper prepared for a training Workshop in Research Methodology organised by Centre for Post Graduate Studies Nepal Engineering College in collaboration with University Grant Commission Nepal, Pulchok, 2-11.

Adams, J. W. 2011. *Examination of Inter-relationships between Psychological Contract, Careerist Orientation, and Organisational Citizenship Behaviour*. Unpublished Doctoral thesis, City University London.

Adams, J., Khan, H. T. A. & Raeside, R. 2014. *Research methods for business and social science students*. 2nd edition. New Delhi: SAGE.

Adams, S. M., Gupta, A. & Leeth, J. D. 2010. Maximizing compensation: Organizational level and industry gender composition effects. *Gender in Management: An International Journal*, (25):366-385.

Adedamola, A. F. 2016. *An Investigation into the Impact of Leadership Styles on Employee Retention: Identifying which Leadership Style best encourages Employee Retention in the Nigerian Banking Sector. A Case study of Zenith Bank Plc., Nigeria*. Unpublished Masters Dissertation, National College of Ireland.

Affum-Osei, E., Acquah, E. & Acheampong, P. 2015. Relationship between organisational commitment and demographic variables: Evidence from a commercial bank in Ghana. *American Journal of Industrial and Business Management*, (5):769-778.

African Union. 2013. *Primary Health Care and Reproductive, Maternal, Newborn and Child Health*. Draft Policy Brief for the International Conference on Maternal, Newborn and Child Health (MNCH) in Africa. Johannesburg, South Africa, 1 – 3 August, 2013.

Afsar, B. & Badir, Y. 2017. Workplace spirituality, perceived organizational support and innovative work behavior: The mediating effects of person-organization fit. *Journal of Workplace Learning*, 29(2):95-109.

Agarwal, P. 2016. *Fitting Talent Management Strategy into National Culture*. Working Paper. No. 2016-02-04, Indian Institute of Management.

Aguinis, H., Joo, H. & Gottfredson, R. K. 2013. What monetary rewards can and cannot do: How to show employees the money. *Business Horizons*, 56(2):241-249.

Ahammad, M. F., Glaister, K. W., Sarala, R. M. & Glaister, A.J. 2018. Strategic Talent Management in Emerging Markets. *Thunderbird International Business Review*, 60(1):5-8.

Ahmadi, A. A., Ahmadi, F. & Abbaspalangi, J. 2012. Talent management and succession planning. *Interdisciplinary Journal of Contemporary Research in Business*, 4(1):213–224.

Ahmed, I., Nawaz, M. M., Ali, G. & Islam, T. 2015. Perceived organizational support and its outcomes: A meta-analysis of latest available literature. *Management Research Review*, 38(6):627-639.

Ahmed, R. 2015. Employee Recruitment and Selection Procedures of NGOs in Bangladesh: A Study on BRAC. *Asian Business Review*, 2(1):24-30.

Ajala, E. M. 2012. The influence of workplace environment on workers' welfare, performance and productivity. *The African Symposium*, 12(1):141-149.

Ajmal, A., Bashir, M., Abrar, M., Khan, M. M. & Saqib, S. 2015. The Effects of Intrinsic and Extrinsic Rewards on Employee Attitudes; Mediating Role of Perceived Organizational Support. *Journal of Service Science and Management*, (8):461-470.

Akhtar, C. S., Aamir, A., Khurshid, M.A., Abro, M. M. Q. & Hussain, J. 2015. Total Rewards and Retention: Case Study of Higher Education Institutions in Pakistan. *Procedia-Social and Behavioral Sciences*, (210):251-259.

Aksoy, C. & Yalçınsoy, A. 2017. Investigation on the Relationship between Job Satisfaction, Organizational Commitment, Organizational Justice and Supervisor Support: an Application in the Health Sector. *Journal of Management Research*, 10(1):26-45.

Akullo, T. 2018. *An assessment of human resources for health policy interventions on the performance and commitment of healthcare workers in hard to reach areas of Uganda, Karamoja region: a case of Moroto regional referral hospital*. Unpublished Doctoral dissertation, Dublin Business School.

Al Ariss, A., Cascio, W. F. & Paauwe, J. 2014. Talent management: Current theories and future research directions. *Journal of World Business*, (49):173–179.

Al Mehrzi, N. & Singh, S. K. 2016. Competing through employee engagement: a proposed framework. *International Journal of Productivity and Performance Management*, 65(6):831-843.

Albdour, J. A. A. & Altarawneh, I. 2014. Employee Engagement and Organisational Commitment: Evidence from Jordan. *International journal of business*, 19(2):192-212.

Alferaih, A., Sarwar, S. & Eid, A. 2018. Talent turnover and retention research: The case of tourism sector organisations in Saudi Arabia. *Evidence-based HRM: a Global Forum for Empirical Scholarship*, 6(2):166-186.

Alford, J. & Greve, C. 2017. Strategy in the Public and Private Sectors: Similarities, Differences and Changes. *Adm. Sci.*, 7(35):1-17.

Alharbi, A. Y. 2017. Leadership Styles of Nurse Managers and Their Effects on Nurse and Organisational Performance, Issues and Problems. *International Journal of Information Research and Review*, 04(09):4516-4525.

Ali, A. Y. S, Ali, A. A. & Adan, A. A. 2013. Working Conditions and Employees' Productivity in Manufacturing Companies in Sub-Saharan African Context: Case of Somalia. *Educational Research International*, 2(2):67-78.

Alias, N. E., Noor, N. & Hassan, R. 2014. Examining the mediating effect of employee engagement on the relationship between talent management practices and employee retention in the Information and Technology (IT) organizations in Malaysia. *Journal of Human Resources Management and Labor Studies*, 2(2):227-242.

Al-Jarradi, K. S. 2011. *An Investigation into the Effectiveness of the Reward System in the Government Sector in the Sultanate of Oman and the Potential for Introducing a Total Reward Strategy*. Unpublished Doctoral thesis, University of Manchester.

Al-Khouri, A. M. S. M. 2010. *Improving Organisational Performance*. The Association on Employment Practices and Principles (AEPP), Eighteenth Annual International Conference, University of San Francisco.

Allisey, A., Rodwell, J. & Noblet, A. 2016. An application of an extended effort-reward imbalance model to police absenteeism behaviour. *Personnel Review*, 45(4):663-680.

Alnaqbi, W. 2011. *The relationship between human resource practices and employee retention in public organisations: an exploratory study conducted in the United Arab Emirates*. Unpublished Doctoral Thesis, Edith Cowan University.

Al-Omari, K. & Okasheh, H. 2017. The Influence of Work Environment on Job Performance: A Case Study of Engineering Company in Jordan. *International Journal of Applied Engineering Research*, 12(24):15544-15550.

Alpkan, L., Bulut, C., Gunday, G., Ulusoy, G. & Kilic, K. 2010. Organizational support for intrapreneurship and its interaction with human capital to enhance innovative performance. *Management Decision*, 48(5):732-755.

Alsabbah, M. Y. & Ibrahim, H. I. 2013. Recruitment and Selection Process and Employee Competence Outcome: An Important Area for Future Research. *Human Resource Management Research*, 3(3):82-90.

Alshathry, S., Clarke, M. & Goodman, S. 2017. The role of employer brand equity in employee attraction and retention: a unified framework. *International Journal of Organizational Analysis*, 25(3):413-431.

Alvi, A. K., Abbasi, A. S. & Haider, R. 2014. Relationship Of Perceived Organizational Support and Employee Engagement. *Sci. Int. (Lahore)*, 26(2):951-954.

Alvi, A. K., Haider, R. & Ali, R. R. 2013. Effect of Job Autonomy, Job Security and Employee Training on Perceived Organization Support. *Asian Journal of Empirical Research*, 3(5):576-585.

Alvi, M. 2016. *A Manual for Selecting Sampling Techniques in Research*. Munich Personal RePEc Archive.

Al-Yami, M., Galdas, P. & Watson, R. 2018. Leadership style and organisational commitment among nursing staff in Saudi Arabia. *Journal of nursing management*, 26(5):531-539.

Amendola, F., Alvarenga, M. R. M., Gaspar, J. C., Yamashita, C. H. & Oliveira, M. A. D. C. 2011. Face validity of an index of family vulnerability to disability and dependence. *Revista da Escola de Enfermagem da USP*, 45(SPE2):1736-1742.

American Society of Employers. 2018. Recruitment and Retention Survey.

Amha, D. 2011. *A Comparative Study of the Use of Reward Systems between Production and Service Sectors*. Unpublished Master's Thesis, Addis Ababa University.

Amponsah, N. Y. K. 2015. *The Impact of Perceived Organizational Politics and Job Security on Turnover Intentions among Workers of the Electricity Company of Ghana*. Unpublished Master's Thesis, University Of Ghana.

Ampoty, J. 2014. *An Investigation into the Effects of Career Development on Employee Retention at AngloGold Ash*<https://www.jumia.uganti> Limited, Obuasi Mine. Unpublished Master's Thesis, Kwame Nkrumah University of Science and Technology.

Anand, J. & Chitra, D. 2016. The Impact of E-Recruitment and challenges faced by HR Professionals. *IJAR*, 2(3):410-413.

Anand, P. 2011. Talent development and strategy at telecom major Bharti Airtel. *Strategic HR Review*, 10(6):25-30.

Andrew, D. P., Pedersen, P. M. & McEvoy, C. D. 2011. *Research methods and design in sport management*. Human Kinetics Publishers.

Andrews, M. C., Kacmar, K. M. & Valle, M. 2016. Surface acting as a mediator between personality and attitudes. *Journal of Managerial Psychology*, 31(8):1265-1279.

Anggraeni, A. I., Dwiatmadja, C., & Yuniawan, A. 2017. The role of psychological contract on employee commitment and organisational citizenship behaviour: A study of Indonesian young entrepreneurs in management action. *SA Journal of Industrial Psychology*, 1-9.

Anghel, R., Botezat, A., Coşciug, A., Manafi, I. & Roman, M. 2016. *International migration, return migration, and their effects: a comprehensive review on the Romanian case*.

Anitha, J. 2014. Determinants of employee engagement and their impact on employee performance. *International Journal of Productivity and Performance Management*, 63(3):308-323.

Anjum, A., Ming, X., Siddiqi, A. F. & Rasool, S. F. 2018. An Empirical Study Analyzing Job Productivity in Toxic Workplace Environments. *Int. J. Environ. Res. Public Health*, 15 (35):1-15.

Annakis, D., Dass, M. & Isa, A. 2014. Exploring factors that influence talent management competency of academics in Malaysian GLC's and non-government universities. *Journal of International Business and Economics*, 2(4):163-185.

Antwi, J. & Phillips, D. C. 2013. Wages and health worker retention: Evidence from public sector wage reforms in Ghana. *Journal of Development Economics*, (102):101 – 115.

Anwaar, S., Nadeem, A. B. & Hassan, M. 2016. Critical assessment of the impact of HR strategies on employees' performance. *Cogent Business & Management*, (3):1-13.

Anwar ul Haq, M., Jindong, Y., Hussain, N. & Anjum, Z. 2014. Factors Affecting Organizational Commitment among Bank Officers in Pakistan. *IOSR Journal of Business and Management (IOSR-JBM)*, 16(4):18-24.

Anyan, F. 2013. The Influence of Power Shifts in Data Collection and Analysis Stages: A Focus on Qualitative Research Interview. *Qualitative Report*, 18(36):1-9.

Appelbaum, M., Cooper, H., Kline, R. B., Mayo-Wilson, E., Nezu, A. M. & Rao, S. M. 2018. Journal Article Reporting Standards for Quantitative Research in Psychology: The APA Publications and Communications Board Task Force Report. *American Psychological Association*, 73(1):3–25.

Arain, M., Campbell, M. J., Cooper, C. L. & Lancaster, G. A. 2010. What is a pilot or feasibility study? A review of current practice and editorial policy. *BMC Medical Research Methodology*, 10(67):1-7.

Araujo, E. & Maeda, A. 2013. *How to recruit and retain health workers in rural and remote areas in developing countries: a guidance note*.

Aravamudhan, N. R. & Krishnaveni, R. 2015. Establishing and Reporting Content Validity Evidence of New Training and Development Capacity Building Scale (TDCBS). *Management*, 20(1):131-158.

Arena, M. J. & Uhl-Bien, M. 2016. Complexity leadership theory: Shifting from human capital to social capital. *People and Strategy*, 39(2):22-27.

Argyropoulou, M. 2013. *Information Systems' Effectiveness and Organisational Performance*. Unpublished Doctoral thesis, Brunel University.

Armstrong, M. 2012. *Armstrong's Handbook of Reward Management Practice: Improving performance through reward*. 4th edition. Kogan Page Limited.

Armstrong, M., Brown, D. & Reilly, P. 2011. Increasing the effectiveness of reward management: an evidence-based approach. *Employee Relations*, 33(2):106-120.

Arogundade, T. O., Arogundade, B. A. & Adebajo, O. 2015. The Influence of Perceived Organizational Support on Job Stress among Selected Public and Private Sector Employees in Lagos State, Nigeria. *Advances in Research*, 3(6):541-547.

Arshadi, N. 2011. The relationships of perceived organizational support (POS) with organizational commitment, in-role performance, and turnover intention: Mediating role of felt obligation. *Procedia-Social and Behavioral Sciences*, (30):1103-1108.

Arthur, J. L. & Kolson, M. F. 2017. Psychological contract fulfillment and its implication on performance of employees: The case of Asanko Gold Mine, Ghana. *Journal of Public Administration and Policy Research*, 9(2):17-25.

Asad, M. 2017. Breach of Psychological Contract and Quality Of Life; Psychosomatic Strain as Mediator and Power Distance as Moderator. *Jinnah Business Review*, 5(1):23-33.

Asigele, O. 2012. *The Effect of Working Environment on Workers Performance: The Case of Reproductive and Child Health care professionals in Tarime District*. Unpublished Master's Dissertation, Muhimbili University of Health and Allied Sciences.

Askarian, N. & Eslami, H. 2013. The relationship between personality traits and job performance (Case study: Employees of the Ministry of Education of Kerman). *Interdisciplinary Journal of contemporary research in business*, 5(8):322-335.

Atan, T. & Stapf, D. 2017. Positions or People—Is Talent Selection of Knowledge-Workers Determined By Exclusive Approaches? *International Journal of Economics, Commerce and Management*, 5(5):14-29.

Atefi, N., Abdullah, K. L., Wong, L. P. & Mazlom, R. 2014. Factors influencing registered nurses perception of their overall job satisfaction: a qualitative study. *International nursing review*, 61(3):352-360.

Atli, A. 2016. The Effects of Trait-Factor Theory Based Career Counseling Sessions on the Levels of Career Maturity and Indecision of High School Students. *Universal Journal of Educational Research*, 4(8):1837-1847.

Au, W. C. & Ahmed, P. K. 2016. Relationships between superior support, work role stressors and work-life experience. *Personnel Review*, 45(4):782-803.

Audibert, M., Motel, P. C. & Drabo, A. 2012. Global burden of disease and economic growth. *CERDI, Etudes et Documents*, 1-34.

Awadh, A. M. & Ismail, W. K. W. 2012. The impact of personality traits and employee work-related attitudes on employee performance with the moderating effect of organizational culture: the case of Saudi Arabia. *Asian Journal of Business and Management Sciences*, 1(10):108-127.

Awan, A. G. & Tahir, M. T. 2015. Impact of working environment on employee's productivity: A case study of Banks and Insurance Companies in Pakistan. *European Journal of Business and Management*, 7(1): 329 – 345.

Ayers, J. P. 2010. *Job satisfaction, job involvement, and perceived organizational support as predictors of organizational commitment*. Unpublished Doctoral Dissertation, Walden University.

Ayasi, R. M., Kolsteren, P., Batwala, V., Criel, B. & Orach, C. G. 2016. Effect of village health team home visits and mobile phone consultations on maternal and newborn care practices in Masindi and Kiryandongo, Uganda: a community-intervention trial. *PloS one*, 11(4):1-20.

Azasu, S. 2012. A survey of reward management practices in the Swedish real estate sector. *Property Management*, 30(5):449-464.

Azman, I., Sieng, L. L. C., Ajis, M. N., Dollah, N. F. & Boerhannoeddin, A. 2009. Relationship between supervisor's role and job performance in the workplace training program. *Analele Stiintifice ale Universitatii "Alexandru Ioan Cuza" din Iasi-Stiinta Economice*, (56):237-251.

Azzone, G. & Palermo, T. 2011. Adopting performance appraisal and reward systems: A qualitative analysis of public sector organisational change. *Journal of Organizational Change Management*, 24(1):90-111.

Babughirana, G., Muhirwe, B. L. & Kimurahebwe, C. 2016. Village Health Team Functionality in Uganda: Implications for Community System Effectiveness. *Science Journal of Public Health*, 4(2):117-126.

Babughirana, G., Tusaasire, J., Musasizi, B., Lule, M., Muhuma, M. C. & Twinomujuni, E. 2017. Utilization of the Community Health Worker Assessment and Improvement Matrix to Strengthen Village Health Team Systems in Uganda: A Case for Kitgum District. *Science Journal of Public Health*, 5(4):275-287.

Backman, M. 2013. *Regions, Human Capital and New Firm Formation*. JIBS Dissertation Series No. 086.

Baer, J. M. 2010. *European Textbook on Ethics in Research*. European Commission.

Baffoe, R. S. 2016. Challenges Faced By Small and Medium Sized Enterprises During Recruitment And Selection Of Employees Within The Madina Metropolis In The La Nkwantan/Madina Municipality Of The Greater Accra Region Of Ghana. *Global Journal of Human Resource Management*, 4(6):7-33.

Bajpai, N. 2011. *Business research methods*. India: Pearson Education.

Bajpai, S. R. & Bajpai, R. 2014. Goodness of measurement: Reliability and validity. *International Journal of Medical Science and Public Health*, 3(2):112-115.

Baker, C. R., Bédard, J. & Prat dit Hauret, C. 2014. The regulation of statutory auditing: an institutional theory approach. *Managerial Auditing Journal*, 29(5):371-394.

Bakotić, D. & Babić, T. 2013. Relationship between Working Conditions and Job Satisfaction: The Case of Croatian Shipbuilding Company. *International Journal of Business and Social Science*, 4(2):206-213.

Bakotić, D. 2016. Relationship between job satisfaction and organisational performance. *Economic research-Ekonomska istraživanja*, 29(1):118-130.

Bal, P. M. & De Lange, A. H. 2015. From flexibility human resource management to employee engagement and perceived job performance across the lifespan: A multi-sample study. *Journal of Occupational and Organizational Psychology*, 88(1):126-154.

Balakrishnan, C., Masthan, D. & Chandra, V. 2013. Employee retention through employee engagement-A study at an Indian International Airport. *International Journal of Business and Management Invention*, 2(8):9-16.

Balkin, R. S. 2017. Evaluating Evidence Regarding Relationships with Criteria. *Measurement and Evaluation in Counseling and Development*, 50(4):264-269.

Baloyi, S., van Waveren, C. C. & Chan, K. Y. 2014. The Role of Supervisor Support In Predicting Employee Job Satisfaction from Their Perception of the Performance Management System: A Test of Competing Models in Engineering Environments. *South African Journal of Industrial Engineering*, 25(1):85-95.

Balyejjusa, H. 2014. *School contextual factors, talent management, teacher competency and student engagement in private secondary schools in Naddangira zone, Busiro North Wakiso District*. Unpublished Doctoral dissertation, Makerere University.

Bambacas, M. 2010. Organizational handling of careers influences managers' organizational commitment. *Journal of Management Development*, 29(9):807-827.

Bamel, U. K., Rangnekar, S., Stokes, P. & Rastogi, R. 2013. Organizational climate and managerial effectiveness: an Indian perspective. *International Journal of Organizational Analysis*, 21(2):198-218.

Bano, S., Vyas, K. & Gupta, R. 2015. Perceived Organisational Support and Work Engagement: A Cross Generational Study. *Journal of Psychosocial Research*, 10(2):357-364.

Baraldi, A. N. & Enders, C. K. 2010. An introduction to modern missing data analyses. *Journal of school psychology*, 48(1):5-37.

Barba-Sánchez, V. & Atienza-Sahuquillo, C. 2017. Entrepreneurial motivation and self-employment: evidence from expectancy theory. *Int Entrep Manag J*, (13):1097–1115.

Barcaroli, G. 2014. Sampling Strata: An R Package for the Optimization of Stratified Sampling. *Journal of Statistical Software*, 61(4):1-24.

Bardhoshi, G. & Erford, B. T. 2017. Processes and Procedures for Estimating Score Reliability and Precision. *Measurement and Evaluation in Counseling and Development*, 50(4):256-263.

Barfield, K. 2015. Talent Pipeline Management in Education: Using Supply Chain Management to Close the Educator Equity Gap. *Solutions*, (7):1-8.

Barkhuizen, N., Schutte, N. & van der Sluis, L. 2014. *Exploring Talent Management in Sub-Saharan Government Institutions*. 6th International Conference on Humanities, Geography and Economics (ICHGE'2014), South Africa.

Barkhuizen, N., Welby-Cooke, G., Schutte, N. & Stanz, K. 2014. Talent Management and Leadership Reciprocity: The case of the South African Aviation Industry. *Mediterranean Journal of Social Sciences*, 5(9):11-17.

Barma, D. D. & Gupta, M. 2015. Investigating the Effectiveness of the Sources of Recruitment on Job Performance and Employee Attitude in India. *Asian Journal of Management*, 6(1):67-71.

Barnay, T. 2016. Health, Work and Working Conditions: A Review of the European Economic Literature. *European Journal of Health Economics*, 17(6):693-709.

Barro, R. J. 2013. Health and Economic Growth. *Annals of Economics and Finance*, 14-2(A):305–342.

Bartels, M., van Weegen, F. I., van Beijsterveldt, C. E., Carlier, M., Polderman, T. J., Hoekstra, R. A. & Boomsma, D. I. 2012. The five factor model of personality and intelligence: A twin study on the relationship between the two constructs. *Personality and Individual Differences*, 53(4):368-373.

Basaza, R. K., O'Connell, T. S. & Chapčáková, I. 2013. Players and processes behind

the national health insurance scheme: a case study of Uganda. *BMC Health Services Research*, 13(357):1-13.

Batley, R. & Mcloughlin, C. 2015. The Politics of Public Services: A Service Characteristics Approach. *World Development*, (74):275–285.

Baumann, M. R. & Bonner, B. L. 2017. An Expectancy Theory Approach to Group Coordination: Expertise, Task Features, and Member Behavior. *Journal of Behavioral Decision Making*, (30):407–419.

Bayarsaikhan, D. & Musango, L. 2016. Health financing issues and reforms in Africa. *International Journal of Healthcare*, 2(2):37-44.

Beal, B. 2016. Stress of underworked and overpaid: Rooting out the causes of damaging absenteeism, *Human Resource Management International Digest*, 24(6):18-20.

Beattie, M., Shepherd, A. & Howieson, B. 2012. Do the Institute of Medicine's (IOM's) dimensions of quality capture the current meaning of quality in health care? – An integrative review. *Journal of Research in Nursing*, 18(4):288–304.

Becker, K. & Soosay, C. 2013. Labour attraction and retention in rural and remote Queensland communities. *Australasian Journal of Regional Studies*, 19(3):342-368.

Beckert, J. 2010. Institutional isomorphism revisited: Convergence and divergence in institutional change. *Sociological Theory*, 28(2):150-166.

Bédard, A., Garcia-Aymerich, J., Sanchez, M., Le Moual, N., Clavel-Chapelon, F., Boutron-Ruault, M.C., Maccario, J. & Varraso, R., 2015. Confirmatory Factor Analysis Compared with Principal Component Analysis to Derive Dietary Patterns: A Longitudinal Study in Adult Women–3. *The Journal of nutrition*, 145(7):1559-1568.

Beheshtifar, M. & Herat, B. H. 2013. To promote employees commitment via perceived organisational support. *International Journal of Academic Research in Business and Social Sciences*, 3(1):306-313.

Beheshtifar, M. & Kamani-Fard, F. 2013. Talent Pool: A Main Factor to Success. *Interdisciplinary Journal of Contemporary Research in Business*, 4(12):227-234.

Beheshtifar, M. & Zare, E. 2012. Effect perceived organizational support on employees' attitudes toward work. *Science Series Data Report*, 4(9):28-34.

Beigi, M., Ershadi, S. M. & Shirmohammadi, M. 2012. Work-family conflict and its antecedents among Iranian operating room personnel. *Management Research Review*, 35(10):958-973.

Belaid, L., Dagenais, C., Moha, M. & Ridde, V. 2017. Understanding the factors affecting the attraction and retention of health professionals in rural and remote areas: a mixed-method study in Niger. *Human resources for health*, 15(60):1-11.

Belbin, C., Erwee, R. & Weisner, R. 2012. Employee perceptions of workforce retention strategies in a health system. *Journal of management and organisation*, 18(5):742-760.

Bener, A. & Mazroei, A. A. 2010. Health services management in Qatar. *Croatian medical journal*, 51(1):85-88.

Benoit, K. 2011. *Linear Regression Models with Logarithmic Transformations*. Methodology Institute, London School of Economics.

Benzeval, M., Bond, L., Campbell, M. Egan, M., Lorenc, T., Petticrew, M. & Popham, F. 2014. *How Does Money Influence Health?* Joseph Rowntree Foundation Report.

Berman, P. & Bitran, R. 2011. *Health Systems Analysis for Better Health System Strengthening*. Health, Nutrition, and Population (HNP) Discussion Paper, the World Bank, Washington DC.

Bertolino, M., Truxillo, D. M. & Fraccaroli, F. 2013. Age effects on perceived personality and job performance. *Journal of Managerial Psychology*, 28(7/8):867-885.

Bertone, M. P., Lurton, G. & Mutombo, P. B. 2016. Investigating the remuneration of health workers in the DR Congo: implications for the health workforce and the health system in a fragile setting. *Health policy and planning*, 31(9):1143-1151.

Bhaga, T. 2010. *The Impact of Working Conditions on the Productivity of Nursing Staff In The Midwife Obstetrical Unit of Pretoria West Hospital*. Unpublished Master's Dissertation, University of Pretoria.

Bharatkumar, B. S. 2011. *Perceived Leadership Styles and Its Impact on Organizational Commitment*. Unpublished Doctoral Dissertation, Ganpat University.

Bhattacharjee, A. 2012. *Social Science Research: Principles, Methods, and Practices*. Textbooks Collection. Book 3.

Bhatti, M. H., Bhatti, M. H., Akram, M. U., Hashim, M. & Akram, Z. 2016. Relationship between job stress and organizational commitment: An empirical study of banking sector. *Journal of Business Management and Economics*, 7(1):029-037.

Bhoganadam, S. D. & Rao, D. S. 2014. A study on recruitment and selection process of Sai Global YarnTex (India) Private Limited. *International Journal of Management Research and Reviews*, 4(10):996-1006.

Bin Ramli, M. S. & Bin Jusoh, A. 2015. Expectancy Theory Analysis to Conduct Research at Malaysian Research University. *International Journal of Economics and Financial Issues*, 5(Special Issue):366-372.

Bish, A. & Jorgensen, F. 2016. *Employee perceptions of the talent management message: Case analyses in Danish SMEs*. In 76th Annual Meeting of the Academy of Management.

Blackman, D. A., Buick, F., O'Flynn, J., O'Donnell, M. & West, D. 2017. Managing Expectations to Create High Performance Government. *Review of Public Personnel Administration*, 1 –24.

Blandford, A. 2013. *Semi-structured qualitative studies*. In: Soegaard, Mads and Dam, Rikke Friis (eds.). *The Encyclopedia of Human-Computer Interaction*, 2nd Edition Aarhus, Denmark: The Interaction Design Foundation.

Blasini, J. & Leist, S. 2013. Success factors in process performance management, *Business Process Management Journal*, 19(3):477-495.

Bloom, D. E., Kuhn, M. & Prettner, K. 2015. *The Contribution of Female Health to Economic Development*. National Bureau of Economic Research, Working Paper No. 21411.

Blumenthal, D., Stremikis, K. & Cutler, D. 2013. Health Care Spending — A Giant Slain or Sleeping? *The New England Journal of Medicine*, 369(26):2551-2557.

Board, S., Meyer-ter-Vehn, M. & Sadzik, T. 2017. *Recruiting Talent*.

Bocciardi, F., Caputo, A., Fregonese, C., Langher, V. & Sartori, R. 2017. Career adaptability as a strategic competence for career development: An exploratory study of its key predictors. *European Journal of Training and Development*, 41(1):67-82.

Boex, J., Fuller, L. & Malik, A. 2015. *Decentralized Local Health Services in Tanzania*. Research Report, Urban Institute.

Bogler, R. & Nir, A. E. 2012. The importance of teachers' perceived organizational support to job satisfaction: What's empowerment got to do with it?. *Journal of Educational Administration*, 50(3):287-306.

Bolander, P. & Sandberg, J. 2013. How employee selection decisions are made in practice. *Organization Studies*, 34(3):285-311.

Bolarinwa, O. A. 2015. Principles and methods of validity and reliability testing of questionnaires used in social and health science researches. *Niger Postgrad Med J*, (22):195-201.

Bolton, L. 2016. Unemployment and underemployment data. *Knowledge, Evidence and Learning for Development*, 1-19.

Boo, S. & Froelicher, E. S. 2013. Secondary analysis of national survey datasets. *Japan journal of nursing science*, 10(1):130-135.

Born, M. & Heers, M. 2009. Talent Management: alternatives to the single-ladder Approach. *Faculty report*, Copenhagen, Denmark.

Börner, T. & Verstegen, B. 2013. Change within institutional theory: towards a framework of coping with change. *Journal of Accounting & Organizational Change*, 9(3):304-321.

Bosiok, D. & Sad, N. 2013. Leadership styles and creativity. *Online Journal of Applied Knowledge Management*, 1(2):64-77.

Bouchard, M., Kohler, J. C., Orbinski, J. & Howard, A. 2012. Corruption in the health care sector: A barrier to access of orthopaedic care and medical devices in Uganda. *BMC International Health and Human Rights*, 12(5):1-9.

Boyle, D. K, Bott, M. J, Hansen, H. E., Woods, C. Q. & Taunton, R. L. 1999. Manager's leadership and critical care nurses' intent to stay. *Am J Crit Care*, (8):361–371.

Bradler, C., Dur, R., Neckermann, S. & Non, A. 2013. *Employee recognition and performance: A field experiment*. Discussion Paper No. 13-017.

Brandenburg, L., Gabow, P., Steele, G., Toussaint, J. & Tyson, B. J. 2015. *Innovation and Best Practices in Health Care Scheduling*. National Academy of Sciences.

Branning, G. & Vater, M. 2016. Healthcare Spending: Plenty of Blame to Go Around. *American Health & Drug Benefits*, 9(8):445-447.

Breevaart, K., Bakker, A. B., Demerouti, E. & van den Heuvel, M. 2015. Leader-member exchange, work engagement, and job performance. *Journal of Managerial Psychology*, 30(7):754-770.

Breitbach, S., Tug, S. & Simon, P. 2014. *Conventional and Genetic Talent Identification in Sports: Will Recent Developments Trace Talent?* Sports Med.

Brinkerhoff, D. W. & Brinkerhoff, J. M. 2015. Public sector management reform in developing countries: Perspectives beyond NPM orthodoxy. *Public Administration and Development*, 35(4):222-237.

Brown, T. 2010. Construct validity: A unitary concept for occupational therapy assessment and measurement. *Hong Kong Journal of Occupational Therapy*, 20(1):30-42.

Brunie, A., Wamala-Mucheri, P., Otterness, C., Akol, A., Chen, M., Bufumbo, L. & Weaver, M. 2014. Keeping community health workers in Uganda motivated: key challenges, facilitators, and preferred program inputs. *Global Health: Science and Practice*, 2(1):103-116.

Bryman, A. & Bell, E. 2011. *Business Research Methods*. Oxford: Oxford University Press.

Bryman, A. & Bell, E. 2014. *Research methodology: Business and management contexts*. Oxford University Press Southern Africa.

Buble, M., Juras, A. & Matić, I. 2014. The relationship between managers' leadership styles and motivation. *Management: journal of contemporary management issues*, 19(1):161-193.

Budhiraja, S. & Pathak, U. K. 2018. Dynamics of succession planning for Indian family-owned businesses: learning from successful organizations. *Human Resource Management International Digest*, 26(4):31-33.

Buhrmester, M., Kwang, T. & Gosling, S. D. 2011. Amazon's Mechanical Turk: A new source of inexpensive, yet high-quality, data? *Perspectives on psychological science*, 6(1):3-5.

Buick, F., Blackman, D. A., O'Donnell, M. E., O'Flynn, J. L. & West, D. 2015. Can enhanced performance management support public sector change? *Journal of Organizational Change Management*, 28(2):271-289.

Bulkapuram, S. G., Wundavalli, L., Avula, K. S. & Reddy, T. K. 2015. Employee engagement and its relation to hospital performance in a tertiary care teaching hospital. *Journal of Hospital Administration*, 4(1):48-56.

Burbach, R. & Royle, T. 2010. Talent on demand?: Talent management in the German and Irish subsidiaries of a US multinational corporation, *Personnel Review*, 39(4):414-431.

Buregyeya, E., Rutebemberwa, E., LaRussa, P., Lal, S., Clarke, S. E., Hansen, K. S., Magnussen, P. & Mbonye, A. K. 2017. Comparison of the capacity between public and private health facilities to manage under-five children with febrile illnesses in Uganda. *Malaria Journal*, 16(183):1-7.

Burmeister, E. & Aitken, L. 2012. Sample size: How many is enough? *Australian Critical Care*, 1-10.

Burnley, C. 2011. Natural Resources Conflict in the Democratic Republic of the Congo: A Question of Governance? *Sustainable Development Law & Policy*, 12(1):7-11.

Burns, K. L. 2016. *Perceived Organizational Support and Perceived Supervisor Support as Antecedents of Work Engagement*.

Burt, N. F. & Evans, J. H. 2010. Best Practices in Health Leadership Talent Management & Succession Planning. *National Center for Healthcare Leadership*.

Bushiri, C. P. 2014. *The Impact of Working Environment on Employees' Performance: The Case of Institute Of Finance Management in Dar Es Salaam Region*. Unpublished Master's Dissertation, Open University of Tanzania.

Bussin, M. & Toerien, W. C. 2015. Influence of reward preferences in attracting, retaining and motivating knowledge workers in South African information technology companies. *Acta Commercii*, 15(1):1-13.

Byremo, C.S. 2015. *Human Resource Management and Organisational Performance: Does HRM lead to better organisational performance?* Unpublished Master's thesis.

Caesens, G., Stinglhamber, F. & Ohana, M. 2016. Perceived organizational support and well-being: a weekly study. *Journal of Managerial Psychology*, 31(7):1214-1230.

Cafferkey, K. & Dundon, T. 2015. Explaining the black box: HPWS and organisational Climate. *Personnel Review*, 44(5):666-688.

Cai, Y. & Mehari, Y. 2015. The use of institutional theory in higher education research. *Theory and method in higher education research*, 1-25.

Cameron, R. 2011. Mixed Methods Research: The Five Ps Framework. *Electronic Journal of Business Research Methods*, 9(2):96-108.

Campbell, V. & Hirsch, W. 2013. *Talent Management: A Four –Step Approach*. IES Report 502.

Cao, M. & Li, X. 2017. Research on Training Mode of Tourism Talents in Universities against the Background of Reform of the Supply Front. *2nd International Conference on Education, E-learning and Management Technology (EEMT 2017)*, 365-369.

Carpenter, L. 2012. *Conflict Minerals in the Congo: Blood Minerals and Africa's Under-Reported First World War*. Working Paper.

Caruth, G. D. 2013. Demystifying Mixed Methods Research Design: A Review of the Literature. *Mevlana International Journal of Education (MIJE)*, 3(2):112-122.

Cascio, W. F. & Boudreau, J. W. 2016. *The Search for Global Competence: From International HR to Talent Management*. CEO Working Paper Series.

Casimir, G., Ng, Y. N. K., Wang, K. Y. & Ooi, G. 2014. The relationships amongst leader-member exchange, perceived organizational support, affective commitment, and

in-role performance: A social-exchange perspective. *Leadership & Organization Development Journal*, 35(5):366-385.

Cattermole, G., Johnson, J. & Roberts K. 2013. Employee engagement welcomes the dawn of an empowerment culture. *Strategic HR Review*, 12(5):250 – 254.

Chambel, M. J., Lorente, L., Carvalho, V. & Martinez, I. M. 2016. Psychological contract profiles among permanent and temporary agency workers. *Journal of Managerial Psychology*, 31(1):79-94.

Chandrasekar, K. 2011. Workplace environment and its impact on organisational performance in public sector organisations. *International journal of enterprise computing and business systems*, 1(1):1-19.

Chapman, A. L. N., Johnson, D. & Kilner, K. 2014. Leadership styles used by senior medical leaders: Patterns, influences and implications for leadership development. *Leadership in Health Services*, 27(4):283-298.

Chapman, J. & Kelliher, C. 2011. Influences on Reward Consultants' Perspectives. *Employee Relations*, 33(2):121-139.

Charlifue, S., Monden, K. R. & Gerber, D. 2017. *A Prelude to Randomized Controlled Trials: Clinical Research Pilot Studies*. Hyatt Regency Denver & Colorado Convention Centre, September 3-6, 2017.

Chauhan, R., Ghosh, P., Rai, A. & Kapoor, S. 2017. Improving transfer of training with transfer design: Does supervisor support moderate the relationship?. *Journal of Workplace Learning*, 29(4):268-285.

Chavengvorakul, K. & Wongsurawat, W. 2017. Scandal prevention through a moral work environment: Case Study from Thailand. *Development and Learning in Organizations: An International Journal*, 31(3):15-18.

Cheema, J. R. 2014. A review of missing data handling methods in education research. *Review of Educational Research*, 84(4):487-508.

Chen, M. 2014. The effect of training on employee retention. In 2014 International Conference on Global Economy, Commerce and Service Science (GECSS-14). *Atlantis Press*, 356-359.

Chen, S., Wu, M. & Chen, C. 2010. Employee's Personality Traits, Work Motivation and Innovative Behavior in Marine Tourism Industry. *J. Service Science & Management*, 3, 198-205.

Chen, W., Wang, M. & Hsu, B. 2013. When P-J fit and P-O fit meet guanxi in a Chinese selection context. *Journal of Technology Management in China*, 8(3):174-189.

Chen, Y. 2010. A Research on the Cultivation System of Innovative Talents at Colleges. *International Education Studies*, 3(2):143-147.

Chênevert, D. & Tremblay, M. 2011. Between universality and contingency: An international study of compensation performance. *International Journal of Manpower*, 32(8):856-878.

Cheng, H. G. & Phillips M. R. 2014. Secondary analysis of existing data: opportunities and Implementation. *Shanghai Archives of Psychiatry*, 26(6):371-375.

Chiang, F. F. T. & Birtch, T. A. 2012. The Performance Implications of Financial and Non-Financial Rewards: An Asian Nordic Comparison. *Journal of Management Studies*, 49(3):538-570.

Chick, G. 2011. Employee engagement for control freaks. *Human Resource Management International Digest*, 19(6):3-6.

Chidi, O. C. 2013. Recruitment practices and performance of unionised organisations in the food, beverage and tobacco industry in Lagos state, Nigeria. *Interdisciplinary Journal of Contemporary Research in Business*, 5(6):359-384.

Chitsaz-Isfahani, A. & Boustani, H. 2014. Effects of Talent Management on Employees Retention: The Mediate Effect of Organizational Trust. *International Journal of Academic Research in Economics and Management Sciences*, 3(5):114-128.

Chiu-Chi, W., Ming-Chun, L., Chiou-Shuei, W. & Li-Hui, P. 2013. Assignment of project members considering capability and personality balance. *Kybernetes*, 42(7):1016-1028.

Cho, E. & Kim, S. 2015. Cronbach's coefficient alpha: Well known but poorly understood. *Organizational Research Methods*, 18(2):207-230.

Cho, H. J. & Ahn, J. Y. 2018. The Dark Side of Wars for Talent and Layoffs: Evidence from Korean Firms. *Sustainability*, (10):1-18.

Choi, S., Cheong, K., Feinberg, R. A. 2012. Moderating effects of supervisor support, monetary rewards, and career paths on the relationship between job burnout and turnover intentions in the context of call centers. *Managing Service Quality: An International Journal*, 22(5):492-516.

Choo, L. S., Mat, N. & Al-Omari, M. 2013. Organisational practices and employee engagement: a case of Malaysia electronics manufacturing firms. *Business Strategy Series*, 14(1):3-10.

Chou, P. 2015. The Importance of Supervisor Support during Organisational Change. *The SIJ Transactions on Industrial, Financial & Business Management (IFBM)*, 3(1):1-8.

Christensen, D. F. 2010. *A Comparison of the Leadership Styles of Administrators In Charge of Scheduling in Missouri's Secondary Schools*. Unpublished Doctoral Dissertation, University of Missouri-Columbia.

Church, A. H. 2014. Succession Planning 2.0: building bench through better execution. *Strategic HR Review*, 13(6):233-242.

Churchill, S. A., Yew, S. L. & Ugur, M. 2015. *Effects of Government Education and Health Expenditures on Economic Growth: A Meta-analysis*. Monash Business School, Discussion Paper 40/15.

Cleary, M., Horsfall, J. & Hayter, M. 2014. *Data collection and sampling in qualitative research: does size matter?* Editorial.

Cochrane, N. & D'Souza, A. 2015. *Measuring Access to Food in Tanzania: A Food Basket Approach*. Economic Information Bulletin No. 135.

Cohen, L., Manion, L. & Morrison, K. 2007. *Research methods in Education*. 6th Edition. London: Taylor & Francis Group.

Colakoglu, U., Culha, O. & Atay, H. 2010. The Effects of Perceived Organisational Support on Employees' Affective Outcomes: Evidence From the Hotel Industry. *Tourism and Hospitality Management*, 16(2):125-150.

Coldwell, D. & Herbst, F. 2004. *Business research*. Cape Town, South Africa: Juta.

Cole, G. 2016. Managing talent development effectively: Why outsiders matter too. *Human Resource Management International Digest*, 24(3):26-28.

Collings, D. G. & Mellahi, K. 2009. Strategic talent management: A review and research agenda. *Human Resource Management Review*, (19):304–313.

Collings, D. G. & Mellahi, K. 2013. Commentary on: "Talent—innate or acquired? Theoretical considerations and their implications for talent management". *Human Resource Management Review*, (23):322-325.

Collis, J. & Hussey, R. 2003. *Business research: A practical guide for undergraduate and postgraduate students*. New York: Palgrave MacMillan.

Colliver, J. A., Conlee, M. J. & Verhulst, S. J. 2012. From test validity to construct validity... and back? *Medical education*, 46(4):366-371.

Colville, K. & Millner, D. 2011. Embedding performance management: understanding the enablers for change. *Strategic HR Review*, 10(1):35-40.

Cook, D. A & Artino Jr, A. R. 2016. Motivation to learn: an overview of contemporary theories. *The Association for the Study of Medical Education*, (50):997–1014.

Cooper, D. R. & Schindler, P. S. 2011. *Business research methods*. 11th edition. New York: McGrawHill/Irwin

Corsello, J. 2012. Maximizing talent management through the cloud: New technologies offer opportunities to develop skills and careers. *Human Resource Management International Digest*, 20(4):27-30.

Cottini, E. & Lucifora, C. 2010. *Mental Health and Working Conditions in European Countries*. Discussion Paper No. 4717.

Coulson-Thomas, C. 2012. Talent management and building high performance organisations. *Industrial and Commercial Training*, 44(7):429-436.

Coupaud, M. 2017. Determinants of health at work in the EU15: Elaboration of synthetic indicators of working conditions and their impacts on the physical and mental health of workers. *International Journal of Manpower*, 38(1):93-126.

Courtney, M. G. R. 2013. Determining the Number of Factors to Retain in EFA: Using the SPSS R-Menu v2.0 to Make More Judicious Estimations. *Practical Assessment, Research & Evaluation*, 18(8):1-14.

Creswell, J. W. & Plano, 2011. *Designing and Conducting Mixed Methods Research*. 2nd edition. London: Sage Publications Ltd.

Creswell, J. W. 2014. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. SAGE Publications.

Creswell, J. W. 2014. *Research design: qualitative, quantitative, and mixed methods Approaches*. 4th edition. Thousand Oaks, California, USA: SAGE Publications, Inc.

Croucher, R., Stumbitz, B., Vickers, I., Quinlan, M., Banfield, W., Brookes, M., Lange, T., Lewis, S., McIlroy, J., Miles, L., Ozarow, D. & Rizov, M. 2013. *Can better working conditions improve the performance of SMEs?: an international literature review /International Labour Office*. –Geneva: ILO.

Daas, P. & Arends-Tóth, J. 2012. *Secondary data collection*. Statistics Netherlands.

Dajani, M. A. Z. 2015. The Impact of Employee Engagement on Job Performance and Organisational Commitment in the Egyptian Banking Sector. *Journal of Business and Management Sciences*, 3(5):138-147.

Dalal, R. & Akdere, M. 2018. Talent development: status quo and future directions. *Industrial and Commercial Training*, 50(6):342-355.

Daneshjo, N. & Kravec, M. 2014. Sources of Marketing Information System. *International Journal of Interdisciplinary In Theory and Practice*, (5):22-24.

Dant, R. P., Weaven, S. K. & Baker, B. L. 2013. Influence of personality traits on perceived relationship quality within a franchisee-franchisor context. *European Journal of Marketing*, 47(1/2):279-302.

Darkwah, N. G. 2014. *Exploring the Effects of Personality Traits on Employees at Kumasi Metropolitan Assembly (KMA)*. Unpublished Master's Thesis, Kwame Nkrumah University of Science and Technology.

Das, B. & Baruah, M. 2013. Employee Retention: A Review of Literature. *Journal of Business and Management*, 14(2):8-16.

Dasgupta, P. 2012. Effect of Role Ambiguity, Conflict and Overload in Private Hospitals' Nurses' Burnout and Mediation through Self Efficacy. *Journal of Health Management*, 14(4) 513–534.

David, S., Rajput, S., Khan, J. & Raghuwanshi, V. S. 2015. Reward Management System. *International Journal of Core Engineering & Management (IJCEM)*, 2(2):1-15.

Davies, B. & Davies, B. J. 2010. Talent management in academies. *International Journal of Educational Management*, 24(5):418-426.

Davis, D. D. & Bryant, J. L. 2010. Leader-member exchange, trust, and performance in national science foundation industry/university cooperative research centers. *J Technol Transf*, (35):511–526.

Davis, P. J. 2015. Implementing an employee career-development strategy: How to build commitment and retain employees. *Human Resource Management International Digest*, 23(4):28-32.

Dawley, D. D., Andrews, M. C. & Bucklew, N. S. 2010. Enhancing the ties that bind: mentoring as a moderator. *Career Development International*, 15(3):259-278.

Dawson, C. 2002. *Practical research methods: a user-friendly guide to mastering research techniques and projects*. How to books Ltd.

Day, J. W., Holladay, C. L., Johnson, S. K. & Barron, L. G. 2014. Organizational rewards: considering employee need in allocation. *Personnel Review*, 43(1):74-95.

de Casterle', B. D., Gastmans, C., Bryon, E. & Denier, Y. 2012. QUAGOL: A guide for qualitative data analysis. *International Journal of Nursing Studies*, (49):360–371.

de Oliveira, E. M. C., Guimaraes, E. H. R. & Jeunon, E. E. 2017. Effectiveness of Medical-Care Equipment Management: Case Study in a Public Hospital in Belo Horizonte / Minas Gerais. *International Journal of Innovation (IJI Journal)*, São Paulo, 5 (2): 234-249.

De Roover, A. 2015. *The influence of talent management on personal growth initiative and the mediating role of perceived organizational support and the moderating role of culture*.

de Sivatte, I., Gordon, J. R., Rojo, P. & Olmos, R. 2015. The impact of work-life culture on organizational productivity, *Personnel Review*. 44(6):883-905.

de Smith, M. J. 2018. *Statistical Analysis Handbook - A Comprehensive Handbook of Statistical Concepts, Techniques and Software Tools*. The Winchelsea Press, Drumlin Security Ltd, Edinburgh.

de Souza, A. C. D., Alexandre, N. M. C. & Guirardello, E. D. B. 2017. Psychometric properties in instruments evaluation of reliability and validity. *Epidemiol. Serv. Saude, Brasília*, 26(3):1-10.

de Waal, A. & Jansen, P. 2013. The bonus as hygiene factor: the role of reward systems in the high performance organization. *Evidence-Based HRM: A Global Forum for Empirical Scholarship*, 1(1):41-59.

de Waure, C., Poscia, A., Viridis, A., Di Pietro, M. L. & Ricciardi, W. 2015. Study population, questionnaire, data management and sample description. *Ann Ist Super Sanità*, 51(2):96-98.

DeBode, J. D., Mossholder, K. W. & Walker, A. G. 2017. Fulfilling employees' psychological contracts: organizational socialization's role. *Leadership & Organization Development Journal*, 38(1):42-55.

Deery, M. & Jago, L. 2015. Revisiting talent management, work-life balance and retention Strategies. *International Journal of Contemporary Hospitality Management*, 27(3):453 - 472.

Degu, G. & Yigzaw, T. 2006. *Research methodology*. Gondor: University of Gondor.

Deloitte. 2017. Tanzania Economic Outlook 2017.

Denning, S. 2012. Why stock-based compensation poisons leadership. *Strategy & Leadership*, 41(1):15-17.

Denzin, N. K., & Lincoln, Y. S. 2011. *The SAGE handbook of qualitative research*. 4th edition. Thousand Oaks, CA: Sage Publications.

Deshpande, B., Arekar, K., Sharma, R. & Somaiya, S. 2012. Effect of Employee Satisfaction on organisational Performance: An Empirical Study in Hotel Industry. *Ninth AIMS International Conference on Management*.

DeVaro, J. 2016. *Internal hiring or external recruitment?* IZA World of Labor.

Dhanabhakym, M. & Kokilambal, K. 2014. A Study on Existing Talent Management Practice and Its Benefits across Industries. *Business Management*, 2(7):23-36.

Di Bella, J., Grant, A., Kindornay, S. & Tissot, S. 2013. *The Private Sector and Development: Key Concepts*. Policy Brief.

Diankenda, E. 2015. *The Relationship between Reward Management and Recognition on Employees Motivation in the Workplace*. Unpublished Doctoral Dissertation, National College of Ireland.

Dickson, K. E., Simen-Kapeu, A., Kinney, M. V., Huicho, L., Vesel, L., Lackritz, E., Johnson, J. D., von Xylander, S., Rafique, N., Sylla, M., Mwansambo, C., Daelmans, B. & Lawn, J. E. 2014. *Health-systems bottlenecks and strategies to accelerate scale-up in countries*.

DiGaetano, R. 2013. Sample Frame and Related Sample Design Issues for Surveys of Physicians and Physician Practices. *Evaluation & the Health Professions*, 36(3):296-329.

Dikko, M. 2016. Establishing Construct Validity and Reliability: Pilot Testing of a Qualitative Interview for Research in Takaful (Islamic Insurance). *The Qualitative Report*, 21(3):521-528.

Dobre, O. 2013. Employee motivation and organisational performance. *Review of Applied Socio- Economic Research*, 5(1): 53-60.

Doherty, J. 2011. *Expansion of the private health sector in East and Southern Africa*. EQUINET Discussion Paper 87. EQUINET: Harare.

Dolea, C., Stormont, L. & Braichet, J. M. 2010. Evaluated strategies to increase attraction and retention of health workers in remote and rural areas. *Bulletin of the World Health Organization*, (88):379-385.

Dooly, M. & Moore, E. 2017. Introduction: qualitative approaches to research on plurilingual education. In E. Moore & M. Dooly (Eds). *Qualitative approaches to research on plurilingual education*, 1-10.

Dormon, F., Balen, J., Schmidtke, K. A. & Vlaev, I. 2017. Healthworkers' motivation in low-and middle-income countries: A systematic review of the literature. *Medical Research Archives*, 5(8):1-32.

Downs, L. 2015. Star talent: investing in high-potential employees for organizational success. *Industrial and Commercial Training*, 47(7):349-355.

Dragomiroiu, R., Hurloiu, I. I. & Mihai, G. 2014. Induction staff training. *Procedia Economics and Finance*, (16):368-373.

Drake, T. J. 2012. *Assessing Employee Engagement: A Comparison of the Job Engagement Scale and the Utrecht Work Engagement Scale*. Unpublished Master's Thesis, Colorado State University.

Driscoll, D. L. 2011. *Introduction to Primary Research: Observations, Surveys, and Interviews*.

Dromey, J. 2014. *Meeting the challenge: successful employee engagement in the NHS*. London, England: IPA.

Du Plessis, L. 2010. *The relationship between perceived talent management practices, Perceived Organizational Support (POS), Perceived Supervisor Support (PSS), and Intention to quit amongst generation Y employees in the recruitment sector*. Unpublished Master's Dissertation, University of Pretoria.

Dube, S. & Danescu, D. 2011. *Public Sector Definition*.

Duxbury, L. & Halinski, M. 2014a. When more is less: An examination of the relationship between hours in telework and role overload. *Work: Journal of Prevention, Assessment & Rehabilitation*, 48(1):91-103.

Duxbury, L. & Halinski, M. 2014b. Dealing with the “Grumpy Boomers”: Re-engaging the disengaged and retaining talent. *Journal of Organizational Change Management*, 27(4):660-676.

e Silva, H. R. D. S., Areco, K. C. N., Bandiera-Paiva, P., Galvão, P. V. M., Garcia, A. N. D. M. & Silveira, D. X. D. 2017. Reliability and construct validity of the Online Cognition Scale in the Portuguese (Brazil) version (OCS-BR). *Jornal Brasileiro de Psiquiatria*, 66(1):19-28.

Ebrahimi, P., Moosavi, S. M. & Chirani, E. 2016. Relationship between Leadership Styles and Organizational Performance by Considering Innovation in Manufacturing Companies of Guilan Province. *Procedia-Social and Behavioral Sciences*, (230):351-358.

Ebuehi, O. M. & Campbell, P.C. 2011. Attraction and retention of qualified health workers to rural areas in Nigeria: a case study of four LGAs in Ogun State, Nigeria. *Rural Remote Health*, 11(1515):1-11.

Echchakoui, S. 2013. Personality traits and performance: the mediating role of adaptive behavior in call centers. *American Journal of Industrial and Business Management*, (3):17-27.

Edem, M. J., Akpan, E. U. & Pepple, N. M. 2017. Impact of workplace environment on health workers. *Occupational Medicine & Health Affairs*, 5(2):1-5.

Edwards, R. & Holland, J. 2013. *What is qualitative interviewing?* Bloomsbury Publishing.

Eger, L., Mičák, M. & Řehoř, P. 2018. Employer branding on social media and recruitment websites: symbolic traits of an ideal employer. *Economics and Management*, XXI(1):224-237.

Eisenberger, R., Malone, G. P. & Presson, W. D. 2016. Optimizing Perceived Organisational Support to Enhance Employee Engagement. *Society for Human Resource Management and Society for Industrial and Organizational Psychology*, 2-22.

Ekbladh, E., Thorell, L. & Haglund, L. 2010. Perceptions of the work environment among people with experience of long term sick leave. *Work-A Journal of Prevention Assessment and Rehabilitation*, 35(2):125-136.

Ekwoaba, J. O., Ikeije, U. U. & Ufoma, N. 2015. The Impact of Recruitment and Selection Criteria on Organizational Performance. *Global Journal of Human Resource Management*, 3(2):22-33.

Elarabi, H. M. & Johari, F. 2014. The Impact of Human Resources Management on Healthcare Quality. *Asian Journal of Management Sciences & Education*, 3(1):13-22.

Eley, D. S., Cloninger, C. R., Walters, L., Laurence, C., Synnott, R. & Wilkinson, D. 2013. The relationship between resilience and personality traits in doctors: implications for enhancing well being. *PeerJ*, (1):1-16.

Elfil, M. & Negida, A. 2017. Sampling methods in Clinical Research; an Educational Review. *Emergency*, 5(1):1-3.

Ellehuus, C. 2012. Transforming business leaders into talent champions. *Strategic HR Review*, 11(2):84-89.

Elsayir, H. A. 2014. Comparison of precision of systematic sampling with some other probability samplings. *American Journal of Theoretical and Applied Statistics*, 3(4):111-116.

Eluka, J. C. & Okafor, N. C. 2015. *A critical review of the effect of working conditions on employee performance: Evidence from Nigeria.*

Emecheta, B. C., Hart, O. A. & Ojiabo, U. 2016. Personality Characteristics and Employee Affective Commitment: Nigeria Experience. *International Journal of Business and Management Review*, 4(6):69-92.

Emu, K. E. & Umeh, O. J. 2014. How Leadership Practices Impact Job Satisfaction of Customer Relationship Officers': An Empirical Study. *Journal of Management Policies and Practices*, 2(3):19-56.

Engellant, K. A., Holland, D. D. & Piper, R. T. 2016. Assessing convergent and discriminant validity of the motivation construct for the technology integration education (TIE) model. *Journal of Higher Education Theory & Practice*, 16(1):37-50.

Englander, M. 2012. The interview: Data collection in descriptive phenomenological human scientific research. *Journal of phenomenological psychology*, 43(1):13-35.

Enticott, J.C., Shawyer, F., Vasi, S., Buck, K., Cheng, I.H., Russell, G., Kakuma, R., Minas, H. & Meadows, G. 2017. A systematic review of studies with a representative sample of refugees and asylum seekers living in the community for participation in mental health research. *BMC medical research methodology*, 17(37):1-16.

Erasmus, B. J., Grobler, A. & van Niekerk, M. 2015. Employee Retention in a Higher Education Institution: An Organisational Development Perspective. *South African Progressio*, 37(2):32–62

Erbaşı, A. & Arat, T. 2012. The Effect of Financial and Non-financial Incentives on Job Satisfaction: An Examination of Food Chain Premises in Turkey. *International Business Research*, 5(10):136-145.

Esfahani, M. S. & Dougherty, E. R. 2014. Effect of separate sampling on classification accuracy. *Bioinformatics Original Paper*, 30(2):242–250.

Estedadi, E., Shahhoseini, R. & Hamidi, K., 2015. The importance of succession planning in organizations. *Advanced Social Humanities and Management*, (7):41-47.

Etikan, I., Alkassim, R. & Abubakar, S. 2016. Comparison of Snowball Sampling and Sequential Sampling Technique. *Biometrics & Biostatistics International Journal*, 3(1):1-2.

Etikan, I., Musa, S. A. & Alkassim, R. S. 2016. Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1):1-4.

Evans, C. 2014. Diversity management and organizational change: what can institutional theory contribute to our understanding of the lack of radical change?. *Equality, Diversity and Inclusion: An International Journal*, 33(6):482-493.

Eybers, C. 2010. *Copreneurships in South African small and medium-sized family businesses*. Unpublished Doctoral thesis, Nelson Mandela Metropolitan University.

Eyisi, D. 2016. The Usefulness of Qualitative and Quantitative Approaches and Methods in Researching Problem-Solving Ability in Science Education Curriculum. *Journal of Education and Practice*, 7(15):91-100.

Fabrigar, L. R. & Wegener, D. T. 2012. *Exploratory factor analysis*. New York, NY: Oxford University Press.

Fagnani, J. 2011. *Work-family life balance: Future trends and challenges. The Future of Families to 2030*.

Faizan, R. & Zehra, N. 2016. Quality Work-Life as Predictor to Organisational Commitment under Contrasting Leadership Styles: IT Responses from Pakistans Private Software Houses. *Global Journal of Management and Business Research*, 16(6); 9-24.

Fard, S. S. M. H., Seyedyousefi, N. & Tohidi, F. 2015. Relationship between Organizational Commitment with Perceived Organizational Support and Job Satisfaction in Eghtesad Novin Bank. *Journal of Business and Management Sciences*, 3(5):148-153.

Farndale, E., Scullion, H. & Sparrow, P. 2010. The role of the corporate HR function in global talent management. *Journal of World Business*, (45):161–168.

Farrokhi, F. & Mahmoudi-Hamidabad, A. 2012. Rethinking Convenience Sampling: Defining Quality Criteria. *Theory and Practice in Language Studies*, 2(4):784-792.

Febriansyah, H. 2010. November. Endorsing Employee Engagement through Human Capital Approach. An Empirical Research. Proceedings of the 11th International Conference. *Social Responsibility, Professional Ethics, and Management*, 969-978.

Feder, G., Birner, R. & Anderson, J. R. 2011. The private sector's role in agricultural extension systems: Potential and limitations. *J. Agribusiness Dev. Emerg. Econ.*, 1 (1):31-54.

Feldmann, C. 2014. *Sampling and its relevance for sound data collection*. Organic Data Network Workshop.

Fenton, S. J., Roncancio, M. P., Sing, M., Sadhra, S. & Carmichael, F. 2014. *Workplace wellbeing programmes and their impact on employees and their employing organisations: A scoping review of the evidence base*. A collaboration between Health Exchange & University of Birmingham.

Fernandez, K. M. & Worasuwan, K. 2017. Drivers of Hotel Employee Retention: A Comparative Study. *Universal Journal of Management*, 5(11):497-501.

Ferreira, M. F. & Nascimento, E. D. 2016. Relationship between Personality Traits and Counterproductive Work Behaviors. *Psico-USF*, 21(3):677-685.

Ferreira, P. & de Oliveira, E. R. 2014. Does corporate social responsibility impact on employee engagement? *Journal of Workplace Learning*, 26(3/4):232-247.

Festing, M. & Schäfer, L. 2014. Generational challenges to talent management: A framework for talent retention based on the psychological-contract perspective. *Journal of World Business*, 49(2):262-271.

Fiorini, L., Griffiths, A. & Houdmont, J. 2016. Mixed Methods Research in the Health Sciences: A Review. *Malta Journal of Health Sciences*, 37-45.

Fitzgerald, M. 2014. *Talent and Talent Management Insights*. NHS Leadership Academy.

Fitzgerald, M. 2015. *Talent and Talent Management Insights*. NHS Leadership Academy.

Flanigan, D. 2011. *The Influence of Cultural Context on Vocational Assessment with Bicultural Latino/o College Students*. Unpublished Doctoral dissertation, University of Florida.

Fletcher, L. 2016. *Can flexible work arrangements boost engagement and desirable employee behaviour?*

Flick, U. 2013. *The SAGE Handbook of Qualitative Data Analysis*. Sage publishing.

Ford, J., Harding, N. & Stoyanova, D. 2010. *Talent Management and Development: An Overview of Current Theory and Practice*. Centre for Management Excellence.

Forslund, H. 2012. Performance management in supply chains: logistics service providers' perspective. *International Journal of Physical Distribution & Logistics Management*, 42(3):296-311.

Foster, C. L. 2015. Managing the flow of talent through organizations—a boundary-less model. *Development and learning in organizations: an international journal*, 29(1):15-19.

Fouka, G. & Mantzorou, M. 2011. What are the Major Ethical Issues in Conducting Research? Is there a Conflict between the Research Ethics and the Nature of Nursing? *Health Science Journal*, 5(1):3-14.

Foumani, G. E., Salehi, J. & Babakhani, M. 2015. The Relationship between resilience and personality traits in women. *Journal of Educational and Management Studies*, 5(2):116-120.

Fountain, D. M. 2016. *Relationships among work engagement, drivers of engagement, and bullying acts in registered nurses working in hospital settings*. Unpublished Doctoral dissertation, Rutgers University.

Fox, J. M. 2005. *Organizational Entrepreneurship and the Organizational Performance Linkage in University Extension*. Unpublished Doctoral Dissertation, Ohio State University.

Fraze, T., Elixhauser, A., Holmquist, L., & Johann, J. 2010. *Public Hospitals in the United States, 2008*. Healthcare Cost and Utilization Project, Statistical Brief #95.

Frederiksen, A. 2016. Job Satisfaction and Employee Turnover: A firm-level perspective. *German Journal of Human Resource Management*, 1-30.

Freitas, J. L., Bufrem, L. S. & Breda, S. M. 2016. Methodological choices for research in Information Science: Contributions to domain analysis. *Transinformação*, 28(1):5-14.

Frimpong, J. A., Helleringer, S., Awoonor-Williams, J. K., Yeji, F. & Phillips, J. F. 2011. Does supervision improve health worker productivity? Evidence from the Upper East Region of Ghana. *Tropical Medicine & International Health*, 16(10):1225-1233.

Frost, J. 2014. Values based leadership. *Industrial and Commercial Training*, 46(3):124-129.

Frumence, G., Nyamhanga, T., Mwangu, M. & Hurtig, A. K. 2013. Challenges to the implementation of health sector decentralization in Tanzania: experiences from Kongwa district council. *Global health action*, (6):1-12.

Fullerton, M. 2013. Bank of America Merrill Lynch taps the talent of those who have taken time out: Program puts people back in touch with the world of work *Human Resource Management International Digest*, 21(1):20-22.

Gakure, R. W., Kamau, A. W. & Waititu, A. G. 2013. Reward systems as determinant of talent management in public universities in Kenya. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 18(2):41-47.

Gamage, D. S. D. & Gooneratne, T. 2017. Management controls in an apparel group: an institutional theory perspective. *Journal of Applied Accounting Research*, 18(2):223-241.

Garavan, T. N., Carbery, R. & Rock, A. 2012. Mapping talent development: definition, scope and architecture. *European Journal of Training and Development*, 36(1):5-24.

Garcea, N., Linley, A., Mazurkiewicz, K. & Bailey, T. 2012. Future female talent development, *Strategic HR Review*, 11(4):199-204.

Gardner, D. G. & Deadrick, D. L. 2012. Moderation of selection procedure validity by employee race. *Journal of Managerial Psychology*, 27(4):365-382.

Gavrea, C., Iliuș, L. & Stegerea, R. 2011. Determinants of organizational performance: The case of Romania. *Management & Marketing*, 6(2):285-300.

Geldenhuis, M., Laba, K. & Venter, C. M. 2014. Meaningful work, work engagement and organisational commitment. *SA Journal of Industrial Psychology*, 40(1):01-10.

Gelo, O., Braakmann, D. & Benetka, G. 2008. Quantitative and Qualitative Research: Beyond the Debate. *Integrative Psychological and Behavioral Science*, (42):266–290.

Gerard, L., McMillan, J. & D'Annunzio-Green, N. 2017. Conceptualising sustainable Leadership. *Industrial and Commercial Training*, 49(3):116-126.

Ghadi, I., Alwi, N. H., Abu Bakar, K. & Talib, O. 2012. Construct Validity Examination of Critical Thinking Dispositions for Undergraduate Students in University Putra Malaysia. *Higher Education Studies*, 2(2):138-145.

Ghani, N. M. A., Yunus, N. S. N. M. & Bahry, N. S. 2016. Leader's Personality Traits and Employees Job Performance in Public Sector, Putrajaya. *Procedia Economics and Finance*, (37):46-51.

Ghauri, P. & Gronhaug, K. 2010. Research methods in business studies. 4th edition. Essex, England: Prentice Hall.

Ghazali, N. H. M. 2016. A Reliability and Validity of an Instrument to Evaluate the School-Based Assessment System: A Pilot Study. *International Journal of Evaluation and Research in Education (IJERE)*, 5(2):148-157.

Ghosh, P., Chauhan, R. & Rai, A. 2015. Supervisor support in transfer of training: looking back at past research. *Industrial and Commercial Training*, 47(4):201-207.

Ghosh, R., Haynes, R. K. & Kram, K. E. 2013. Developmental networks at work: holding environments for leader development. *Career Development International*, 18(3):232-256

Giauque, D., Resenterra, F. & Siggen, M. 2014. Antecedents of Job Satisfaction, Organizational Commitment and Stress in a Public Hospital: A P-E Fit Perspective. *Public Organization Review*, 1-21.

Gill, J. & Johnson, P. 2010. *Research Methods for Managers*. 4th Edition. London, Thousand Oaks & New Delhi: Sage Publications Ltd.

Gilmore, S. & Sillince, J. 2014. Institutional theory and change: the deinstitutionalisation of sports science at Club X. *Journal of organizational change management*, 27(2):314-330.

Gilson, L. & Agyepong, I. A. 2018. Strengthening health system leadership for better governance: what does it take?. *Health Policy and Planning*, (33): ii1–ii4.

Giorgi, G., Dubin, D. & Perez, J. F. 2016. Perceived Organizational Support for Enhancing Welfare at Work: A Regression Tree Model. *Frontiers in Psychology*, 7(1770):1-9.

Gittell, J. H., Seidner, R. & Wimbush, J. 2010. A relational model of how high-performance work systems work. *Organization science*, 21(2):490-506.

Giunchi, M., Chambel, M. J. & Ghislieri, C. 2015. Contract moderation effects on temporary agency workers' affective organizational commitment and perceptions of support. *Personnel Review*, 44(1):22-38.

Glaister, A. J., Karacay, G., Demirbag, M. & Tatoglu, E. 2018. HRM and performance—The role of talent management as a transmission mechanism in an emerging market context. *Human Resource Management Journal*, 28(1):148-166.

Glastra, F. J. & Meerman, M. 2012. Developing ethnic talent in the Dutch national tax administration: a case study. *European Journal of Training and Development*, 36(1):105-124.

Glover, J. L., Champion, D., Daniels, K. J. & Dainty, A. J. D. 2014. An Institutional Theory perspective on sustainable practices across the dairy supply chain. *International Journal of Production Economics*, (152):102-111.

Glückler, J. & Lenz, R. 2016. How institutions moderate the effectiveness of regional policy: A framework and research agenda. *Investigaciones regionales: Journal of Regional Research*, (36):255-277.

Gogtay, N. J. & Thatte, U. M. 2016. Samples and their Size: The Bane of Researchers (Part I). *Journal of the Association of Physicians of India*, (64):66-69.

Gogtay, N. J., Deshpande, S. P. & Thatte, U. M. 2017. Principles of Regression Analysis. *Journal of the Association of Physicians of India*, (65):48-52.

Gokul, A., Sridevi, G. & Srinivasan, P. T. 2012. The Relationship Between Perceived Organizational Support, Work Engagement and Affective Commitment. *AMET International Journal of Management*, 29-37.

Goldstein, H., Lynn, P., Muniz-Terrera, G., Hardy, R., O'Muircheartaigh, C., Skinner, C. J. & Lehtonen, R. 2015. Population sampling in longitudinal surveys. *Longitudinal and Life Course Studies*, 6(4):447-475.

Gonos, J. & Gallo, P. 2013. Model for Leadership Style Evaluation. *Management*,

18(2):157-168.

González, C. 2013. Succession planning at Notre Dame: lessons for librarians. *New Library World*, 114(9/10):408-415.

Good, M. J., Taylor, W. W., Robertson, J., Demmer, W. & Burroughs, J. 2016. Developing Future Leaders, *Fisheries*, 41(10):566-568.

Goodell, A. J., Kahn, J. G. Ndeki, S. S., Kaale, E., Kaaya, E. E. & Macfarlane, S. B. J. 2017. Modeling solutions to Tanzania's physician workforce challenge, *Global Health Action*, 1-11.

Goodman, A. 2015. The development of the Qatar Healthcare System: A review of the literature. *International Journal of Clinical Medicine*, (6):177-185.

Goodman, J. K., Cryder, C. E. & Cheema, A. 2012. Data collection in a flat world: The strengths and weaknesses of Mechanical Turk samples. *Advances in Consumer Research*, (40):112-116.

Gopalan, V., Abu Bakar, J. A., Zulkifli, A. N., Alwi, A. & Mat, R. C. 2017. *A Review of the Motivation Theories in Learning*. The 2nd International Conference on Applied Science and Technology.

Gottlieb, E. 2012. Mosaic leadership: charisma and bureaucracy in Exodus 18. *Journal of Management Development*, 31(9):974-983.

Govaerts, N., Kyndt, E., Dochy, F. & Baert, H. 2011. Influence of learning and working climate on the retention of talented employees. *Journal of Workplace Learning*, 23(1):35-55.

Govule, P., Mugisha, J. F., Katongole, S. P., Maniple, E., Nanyingi, M. & Onzima, R. A.

D. 2015. Application of workload indicators of staffing needs (WISN) in determining health workers' requirements for Mityana general hospital, Uganda. *International Journal of Public Health Research*, 3(5):254-63.

Graen, G. B. & Schiemann, W. A. 2013. Leadership-motivated excellence theory: an extension of LMX. *Journal of Managerial Psychology*, 28(5):452-469.

Graham, A. 2011. Public Sector Financial Management for Managers.

Gray, H. J. & Plucker, J. A. 2010. "She's a Natural": Identifying and Developing Athletic Talent. *Journal for the Education of the Gifted*, 33(3):361–380.

Green, A. 2015. Tackling childhood tuberculosis in Uganda. *Lancet Respir Med*, 3(4):273.

Greener, S. 2008. Business Research Methods. Ventus Publishing

Groves, R. M., Fowler Jr, F. J., Couper, M. P., Lepkowski, J. M., Singer, E. & Tourangeau, R. 2011. *Survey methodology*. London: John Wiley & Sons.

Guerard, J. B. 2013. Regression analysis and forecasting models. *Introduction to Financial Forecasting in Investment Analysis*, 19-45.

Guinn, S. L. 2012. Predicting successful people. *Strategic HR Review*, 12(1):26-31.

Gupta, K. S. & Rokade, V. 2016. Importance of Quality in Health Care Sector: A Review. *Journal of Health Management*, 18(1):84–94.

Habtom, G. K. 2017. Designing innovative pro-poor healthcare financing system in sub-Saharan Africa: The case of Eritrea. *Journal of Public Administration and Policy Research*, 9(4):51-67.

Habtoor, N. 2016. Influence of human factors on organisational performance: Quality improvement practices as a mediator variable. *International Journal of Productivity and Performance Management*, 65(4):460-484.

Hall-Ellis, S. D. 2015. Succession planning and staff development – a winning combination. *The Bottom Line*, 28(3):95-98.

Hamwi, G. A., Rutherford, B. N. & Boles, J. S. 2011. Reducing emotional exhaustion and increasing organizational support. *Journal of Business & Industrial Marketing*, 26(1):4-13.

Hanlon, B. & Larget, B. 2011. *Samples and Populations*.

Happell, B., Dwyer, T., Reid-Searl, K., Burke, K. J., Caperchione, C. M. & Gaskin, C. J. 2013. Nurses and stress: recognizing causes and seeking solutions. *Journal of nursing management*, 21(4):638-647.

Haque, A. U. & Aston, J. 2016. A relationship between occupational stress and organisational commitment of IT sector's employees in contrasting economies. *Polish Journal of Management Studies*, 14(1):95-105.

Harlacher, J. 2016. *An Educator's Guide to Questionnaire Development*. REL 2016-108. Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory Central.

Harris, E. P., Northcott, D., Elmassri, M. M. & Huikku, J. 2016. Theorising strategic investment decision-making using strong structuration theory. *Accounting, Auditing & Accountability Journal*, 29(7):1177-1203.

Harris, J. G., Craig, E. & Light, D. A. 2011. Talent and analytics: new approaches, higher ROI. *Journal of Business Strategy*, 32(6):4-13.

Harwell, M. R. 2011. *Research design in qualitative/quantitative/mixed methods: The Sage handbook for research in education*. 2nd edition. Los Angeles: Sage.

Hasle, P., Bojesen, A., Jensen, P. L. & Bramming, P. 2012. Lean and the working environment: a review of the literature, *International Journal of Operations & Production Management*, 32(7):829 – 849.

Hayward, S. 2010. Engaging employees through whole leadership. *Strategic HR Review*, 9(3):11-17.

Heale, R. & Twycross, A. 2015. Validity and reliability in quantitative studies. *Evid Based Nurs*, 18(3):66-67.

Health Policy Project Report. 2016. *Tanzania: Health Financing Profile*.

Hejase, H. J., Hejase, A. J., Mikdashi, G. & Bazeih, Z. F. 2016. Talent Management Challenges: An Exploratory Assessment from Lebanon. *International Journal of Business Management and Economic Research (IJBMER)*, 7(1):504-520.

Henseler, J., Ringle, C. M. & Sarstedt, M. 2015. A new criterion for assessing discriminant validity in variance-based structural equation modeling. *J. of the Acad. Mark. Sci.*, (43):115–135.

Heshmati, B. & Jed, S. M. M. 2015. Relationship of psychological contract and employees' job engagement (An investigation of the millennium generation and the impacts of various generations). *International Letters of Social and Humanistic Sciences*, (62):16-26.

Hesse-Biber, S.N. & Leavy, P. 2010. *The practice of qualitative research*. Los Angeles: Sage.

Heyvaert, M. Maes, B. & Onghena, P. 2011. *Mixed methods research synthesis: definition, framework and potential*. Qual Quant.

Hickmann, M., Mbuya-Brown, R. & Dutta, A. 2014. *Strengthening Tanzania's Health System*.

Hlatywayo, C. K., Mhlanga, T. S. & Zingwe, T. 2013. Neuroticism as a determinant of job satisfaction among bank employees. *Mediterranean Journal of Social Sciences*, 4(13):549 - 554.

Hoek, J., O'Kane, P. & McCracken, M. 2016. Publishing personal information online: How employers' access, observe and utilise social networking sites within selection procedures. *Personnel Review*, 45(1):67-83.

Hofer, R. A., Hofer, C., Eroglu, C. & Waller, M. A. 2011. An institutional theoretic perspective on forces driving adoption of lean production globally: China vis-à-vis the USA. *The International Journal of Logistics Management*, 22(2):148-178.

Hoffman, A. J. & Jennings, P. D. 2015. Institutional theory and the natural environment: Research in (and on) the Anthropocene. *Organization & Environment*, 28(1):8-31.

Höglund, M. 2012. Quid pro quo? Examining talent management through the lens of psychological contracts. *Personnel Review*, 41(2):126-142.

Holahan, J., Blumberg, L. J., Clemans-Cope, L., McMorrow, S. & Wengle E. 2017. *The Evidence on Recent Health Care Spending Growth and the Impact of the Affordable Care Act*.

Hollingsworth, S. 2015. *Investigate Attitudes towards Talent Management in an IT Organisation*. Unpublished master's Dissertation, National College of Ireland.

Hoogland, J., van der Loo, M., Pannekoek, J. & Scholtus, S. 2011. *Data editing*. Statistics Netherlands, The Hague/Heerle.

Hook, D., Than, T. M. & Ninh, K. N. B. 2015. *Conceptualizing Public Sector Reform in Myanmar*.

Hoole, C. & Hotz, G. 2016. The impact of a total reward system of work engagement. *SA Journal of Industrial Psychology*, 42(1):1-14.

Hooper, D. 2012. Exploratory Factor Analysis, in Chen, H. (Ed.), *Approaches to Quantitative Research – Theory and its Practical Application: A Guide to Dissertation Students*, Cork, Ireland: Oak Tree Press.

Horvathova, P. 2011. Acquisition of Talents from Organization's Internal Sources. *International Conference on Business and Economics Research*, 5-9.

Hossain, M. S., Himi, S. T. & Al Ameen, J. 2017. Strategic Use of Exit Interviews: The Art of Retention. *Asian Journal of Economics, Business and Accounting*, 2(4):1-12.

Hosseinkhanzadeh, A. A. & Taher, M. 2013. The relationship between personality traits with life satisfaction. *Sociology Mind*, 3(1):99-105.

Houseman, S. N. 2014. *Temporary agency work*. IZA World of Labor.

Howell, A. 2017. Engagement starts at the top: the role of a leader's personality on employee engagement. *Strategic HR Review*, 16(3):144-146.

Hsu, D. K., Shinnar, R. S. & Powell, B. C. 2014. Expectancy theory and entrepreneurial motivation: A longitudinal examination of the role of entrepreneurship education. *Journal of Business and Entrepreneurship*, 26(1):121-140.

Hsu, Y. R. 2011. Work-family conflict and job satisfaction in stressful working environments: The moderating roles of perceived supervisor support and internal locus of control. *International Journal of Manpower*, 32(2):233-248.

Huang, M. L. & Cao, L. H. 2016. The Relationship between Institutional Capital and Competitive Advantage: Literature Review and Future Research. *Open Journal of Business and Management*, (4):94-104.

Hung, A. 2013. *Understanding talent attraction: Perceived attractiveness of financial reward elements*. Unpublished Master's Dissertation, University of Cape Town.

Hur, W., Moon, T. W. & Jun, J. 2013. The role of perceived organizational support on emotional labor in the airline industry. *International Journal of Contemporary Hospitality Management*, 25(1):105-123.

Hurst, J., Leberman, S. & Edwards, M. 2016. Women managing women: Intersections between hierarchical relationships, career development and gender equity. *Gender in Management: An International Journal*, 31(1):61-74.

Husin, S., Chelladurai, P. & Musa, G. 2012. HRM practices, organisational citizenship behaviors, and perceived service quality in golf courses. *Journal of Sport Management*, (26):143-158.

Hussain, A. B. & Endut, N. 2018. Do decent working conditions contribute to work-life balance: A study of small enterprises in Bangladesh. *Asia Pacific Journal of Innovation and Entrepreneurship*, 12(1):90-104.

Huynh, T. T. 2016. Library succession planning process in Vietnam. *New Library World*, 117(11/12):756-767.

Ifeoma, O., Purity, N. & Okoye-Nebo, C. 2015. Effective Talent Management: Key To Organisational Success. *Journal of Policy and Development Studies*, 9(2):95-106.

Iles, P., Chuai X. & Preece, D. 2010. Talent Management and HRM in Multinational companies in Beijing: Definitions, differences and drivers. *Journal of World Business*, (45):179–189.

Ingram, T. & Glod, W. 2016. Talent management in healthcare organisations -qualitative research results. *Procedia Economics and Finance*, (39):339 – 346.

Ingram, T. 2016. Relationships between talent management and organizational performance: The role of climate for creativity. *Entrepreneurial Business and Economics Review*, 4(3):195-205.

Institute for Health Metrics and Evaluation (IHME). 2014. *Health Service Provision in Uganda: Assessing Facility Capacity, Costs of Care, and Patient Perspectives*. Seattle, WA:IHME.

International Federation of Accountants. 2013. *Good Governance in the Public Sector— Consultation Draft for an International Framework*. Consultation Draft.

Iqbal, A., Tufail, M. S. & Lodhi, R. N. 2015. Employee loyalty and organisational commitment in Pakistani organisations. *Global Journal of Human Resource Management*, 3(1):1-11.

Iqbal, N., Anwar, S. & Haider, N. 2015. Effect of Leadership Style on Employee Performance. *Arabian Journal of Business and Management Review*, 5(5):1-6.

Irawanto, D. W. 2015. Employee participation in decision making: Evidence from state owned enterprise in Indonesia. *Management: journal of contemporary management*

issues, 20(1):159-172.

Irpan, H. M., Saad, R. M., Nor, A. H. S. M., Noor, A. H. M. & Ibrahim, N. 2016. Impact of foreign direct investment on the unemployment rate in Malaysia. *Journal of Physics: Conference Series*, 710(1):1-10.

Ishak, N. M. & Bakar, A. Y. A. 2014. Developing sampling frame for case study: challenges and conditions. *World Journal of Education*, 4(3):29-35.

Ismail, A., Nor, S. M., Yahya, Z., Zahar, U. A. U., Ismail, Y. & Abu Samah, A. J. 2013. Social Support in Job Performance as an Antecedent of Work Intrusion on Family Conflict: Empirical Evidence. *Management*, 18(2):37-55.

István, J. 2011. Assessment of the personality of sales people in the financial sector via the use of the S-CPI questionnaire. *PeriodicaOeconomica*, (IV):175–189.

Izquierdo, I., Olea, J. & Abad, F. J. 2014. Exploratory factor analysis in validation studies: Uses and recommendations. *Psicothema*, 26(3):395-400.

Izquierdo, M. C. & Pedrero, E. F. 2014. Estimating the reliability coefficient of tests in presence of missing values. *Psicothema*, 26(4):516-523.

Jackson, E. M., Rossi, M. E., Hoover, E. R. & Johnson, R. E. 2012. Relationships of leader reward behavior with employee behavior: Fairness and morale as key mediators. *Leadership & Organization Development Journal*, 33(7):646-661.

Jain, N. K., Srivastava, P. & Owens, D. L. 2014. Leader-member exchange and resource accessibility of subordinates: Perception towards MNC global integration strategy. *Leadership & Organization Development Journal*, 35(6):494-512.

Jain, R. & Kaur, S. 2014. Impact of Work Environment on Job Satisfaction. *International*

Journal of Scientific and Research Publications, 4(1):1-8.

Jakobsson, U. 2011. Testing construct validity of the 13-item sense of coherence scale in a sample of older people. *The Open Geriatric Medicine Journal*, (4):6-13.

Jakubik, M. 2016. Talent Engagement Framework as a Journey to Performance. *Review of Innovation and Competitiveness*, 2(3):101-121.

James, W., O'Hanlon, B., Chee, G., Malangalila, E., Kimambo, A., Coarasa, J., Callahan, S., Levey, I. R. & McKeon, K. 2013. *Tanzania Private Sector Assessment*.

Jangbahadur, U. & Sharma, V. 2018. Measuring Employee Development. *Global Business Review*, 19(2):455-476.

Jantan, H., Hamdan, A. R. & Othman, Z. A. 2011. *Data Mining Classification Techniques for Human Talent Forecasting, Knowledge-Oriented Applications in Data Mining*.

Jayaweera, T. 2015. Impact of work environmental factors on job performance, mediating role of work motivation: a study of hotel sector in England. *International journal of business and management*, 10(3):271-278.

Jeelani, M. I., Nazir, N., Mir, S. A., Jeelani, F., Dar, N. A., Haq, S., Maqbool, S., Wani, S. 2014. Application of Simple Random Sampling in Agriculture using R-software, *Indian Journal of Science and Technology*, 7(5):706–709.

Jehanzeb, K. & Bashir, N. A. 2013. Training and development program and its benefits to employee and organization: A conceptual study. *European Journal of business and management*, 5(2):243-252.

Jervis, M. G. & Drake, M. A. 2014. The Use of Qualitative Research Methods in

Quantitative Science: A Review. *Journal of Sensory Studies*, (29):234–247.

Jha, V. 2016. Training and development program and its benefits to employee and organization: A conceptual study. *International Journal of Scientific Research in Science and Technology*, (2):80-86.

Johanson, G. A. & Brooks, G. P. 2010. Initial Scale Development: Sample Size for Pilot Studies. *Educational and Psychological Measurement*, 70(3):394–400.

Johansson, G., Sandahl, C. & Andershed, B. 2011. Authentic and congruent leadership providing excellent work environment in palliative care, *Leadership in Health Services*, 24(2):135-149.

John, A. C. 2015. Reliability and Validity: A Sine Qua Non for Fair Assessment of Undergraduate Technical and Vocational Education Projects in Nigerian Universities. *Journal of Education and Practice*, 6(34):68-75.

Johnson, M. D., Morgeson, F. P. & Hekman, D. R. 2012. Cognitive and affective identification: Exploring the links between different forms of social identification and personality with work attitudes and behavior. *Journal of Organizational Behavior*, 33(8):1142-1167.

Jones, K. D. 2010. The Unstructured Clinical Interview. *Journal of Counseling & Development*, (88):220-226.

Jong, Y. O. & Jung, C. K. 2015. The Development of Interview Techniques in Language Studies: Facilitating the Researchers' Views on Interactive Encounters. *English Language Teaching*, 8(7):30-39.

Jonker, J. & Pennink, B. W. 2010. *The Essence of Research Methodology: A Concise Guide for Master and Ph.D Students in Management Science*. Heidelberg: Springer Verlag.

Joy, M. M. & Chiramel, M. J. 2016. Importance of Perceived Organizational Support in Controlling Employee withdrawal Behaviors. *Conference Proceeding of 4th International Conference on Recent Innovation in Science, Technology and Management (ICRISTM-16)*, 70-74.

Judge, T. A., Piccolo, R. F., Podsakoff, N. P., Shaw, J. C. & Rich, B. L. 2010. The relationship between pay and job satisfaction: A meta-analysis of the literature. *Journal of Vocational Behavior*, (77):157–167.

Jugenheimer, D. W., Kelley, L. D., Hudson, J. & Bradley, S. D. 2014. *Advertising and public relations research*. New York: ME Sharpe.

Juhdi, N., Pa'wan, F. & Hansaram, R. 2015. Employers' experience in managing high potential employees in Malaysia. *Journal of Management Development*, 34(2):187-201.

Jusuf, A. H., Mahfudnurnajamuddin, Mallongi, S. & Latief, B. 2016. The effect of career development, leadership style and organizational culture on job satisfaction and organizational commitment. *International Journal of Business and Management Invention*, 5(3):7-17.

Kabagenyi, A., Habaasa, G. & Rutaremwa, G. 2016. Low Contraceptive Use among Young Females in Uganda: Does Birth History and Age at Birth have an Influence? Analysis of 2011, Demographic and Health Survey. *Journal of Contraceptive Studies*, 1(4):1-7.

Kachapova, F. & Kachapov, I. 2010. Orthogonal projection in teaching regression and financial mathematics. *Journal of Statistics Education*, 18(1):1-18.

Kadowa, I. 2017. *A case study of the Uganda National Minimum Healthcare Package*. Equinet Discussion Paper 110.

Kaewsang-On, R. 2016. *Talent Management: A Critical Investigation in the Thai Hospitality Industry*. Unpublished Doctoral thesis, University of Salford.

Kagwiria, M. F. 2016. *Employee Perception on Talent Management Strategy and Staff Retention at Deloitte Kenya*. Unpublished Master's Dissertation, University of Nairobi.

Kahrobaei, S. & Mortazavi, S. 2016. How leader–member exchange can uplift team's energy to increase creative work involvement. *Team Performance Management*, 22(1/2):75-91.

Kajja, I. & Sibinga, C. T. S. 2016. Seeking health care from a general hospital in Uganda following a fracture or a Dislocation. *African Journal of Emergency Medicine*, (6):174–179.

Kajuna, D. 2014. *What Can Tanzania's Health Care System Learn From OECD Countries?* Unpublished Master's Thesis, University of Oslo.

Kajungu, D., Lukwago, D. & Tumushabe, G. 2015. *Assessing Public Expenditure Governance in Uganda's Health Sector: The case of Gulu, Kamuli, and Luweero Districts: Application of an Innovative Framework*. ACODE Policy Research Series, No. 69.

Kajungu, T. & Mugisha, J. 2015. Role of remuneration in retention of health workforce in a rural district setting in Uganda. *International Journal of Public Health Research*, 3(1):10-16.

Kakooza, J. B., Tusiime, I., Odoch, H., & Bagire, V. 2015. Quality Management Practices and Performance of Public hospitals in Uganda. *International Journal of Management Science and Business Administration*, 1(7):22-29.

Kakumba, U. & Fennell, S. 2014. Human Resources Retention in Local Government: Review of Uganda's Policy and Institutional Mechanisms for Performance. *Loyola Journal of Social Sciences*, XXIX(2):197-220.

Kaliannan, M., Abraham, M. & Ponnusamy, V. 2015. Effective talent management in Malaysian SMES: A proposed framework. *Proceedings of the Asia Pacific Conference on Business and Social Sciences 2015*, 644–72.

Kalidass, A. & Bahron, A. 2015. The relationship between perceived supervisor support, perceived organizational support, organizational commitment and employee turnover intention. *International Journal of Business Administration*, 6(5):82-89.

Kalisya, L. M., Salmon, M., Manwa, K., Muller, M. M., Diango, K., Zaidi, R., Wendel, S. K. & Reynolds, T. A. 2015. The state of emergency care in Democratic Republic of Congo. *African Journal of Emergency Medicine*, (5):153–158.

Kalkavan, S. & Katrinli, A. 2014. The effects of managerial coaching behaviors on the employees' perception of job satisfaction, organisational commitment, and job performance: Case study on insurance industry in Turkey. *Procedia-Social and Behavioral Sciences*, (150):1137-1147.

Kalpana, R. 2018. Job Involvement Factors' related with organisational Support–A Study. *Journal of Exclusive Management Science*, 6(07):1-5.

Kaltenbrunner, M., Bengtsson, L., Mathiassen, S. E. & Engström, M. 2017. A questionnaire measuring staff perceptions of Lean adoption in healthcare: development and psychometric testing. *BMC Health Services Research*, 17(235):1-11.

Kamwesiga, J. K. I. 2011. *Uganda Health care system*.

Kang, H. 2013. The prevention and handling of the missing data. *Korean journal of anesthesiology*, 64(5):402-406.

Kareem, A. O., Oshungade, I. O & Oyeyemi, G. M. 2015. A Note on the Precision of Stratified Systematic Sampling. *Open Journal of Statistics*, (5):104-112.

Karuri, M. & Nahashon, L. 2015. Effect of Talent Management on Employee Outcomes: A Case Study of Central Bank of Kenya. 2(43):882-899.

Kasekende, F., Byarugaba, K. J. & Nakate, M. 2013. Employee satisfaction: Mediator of organizational service orientation and employee retention. *Journal of Business and Management*, 19(3):41-61.

Kasekende, F., Munene, J. C., Ntayi, J. M. & Ahiauzu, A. 2015. The interaction effect of social exchanges on the relationship between organizational climate and psychological contract. *Leadership & Organization Development Journal*, 36(7):833-848.

Kasimbazi, E. & Kabwa, P. 2013. *Report On the Review of Health Policies and Laws Relevant To the Establishment of the Health Professions Authority in Uganda*.

Katamba, H. S. 2011. *Factors Affecting Voluntary Nursing Staff Turnover in Mengo Hospital*. Unpublished Master's Dissertation, University of South Africa.

Katongole, S. P., Mugisha, J. F., Anguyo, R., Bikaitwoha, E. M. & Wampande. L. N. 2015. Perceptions of Health Workers and Managers on the Use of Non-Monetary Human Resource Motivation Tools in General Hospitals of Central Uganda. *International Journal of Public Health Research*, 3(5):264-270.

Kauppi, K. 2013. Extending the use of institutional theory in operations and supply chain management research: Review and research suggestions. *International Journal of Operations & Production Management*, 33(10):1318-1345.

Kaur, R. 2017. Employee Retention Models and Factors Affecting Employees Retention in IT Companies. *International Journal of Business Administration and Management*, 7(1):161-174.

Kayiwa, S. 2015. *Uganda to revamp ailing health care sector*.

Kayode, A., Arome, A. & Silas, A. 2014. The rising rate of unemployment in Nigeria: the socio-economic and political implications. *Global Business and Economics Research Journal*, 3(1):68 – 89.

Kayombo, E. J., Uiso, F. C. & Mahunnah, R. L. 2012. Experience on healthcare utilization in seven administrative regions of Tanzania. *Journal of ethnobiology and ethnomedicine*, 8(5):1-8.

Kazuyuki, M. & Kuo-lin, W. 2006. Illusion of career development theories: For the departure of developing a demonstrative career development theory. *The Economic Journal of Takasaki City University of Economics*, 49(2):17-30.

Kealesitse, B., O'Mahony, B., Lloyd-Walker, B. & Polonsky, M. J. 2013. Developing customer-focused public sector reward schemes: Evidence from the Botswana government's performance-based reward system (PBRS). *International Journal of Public Sector Management*, 26(1):33-55.

Keçecioglu, T. & Yılmaz, M. K. 2014. An Application on the Brand of Talent Management Perspective. *Journal of Yasar University*, 9(35):6099-6260.

Kehinde, J. S. 2012. Talent Management: Effect on Organizational Performance. *Journal of Management Research*, 4(2):178-186.

Kelly, K. 2013. *Identifying High - Potential Talent in the Workplace*. UNC Executive Development.

Keoye, K. N. 2014. *Examining the Effect of Talent Management On Organizational Performance: A Case Of Comply Limited, Nakuru*. Unpublished Master's Dissertation, Kenyatta University.

Kern, S. E. 2014. Inferential statistics, power estimates, and study design formalities continue to suppress biomedical innovation, 1-18.

Khalid, K., Hilman, H. & Kumar, D. 2012. Get along with Quantitative Research Process. *International Journal of Research in Management*, 2(2):15-29.

Khamlub, S., Harun-Or-Rashid, M. D., Sarker, M. A. B., Hirose, T., Outavong, P. & Sakamoto, J. 2013. Job satisfaction of health-care workers at health centers in Vientiane Capital and Bolikhamsai Province, Lao PDR. *Nagoya journal of medical science*, 75(3-4):233–241.

Khan, A. R. & Khandaker, S. 2016. Public and Private Organizations: How Different or Similar are They. *Journal of Siberian Federal University. Humanities & Social Sciences*, 12(9):2873-2885.

Khan, S., Amin, H. & Tahir, M. B. 2012. Impact of personality match/mismatch on employee level performance which ultimately affects organizational performance. *Global Journal of Management and Business Research*, 12(11):61-68.

Khatri, P., Gupta, S., Gulati, K. & Chauhan, S. 2010. Talent Management in HR. *Journal of Management and Strategy*, 1(1):39-46.

Khdour, N. 2016. The Reality of Talent Management Implementation: A Case Study on Royal Jordanian Airlines. *International Journal of Business and Management*, 11(6):145-158.

Kheirkhah, M., Akbarpouran, V. & Haghani, H. 2016. Relationship between Talent Management and Organizational Commitment in Midwives Working in Iran University of Medical Sciences. *Journal of Client-Centered Nursing Care*, 2(3):145-152.

Kheswa, P. T. 2015. *The role of Employer Branding in Talent Attraction and Talent Retention in South Africa*. Unpublished Master's Research Report, University of the Witwatersrand.

Khezri, S., Niknafs, S., Aidnlou, H. A., Alian, Z. N. & Eslamlou, S. M. 2016. The Impact of Talent Management on Productivity of Bank Mellat of West Azerbaijan Province. *International Academic Journal of Organizational Behavior and Human Resource Management*, 3(12):15-18.

Khizar, U. & Mustafa, D. J. 2016. Relationship between Personality Traits and Job Satisfaction of Police Officers in Punjab, Pakistan. *International Journal of Business and Social Science*, 7(7):109-113.

Khuong, M. N., Linh, L. T. M., Toan, N. O. & Phuong, N. T. M. 2016. The effects of personality and communication skill on employee job performance at multi-national companies in ho chi minh city, Vietnam. *Journal of Economics, Business and Management*, 4(4):296-302.

Kibozi, S. & Michael, F. 2018. Nexus between Work-Life Balance Practices and Affective Organisational Commitment: The Mediating Role of Transformational Leadership Style. *Business Management Review*, 21(1):60-73.

Kikoito, J. N. 2014. *Impact of Reward Systems on the Organizations Performance in Tanzanian Banking Industry: A Case of Commercial Banks in Mwanza City*. Unpublished Master's Dissertation, The Open University of Tanzania.

Kim, Y. 2010. The Pilot Study in Qualitative Inquiry Identifying Issues and Learning Lessons for Culturally Competent Research. *Qualitative Social Work*, 10(2):190-206.

Kimaite, N. 2016. *Corporate Governance and Organizational Performance of Commercial Banks in Uganda: A Case of Stanbic Bank Uganda Limited*. Unpublished Master's Dissertation, Uganda Technology and Management University (UTAMU).

Kimbugwe, G., Mshilla, M., Oluka, D., Nalikka, O., Kyangwa, J., Zalwango, S, Kilizza, U., Turyasiima, M., Ntambazi, L., Walugembe, F., & Galiwango, J. 2014. Challenges Faced by Village Health Teams (VHTs) in Amuru, Gulu and Pader Districts in Northern Uganda. *Open J Prev Med*, 4(9):740–750.

King, K. A. 2016. The talent deal and journey: Understanding how employees respond to talent identification over time. *Employee Relations*, 38(1):94-111.

King, K. A. 2017. The talent climate: Creating an organisational context supportive of sustainable talent development through implementation of a strong talent system. *Journal of Organizational Effectiveness: People and Performance*, 4(4):298-314.

Kirss, L., Kuusk, K., Rozeik, H. & Haaristo, H. 2014. *National Policies for International Talent attraction and retention in Estonia*. Praxis centre for Policy Studies.

Kitutu, F., Mayora, C., Awor, P., Birger, F., Peterson, S. & Wamani, H. 2014. Inclusion of private sector in district health systems; case study of private drug shops implementing modified Integrated Community Case Management (iCCM) strategy in Rural Uganda. *BMC Health Services Research*, 14(2):65.

Kivunja, C. & Kuyini, A. B. 2017. Understanding and Applying Research Paradigms in

Educational Contexts. *International Journal of Higher Education*, 6(5):26-41.

Kizito, S., Mukunya, D., Nakitende, J., Nambasa, S., Nampogo, A., Kalyesubula, R., Katamba, A. & Sewankambo, N. 2015. Career intentions of final year medical students in Uganda after graduating: the burden of brain drain. *BMC Medical Education*, 1-7.

Klami, A., Virtanen, S., Leppäaho, E. & Kaski, S. 2015. Group factor analysis. *IEEE transactions on neural networks and learning systems*, 26(9):2136-2147.

Klang, A. 2012. *The Relationship between Personality and Job Performance in Sales: A Replication of Past Research and an Extension to a Swedish Context*. Unpublished Master's Thesis, Stockholm University.

Klein, J. P., Gamon, C., Späth, C., Berger, T., Meyer, B., Hohagen, F., Hautzinger, M., Lutz, W., Vettorazzi, E., Moritz, S. & Schröder, J. 2017. Does recruitment source moderate treatment effectiveness? A subgroup analysis from the EVIDENT study, a randomised controlled trial of an internet intervention for depressive symptoms. *BMJ open*, (7):1-11.

Koch, T., Gerber, C. & de Klerk, J. J. 2018. The impact of social media on recruitment: Are you LinkedIn?. *SA Journal of Human Resource Management*, 16(1):1-14.

Koeberich, S., Glattacker, M., Jaarsma, T., Lohrmann, C. & Dassen, T. 2013. Validity and reliability of the German version of the 9-item European Heart Failure Self-care Behaviour Scale. *European Journal of Cardiovascular Nursing*, 12(2):150-158.

Kohestany, Z. & Yaghoubi, N. M. 2017. Investigating the Impact of Talent Management on the Retention of Human Resources: A Study in Zahedan Municipality. *International Review of Management and Marketing*, 7(3):138-142.

Konde-Lule, J., Gitta, S. N., Lindfors, A., Okuonzi, S., Onama, V. O. N. & Forsberg, B. C. 2010. Private and public health care in rural areas of Uganda, *BMC International Health and Human Rights*, 10(29):1-8.

Kongo, I. E. 2016. The Access to health care in the Democratic Republic of Congo: Major challenge for the poor. *Journal of Nursing and Palliative Care Services (NPCS)*, 1(1):6-8.

Koponen, A., Vahtera, J., Pitkäniemi, J., Virtanen, M., Pentti, J., Simonsen-Rehn, N., Kivimäki, M. & Suominen, S. 2013. Job strain and supervisor support in primary care health centres and glycaemic control among patients with type 2 diabetes: a cross-sectional study. *BMJ open*, (3):1-8.

Kopp, L. R. 2013. *The Effects of Perceived Supervisor Work-Life Support on Employee Work Life Balance, Job Satisfaction, Organizational Commitment, and Organizational Citizenship Behavior*. Unpublished Doctoral Dissertation, University of Wisconsin-Stout.

Kossivi, B., Xu, M. & Kalgora, B. 2016. Study on Determining Factors of Employee Retention. *Open Journal of Social Sciences*, (4):261-268.

Kothari, C. R. 2004. *Research methodology*. 2nd revised edition. New Age international Publishers.

Koulouriotis, J. 2011. Ethical Considerations in Conducting Research with Non-native Speakers of English. *Tesl Canada Journal/Revue Tesl Du Canada, Special Issue*, (5):1-15.

Kowalewski, S. J., Moretti, L. & McGee, D. 2011. Succession planning: Evidence from 'best companies in New York'. *International Journal of Management and Marketing Research*, 4(2):99-108.

Kretsos, L. & Livanos, I. 2016. The extent and determinants of precarious employment in Europe. *International Journal of Manpower*, 37(1):25-43.

Krishnan, J. & Mary, V. S. 2012. Perceived organisational support: an overview of its antecedents and consequences. *International Journal of multi-disciplinary research*, 2(4):1-13.

Krishnan, T. N. & Scullion, H. 2016. Talent management and dynamic view of talent in small and medium enterprises. *Human Resource Management Review*, 1-11.

Kronz, E. 2014. Acquiring and developing leaders on a global or multinational scale. *Strategic HR Review*, 13(6):249-254.

Kruk, M. E., Myers, M., Varpilah, S. T. & Dahn, B. T. 2015. What is a resilient health system? Lessons from Ebola. *Lancet*, (385):1910–12.

Kruse, F. & Thestrup, J. B. 2014. Research libraries' new role in research data management, current trends and visions in Denmark. *Liber Quarterly*, 23(4):310-335.

Kucherov, D. & Zavyalova, E. 2012. HRD practices and talent management in the companies with the employer brand. *European Journal of Training and Development*, 36(1):86-104.

Kula, S. & Guler, A. 2014. Influence of Supervisor Support on Job Satisfaction Levels: An Evaluation of Turkish National Police (TNP) Officers in the Istanbul Police Department. *International Journal of Criminal Justice Sciences (IJCJS)*, 9(2):209–224.

Kumar, R. 2011. *Research Methodology A Step-by-Step Guide for Beginners*. 3rd Edition. New Delhi: Sage.

Kumaran, M. 2015. Succession planning process that includes visible minority librarians. *Library Management*, 36(6/7):434-447.

Kunasegaran, M., Ismail, M., Rasdi, R. M., Ismail, I. A. & Ramayah, T. 2016. Talent development environment and workplace adaptation: The mediating effects of organisational support. *European Journal of Training and Development*, 40(6):370-389.

Kunerth, B. & Mosley, R. 2011. Applying employer brand management to employee Engagement. *Strategic HR Review*, 10(3):19-26.

Kurtessis, J. N., Eisenberger, R., Ford, M. T., Buffardi, L. C., Stewart, K. A. & Adis, C. S. 2017. Perceived Organizational Support: A Meta-Analytic Evaluation of Organizational Support Theory. *Journal of Management*, 43(6):1854–1884.

Kwenin, D. O. 2013. Relationship between Work Environment, Career Development Opportunities and Employee Retention in Vodafone Ghana Limited. *Global Journal of Human Resource Management*, 1(4):1-9.

Lamba, S. & Choudhary, N. 2013. Impact of HRM practices on organizational commitment of employees. *International Journal of Advancements in Research & Technology*, 2(4):407-423.

Lancaster, S. & Di Milia, L. 2014. Organisational support for employee learning: An employee perspective. *European Journal of Training and Development*, 38(7):642-657.

Lancaster, S., Di Milia, L. & Cameron, R. 2013. Supervisor behaviours that facilitate training transfer. *Journal of Workplace Learning*, 25(1):6-22.

Larsson, H., Tegern, M., Monnier, A., Skoglund, J., Helander, C., Persson, E., Malm, C., Broman, L. & Aasa, U. 2015. Content validity index and intra - and inter-rater reliability of a new muscle strength/ endurance test battery for Swedish soldiers. *PLOS ONE*, 10(7):1-13.

Leavy, B. 2016. Sydney Finkelstein: what makes a “superboss” super?. *Strategy & Leadership*, 44(6):9-15.

Leblebici, D. 2012. Impact of Workplace Quality on Employee’s Productivity: Case Study of a Bank in Turkey. *Journal of Business, Economics and Finance*, 1(1):38-49.

Lee, S. K., Bosworth, W. & Kudo, F. 2016. Compensation committees: independence and firm performance. *Managerial Finance*, 42(1):23-33.

Lega, F., Prenestini, A. & Spurgeon, P. 2013. Is management essential to improving the performance and sustainability of health care systems and organizations? A systematic review and a roadmap for future studies. *Value in Health*, 16(1):S46-S51.

Lesho, E., Okito, E. A., Mann, K., McCullough, M. & Hesse, E. 2014. Short Report: Collaborative Medical Engagement and Needs Assessment in the Democratic Republic of the Congo: A Preliminary Report from Muanda. *The American Society of Tropical Medicine and Hygiene*, 90(4):774–776.

Levin, R. & Kanza, Y. 2014. *Stratified-Sampling over Social Networks Using MapReduce*.

Li, J. & Yeo, R. K. 2011. Quality of work life and career development: perceptions of part-time MBA students. *Employee Relations*, 33(3):201-220.

Li, L., Hu, H., Zhou, H., He, C., Fan, L., Liu, X., Zhang, Z., Li, H. & Sun, T. 2014. Work stress, work motivation and their effects on job satisfaction in community health workers: a cross-sectional survey in China. *BMJ open*, 4(6):1-9.

Liao, S., Hu, D., Chung, Y. & Chen, L. 2017. LMX and employee satisfaction: mediating effect of psychological capital. *Leadership & Organization Development Journal*, 38(3):433-449.

Lin, P. Y., MacLennan, S., Hunt, N. & Cox, T. 2015. The influences of nursing transformational leadership style on the quality of nurses' working lives in Taiwan: a cross-sectional quantitative study. *BMC nursing*, 14(33):1-9.

Lin, W. & Cheng, K. 2013. Upper echelon compensation, performance, and the rhythm of firm internationalization. *Management Decision*, 51(7):1380-1401.

Lin, W. Q., Wu, J., Yuan, L. X., Zhang, S. C., Jing, M. J., Zhang, H. S., Luo, J. L., Lei, Y. X. & Wang, P. X. 2015. Workplace violence and job performance among community healthcare workers in China: The mediator role of quality of life. *International journal of environmental research and public health*, 12(11):14872-14886.

Linden, A. F., Sekidde, F. S., Galukande, M., Knowlton, L. M., Chackungal. S. & McQueen, K. A. K. 2012. Challenges of Surgery in Developing Countries: A Survey of Surgical and Anesthesia Capacity in Uganda's Public Hospitals. *World J Surg*, (36):1056–1065.

Linguissi, L. S. G., Gwom, L. C., Nkenfou, C. N., Bates, M., Petersen, E., Zumla, A. & Ntoumi, F. 2017. Health systems in the Republic of Congo: challenges and opportunities for implementing tuberculosis and HIV collaborative service, research and training activities. *International Journal of Infectious Diseases*, (56):62–67.

Linley, A. 2015. Best practices for finding hidden talent and empowering social mobility. *Strategic HR Review*, 14(5):194-198.

Linna, P., Pekkola, S., Ukko, J. & Melkas, H. 2010. Defining and measuring productivity in the public sector: managerial perceptions. *International Journal of Public Sector Management*, 23(3):300-320.

Lirio, P. 2014. Taming travel for work-life balance in global careers. *Journal of Global Mobility*, 2(2):160-182.

Litano, M. L. & Major, D. A. 2016. Facilitating a whole-life approach to career development: The role of organizational leadership. *Journal of Career Development*, 43(1):52-65.

Liu, Y. & Pearson, C. A. 2014. The importance of talent management: a study of Chinese organisations. *Journal of Chinese Economic and Foreign Trade Studies*, 7(3):153-172.

Ližbetinová, L. & Hitka, M. 2017. Selection of most suitable candidates for the talent pool in a furniture manufacturing company. *Drvna industrija: Znanstveni časopis za pitanja drvne tehnologije*, 67(4):333-340.

Lloyd, R. & Mertens, D. 2018. Expecting More Out of Expectancy Theory: History Urges Inclusion of the Social Context. *International Management Review*, 14(1):28-43.

Lo, H., Lin, C., Tung-Hsing L. & Tu P. 2014. The Mediator Effect of Career Development Between Personality Traits and Organisational Commitment: The Example of Sport Communication Technology Talents. *The Turkish Online Journal of Educational Technology*, 13(4):137-143.

Lodato, M. A., Highhouse, S. & Brooks, M. E. 2011. Predicting professional preferences for intuition-based hiring. *Journal of Managerial Psychology*, 26(5):352-365.

Loeb, S., Dynarski, S., McFarland, D., Morris, P., Reardon, S. & Reber, S. 2017. *Descriptive analysis in education: A guide for researchers*. (NCEE 2017–4023). National Center for Education Evaluation and Regional Assistance, Washington, DC: U.S.

Lopes, S. A. 2016. High performers are not superheroes: bridging exclusive and inclusive talent management approaches for law firm sustainability. *International Journal of the Legal Profession*, 23(2):207-231.

Lovšin, M. 2014. The (Un) Attractiveness of Vocational and Technical Education: Theoretical Background. *Center for Educational Policy Studies Journal*, 4(1):101-120.

Lowry, L. D. 2015. Bridging the business data divide: insights into primary and secondary data use by business researchers. *IASSIST Quarterly*, 14-25.

Luboga, S., Hagopian, A., Ndiku, J., Bancroft, E. & McQuide, P. 2011. Satisfaction, motivation and intent to stay among Ugandan physicians: a survey from 18 national hospitals. *International Journal of Health Planning and Management*, (26):2–17.

Lucas Jr, R. E. 2015. Human capital and growth. *American Economic Review*, 105(5):85-88.

Ludwick, T., Turyakira, E., Kyomuhangi, T., Manalili, K., Robinson, S. & Brenner, J. L. 2018. Supportive supervision and constructive relationships with healthcare workers support CHW performance: Use of a qualitative framework to evaluate CHW programming in Uganda. *Human resources for health*, 16(11):1-8.

Lufunyo, H. 2013. Impact of public sector reforms on service delivery in Tanzania. *Journal of Public Administration and Policy Research*, 5(2):26-49.

Lutoti, S., Oria, H., Anguma, B. H. & Kitutu, F. E. 2015. Institutional challenges to decentralization of health services in Uganda - a traditional review. *Sky Journal of Medicine and Medical Sciences*, 3(6):63 – 66.

Lutwama, G. W. 2011. *The performance of health workers in decentralised services in Uganda*. Unpublished Doctoral dissertation, University of South Africa.

Lutwama, G. W., Roos, J. H. & Dolamo, B. L. 2013. Assessing the implementation of performance management of health care workers in Uganda. *BMC Health Services Research*, 13(355):1-12.

Lyon, F., Möllering, G. & Saunders, M. LYRIA N. K. 2012. *Handbook of Research Methods on Trust Cheltenham*. Glos, GBR: Edward Elgar Publishing.

Lyria, R. K. 2013. Role of Talent Management on Organisation Performance in Companies Listed in Nairobi Security Exchange in Kenya: Literature Review. *International Journal of Humanities and Social Science*, 3(21):285-290.

Maamari, B. E. & Alameh, K. 2016. Talent Management Moderating the Relationship between Recruitment for the Highly Skilled and HR Policies. *Contemporary Management Research*, 12(1):121-138.

Maamari, B. E. & Majdalani, J. F. 2017. Emotional intelligence, leadership style and organizational climate. *International Journal of Organizational Analysis*, 25(2):327-345.

Mabaso, C. & Molo, C. 2016. Talent Attraction and Its Relationship to Organisational Productivity. *Canadian Social Science*, 12(10):21-33.

Mabaso, M. C. 2017. *The influence of rewards on job satisfaction and organisational commitment among academic staff at selected universities of technology in South Africa*. Unpublished Doctoral dissertation, Durban University of Technology.

Machado, C. & Davim, J. P. 2016. *Organizational Management: Policies and Practices*. Springer.

Maciel, E. D. S., Savay-da-Silva, L. K., Vasconcelos, J. S., Galvão, J. A., Sonati, J. G., da Silva, D. D. & Oetterer, M. 2013. Application of exploratory factor analysis to assess

fish consumption in a university community. *Food Science and Technology*, 33(1):99-106.

Mackintosh, M. & Tibandebage, P. 2016. *Health as a Productive Sector: Integrating Health And Industrial Policy*. THDR 2017: Background Paper No. 8; ESRF Discussion Paper 69.

Madegwa, L. & Muathe, S. M. A. 2013. A Critical Review of Talent Management: A Research Agenda. *International Journal of Science and Research (IJSR)*, 5(1):1131-1134.

Maduenyi, S., Oke, A. O., Fadeyi, O. & Ajagbe, M. A. 2015. Impact of organisational structure on organisational performance. *International Conference on African Development Issues (CU-ICADI): Social and Economic Models for Development Track*, 354-358.

Magidson, J. F., Roberts, B., Collado-Rodriguez, A. & Lejuez, C.W. 2014. Theory-Driven Intervention for Changing Personality: Expectancy Value Theory, Behavioral Activation, and Conscientiousness. *Dev Psychol.*, 50(5):1-17.

Magnano, P., Paolillo, A. & Barrano, C. 2015. Relationships between Personality and Burn-Out: An Empirical Study with Helping Professions' Workers. *International Journal of Humanities and Social Science Research*, (1):10-19.

Maheshwari, V., Gunesh, P., Lodorfos, G. & Konstantopoulou, A. 2017. Exploring HR practitioners' perspective on employer branding and its role in organisational attractiveness and talent management. *International Journal of Organizational Analysis*, 25(5):742-761.

Mahfoozi, A., Salajegheh, S., Ghorbani, M. & Sheikhi, A. 2018. Developing a talent management model using government evidence from a large-sized city, Iran. *Cogent Business & Management*, (5):1-15.

Mahsud, R., Yukl, G. & Prussia, G. 2010. Leader empathy, ethical leadership, and relations oriented behaviors as antecedents of leader -member exchange quality. *Journal of Managerial Psychology*, 25(6):561-577.

Maitra, B. & Mukhopadhyay, C. K. 2012. Public Spending On Education, Health Care and Economic Growth in Selected Countries of Asia and the Pacific. *Asia-Pacific Development Journal*, 19(2):19-48.

Makaske, I. C. 2015. *The effect of leadership behavior on work climate and team effectiveness*. Unpublished Bachelor's thesis, University of Twente.

Makela, S., Si, Y. & Gelman, A. 2017. *Bayesian Inference under Cluster Sampling with Probability Proportional to Size*.

Makinen, M., Sealy, S., Bitran, R. A., Adjei, S. & Munoz, R. 2011. *Private health sector assessment in Ghana (English)*. World Bank working paper; no. 210. Washington, DC: World Bank.

Makondo, O. & Makondo, L. 2014. Lessons on Attraction and Retention of Health Staff. *Journal of Sociology and Social Anthropology*, 5(3):361-367.

Makri, E. & Ntalianis, F. 2015. Post M & A ill-health: Main, moderating and mediating effects of job stressors and perceived organizational support. *Employee Relations*, 37(2):176-191.

Malik, M. E., Danish, R. Q. & Munir, Y. 2012. The impact of pay and promotion on job satisfaction: Evidence from higher education institutes of Pakistan. *American journal of economics*, 10(5):6-9.

- Malkawi, E. 2017. The Relationship between Talent Management and Organizational Commitment Case Study: Aqaba Special Economic Zone Authority, Jordan. *International Business and Management*, 14(1):80-84.
- Mang, C. 2012. Online job search and matching quality (No. 147). Ifo Working Paper.
- Mangusho, Y. S., Murei, R. K. & Nelima, E. 2015. Evaluation of Talent Management on Employees Performance in Beverage Industry: A Case of Delmonte Kenya Limited. *International Journal of Humanities and Social Science*, 5(8):191-199.
- Mangwi, A. R, Kolsteren, P., Batwala, V., Criel, B., Orach, C. G. 2016. Effect of Village Health Team Home Visits and Mobile Phone Consultations on Maternal and Newborn Care Practices in Masindi and Kiryandongo, Uganda: A Community-Intervention Trial. *PLOS ONE*, 11(4):1-19.
- Maniple, E. B. 2015. "I found myself staying"-A case study of the job embeddedness and retention of qualified health workers in rural and remote areas of Uganda. Unpublished PhD Thesis. Dublin: Royal College of Surgeons in Ireland.
- Markey, R., Ravenswood, K. & Webber, D. J. 2012. *The impact of the quality of the work environment on employees' intention to quit*. UWE Economic Paper Series 1220.
- Markos, S. & Sridevi, M. S. 2010. Employee Engagement: The Key to Improving Performance. *International Journal of Business and Management*, 5(12):85-96.
- Martin, F. 2011. Lafarge develops employee talent through e-learning. *Industrial and Commercial Training*, 43(5):291-296.
- Martinez, J. C., King, M. P. & Cauchi, R. 2016. *Improving the Health Care System: Seven State Strategies*.

Martínez-Mesa, J., González-Chica, D. A., Duquia, R. P., Bonamigo, R. R. & Bastos, J. L. 2016. Sampling: how to select participants in my research study? *Anais brasileiros de dermatologia*, 91(3):326-330.

Martin-Perez, V. & Martin-Cruz, N. 2015. The mediating role of affective commitment in the rewards–knowledge transfer relation. *Journal of Knowledge Management*, 19(6):1167-1185.

Marvel, M. R., Davis, J. L. & Sproul, C. R. 2016. Human capital and entrepreneurship research: A critical review and future directions. *Entrepreneurship Theory and Practice*, 40(3):599-626.

Massie, S. 2015. Talent Management: Developing leadership not just leaders. *The King's Fund*, 1-23.

Massingham, P. R. & Tam, L. 2015. The relationship between human capital, value creation and employee reward. *Journal of intellectual capital*, 16(2):390-418.

Mastekaasa, A. 2011. How important is autonomy to professional workers? *Professions and Professionalism*, 1(1):36–51.

Masum, A. K. M., Azad, M. A. K., Hoque, K. E., Beh, L. S., Wanke, P. & Arslan, Ö. 2016. Job satisfaction and intention to quit: an empirical analysis of nurses in Turkey. *PeerJ*, (4):1-23.

Masuwai, A.M. & Saad, N.S. 2017. Evaluating the face and content validity of a Teaching and Learning Guiding Principles Instrument (TLGPI): A perspective study of Malaysian teacher educators. *Geografia-Malaysian Journal of Society and Space*, 12(3):11-21.

Mathew, A. 2015. Talent management practices in select organizations in India. *Global*

Business Review, 16(1):137-150.

Matindo, J., Pekeur S. & Karodia, A. M. 2015. An Investigation on Factors Affecting the Retention of Employees at Kitwe Central Hospital (KCH) – Zambia. *Arabian Journal of Business and Management Review (Nigerian Chapter)*, 3(1):81-109.

Matongolo, A., Kasekende, F. & Mafabi, S. 2018. Employer branding and talent retention: perceptions of employees in higher education institutions in Uganda. *Industrial and Commercial Training*, 50(5):217-233.

Matos, F., Rodrigues, S., Miguel, I. & Matos, N. 2012. Innovation, talent attraction and Retention. *Global Business and Technology Association*, 583-589.

Matsiko, C. W. 2010. Positive Practice Environments in Uganda: Enhancing health worker and health system performance. *International Council of Nurses, International Pharmaceutical Federation, World Dental Federation, World Medical Association, International Hospital Federation, World Confederation for Physical Therapy*.

Matta, S. R., Azeredo, T. B. & Luiza, V. L. 2016. Internal consistency and interrater reliability of the Brazilian version of Martín-Bayarre-Grau (MBG) adherence scale. *Brazilian Journal of Pharmaceutical Sciences*, 52(4):795-799.

Matthews, B. & Ross, L. 2010. *Research methods. A Practical Guide for Social Sciences*. Pearson Education Ltd, University of Birmingham, London.

Matthews, R. J. 2017. A Theory for Everything? Is a Knowledge of Career Development Theory Necessary to Understand Career Decision Making? *European Scientific Journal, ESJ*, 13(7):320-334.

Matuson, R. C. 2014. Increasing the magnetism of your organization: An interview with

Roberta Chinsky Matuson, author of Talent Magnetism: How to Build a Workplace that Attracts and Keeps the Best. *Human Resource Management International Digest*, 22(1):41-42.

Mavodza, J. 2010. *Knowledge management practices and the role of an academic library in a changing information environment: the case of the Metropolitan College of New York*. Unpublished Doctoral thesis, University of South Africa.

Maxwell, J. A. 2012. *Qualitative Research Design: An Interactive Approach*. Thousand Oaks, California: SAGE.

Maxwell, J. A. 2016. Expanding the History and Range of Mixed Methods Research. *Journal of Mixed Methods Research*, 10(1):12–27.

Mayerhofer, H., Schmidt, A., Hartmann, L. & Bendl, R. 2011. Recognising diversity in managing work life issues of flexpatriates. *Equality, Diversity and Inclusion: An International Journal*, 30(7):589-609.

Mayfield, M., Mayfield, J. & Wheeler, C. 2016. Talent development for top leaders: three HR initiatives for competitive advantage. *Human Resource Management International Digest*, 24(6):4-7.

Mayora, C., Kitutu, F. E., Kandala, N. B., Ekirapa-Kiracho, E., Peterson, S. S. & Wamani, H. 2018. Private retail drug shops: what they are, how they operate, and implications for health care delivery in rural Uganda. *BMC health services research*, 18(532):1-12.

Mays, D. C., O'Neil, E. J., Mworzi, E. A., Lough, B. J., Tabb, Z. J., Whitlock, A. E., Mutimba, E. M. & Talib, Z. M. 2017. Supporting and retaining Village Health Teams: an assessment of a community health worker program in two Ugandan districts. *International journal for equity in health*, 16(129):1-10.

Mboya, D., Mshana, C., Kessy, F., Alba, S., Lengeler, C., Renggli, S., Plaetse, V. B., Mohamed, M. A. & Schulze, A. 2016. Embedding systematic quality assessments in supportive supervision at primary healthcare level: application of an electronic Tool to Improve Quality of Healthcare in Tanzania. *BMC health services research*, 16(578):1-15.

McDonnell, A., Collings, D. G., Mellahi, K. & Schuler, R. 2017. Talent management: a systematic review and future prospects. *European J. International Management*, 11(1):86-128.

McDowell, J., Wintersteen, T. & Borda, G. 2015. Oracle Cloud Talent Strategy for Healthcare Finding and Retaining Scarce Talent. *Oracle Public Sector Strategic Programs*.

McFarland, W. & Jestaz, D. 2016. Talent development in the digital age: a neuroscience perspective. *Industrial and Commercial Training*, 48(2):74-79.

McGrath, H. & O'Toole, T. 2012. Critical issues in research design in action research in an SME development context. *European Journal of Training and Development*, 36(5):508-526.

McKay, K. A. & Narasimhan, S. 2012. Bridging the gap between doctors and nurses. *Journal of Nursing Education and Practice*, 2(4):52-55.

McKeown, T. & Cochrane, R. 2012. Professional contractor wellbeing: mutual benefits of organisational support. *International Journal of Manpower*, 33(7):786-803.

Mechalo, A. 2016. *Assessment of Talent Identification and Players Success Rate: With Specific Reference to Addis Ababa Basketball Projects*. Unpublished Master's Thesis, Addis Ababa University.

Medecins Sans Frontieres. 2017. *Democratic Republic Of Congo: Country Overview*.

Mehdiabadi, H. A. & Li, J. 2016. Understanding talent development and implications for human resource development: an integrative literature review. *Human Resource Development Review*, 15(3):263-294.

Mehmood, S., Ramzan, M. & Akbar, T. 2013. Managing Performance through Reward System. *Journal of Education & Research for Sustainable Development (JERSD)*”, 1(1):2-5.

Mehrabani, S. E. & Mohamad, N. A. 2011a. Identifying the Important Factors Influencing the implementation of succession Planning. *In International Conference of Information and Finance*, 21(1):37-41.

Mehrabani, S. E. & Mohamad, N. A. 2011b. Succession Planning: A Necessary Process in Today's Organization. *International Journal of e-Education, e-Business, e-Management and e-Learning*, 1(5):371-377.

Meng, F., Wang, X., Chen, H., Zhang, J., Yang, W., Wang, J., Zheng, Q. 2016. The influence of organizational culture on talent management: A case study of a real estate Company. *Journal of Chinese Human Resource Management*, 7(2):129-146.

Meng, X. 2013. Scalable simple random sampling and stratified sampling. *In International Conference on Machine Learning*, 531-539.

Mensah, J. K. 2015. A “coalesced framework” of talent management and employee performance: For further research and practice. *International Journal of Productivity and Performance Management*, 64(4):544-566.

Mensah, R. D. 2014. *Effects of Human Resource Management Practices on Retention of Employees in the Banking Industry in Accra, Ghana*. Unpublished Doctorate Thesis, Kenyatta University.

Mesu, J., Sanders, K. & Riemsdijk, M. V. 2015. Transformational leadership and organisational commitment in manufacturing and service small to medium-sized enterprises: The moderating effects of directive and participative leadership. *Personnel Review*, 44(6):970-990.

Meyer, A. M. & Bartels, L. K. 2017. The Impact of Onboarding Levels on Perceived Utility, Organizational Commitment, Organizational Support, and Job Satisfaction. *Journal of Organizational Psychology*, 17(5):10-27.

Micieli, A. 2014. The challenges facing Ontario's health care system moving forward: a health policy perspective. *UOJM*, 4(1):38-40.

Mihm-herold, W. A. 2010. *Considering human capital theory in assessment and training: mapping the gap between current skills and the needs of a knowledge-based economy in northeast Iowa.*

Miuro, F., Azam, O., Mohamad, S. N. & Mohd, B. I. 2017. A Measurement Model of Talent Management Practices among University Staff in Central Region of Uganda. *Journal of Positive Management*, 7(3):3-19.

Mikander, C. 2010. *The impact of a reward system on employee motivation in Motonet-Espoo.* Unpublished Bachelor Thesis, 1-19.

Miles, A. & Sadler-Smith, E. 2014. With recruitment I always feel I need to listen to my gut: the role of intuition in employee selection. *Personnel Review*, 43(4):606-627.

Min, J. & Mishra, D. P. 2010. Analyzing the relationship between dependent and independent variables in marketing: A comparison of multiple regression with path analysis. *Innovative Marketing*, 6(3):113-120.

Ministry of Finance, Planning and Economic Development, Uganda. 2017. *BMAU Briefing Paper (9/17)*.

Ministry of Finance, Planning and Economic Development, Uganda. 2015. *Budget Monitoring and Accountability Unit (BMAU) Briefing Paper (12/15)*.

Ministry of Health and Social Welfare Government of Lesotho. 2010. *Retention Strategy for the Health Workforce*.

Ministry of Health, Uganda. 2010a. *Health Sector Strategic Plan III 2010/11-2014/15*.

Ministry of Health, Uganda. 2010b. *The Second National Health Policy*.

Ministry of Health, Uganda. 2010c. *Statistical Abstract*.

Ministry of Health, Uganda. 2011a. *Health Sector Quality Improvement Framework and Strategic Plan 2010/11 – 2014/15*.

Ministry of Health, Uganda. 2011b. *Guidelines for Designation, Establishment and Upgrading of Health Units*.

Ministry of Health, Uganda. 2012a. *Human Resources for Health Bi-Annual Report*.

Ministry of Health, Uganda. 2012b. *Uganda Health System Assessment 2011*.

Ministry of Health, Uganda. 2013. *Annual Health Sector Performance Report, Financial Year 2012/2013*.

Ministry of Health, Uganda. 2014. *Uganda Family Planning Costed Implementation Plan, 2015–2020*.

Ministry of Health, Uganda. 2015. *Human Resources for Health Bi-Annual Report*.

Ministry of Health, Uganda. 2018. *About Ministry of Health*.

Mirzaei, A., Nikbakhsh, R. & Sharififar, F. 2013. The relationship between personality traits and sport performance. *European Journal of Experimental Biology*, 3(3):439-442.

Misha, F., Youshan, B. B. & Hassan, Z. 2015. The Effect of Employees Personality on Organizational Performances: Study on Prudential Assurance Malaysia Berhad (PAMB). *International Journal of Accounting, Business and Management*, 1(1):1-10.

Mishra, P. H., Mishra, T. 2014. Study of Patient Satisfaction at a Super Specialty Tertiary Care Hospital. *Indian Journal of Clinical Practice*, 25(7):624-634.

Mnyasenga, T. R. & Mushi, E. G. 2015. Administrative Legal Framework of Central-Local Government Relationship in Mainland Tanzania: Is it tailored to Enhance Administrative Devolution and Local Autonomy? *International Review of Management and Business Research*, 4(3):931-944.

Mochorwa, K. & Mwangi, C. 2013. Factors Influencing Effective Talent Management Strategy in Organizations: A Case Study of Corrugated Iron Sheets Limited-Mombasa Kenya. *European Journal of Business and Management*, 5(24):18-24

Moczyłowska, J. 2012. Talent Management: Theory and Practice of Management. The Polish Experience. *International Journal of Business Management and Economic Research*, 3(1):432-438.

Mohajan, H. 2017. Two Criteria for Good Measurements in Research: Validity and Reliability. *Annals of Spiru Haret University*, 17(3):1-31.

Mohamad, M. M., Sulaiman, N. L., Sern, L. C. & Salleh, K. M. 2015. Measuring the validity and reliability of research instruments. *Procedia-Social and Behavioral Sciences*, (204):164-171.

Mohamed, S. A. & Ali, M. 2016. The importance of Supervisor Support for Employees' Affective Commitment: An analysis of Job Satisfaction. *International Journal of Scientific and Research Publications*, 6(2):435-439.

Mohan, G. & Mulla, Z. R. 2013. Openness to Experience and Work Outcomes: Exploring the Moderating Effects of Conscientiousness and Job Complexity. *Great Lakes Herald*, 7(2):18-36.

Momanyi, G. O., Adoyo, M. A., Mwangi, E. M. & Mokuu, D. O. 2016. Value of training on motivation among health workers in Narok County, Kenya. *Pan African Medical Journal*, 23(1):1-12.

Mooney, H. 2018. *"Fake news" and the sociological imagination: Theory informs practice*. University of Michigan. Library Orientation Series No. 51.

Morales, M. & Ladhari, R. 2011. Comparative cross-cultural service quality: an assessment of research methodology. *Journal of Service Management*, 22(2):241-265.

Moriarty, J. 2011. *Qualitative Methods Overview*. School for Social Care Research.

Morton, S. M., Bandara, D. K., Robinson, E. M. and Carr, P. E. A. 2012. In the 21st century, what is an acceptable response rate?. *Australian and New Zealand journal of public health*, 36(2):106-108.

Mosadeghrad, A. M. 2014. Factors influencing healthcare service quality. *International journal of health policy and management*, 3(2):77-89.

Mossialos, E., Wenzl, M., Osborn, R. & Sarnak, D. 2016. *2015 International Profiles of Health Care Systems*. The Commonwealth Fund.

Moturi, K. A. 2013. *Talent management as a source of competitive advantage for Kenya Data Networks Ltd.* Unpublished Master's dissertation, The University of Nairobi.

Msengeti, D. M. & Obwogi, J. 2015. Effects of Pay and Work Environment on Employee Retention: A Study of Hotel Industry in Mombasa County. *International Journal of Scientific and Research Publications*, 5(4):1-10.

Mugerwa, Y. & Manzil, I. 2017. Government to stop giving drugs to health centres. *The Daily Monitor*, 9 May.

Muguongo, M. M., Muguna, A. T. & Muriithi, D. K. 2015. Effects of compensation on job satisfaction among secondary school teachers in Maara Sub-County of Tharaka Nithi County, Kenya. *Journal of Human Resource Management*, 3(6):47-59.

Muhammad, A. H. 2014. Perceived organizational support and organizational citizenship behavior: the case of Kuwait. *International Journal of Business Administration*, 5(3):59-72.

Mujasi, P. N. & Puig-Junoy, J. 2015. Predictors of primary health care pharmaceutical expenditure by districts in Uganda and implications for budget setting and allocation. *BMC Health Services Research*, 15(334):1-13.

Mujasi, P. N., Asbu, E. Z. & Puig-Junoy, J. 2016. How efficient are referral hospitals in Uganda? A data envelopment analysis and tobit regression approach. *BMC Health Services Research*, 16(230):1-14.

Mukasa, N. 2012. Uganda Healthcare system profile: Background, Organization, Policies and Challenges. *Sustainable Regional health Systems*, (1):2-10.

Mulhall, S. 2014. Careers and Career Development. In Harney, B. and Monks, K. (eds.) *Strategic HRM: Research and Practice in Ireland*, 211-229.

Mulumba, Z M., Nalubanga, L., Nankanja, C L., Manasseh, K., Månsson, J. & Hollén, J. 2017. Technical efficiency decomposed: the case of Ugandan referral hospitals. *The Central European Review of Economics and Management*, 1(4):117-146.

Munđar, D., Matotek, D. & Jakuš, M. 2012. *Quantitative research methods participation in the information sciences papers in Croatia*. Central European Conference on Information and Intelligent Systems.

Muntean, S. N. 2014. Talent management and its contributions to the performance of the multinational organizations. *Land Forces Academy Review*, 19(3):300-306.

Murdoch, M., Simon, A. B., Polusny, M. A., Bangerter, A. K., Grill, J. P., Noorbaloochi, S. & Partin, M. R. 2014. Impact of different privacy conditions and incentives on survey response rate, participant representativeness, and disclosure of sensitive information: a randomized controlled trial. *BMC medical research methodology*, 14(90):1-11.

Muriithi, F. W. & Makau, M. S. 2017. Talent Management: A conceptual framework from Review of Literature and a research agenda. *Journal of Human Resource Management*, 5(6):90-94.

Muriu, A. R. 2017. *Decentralization, citizen participation and local public service delivery: A study on the nature and influence of citizen participation on decentralized service delivery in Kenya*. Schriftenreihe für Public und Nonprofit Management.

Murphy, B. 2015. *The impact of reward systems on employee performance*. Doctoral dissertation, Dublin Business School.

Musgrove, C. F., Ellinger, A. E. & Ellinger, A. D. 2014. Examining the influence of strategic profit emphases on employee engagement and service climate. *Journal of Workplace Learning*, 26(3/4):152-171.

Musinguzi, C., Namale, L., Rutebemberwa, E., Dahal, A., Nahirya-Ntege, P. &

Kekitiinwa, A. 2018. The relationship between leadership style and health worker motivation, job satisfaction and teamwork in Uganda. *Journal of healthcare leadership*, (10):21-32.

Musinguzi, L. K., Turinawe, E. B., Rwemisisi, J. T., de Vries, D. H., Mafigiri, D. K., Muhangi, D., de Groot, M., Katamba, A. & Pool, R. 2017. Linking communities to formal health care providers through village health teams in rural Uganda: lessons from linking social capital. *Human Resources for Health*, 15(4):1-16.

Musvoto, S. W. & Gouws, D. G. 2010. The Concept of a Scale in Accounting Measurement. *SAJEMS NS*, 13(4):424-436.

Musyoka, M. 2016. *Determinants of strategy implementation at National health insurance fund in Kenya*. Unpublished Doctoral dissertation, United States International University-Africa.

Mutahaba, G. & Pastory, P. 2015. Local Government Capacities in East Africa. *Public Policy and Administration*, 14(3):268-280.

Muyembe, J. J., Bompangue, D., Mutombo, G., Akilimali, L., Mutombo, A., Miwanda, B., Mpuruta, J. D., Deka, K. K., Bitakyerwa, F., Saidi, J. M., Mutadi, A. L., Kakongo, R. S., Birembano, F., Mengel, M., Gessner, B. D. & Ilunga, B. K. 2013. *Elimination of Cholera in the Democratic Republic of the Congo: The New National Policy. Supplement Article*.

Muzembo, B. A., Mbutshu, L. H., Ngatu, N. R., Malonga, K. F., Eitoku, M., Hirota, R. & Sukanuma, N. 2015. Workplace Violence towards Congolese health care workers: a survey of 436 healthcare facilities in Katanga province, Democratic Republic of Congo. *Journal of occupational health*, 57(1):69-80.

Mwangi, E. K. 2015. *Employees' perception of determinants of the effectiveness of*

performance contracting on service delivery in local authorities in Kenya. Unpublished Doctoral dissertation, Jomo Kenyatta University of Agriculture And Technology.

Mwanje, S. M. K. N. 2010. *Career Development and Staff Motivation in the Banking Industry: A Case Study of Bank of Uganda*. Unpublished Master's Dissertation, Makerere University.

Mwanzi, J., Wamitu, S. N. & Kiama, M. 2017. Influence of talent management on organizational growth. *IOSR Journal of Business and Management (IOSR-JBM)*, 19(8):01-36.

Mwemezi, D. B. 2011. *Challenges Facing Human Resources Succession Planning in Tanzania Work Organizations: A Case of Public and Private Work Organizations Based in Dar Es Salaam Region*. Unpublished Master's Dissertation, The Open University of Tanzania.

Myint, P., Sein, T. T. & Cassels, A. 2014. *What are the challenges facing Myanmar in progressing towards Universal Health Coverage?: Myanmar Health Systems in Transition*. Policy Notes Series No. 1.

MySkillsProfile. 2015. *WPS Work Personality Survey User Manual*.

Myskova, R. 2011. A New Measure of Employee Satisfaction. *Global Journal of Business Research*, 5(1):101-110.

Nabi, G., Yuanhua, Z., Zaheer, A. N., Rehman, A. & Nisar, S. K. 2016. What Matters in the Right Selection of Provincial Government Employees: An Analytical Study based on Employees Perception. *International Journal of Academic Research in Business and Social Sciences*, 6(6):321-337.

Nabirye, R. C. 2010. Occupational stress, job satisfaction, and job performance among hospital nurses in Kampala, Uganda. Unpublished Doctoral dissertation, University of Alabama.

Nabukeera, M. 2016. Challenges and Barriers to the Health Service Delivery System in Uganda. *IOSR Journal of Nursing and Health Science*, 5(2):30-38.

Naharuddin, N. M. & Sadegi, M. 2013. Factors of Workplace Environment that Affect Employees Performance: A Case Study of Miyazu Malaysia. *International Journal of Independent Research and Studies – IJIRS*, 2(2):66-78.

Naim, M. F. & Lenka, U. 2018. Development and retention of Generation Y employees: a conceptual framework. *Employee Relations*, 40(2):433-455.

Najeeb, A. 2014. Institutional theory and human resource management. *In H. Hasan (Eds.), Being Practical with Theory: A Window into Business Research*, 25-30.

Najm, A. & Manasrah, A. K. 2017. The effect of talent management on organizational performance: applied study in Jordanian banks. *Review of Applied Socio-Economic Research*, 13(1):36-51.

Nakabayashi, M. 2015. *Acquired Skills and Learned Abilities*. ISS Discussion Paper Series, F-153.

Namakula, J. & Witter, S. 2014. *Policies to attract and retain health workers in Northern Uganda during and after conflict: findings of key informant interviews*. ReBUILD, Kampala.

Namakula, J., Witter, S. & Ssenkooba, F. 2014. *Health worker incentives during and after the conflict in Northern Uganda: A document review*. Rebuild Consortium.

Namusoke, K. S., Akulume, M., Tetui, M., Kananura, M. R., Bua, J. & Ekirapa-Kiracho, E. 2017. Balancing the cost of leaving with the cost of living: drivers of long-term retention of health workers: an explorative study in three rural districts in Eastern Uganda. *Global health action*, 10(sup4):60-70.

Nangendo, J., Obuku, E. A., Kawooya, I., Mukisa, J., Nalutaaya, A., Musewa, A., Semitala, F. C., Karamagi, C. A. & Kalyango, J. N. 2017. Diagnostic accuracy and acceptability of rapid HIV oral testing among adults attending an urban public health facility in Kampala, Uganda. *PloS One*, 12(8):1-13.

Nanjundeswaraswamy, T. S. & Swamy, D. R. 2014. Leadership styles. *Advances in management*, 7(2):57-62.

Nannyonjo, J. & Okot, N. 2013. Decentralization, Local Government Capacity and Efficiency of Health Service Delivery in Uganda. *Journal of African Development*, 15(1):125-158.

Nartey, L. T. 2018. Organisational Support, Teachers' Job Satisfaction and Commitment in Colleges of Education in Ghana: A Qualitative Study. *International Journal of Innovative Research and Development*, 7(8):15-21.

Nasir, S. Z. & Mahmood, N. 2016. Determinants of Employee Retention: An Evidence from Pakistan. *International Journal of Academic Research in Business and Social Sciences*, 6(9):182-194.

Natalio, M. A., Faria, C. D., Teixeira-Salmela, L. F. & Michaelsen, S. M. 2014. Content validation of a clinical assessment instrument for stair ascent and descent in individuals with hemiparesis. *Brazilian journal of physical therapy*, 18(4):353-363.

Ndlovu, W., Ngirande, H., Setati, S. T. & Zhuwao, S. 2018. Transformational leadership

and employee organisational commitment in a rural-based higher education institution in South Africa. *SA Journal of Human Resource Management*, 16(1):1-7.

Neault, R. 2010. *Information Gathering and Analysis of Employer Engagement and Needs in Career Development Activities Pan-Canadian, International, and Research Projects*. Career Development Services Group.

Nederström, M. 2017. *Personality Assessment and Self-other Rating Agreement*. Jyväskylä Studies in Education, Psychology and Social Research 577.

Nel, M. & Schoeman, W.J. 2015. Empirical Research and Congregational Analysis: Some Methodological Guidelines for the South African Context. *ActaTheologica*, (22):85-102.

Nesselroade, J. R. & Cattell, R. B. 2013. *Handbook of multivariate experimental psychology*, 11. Springer Science & Business Media

Newbold, C. 2010. Four stage approach to organizational talent development (part 1). *Industrial and Commercial Training*, 42(6):296-302.

Newby, L. & Howarth, C. 2012. How Specsavers attracts and nurtures outstanding talent. *Strategic HR Review*, 11(4):193-198.

Newhall, S. 2015. Aligning the talent development and succession planning processes: don't allow critical leadership talent to fall by the wayside. *Development and Learning in Organizations: An International Journal*, 29(5):3-6.

Newman, A., Thanacoody, R. & Hui, W. 2011. The effects of perceived organizational support, perceived supervisor support and intra-organizational network resources on turnover intentions: A study of Chinese employees in multinational enterprises. *Personnel Review*, 41(1):56-72.

Newman, A., Thanacoody, R. & Hui, W. 2014. *The effects of perceived organizational support, perceived supervisor support and intra-organizational network resources on turnover intentions. A study of Chinese employees in multinational Enterprises*, 1-17.

Newman, I., Lim, J. & Pineda, F. 2013. Content validity using a mixed methods approach: Its application and development through the use of a table of specifications methodology. *Journal of Mixed Methods Research*, 7(3):243-260.

Ng, K. H. 2017. The fundamental role of social support in cultivating motivation to improve work through learning, *Industrial and Commercial Training*,49(1):55-60.

Nguyen, P., Felfe, J. & Fookien, I. 2014. Work conditions as moderators of the relationship between western expatriates' commitment and retention in international assignments. *Evidence-based HRM: a Global Forum for Empirical Scholarship*, 2(2):145-163.

Niedźwiecka, K. 2016. Talent Management as a Key Aspect of Human Resources Management Strategy in Contemporary Enterprise. *Joint International Conference*, 803-809.

Nielsen, S. K. 2014. A Multi-Source Model of Perceived Organizational Support and Performance. *Journal of Organizational Psychology*, 14(2):78-92.

Nilsson, S. & Ellström, P. E. 2012. Employability and talent management: challenges for HRD Practices. *European Journal of Training and Development*, 36(1):26-45.

Njeri, K. J. 2013. *Challenges Affecting Implementation of Talent Management in State Corporations – A Study of Kenya Broadcasting Corporation*. Unpublished Master's Dissertation, Kenyatta University.

Noah, Y. & Steve, M. 2012. Work Environment and Job Attitude among Employees in a

Nigerian Work Organisation. *Journal of Sustainable Society*, 1(2):36-43.

Nobarieidishe, S., Chamanifard, R. & Nikpour, A. 2014. The relationship between talent management and organizational commitment in international division of Tejarat Bank, Iran. *European Online Journal of Natural and Social Sciences*, 3(4):1116-1123.

Noorman, M. & Johnson, D. G. 2014. Negotiating autonomy and responsibility in military robots. *Ethics Inf Technol*,

Ntangu, G. 2014. *Exploring Factors Affecting Attraction and Retention of Health Workers in Rural Areas - Tanzania*. Unpublished Masters Thesis, KIT (Royal Tropical Institute)/Vrije Universiteit Amsterdam.

Ntembwa, H. K. & Van Lerberghe, W. 2015. *Improving Health System Efficiency*.

Nusrat, F. 2018. Stimulation of Efficient Employee Performance through Human Resource Management Practices: A Study on the Health Care Sector of Bangladesh. *International Journal of Business and Social Research*, 8(1):1-18.

Nyamweya, N. N., Yekka, P., Mubutu, R. D., Kasozi, K. I. & Muhindo, J. 2017. Staff absenteeism in public health facilities of Uganda: A study in Bushenyi district on contributing factors. *Open Journal of Nursing*, 7(10):1115-1130.

Nzabanita, J., 2015. *Bilinear and Trilinear Regression Models with Structured Covariance Matrices*, (1665). Linköping University Electronic Press.

O'Connor, E. P. & Crowley-Henry, M. 2017. Exploring the Relationship between Exclusive Talent Management, Perceived Organizational Justice and Employee Engagement: Bridging the Literature. *J Bus Ethics*, 142(1):1-16.

O'Connor, J., 2018. The Impact of Job Satisfaction on the Turnover Intent of Executive

Level Central Office Administrators in Texas Public School Districts: A Quantitative Study of Work Related Constructs. *Education Sciences*, 8(69):1-13.

O'Donohue, W., Hutchings, K. & Hansen, S. D. 2017. Psychological contracts: enhancing understanding of the expatriation experience. *The International Journal of Human Resource Management*, 1-23.

O'Donovan, J., O'Donovan, C., Kuhn, I., Sachs, S. E. & Winters, N. 2018. Ongoing training of community health workers in low-income and middle-income countries: a systematic scoping review of the literature. *BMJ open*, 8(4):1-10.

O'Neil, M., Seims, L. R., Cheburet, S., Dedzo, M., Vriesendorp, S., Sapat, B. & Bragar, J. 2013. *Leadership and Management to Empower the Health Workforce*.

Obiwuru, T. C., Okwu, A. T., Akpa, V. O. & Nwankwere, I. A. 2011. Effects of Leadership Style on Organisational Performance: A Survey of Selected Small Scale Enterprises in Ikosi-Ketu Council Development Area of Lagos State, Nigeria. *Australian Journal of Business and Management Research*, 1(7):100-111.

Odubaker, E. P. 2016. Leadership Styles and Employee Job Satisfaction in Uganda: The Case of Uganda Management Institute. *European Journal of Management and Marketing Studies*, 1(2):69-98.

Office of the Auditor General. 2015. *The Efficiency of Operations of Regional Referral Hospitals in Uganda*. The Republic of Uganda.

Ojaka, D., Olango, S. & Jarvis, J. 2014. Factors affecting motivation and retention of primary health care workers in three disparate regions in Kenya. *Human Resources for Health*, 12(33):1-13.

Okech, T. C. 2014. Analytical review of health care reforms in Uganda and its

implication on health equity. *World Journal of Medicine and Medical Science Research*, 2(4):055-062.

Okeke-Uzodike, O. E. & Subban, M. 2015. Public sector recruitment policies: efficiency, effectiveness and consequences. *Problems and Perspectives in Management*, 13(1):26-34.

Okwero, P., Tandon, A., Sparkes, S., McLaughlin, J. & Hoogeveen, J. G. 2010. *Fiscal Space for Health in Uganda*. World Bank Working Paper No. 186.

Oladapo, V. 2014. The impact of talent management on retention. *Journal of business studies quarterly*, 5(3):19-36.

Olamide, S. O. & Olawaiye, S. O. 2013. The factors determining the choice of career among secondary school students. *The International Journal of Engineering and Science*, 2(6):33-44.

Olofsson, N., Holmström, M. R. & Kristiansen, L. 2015. Assessing the Construct Validity and Reliability of School Health Records of the 'Health Dialogue Questionnaire,' in 7th Grade in Compulsory School. *MOJ Public Health*, 2(1):1-9.

Omar, A. 2014. Sample size estimation and sampling techniques for selecting a representative sample. *Journal of Health Specialties*, 2(4):142-147.

Ondimu, S. N. 2013. *Managers' Perception of the Influence of Employee Career Development Programmes on Employee Commitment at Oxfam International, Kenya*. Unpublished Master's Dissertation, University Of Nairobi.

Ondoa, C. J., Basheka, B. C. & Basaasa, M. M. 2013. Institutional dynamics and health service delivery in regional referral hospitals in Uganda: What lessons from a case of Jinja Regional Hospital? *African Journal of Governance and Development*, 2(1):40-56.

Ong, T. S. & Teh, B. H. 2012. Reward System and Performance within Malaysian Manufacturing Companies. *World Applied Sciences Journal* 19(7):1009-1017.

Ongore, O. 2014. A study of relationship between personality traits and job engagement. *Procedia-Social and Behavioral Sciences*, (141):1315-1319.

Onyishi, I. E. & Ogbodo, E. 2012. The contributions of self-efficacy and perceived organisational support when taking charge at work. *SA Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde*, 38(1):1-11.

Opayemi, A. S. & Oyesola, T. M. 2013. Perception of selection interview, selection test and employee performance: An empirical analysis. *Journal of Public Administration and Policy Research*, 5(4):95-101.

Opondo, F. A., Odida A. & Njanja, L. 2014. Talent Identification and Acquisition on Competitive advantage in Commercial Banks. *Asian Journal of Business and Management*, 2(3):176-183.

Oppong, N. Y. & Gold, J. 2016. Developing local managers in the Ghanaian mining industry: an indigenous talent model. *Journal of Management Development*, 35(3):341-359.

Optimis. 2011. *Building your future –Optimis talent management*.

Optimis. 2012. *2012 Career Development Survey*.

Orem, J. N. & Zikusooka, C. M. 2010. Health financing reform in Uganda: How equitable is the proposed National Health Insurance scheme?. *International journal for equity in health*, 9(23):1-8.

Orem, J. N., Wavamunno, J. B., Bakeera, S. K & Criel, B. 2012. Do guidelines influence the implementation of health programs? — Uganda's experience. *Implementation Science*, 7(98):1-16.

Orsmond, G. I. & Cohn, E. S. 2015. The distinctive features of a feasibility study: Objectives and guiding questions. *OTJR: occupation, participation and health*, 35(3):169-177.

Osemeke, M. 2016. Identification of Determinants of Organizational Commitment and Employee Job Satisfaction. *African Research Review*, 10(2):81-102.

Osibanjo, A. O., Adeniji, A. A., Falola, H. O. & Heirsmac, P. T. 2014. Compensation packages: a strategic tool for employees' performance and retention. *Leonardo Journal of Sciences*, (25):65-84.

Osibanjo, A. O., Oyewunmi, A. E. & Ojo, S. I. 2014. Career Development as a determinant of organisational growth: modeling the relationship between these constructs in the Nigerian banking industry. *American International Journal of Social Science*, 3(7): 67-76.

Osingada, C. P., Nalwadda, G., Ngabirano, T., Wakida, J., Sewankambo, N. & Nakanjako, D. 2015. Nurses' knowledge in ethics and their perceptions regarding continuing ethics education: a cross-sectional survey among nurses at three referral hospitals in Uganda. *BMC research notes*, (8):1-5.

Oswald, A. 2012. *The effect of working environment on workers performance: the case of reproductive and child health care providers in Tarime district*. Unpublished Master's Dissertation, Muhimbili University of Health and Allied Sciences.

Othman, R., Ee, F. F. & Shi, N. L. 2010. Understanding dysfunctional leader-member

exchange: antecedents and outcomes. *Leadership & Organization Development Journal*, 31(4):337-350.

Othman, S. A. 2014. Comparison between models with and without intercept. *Gen*, 21(1):118-127.

Owoyele, S. 2017. *Factors Influencing Employee Motivation and Its Impact on Employee Performance*. Unpublished Master's Thesis, Centria University of Applied Sciences.

Oyetunde, M. O. & Ayeni, O. O. 2014. Exploring factors influencing recruitment and retention of nurses in Lagos state, Nigeria within year 2008 and 2012. *Open Journal of Nursing*, (4):590-601.

Pagano, A. 2017. New international dynamics in the geography of human capital. *Demografija-međunarodni časopis za demografska i ostala društvena istraživanja*, (14):83-92.

Paillé, P. & Raineri, N. 2015. Linking perceived corporate environmental policies and employees eco-initiatives: The influence of perceived organizational support and psychological contract breach. *Journal of Business Research*, 68(11):2404-2411.

Panahi, A. 2014. Threats to validity: Construct-irrelevant variances contributing to performance under-representation on Graduate Record Exam (GRE). *Journal of Education & Human Development*, 3(1):327-346.

Panda, S. & Sahoo, C. K. 2015. Strategic talent development interventions: an analysis. *Industrial and Commercial Training*, 47(1):15-22.

Pandey, P. & Pandey, M. M. 2015. *Research methodology: tools and techniques*. Published by Bridge Center.

Parand, A., Dopson, S., Renz, A. & Vincent, C. 2014. The role of hospital managers in quality and patient safety: a systematic review. *BMJ open*, (4):1-15.

Parent-Thirion, A., Vermeulen, G., Cabrita, J. M. & Biletta, I. 2016. *6th European Working Conditions Survey – overview report*.

Parijat, P. & Bagga, S. 2014. Victor Vroom's expectancy theory of motivation—An evaluation. *International Research Journal of Business and Management*, 7(9):1-8.

Park, S., Chung, N. & Woo, S. 2013. Do reward programs build loyalty to restaurants? The moderating effect of long-term orientation on the timing and types of rewards. *Managing Service Quality: An International Journal*, 23(3):225-244.

Parthasarathy, R. & Zimmermann, A. 2012. Talent management practices and the mechanisms behind the retention of employees: evidence from a case study in a multinational organisation in India. 1st Workshop on Talent Management, EIASM, Brussels, Belgium, 16-17 April 2012.

Patton, W. & McMahon, M. 2014. *Career development and systems theory: Connecting theory and practice (Vol. 2)*. Springer.

Paul, E., Dramé, M. L., Kashala, J., Ndema, A. E., Kounnou, M., Aïssan, J. C. & Gyselincx, K. 2018. Performance-Based Financing to Strengthen the Health System in Benin: Challenging the Mainstream Approach. *Int J Health Policy Manag.*, 7(1):35–47.

Pavan, G. K. & Nagarekha, K. 2014. Research Methodology: Review Article. *International Journal of Innovative Research & Development*, 3(7):168-173.

Pavignani, E., Michael, M., Murru, M., Beesley, M. E. & Hill, P. S. 2013. Making sense

of apparent chaos: health-care provision in six country case studies. *International Review of the Red Cross*, 95(889):41–60.

Pazzaglia, A. M., Stafford, E. T. & Rodriguez, S. M. 2016. *Survey Methods for Educators: Selecting Samples and Administering Surveys (Part 2 of 3)*. REL 2016-160. Regional Educational Laboratory Northeast & Islands.

Pedrosa, R. B. D. S., Rodrigues, R. C. M., Padilha, K. M., Gallani, M. C. B. J. & Alexandre, N. M. C. 2016. Factor analysis of an instrument to measure the impact of disease on daily life. *Revista brasileira de enfermagem*, 69(4):697-704.

Peersman, G. 2014. *Overview: Data Collection and Analysis Methods in Impact Evaluation*. Methodological Briefs: Impact Evaluation 10, UNICEF Office of Research, Florence.

Péfoyo, A. J. K. & Wodchis, W. P. 2013. Organizational performance impacting patient satisfaction in Ontario hospitals: a multilevel analysis. *BMC research notes*, 6(509):1-12.

Pellisier, R. 2007. *Business Research Made Easy*. Cape Town, South Africa: Juta.

Peluso, A. M., Innocenti, L. & Pilati, M. 2017. Pay is not everything: Differential effects of monetary and non-monetary rewards on employees' attitudes and behaviours. *Evidence-based HRM: A Global Forum for Empirical Scholarship*, 5(3):311-327.

Peterson, A., 2015. *Organisational Support and Job Satisfaction of Frontline Clinical Managers: The Mediating Role of Work Engagement*. Electronic Thesis and Dissertation Repository. Paper 2967.

Pfeiffer, T. & Thill, S. 2015. *Talent Management in a new era*.

Piansoongnern, O., Anurit, P. & Kuyawattananonta, S. 2011. Talent management in

Thai cement companies: a study of strategies and factors influencing employee engagement. *African Journal of Business Management*, 5(5):1578–1583.

Pickering, D. 2015. *The healthcare challenge: Implementing talent initiatives in a data-driven industry*.

Piip, J. 2015. Leadership Talent: A Study of the Potential of People in the Australian Rail Industry. *Soc. Sci.*, (4):718–741.

Pingle, S. S. & Sodhi, H. K. 2011. What Makes an Attractive Employer: Significant Factors from Employee Perspective?. *Anvesha*, 4(2):18-25.

Pinho, J. C., Rodrigues, A. P. & Dibb, S. 2014. The role of corporate culture, market orientation and organisational commitment in organisational performance: the case of non-profit organisations. *Journal of Management Development*, 33(4):374-398.

Ployhart, R. E., Nyberg, A. J., Reilly, G. & Maltarich, M. A. 2014. Human capital is dead; long live human capital resources!. *Journal of management*, 40(2):371-398.

Ponce, O. A. & Pagán-Maldonado, N. 2015. Mixed Methods Research in Education: Capturing the Complexity of the Profession. *International Journal of Educational Excellence*, 1(1):111-135.

Poorhosseinzadeh, M. & Subramaniam, I. D. 2012. Determinants of successful talent management in MNCs in Malaysia. *J. Basic. Appl. Sci. Res*, 2(12):12524-12533.

Power, R. L. 2013. Leader-Member Exchange Theory in Higher and Distance Education. *The International Review of Research in Open and Distance Learning*, 14(4):277-284.

Pratheepkanth, P. 2011. Reward System and its impact on employee motivation in

commercial bank of Sri Lanka Plc, in Jaffna District. *Global Journal of Management and Business Research*, 11(1):84-92.

Pravamayee, S. 2014. Strategy to Develop an Effective Workplace Environment, *International Journal of Language & Linguistics*, 1(1):57 – 61.

Price, S. & Reichert, C. 2017. The importance of continuing professional development to career satisfaction and patient care: Meeting the needs of novice to mid-to late-career nurses throughout their career span. *Administrative Sciences*, 7(17):1-12.

Prion, S. & Adamson, K. A. 2013. Making sense of methods and measurement: Levels of measurement for quantitative research. *Clinical simulation in nursing*, 9(1):e35-e36.

Prouska, R., Psychogios, A. G. & Rexhepi, Y. 2016. Rewarding employees in turbulent economies for improved organisational performance: Exploring SMEs in the South-Eastern European region. *Personnel Review*, 45(6):1259-1280.

Pruis, E. 2011. The five key principles for talent development. *Industrial and Commercial Training*, 43(4):206-216.

Pu, X., Gao, G., Fan, Y., Wang, M. 2016. Parameter Estimation in Stratified Cluster Sampling under Randomized Response Models for Sensitive Question Survey. *PLOS ONE*, 11(2):1-14.

Pulakos, E. D., Hanson, R. M., Arad, S. & Moye, N. 2015. Performance management can be fixed: An on-the-job experiential learning approach for complex behavior change. *Industrial and Organizational Psychology*, 8(1):51-76.

Puni, A., Mohammed, I. & Asamoah, E. 2018. Transformational leadership and job satisfaction: the moderating effect of contingent reward. *Leadership & Organization Development Journal*, 39(4):522-537.

Purvis, R. L., Zagenczyk, T. J. & McCray, G. E. 2015. What's in it for me? Using expectancy theory and climate to explain stakeholder participation, its direction and intensity. *International Journal of Project Management*, 33(1):3-14.

Quansah, N. 2013. *The Impact of HRM Practices on Organisational Performance: The Case Study of Some Selected Rural Banks*. Unpublished Master's Thesis, Kwame Nkrumah University of Science and Technology (KNUST).

Quinlan, C. 2011. *Business research methods*. Andover, Hampshire, UK: South-Western Cengage Learning.

Rabbani, F., Perveen, S., Aftab, W., Zahidie, A., Sangrasi, K. & Qazi, S. A. 2016. Health workers' perspectives, knowledge and skills regarding community case management of childhood diarrhoea and pneumonia: a qualitative inquiry for an implementation research project "Nigraan" in District Badin, Sindh, Pakistan. *BMC Health Services Research*, 16(462):1-10.

Rabbi, F., Ahad, N., Kousar, T. & Ali, T. 2015. Talent Management as a Source of Competitive Advantage. *Journal of Asian Business Strategy*, 5(9):208-214.

Radford, K. 2013. *Two sides of the same coin? An investigation into factors influencing employees' intentions to stay and leave*. Unpublished Dissertation, Griffith University.

Rahmberg, M. & Stenlund, L. 2015. *An Ethnographic Field Study about the Challenges And Strategies of Nurses in Central Uganda*.

Rajasekar, S., Philominathan, P. & Chinnathambi, V. 2013. *Research Methodology*. 3:1-23.

Rajbangshi, P. R., Nambiar, D., Choudhury, N. & Rao, K. D. 2017. Rural recruitment

and retention of health workers across cadres and types of contract in north-east India: a qualitative study. *WHO South-East Asia journal of public health*, 6(2):51-59.

Ramadhan, H. 2015. The challenges of qualitative research: Can it be used to strengthen decision making for health care in Uganda? *Medical Practice and Review*, 6(3):24-30.

Ramli, A. A., Isa, A., Baharin, N. L. & Ibrahim, H. I. 2018. The Role of Talent Management in the Relationships between Employee Engagement: A Study of GLCs. In MATEC Web of Conferences. *MATEC Web of Conferences*, (150):1-6.

Rana, A. H. & Abbasi, A. S. 2013. Impact of Talent Management and Employee Turnover Intention on Organizational Efficiency-A Case of Telecommunication Sector of Pakistan. *Science International*, 25(3):655-660.

Rana, S., Ardichvili, A. & Tkachenko, O. 2014. A theoretical model of the antecedents and outcomes of employee engagement: Dubin's method. *Journal of Workplace Learning*, 26(3/4):249-266.

Randmann, L. 2013. *Differences in Psychological Contracts in Estonia: The Role of Individual and Contextual Factors*. Unpublished Doctoral Thesis, Estonian Business School.

Ranjan, R. & Prasad, T. 2013. Literature Review Report on-Work-Life Balance of Loco-Pilots (Railway Drivers) in India. *European Journal of Business and Management*, 5(19):17-28.

Rao, J. N. K. & Fuller, W. A. 2017. Sample survey theory and methods: Past, present, and future directions. *Survey Methodology*, 43(2):145-160.

Rao, M. S. 2013. Soft leadership: a new direction to leadership. *Industrial and Commercial Training*, 45(3):143-149.

Rasila, H. 2012. Attitudes towards problems in the physical working environment: case contact Centre. *Journal of Corporate Real Estate*, 14(2):94-104.

Rastgoo, P. 2016. The relationship of talent management and organizational development with job motivation of employees. *Acta Universitatis Agriculturae et Silviculturae Mendelianae Brunensis*, 64(2):653-662.

Rašula, J., Vukšić, V. B. & Štemberger, M. I. 2012. The impact of knowledge management on organisational performance. *Economic and business review*, 14(2):147–168.

Rebić, T., Dražeta, L. & Đokić, B. 2015. *The Use of Selection Methods in Hospitality*. Synthesis 2015-International Scientific Conference of IT and Business-Related Research.

Reichenheim, M. E., Hökerberg, Y. H. M. & Moraes, C. L. 2014. Assessing construct structural validity of epidemiological measurement tools: a seven-step roadmap. *Cadernos de saude publica*, (30):927-939.

Reimann, M. & Guzy, J. 2017. Psychological contract breach and employee health: The relevance of unmet obligations for mental and physical health. *Journal of Work and Organizational Psychology*, (33):1–11.

Reineholm, C. 2013. *Psychosocial work conditions and aspects of health*. Unpublished Doctoral dissertation, Linköping University Medical Dissertations No. 1366.

Revelle, W. 2018. *Using the psych package to generate and test structural models*.

Rezaei, F. & Beyerlein, M. 2018. Talent development: a systematic literature review of empirical studies. *European Journal of Training and Development*, 42(1/2):75-90.

Ribeiro, J. & Machado, C. 2017. *Global Talent Management: Reality or Utopia? A Special Glance through a Portuguese Multinational Organization*.

Riisgaard, H., Søndergaard, J., Munch, M., Le, J. V., Ledderer, L., Pedersen, L. B. & Nexøea, J. 2017. Work motivation, task delegation and job satisfaction of general practice staff: a cross-sectional study. *Family Practice*, 34 (2):188–193.

Ritchie, J., Lewis, J., Nicholls, C. M. & Ormston, R. 2013. *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. Sage Publishing.

Rockers, P., Jaskiewicz, W., Wurts, L. & Mgomella, G. 2011. *Determining priority retention packages to attract and retain health workers in rural and remote areas in Uganda*. Washington, DC.

Roggema, R. 2017. Research by Design: Proposition for a Methodological Approach. *Urban Sci.*, 1(2):1-19.

Roghanian, P., Rasli, A. & Gheysari, H. 2012. Productivity through effectiveness and efficiency in the banking industry. *Procedia-Social and Behavioral Sciences*, (40):550-556.

Rohner, R. P. & Ali, S. 2017. *Personality Assessment Questionnaire (PAQ)*.

Rono, J. E. & Kiptum, G. K. 2017. Factors Affecting Employee Retention at the University of Eldoret, Kenya. *IOSR Journal of Business and Management (IOSR-JBM)*, 19(3):109-115.

Rosak-Szyrocka, J. 2014. Employee's Motivation at Hospital as a Factor of the Organizational Success. *Human Resources Management & Ergonomics*, (VIII):102 – 111.

Rose, A. & van Rensburg-Bonthuyzen, E. J. 2015. The factors that attract healthcare

professionals to and retain them in rural areas in South Africa. *South African Family Practice*, 57(1):44-49.

Rosiek, A., Rosiek-Kryszewska, A., Leksowski, Ł., Kornatowski, T. & Leksowski, K., 2016. The employee's productivity in the health care sector in Poland and their impact on the treatment process of patients undergoing elective laparoscopic cholecystectomy. *Patient preference and adherence*, (10):2459–2469.

Rosopa, P. J., Schroeder, A. N. & Hulett, A. L. 2013. Helping yourself by helping others: examining personality perceptions. *Journal of Managerial Psychology*, 28(2):147-163

Ross, R. 2013. How definitions of talent suppress talent management. *Industrial and Commercial Training*, 45(3):166-170.

Rossmann, G. B., & Rallis, S. F. 2012. *Learning in the field: An introduction to qualitative Research*. 3rd edition. Thousand Oaks, CA: Sage Publications.

Roth, P. L., Bobko, P., Van Iddekinge, C. H. & Thatcher, J. B. 2016. Social media in employee-selection-related decisions: A research agenda for uncharted territory. *Journal of Management*, 42(1):269-298.

Rothe, P., Lindholm, A. L., Hyvönen, A. & Nenonen, S. 2012. Work environment preferences—does age make a difference?. *Facilities*, 30(1/2):78-95.

Rovithis, M., Linardakis, M., Rikos, N., Merkouris, A., Patiraki, E. & Philalithis, A. 2017. Role conflict and ambiguity among physicians and nurses in the public health care sector in Crete. *Archives of Hellenic Medicine/Arheia Ellenikes Iatrikes*, 34(5):648-655.

Rowland, M. 2011. How to cement a diversity policy: The key role of talent development. *Human Resource Management International Digest*, 19(5):36-38.

Rubanju, A. C. G. 2014. *Public health crisis? Analysis of equity of access and utilization of health services in Uganda*. Unpublished Master's Thesis, University of Oslo.

Rudge, A. 2011. Birmingham City Council links increased contribution and outcomes to reward and recognition: System raises productivity and improves performance. *Human Resource Management International Digest*, 19(5):6-8.

Rudhumbu, N. & Maphosa, C. 2015. Implementation of talent management strategies in higher education: Evidence from Botswana. *Journal of Human Ecology*, 49(1-2):21-32.

Rugg, G. & Petre, M. 2007. *A Gentle Guide to Research Methods*. McGraw Hill Open University Press.

Sa'id, U. H. & Madugu, U. 2015. The Imperative of Population Sampling In Social Science Research. *Global Journal of Political and Science and Administration*, 3(3):49-57.

Saan, R., Enu-Kwesi, F. & Nyewie, R. F. 2018. Factors Influencing Succession Planning for Continuity of Family-owned Businesses in the Wa Municipality, Ghana. *Universal Journal of Management*, 6(5):165-177.

Sabina, A. L., Okibo, W., Nyang'au, A. & Ondima, C. 2015. Effect of Non-Financial Incentives on Job Satisfaction of Teachers in Public Secondary Schools-Survey of Kisii Sub County. *Journal of Education and Practice*, 6(13):62-69.

Sadeli, J. 2015. The Influence of Leadership, Talent Management, Organizational Culture and Organizational Support on Employee Engagement. *International Research Journal of Business Studies*, 5(3):1-21.

Sæther, S. A. & Mehus, I. 2016. "You're Not Born with Talent" Talented Girls' and Boys' Perceptions of Their Talents as Football Players. *Sports*, 4(6):1-8.

Safstrom, M. & Hartig, T. 2013. Psychological Detachment in the Relationship between Job Stressors and Strain. *Behav. Sci.*, (3):418–433.

Sageer, A., Rafat, S. & Agarwal, P. 2012. Identification of Variables Affecting Employee Satisfaction and Their Impact on the Organization. *IOSR Journal of Business and Management (IOSR-JBM)*, 5(1):32-39.

Saha, S. & Kumar, S. P. 2017. Influence of Participation in Decision Making On Job Satisfaction, Group Learning, and Group Commitment: Empirical Study of Public Sector Undertakings in India. *Asian Academy of Management Journal*, 22(1):79-101.

Saha, S. 2013. Impact of Health on Productivity Growth in India. *International Journal of Economics, Finance and Management*, 2(4):303-312.

Sahay, P. 2014. Design thinking in talent acquisition: a practitioner's perspective. *Strategic HR Review*, 13(4/5):170-180.

Sahay, P. 2015. Lean Six Sigma tools in the hiring process. *Strategic HR Review*, 14(1/2):22-29.

Sahito, Z. & Vaisanen, P. 2017. The Diagonal Model of Job Satisfaction and Motivation: Extracted from the Logical Comparison of Content and Process Theories. *International Journal of Higher Education*, 6(3):209-230.

Sahoo, C. K. & Jena, S. 2012. Organizational performance management system: exploring the manufacturing sectors. *Industrial and Commercial Training*, 44(5):296-302.

Sahoo, C. K. & Mishra, S. 2012. Performance management benefits organizations and their employees. *Human Resource Management International Digest*, 20(6):3 – 5.

Salam, A., Abu-Helalah, M., Jorissen, S. L., Niaz, K., Mansour, A. & Al Qarni, A. 2014. Job Stress and Job Satisfaction among Health Care Professionals. *European Scientific Journal*, 10(32):156-173.

Saleem, S. & Amin, S. 2013. The impact of organizational support for career development and supervisory support on employee performance: An empirical study from Pakistani academic sector. *European Journal of Business and Management*, 5(5):194-207.

Salman, A., Ahmad, N. & Matin, F. 2014. Factors Affecting on Employees Retention in Banking Sector: An Investigation from Karachi. *European Journal of Business and Management*, 6(37):169-179.

Sambo, L. G., Kirigia, J. M. & Ki-Zerbo, G. 2011. Health financing in Africa: overview of a dialogue among high level policy makers. *BMC Proceedings*, 5(Suppl 5):1-5.

Sambrook, S. & Wainwright D. 2010. *The Psychological Contract: Who's Contracting With Whom? Towards A Conceptual Model*.

Sambrook, S. A., Jones, N. & Doloriert, C. 2014. Employee engagement and autoethnography: being and studying self. *Journal of Workplace Learning*, 26(3/4):172-187

Samndong, R. A. & Nhantumbo, I. 2015. *Natural resources governance in the Democratic Republic of Congo*. Country Report.

Sandin, C. 2013. *Uganda Health Sector and Partnership Opportunities*. Swecare Foundation.

Sangomek, P. & Ratanakomut, S. 2010. Criteria Factors of High Performance Organization (HPO) in the Air Force. *Journal of Alternative Perspectives in the Social Sciences*, 2(2):706-724.

Sankaranarayanan, R., Swaminathan, R., Jayant, K. & Brenner, H. 2011. An overview of cancer survival in Africa, Asia, the Caribbean and Central America: the case for investment in cancer health services. *IARC Sci Publ*, (162):257-291.

Sanséau, P. & Smith, M. 2012. Regulatory change and work-life integration in France and the UK. *Personnel Review*, 41(4):470-486.

Saragih, S. 2015. The effects of job autonomy on work outcomes: Self efficacy as an intervening variable. *International Research Journal of Business Studies*, 4(3):203 – 215.

Sarrico, C. S., Rosa, M. J. & Manatos, M. J. 2012. School performance management practices and school achievement. *International Journal of Productivity and Performance Management*, 61(3):272-289.

Satardien, M. 2014. *Perceived Organisational Support, Organisational Commitment And Turnover Intentions amongst Employees in a Selected Company in the Aviation Industry*. Unpublished Magister Commercii degree Mini-thesis, University of the Western Cape.

Sathya, M. & Indradevi, R. 2014. Branding for talent attraction and retention of employees: A literature review. *International Journal of Scientific Research*, 3(8):202-204.

Saunders, B., Kitzinger, J. Kitzinger, C. 2015. Anonymising interview data: challenges and Compromise in practice. *Qualitative Research*, 15(5):616–632.

Saunders, M., Lewis, P. & Thornhill, A. 2007. *Research Methods for Business Students*. 4th edition. London: Prentice-Hall.

Saunders, M., Lewis, P. & Thornhill, A. 2009. *Research Methods for Business Students*. 5th edition. London: Pearson Education.

Sawaki, Y. 2011. *Exploratory Factor Analysis*. Waseda University JLTA Workshop, Momoyama Gakuin University.

Schiemann, W. A. 2014. From talent management to talent optimization. *Journal of World Business*, (49):281–288.

Schimansky, S. 2014. *The Effect of a High-Commitment Work System on Innovative Behavior of Employees*. University of Twente.

Schläfke, M., Silvi, R. & Möller, K. 2012. A framework for business analytics in performance management. *International Journal of Productivity and Performance Management*, 62(1):110-122.

Schlechter, A., Thompson, N. C. & Bussin, M. 2015. Attractiveness of non-financial rewards for prospective knowledge workers: An experimental investigation. *Employee Relations*, 37(3):274-295.

Schmitt, T. A. & Sass, D. A. 2011. Rotation Criteria and Hypothesis Testing for Exploratory Factor Analysis: Implications for Factor Pattern Loadings and Interfactor Correlations. *Educational and Psychological Measurement*, 71(1):95–113.

Schneider, A., Hommel, G. & Blettner, M. 2010. Linear regression analysis: part 14 of a series on evaluation of scientific publications. *Deutsches Ärzteblatt International*, 107(44):776-82.

Schneider, S. K. & George, W. M. 2011. Servant leadership versus transformational leadership in voluntary service organizations. *Leadership & Organization Development Journal*, 32(1):60-77.

Schoemaker, P. J. H., Krupp, S. & Howland, S. 2013. *Strategic Leadership: The Essential Skills*. Harvard Business Review.

Schuler, R. S., Jackson, S. E. & Tarique, I. 2011. Global talent management initiatives for global talent challenges. *Journal of World Business*, 46:506–516.

Schulz, E., Chowdhury, S. & Van De Voort, D. 2013. Firm Productivity Moderated Link between Human Capital and Compensation: The Significance of Task-Specific Human Capital. *Human Resource Management*, 52(3):423–439.

Schwartz, S. H. 2012. An overview of the Schwartz theory of basic values. *Online readings in Psychology and Culture*, 2(1):1-20.

Schweizer, K. 2014. On the ways of investigating the discriminant validity of a scale in giving special emphasis to estimation problems when investigating multitrait-multimethod matrices. *Psychological Test and Assessment Modeling*, 56(1):45-59.

Scott, W. R. 2010. Reflections: The past and future of research on institutions and institutional change. *Journal of change management*, 10(1):5-21.

Scullion, H., Collings, D. G. & Caligiuri, P. 2010. Introduction: Global talent management. *Journal of World Business*, (45):105–108.

Seddigh, A., Berntson, E., Platts, L. G. & Westerlund, H. 2016. Does personality have a different impact on self-rated distraction, job satisfaction, and job performance in different office types?. *PLoS ONE*, 11(5):1-14.

Seiberling, C. & Kauffeld, S. 2017. Volition to transfer: mastering obstacles in training Transfer. *Personnel Review*, 46(4):809-823.

Sekaran, U. 2003. *Research methods for business*. 4th Edition. John Wiley & Sons, Inc.

Sendawula, K., Kimuli, N. S., Bananuka, J. & Muganga, G. N. 2018. Training, employee engagement and employee performance: Evidence from Uganda's health sector. *Cogent Business & Management*, (5):1-12.

Seniwoliba, A. J. 2015. Succession planning: Preparing the next generation workforce for the University for Development Studies. *Research Journal of Educational Studies and Review*, 1(1):1-10.

Seong, N. F. D. & Ho, J. M. 2012. How leadership for an ICT reform is distributed within a school. *International Journal of Educational Management*, 26(6):529-549.

Seopa, N., Wöcke, A. & Leeds, C. 2015. The impact on the psychological contract of differentiating employees into talent pools. *Career Development International*, 20(7):717-732.

Seppänen, A. 2012. *Perceptions of Perceived Organizational Support and Affective Organizational Commitment in Radisson Blu Seaside*. Unpublished Bachelors Thesis, University of Applied Sciences.

Serrat, O. 2010. *A Primer on Talent Management*. Asian Development Bank.

Sfantou, D. F., Laliotis, A., Patelarou, A. E., Sifaki-Pistolla, D., Matalliotakis, M. & Patelarou, E. 2017. Importance of Leadership Style towards Quality of Care Measures in Healthcare Settings: A Systematic Review. *Healthcare*, 5(73):1-17.

Shahvazian, S., Mortazavi, S., Lagzian, M. & Rahimnia, F. 2016. A dichotomous

perceptions on talent retention factors: Phenomenography strategy. *Iranian Journal of Management Studies*, 9(4):675-706.

Shammot, M. M. 2014. The role of human resources management practices represented by employee's recruitment and training and motivation for realization of competitive advantage. *African Journal of Business Management*, 8(1):35-47.

Shamsuddin, M. 2015. Use of Employee Referral: Method of Recruitment at Lower Management in Pakistan. *Market Forces*, 10(2):1-18.

Shao, L. S. 2013. *Factors Influencing Employee Retention in Public Organisations in Tanzania: The Perspective of Mwanza Regional Secretariat*. Unpublished Master's Dissertation, Mzumbe University.

Sharda, K. 2016. Talent Management Systems in Indian Pharmaceutical Firms: Exploring an Emerging Typology. *Research and Publications*, 1-19.

Sharif, I., Wahab, S. R. A. & Sarip, A. 2017. Psychological Contract Breach and Feelings of Violation: Moderating Role of Age-Related Difference. *International Journal of Asian Social Science*, 7(1):85-96.

Sharma, A. & Bhatnagar, J. 2016. Enterprise social media at work: web-based solutions for employee engagement. *Human Resource Management International Digest*, 24(7):16-19.

Sharma, G. 2017. Pros and cons of different sampling techniques. *International Journal of Applied Research*, 3(7):749-752.

Sharma, M. K. & Jain, S. 2013. Leadership management: principles, models and theories. *Global Journal of Management and Business Studies*, 3(3):309-318.

Sheehan, M. 2012. Developing managerial talent: Exploring the link between

management talent and perceived performance in multinational corporations (MNCs). *European Journal of Training and Development*, 36(1):66-85.

Shemdoe, A., Mbaruku, G., Dillip, A., Bradley, S., William, J., Wason, D. & Hildon, Z. J. L., 2016. Explaining retention of healthcare workers in Tanzania: moving on, coming to 'look, see and go', or stay? *Human resources for health*, (14):1-13.

Shiah-Hou, S. & Cheng, C. 2012. Outside director experience, compensation and performance. *Managerial Finance*, 38(10):914-938.

Shikongo, J. N. 2011. *Staff attraction and retention: a model for a Namibian state-owned enterprise*. Unpublished Doctoral dissertation, Cape Peninsula University of Technology.

Shin, Y. S. 2013. *The Relationship between Leadership Styles and Organizational Outcome in Oklahoma's Volunteer Fire Departments*. Fire Science and Engineering, Unpublished Master's Dissertation, Oklahoma State University.

Shondrick, S. J., Nordisk, N., Neyman, D. A. & Benckiser, R. 2013. *Building a Strategy to Identify, Develop, & Retain High Potentials*. A Hot Topics Paper Prepared by the SLOP Visibility Committee.

Shorten, A. & Moorley, C. 2014. Selecting the sample. *Evidence-based nursing*, 17(2): 32-33.

Shrimali, H. & Gidwani, B. 2012. Role of talent management in sustainable competitive advantage rising to meet business challenge. *Pacific Business Review International*, 4(3):29-33.

Shringarpure, S. & Xing, E. P. 2014. Effects of Sample Selection Bias on the Accuracy of Population Structure and Ancestry Inference. *Investigation*, (4):901-911.

Shuck, B., Adelson, J. L. & Reio, J, T. G. 2017. The Employee Engagement Scale: Initial Evidence for Construct Validity and Implications for Theory and Practice. *Human Resource management*, 56(6):953-977.

Shuck, B., Owen, J., Manthos, M., Quirk, K. & Rhoades, G. 2016. Co-workers with benefits: The influence of commitment uncertainty and status on employee engagement in romantic workplace relationships. *Journal of Management Development*, 35(3):382-393.

Sia, S. K. & Appu, A. V. 2015. Work autonomy and workplace creativity: Moderating role of task complexity. *Global Business Review*, 16(5):772-784.

Sieberg, K. K. & Shvetsova, O. 2012. Cost efficiency and coverage problems in US Healthcare. *Hallinnon Tutkimus*, 31(2):131-137.

Siegrist, J., Benach, J., McKnight, A., Goldblatt, P. & Muntaner, C. 2010. Employment arrangements, work conditions and health inequalities: report on new evidence on health inequality reduction, produced by task group 2 for the strategic review of health inequalities post 2010.

Silva, P. & Ferreira, A. 2010. Performance management in primary healthcare services: evidence from a field study. *Qualitative Research in Accounting & Management*, 7(4):424-449.

Silvanto, S., Ryan, J. & McNulty, Y. 2015. An empirical study of nation branding for attracting internationally mobile skilled professionals. *Career Development International*, 20(3):238-258.

Simion, K. 2016. Qualitative and Quantitative Approaches to Rule of Law Research.

Simmons, J. P., Nelson, L. D. & Simonsohn, U. 2011. False-positive psychology:

Undisclosed flexibility in data collection and analysis allows presenting anything as significant. *Psychological science*, 22(11):1359-1366.

Simosi, M. 2012. Disentangling organizational support construct: The role of different sources of support to newcomers' training transfer and organizational commitment. *Personnel Review*, 41(3):301-320.

Singh, N. & Singh, A. K. 2015. Data Analysis in Business Research: Key Concepts. *International Journal of Research in Management & Business Studies (IJRMBS 2015)*, 2(1):50-55.

Sinha, C. & Sinha, R. 2012. Factors affecting employee retention: A comparative analysis of two organizations from heavy engineering industry. *European Journal of Business and Management*, 4(3):145-162.

Sirili, N., Kiwara, A., Gasto, F., Goicolea, I. & Hurtig, A. 2017. Training and deployment of medical doctors in Tanzania post-1990s health sector reforms: assessing the achievements. *Human Resources for Health*, 15(27):1-12.

Sirili, N. Kiwara, A., Nyongole, O., Frumence, G., Semakafu, A. & Hurtig, A. 2014. Addressing the human resource for health crisis in Tanzania: the lost in transition Syndrome, *Tanzania Journal of Health Research*, 16(2):1-9.

Skuza, P. 2013. Understanding Your Data (Descriptive Statistics, Graphs and Custom Tables). Flinders University.

Sleiderink, D. E. M. 2012. *Talent management in health care: Identifying and retaining talent at Medisch Spectrum Twente*. Unpublished Master's thesis, University of Twente.

Smith, L. H., Hviid, K., Frydendall, K. B. & Flyvholm, M. 2013. Improving the Psychosocial Work Environment at Multi-Ethnic Workplaces: A Multi-Component

Intervention Strategy in the Cleaning Industry. *International Journal of Environmental Research and Public Health*, (10):4996-5010.

Smith, S. L. 2010. *Practical tourism research*. Oxfordshire: Cabi Publishers.

Soane, E., Truss, K., Alfes, K., Shantz, A., Rees, C. & Gatenby, M. 2012. Development and application of a new measure of employee engagement: the ISA Engagement Scale. *Human Resource Development International*, 15(5):529-547.

Sohn, M., Choi, M. & Jung, M. 2016. Working conditions, psychosocial environmental factors, and depressive symptoms among wage workers in South Korea. *International Journal of Occupational and Environmental Health*, 22(3):209-217.

Somoray, K., Shakespeare-Finch, J. & Armstrong, D. 2017. The Impact of Personality and Workplace Belongingness on Mental Health Workers' Professional Quality of Life. *Australian Psychologist*, 52(1):52-60.

Son, J., Park, O., Bae, J. & Ok, C. 2018. Double-edged effect of talent management on organizational performance: the moderating role of HRM investments. *The International Journal of Human Resource Management*, 1-29.

Songstad, N. G., Rekdal, O. B., Massay, D. A. & Blystad, A. 2011. Perceived unfairness in working conditions: the case of public health services in Tanzania. *BMC health services research*, 11(34):1-15.

Sparrow, P., Otake, L. & Makram, H. 2014. *How Should We Value Talent Management?* White Paper.

Spreitzer, G. M., Cameron, L. & Garrett, L. 2017. Alternative work arrangements: Two images of the new world of work. *Annual Review of Organizational Psychology and Organizational Behavior*, (4):473-499.

Squires, D. A. 2012. Explaining High Health Care Spending in the United States: An International Comparison of Supply, Utilization, Prices, and Quality. *Commonwealth Fund pub*, 1595(10):1-14.

Sreejesh, S., Mohapatra, S. & Anusree, M. 2014. *Business research methods: an applied orientation*. Springer, Cham.

Srinivasan, V. & Chandwani, R. 2014. HRM innovations in rapid growth contexts: The healthcare sector in India. *The International Journal of Human Resource Management*, 25(10):1505-1525.

Stacciarini, T. S. G. & Pace, A. E. 2017. Confirmatory factor analysis of the Appraisal of Self-Care Agency Scale-Revised. *Revista latino-americana de enfermagem*, (25):1-9.

Stadler, K. 2011. Talent reviews: the key to effective succession management. *Business Strategy Series*, 12(5):264-271.

Stahl, G. K., Bjorkman, I., Farndale, E., Morris, S. S., Paauwe, J., Stiles, P., Trevor, J. & Wright, P. 2012. Six principles of effective global talent management. *MIT Sloan Management Review*, 53(2):25-32.

Stanger, S. H. W., Wilding, R., Hartmann, E., Yates, N. & Cotton, S. 2013. Lateral transshipments: an institutional theory perspective. *International Journal of Physical Distribution & Logistics Management*, 43(9):747-767.

Stasse, S., Vita, D., Kimfuta, J., da Silveira, V. C., Bossyns, P. & Criel, B. 2015. Improving financial access to health care in the Kisantu district in the Democratic Republic of Congo: acting upon complexity. *Glob Health Action*, (8):1-13.

Stenbeck, R. & Wallin, S. 2017. *The perks of fitting like a glove*. Degree Project in Strategic Management.

Stenberg, K., Hanssen, O., Edejer, T. T., Bertram, M., Brindley, C., Meshreky, A., Rosen, J. E., Stover, J., Verboom, P., Sanders, R. & Soucat, A. 2017. Financing transformative health systems towards achievement of the health Sustainable Development Goals: a model for projected resource needs in 67 low-income and middle-income countries. *Lancet Glob Health*.

Stensland, M., Watson, P. R. & Grazier, K. L. 2012. An Examination of Costs, Charges, and Payments for Inpatient Psychiatric Treatment in Community Hospitals. *Psychiatric Services*, 63(7):666-671.

Stirk, C. 2015. *Humanitarian Assistance from Non-State Donors*.

Strachan, D. L., Källander, K., ten Asbroek, A. H. A., Kirkwood, B., Meek, S. R., Benton, L., Conteh, L., Tibenderana, J. & Hill, Z. 2012. Interventions to improve motivation and retention of community health workers delivering integrated community case management (iCCM): stakeholder perceptions and priorities. *The American journal of tropical medicine and hygiene*, 87(5):111-119.

Struwig, F. W. & Stead, G. B. 2013. *Research: Planning, Designing and Reporting*. Cape Town: Pearson.

Stumpf, S. A., Tymon Jr., W. G., Ehr, R. J. & van Dam, N. H. M. 2016. Leading to intrinsically reward professionals for sustained engagement. *Leadership & Organization Development Journal*, 37(4):467-486.

Subramaniam, A., Othman, R. & Sambasivan, M. 2010. Implicit leadership theory among Malaysian managers: Impact of the leadership expectation gap on leader-member exchange quality. *Leadership & Organization Development Journal*, 31(4):351-371.

Subramanian, K. R. 2017. Psychological contract and transparent leadership in

organisations. *International Research Journal of Advanced Engineering and Science*, 2(1):60-65.

Suciu, L., Mortan, M. & Lazăr, L. 2013. Vroom's Expectancy Theory. An Empirical Study: Civil Servant's Performance Appraisal Influencing Expectancy. *Transylvanian Review of Administrative Sciences*, (39):180-200.

Suciu, Ş. M., Popescu, C. A., Ciumageanu, M. D. & Buzoianu, A. D. 2017. Physician migration at its roots: a study on the emigration preferences and plans among medical students in Romania. *Human resources for health*, 15(6):1-9.

Suddaby, R. 2010. Challenges for institutional theory. *Journal of management inquiry*, 19(1):14-20.

Suliman, A. M. & Al Obaidli, H. 2011. Organizational climate and turnover in Islamic banking in the UAE. *International Journal of Islamic and Middle Eastern Finance and Management*, 4(4):308-324.

Swales, S. & Blackburn, M. 2016. Employee reactions to talent pool membership. *Employee Relations*, 38(1):112-128.

Swales, S., Downs, Y. & Orr, K. 2014. Conceptualising inclusive talent management: potential, possibilities and practicalities. *Human Resource Development International*, 17(5):529-544.

Taba, M. I. 2018. Mediating effect of work performance and organizational commitment in the relationship between reward system and employees' work satisfaction. *Journal of Management Development*, 37(1):65-75.

Taha, V. A. Gajdzik, T. & Abu Zaid, J. 2015. Talent Management in Healthcare Sector:

Insight into the Current Implementation in Slovak Organisations. *European Scientific Journal*, (1):89-99.

Tan, E., 2014. Human capital theory: A holistic criticism. *Review of Educational Research*, 84(3):411-445.

Tanaka, N., Horiuchi, S., Shimpuku, Y. & Leshabari, S. 2015. Career development expectations and challenges of midwives in Urban Tanzania: a preliminary study. *BMC nursing*, 14(27):1-7.

Tansley, C. 2011. What do we mean by the term “talent” in talent management? *Industrial and Commercial Training*, 43(5):266-274.

Tansley, C., Hafermalz, E. & Dery, K. 2016. Talent development gamification in talent selection assessment centres. *European Journal of Training and Development*, 40(7):490-512.

Tardos, K. & Pedersen, J. 2011. Recruitment channels and strategies for employing the low-skilled workers in Europe. *Review of Sociology*, (4):95–112.

Tarique, I. & Schuler, R. S. 2010. Global talent management: Literature review, integrative framework, and suggestions for further research. *Journal of World Business*, (45):122–133.

Tasić, S. & Feruh, M. B. 2012. Errors and issues in secondary data used in marketing research. *Socioeconomica – The Scientific Journal for Theory and Practice of Socioeconomic Development*, 1(2):326 – 335.

Tavakol, M. & Dennick, R. 2011. Making sense of Cronbach’s alpha. *International Journal of Medical Education*, (2):53-55.

Tavakoli, H. 2012. *A dictionary of research methodology and statistics in applied linguistics*. Tehran, Iran: Rahnama Press.

Tekingündüz, S., Top, M., Tengilimoğlu, D. & Karabulut, E. 2017. Effect of organisational trust, job satisfaction, individual variables on the organisational commitment in healthcare services. *Total Quality Management & Business Excellence*, 28(5-6):522-541.

Tepayakul, R. & Rinthaisong, I. 2016. Finding Components of Talent Management System. *Silpakorn University Journal of Social Sciences, Humanities, and Arts*, 16(3):77 – 90.

Terrell, S. R. 2012. Mixed-Methods Research Methodologies. *The Qualitative Report*, 17(1):254-280.

Tetui, M., Hurtig, A. K., Ekirpa-Kiracho, E., Kiwanuka, S. N. & Coe, A. B. 2016. Building a competent health manager at district level: a grounded theory study from Eastern Uganda. *BMC health services research*, 16(665):1-13.

Tews, M. J., Michel, J. W. & Lyons, B. D. 2010. Beyond personality: the impact of GMA on performance for entry-level service employees. *Journal of Service Management*, 21(3):344-362.

Thabane, L., Ma, J., Chu, R., Cheng, J., Ismaila, A., Rios, L. P., Robson, R., Thabane, M., Giangregorio, L. & Goldsmith, C. H. 2010. A tutorial on pilot studies: the what, why and how. *BMC Med Res Methodol*, 10(1):1-10.

The Institute of Internal Auditors. 2011. *Supplemental Guidance: Public Sector Definition*.

Thomas, T. P. 2013. The effect of personal values, organizational values, and person-organization fit on ethical behaviors and organizational commitment outcomes among substance abuse counselors: A preliminary investigation. Unpublished Doctoral thesis, University of Iowa.

Thompson, C. A. & Prottas, D. J. 2005. Relationships among organizational family support, job autonomy, perceived control, and employee well-being. *Journal of occupational health psychology*, 11(1):100-108.

Thompson, N. C. 2013. *Investigating Talent Attraction: Perceived Attractiveness of Non-Financial Reward Elements by means of an Experimental Design*. Unpublished Master's dissertation, University of Cape Town.

Thunnissen, M. & Van Arensbergen, P. 2015. A multi-dimensional approach to talent: An empirical analysis of the definition of talent in Dutch academia. *Personnel Review*, 44(2):182-199.

Thursfield, D. & Grayley, K. 2016. Exploring performance management in four UK trade unions. *Employee Relations*, 38(5):789-804.

Thyer, B. 2010. *The handbook of social work research methods*. Los Angeles: Sage Publications.

Timming, A. R. & Johnstone, S. 2015. Employee silence and the authoritarian personality: A political psychology of workplace democracy. *International Journal of Organizational Analysis*, 23(1):154-171.

Timms, C. & Brough, P. 2013. "I like being a teacher": Career satisfaction, the work environment and work engagement. *Journal of Educational Administration*, 51(6):768-789.

Tiwari, B. & Lenka, U. 2015. Building and branding talent hub: an outlook. *Industrial and commercial training*, 47(4):208-213.

Tiwari, B. & Lenka, U. 2016. Building psychological safety for employee engagement in post-recession. *Development and Learning in Organizations: An International Journal*, 30(1):19-22.

Tlaiss, H. A., Martin, P. & Hofaidhllaoui, M. 2017. Talent retention: evidence from a multinational firm in France. *Employee Relations*, 39(4):426-445.

Tobing, D. S. K. 2016. The Effect of Compensation, Career Development, Work-Family Support on Job Satisfaction. *Polish Journal of Management Studies*, 14(1):206-213.

Tolea, M. I., Terracciano, A., Simonsick, E. M., Metter, E. J., Costa Jr, P. T. & Ferrucci, L. 2012. Associations between personality traits, physical activity level, and muscle strength. *Journal of research in personality*, 46(3):264-270.

Tomlinson, G. 2010. Building a culture of high employee engagement. *Strategic HR Review*, 9(3):25-31.

Tomo, A. & De Simone, S. 2017. Exploring Factors that Affect the Well-Being of Healthcare Workers. *International Journal of Business and Management*, 12(6):49-61.

Tompa, E. 2011. *The Impact of Health on Productivity: Empirical Evidence and Policy Implications*.

Tornikoski, C. 2011. Fostering expatriate affective commitment: a total reward perspective. *Cross Cultural Management: An International Journal*, 18(2):214-235.

Trevisan, L. N., Veloso, E. F. R., da Silva, R. C., Dutra, J. S., Fischer, A. L. 2014. Talent

Retention Strategies in Different Organizational Contexts and Intention of Talents to Remain in the Company. *Journal on Innovation and Sustainability*, 5(1):49-61.

Truss, C., Shantz A., Soane E., Alfes K. & Delbridge, R. 2013. Employee engagement, organisational performance and individual well-being: exploring the evidence, developing the theory. *The International Journal of Human Resource Management*, 24(14):2657–2669.

Tsai, C. J., Edwards, P. & Sengupta, S. 2010. The associations between organisational performance, employee attitudes and human resource management practices: An empirical study of small businesses. *Journal of General Management*, 36(1):1-20.

Turabik, T. & Baskan, G. A. 2015. The Importance of Motivation Theories in Terms Of Education Systems. *Procedia - Social and Behavioral Sciences*, (186):1055 – 1063.

Turinawe, E. B., Rwemisisi, J. T., Musinguzi, L. K., de Groot, M., Muhangi, D., de Vries, D. H., Mafigiri, D. K. & Pool, R. 2015. Selection and performance of village health teams (VHTs) in Uganda: lessons from the natural helper model of health promotion. *Human Resources for Health*, 13(73):1-11.

Turinawe, H. 2011. *Reward Systems, Job Satisfaction, Organisational Commitment and Employee Performance in Public higher Institutions of Learning in Uganda*.

Turner, P., Glaister, A. & Al Amri, R. 2016. Developing Talent Strategies: Research Based Practice in Oman. *International Journal of HRD Practice, Policy and Research*, 1(1):53-64.

Tuzun, K. I. & Kalemci, A. R. 2012. Organizational and supervisory support in relation to employee turnover intentions. *Journal of Managerial Psychology*, 27(5):518-534.

Uganda Bureau of Statistics. 2012. *Health Sector: Gender Statistics Profile*.

Uganda Bureau of Statistics. 2016a. *Statistical Abstract*.

Uganda Bureau of Statistics. 2016b. *The National Population and Housing Census 2014 – Main Report*.

Ugulu, I. 2013. Confirmatory factor analysis for testing validity and reliability of traditional knowledge scale to measure university students attitudes. *Educational Research and Reviews*, 8(16):1399-1408.

Umamaheswari, S. & Jayasree, K. 2016. Work Force Retention: Role of Work Environment, Organization Commitment, Supervisor Support and Training & Development in Ceramic Sanitary Ware Industries in India. *Journal of Industrial Engineering and Management*, 9(3):612-633.

Umamaheswari, S. & Krishnan, J. 2016. Work force retention: Role of work environment, organization commitment, supervisor support and training & development in ceramic sanitary ware industries in India. *Journal of Industrial Engineering and Management*, 9(3):612-633.

Uprichard, E. 2013. Sampling: bridging probability and nonprobability designs. *International Journal of Social Research Methodology*, 16(1):1-11.

Uusi-Autti, J. 2011. *Talent pool process: An interview-based study in a single company – The effect of talent pool inclusion and development program participation on talent engagement and organisational commitment*. Unpublished Masters Dissertation, Aalto University School of Economics.

Uyanık, G. K. & Güler, N. 2013. A study on multiple linear regression analysis. *Procedia-Social and Behavioral Sciences*, (106):234-240.

Vaiman, V., Scullion, H. & Collings, D. 2012. Talent management decision making. *Management Decision*, 50(5):925-941.

Valentine, S., Hollingworth, D. & Eidsness, B. 2014. Ethics-related selection and reduced ethical conflict as drivers of positive work attitudes: Delivering on employees' expectations for an ethical workplace. *Personnel Review*, 43(5):692-716.

Van Aartsengel, A. & Kurtoglu, S. 2013. *Handbook on continuous improvement transformation: The lean six sigma framework and systematic methodology for implementation*. Berlin, Heidelberg: Springer Science and Business Media.

van den Bergh, R. & Du Plessis, Y. 2012. Highly skilled migrant women: a career development framework. *Journal of Management Development*, 31(2):142-158.

van der Merwe, A. 2010. Does Human Capital Theory Explain the Value of Higher Education? A South African Case Study. *American Journal of Business Education*, 3(1):107-118.

Van Der Zee, W. 2016. *Managing high potential employees: The impact of transformational leadership on behavioural outcomes and the moderation effect of role stress*. Unpublished Master's thesis, Tilburg University.

Van Dierendonck, D., Lankester, A., Zmyslona, M. & Rothweiler, H. 2016. Linking HRM practices and institutional setting to collective turnover: An empirical exploration. *Administrative Sciences*, 6(18):1-17.

Van Duren, E., D'Amico, J. & Knoth, K. 2015. Lean talent acquisition: one team's journey of improvement. *Strategic HR Review*, 14(5):188-193.

Vanclay, F., Baines, J. T. & Taylor, C. N. 2013. Principles for ethical research involving

humans: ethical professional practice in impact assessment Part I. *Impact Assessment and Project Appraisal*, 31(4):243-253.

Vanderpyl, T. H. 2012. Covenant creates a healthy talent pool. *Human Resource Management International Digest*, 20(5):38-40.

Vanoutrive, T., Van Malderen, L., Jourquin, B., Thomas, I., Verhetsel, A. & Witlox, F. 2010. Mobility Management Measures by Employers: Overview and Exploratory Analysis for Belgium, *EJTIR*, 10(2):121-141.

Vansickle, T. 2015. Test Reliability Indicates More than Just Consistency. Assessment Brief. April.

Vantilborgh, T., Bidee, J., Pepermans, R., Willems, J., Huybrechts, G. & Jegers, M. 2012. Volunteers' Psychological Contracts: Extending Traditional Views. *Nonprofit and Voluntary Sector Quarterly*, 41(6):1072–1091.

Vareilles, G., Pommier, J., Kane, S., Pictet, G. & Marchal, B. 2015. Understanding the motivation and performance of community health volunteers involved in the delivery of health programmes in Kampala, Uganda: a realist evaluation protocol. *BMJ open*, (5):1-13.

Veale, N. W. 2010. A Comparison between Collaborative and Authoritative Leadership Styles of Special Education Administrators. *JAASEP*, 147-156.

Vervoort, T. & Vercammen, M. 2015. Background noise level to determine the speech privacy in open plan offices. *Proceedings of Euronoise*, 1209-1214.

Vidal-Salazar, M. D., Cordon-Pozo, E. & de la Torre-Ruiz, J. M. 2016. Flexibility of benefit systems and firms' attraction and retention capacities. *Employee Relations*, 38(4):487-504.

Vidyarthi, P. R., Erdogan, B., Anand, S., Liden, R. C. & Chaudhry, A. 2014. One member, two leaders: Extending leader–member exchange theory to a dual leadership context. *Journal of applied psychology*, 99(3):468-483.

Viitamo, E. 2014. Service productivity, technology and organization. ETLA Working Papers, (26):1-23.

Vijayalakshmi, V. & Balanagagurunaathan, K. 2012. Employee Retention – Key for Organizational Success. *Journal of Exclusive Management Science*, 1(3):1-11.

Vnoučková, L. 2016. Practices of Talent Management in Organisations in the Czech Republic. *Acta Universitatis Agriculturae Et Silviculturae Mendelianae Brunensis*, 64(2):701-709.

Vnoučková, L., Urbancová, H. & Smolová, H. 2016. Approaches to the talent management agenda in forestry companies. *Lesn. Cas. For. J.*, (62):29–38.

von Rueden, C., Gurven, M., Kaplan, H. & Stieglitz, J. 2014. Leadership in an Egalitarian Society. *Hum Nat*, 25(4):1-35.

Vural, Y., Vardarli, P. & Aykir, A. 2012. The effects of using talent management with performance evaluation system over employee commitment. *Procedia-Social and Behavioral Sciences*, (58):340-349.

Wahab, S., Shahibi, M. S., Ali, J., Bakar, S. A. & Amrin, A. N. A., 2014. The Influence of Leaders Orientation on Event Management Success: Event Crews Perception. *Procedia-Social and Behavioral Sciences*, (109):497-501.

Wait, M. & Frazer, M. 2018. Investigating retention and workplace implementation of board game learning in employee development. *Acta Commercii*, 18(1):1-7.

Walliman, N. 2011. *Research Methods: The Basics*. Routledge 270 Madison Avenue, New York, NY 10016.

Wan, X., Wang, W., Liu, J. & Tong, T. 2014. Estimating the sample mean and standard deviation from the sample size, median, range and/or interquartile range. *BMC medical research methodology*, 14(135):1-13.

Wanduru, P., Tetui, M., Tuhebwe, D., Ediau, M., Okuga, M., Nalwadda, C., Ekirapa-Kiracho, E., Waiswa, P. & Rutebemberwa, E. 2016. The performance of community health workers in the management of multiple childhood infectious diseases in Lira, northern Uganda—a mixed methods cross-sectional study. *Global health action*, (9):1-9.

Wang, G. G., Lamond, D. & Worm, V. 2015. “It’s the context all the way down!” An institutional theory perspective on Chinese HRM research. *Journal of Chinese Human Resource Management*, 6(1):2-13.

Wang, H., Pan, L. & Heerink, N. 2013. Working conditions and job satisfaction of China’s generation of migrant workers: Evidence from an inland city. *Discussion Paper Series*, No. 7405.

Wang, X., French, B. F. & Clay, P. F. 2015. Convergent and discriminant validity with formative measurement: A mediator perspective. *Journal of Modern Applied Statistical Methods*, 14(1):83-106.

Wang, Y. 2013. Constructing career competency model of hospitality industry employees for career success. *International Journal of Contemporary Hospitality Management*, 25(7):994-1016.

Wang, Y. F., Li, Z. Y., Wang, Y. & Gao, F. 2017. Psychological Contract and Turnover Intention: The Mediating Role of Organizational Commitment. *Journal of Human Resource and Sustainability Studies*, (5):21-35.

- Wang, Z. 2014. Perceived Supervisor Support and Organisational Citizenship Behavior: The Role of Organisational Commitment. *International Journal of Business and Social Science*, 5(1):210-214.
- Warrens, M. J. 2014. On Cronbach's Alpha as the Mean of All Possible-Split Alphas. *Advances in Statistics*, (2014):1-6.
- Waters, J. 2015. Snowball sampling: a cautionary tale involving a study of older drug users. *International Journal of Social Research Methodology*, 18(4):367-380.
- Weare Jr, W. H. 2015. Succession planning in academic libraries: A reconsideration. *Advances in Library Administration and Organization*, (34):313-361.
- WeiBo, Z., Kaur, S. & Jun, W. 2010. New development of organizational commitment: A critical review (1960-2009). *African Journal of Business Management*, 4(1):012-020.
- Weil, D. N. 2013. *Health and Economic Growth*.
- Weiß, E. & Süß, S. 2016. The relationship between transformational leadership and effort-reward imbalance. *Leadership & Organization Development Journal*, 37(4):450-466.
- Welch, M. 2011. The evolution of the employee engagement concept: communication implications. *Corporate Communications: An International Journal*, 16(4):328-346.
- Welsh, E. T., Ganegoda, D. B., Arvey, R. D., Wiley, J. W. & Budd, J. W. 2012. Is there fire? Executive compensation and employee attitudes. *Personnel Review*, 41(3):260-282.

Wen, J., Li, Y. & Hou, P. 2016. Customer mistreatment behavior and hotel employee organizational citizenship behavior: The mediating role of perceived organizational support. *Nankai Business Review International*, 7(3):322-344.

Whittington, K. D. 2015. Does Motivation Predict Persistence and Academic Success? *Open Journal of Nursing*, (5):10-16.

Wickramasinghe, D. & Wickramasinghe, V. 2012. Effects of perceived organisational support on participation in decision making, affective commitment and job satisfaction in lean production in Sri Lanka. *Journal of Manufacturing Technology Management*, 23(2):157-177.

Wiebelt, M., Pauw, K., Matovu, J. M., Twimukye, E. & Benson, T. 2011. *Managing future oil revenues in Uganda for agricultural development and poverty reduction: A CGE analysis of challenges and options (No. 1696)*. Kiel Working Paper.

Wild, L. & Domingo, P. 2010. *Accountability and Aid in the Health Sector*.

Wiley, J. & Lake, F. 2014. Inspire, Respect, Reward: re-framing leadership assessment and development. *Strategic HR Review*, 13(6):221-226.

Williams, B., Onsman, A. & Brown, T. 2010. Exploratory factor analysis: A five-step guide for novices. *Australasian Journal of Paramedicine*, 8(3):1-13.

Wilson, J. 2010. *Essentials of Business Research: A Guide to Doing Your Research Project*. SAGE Publications.

Wilson, W. J. & Anmol, C. 2010. The Role of Theory in Ethnographic Research. *Ethnography*, 10(4):549-564.

Wiskow, C., Albrecht, T. & De Pietro, C. 2010. *How to create an attractive and supportive working environment for health professionals*. Geneva: World Health Organization.

Witter, S., Mashange, W., Namakula, J., Wurie, H. R., Ssengooba, F. & Alonso-Garbayo, A. 2017. *Incentives for Health Workers to Stay in Post and in Rural Areas: Findings from Four Conflict-and Crisis-Affected Countries*.

Wojtczuk-Turek, A. & Turek, D. 2016. The significance of perceived social-organization climate for creating employees' innovativeness: The mediating role of person-organization fit, *Management Research Review*, 39(2):167-195.

Wolfe, B. E. 2013. The Value of Pilot Studies in Clinical Research: A Clinical Translation of the Research Article Titled "In Search of an Adult Attachment Stress Provocation to Measure Effect on the Oxytocin System". *Journal of the American Psychiatric Nurses Association*, 19(4):192–194.

Wolff, H. G. & Kim, S. 2012. The relationship between networking behaviors and the Big Five personality dimensions. *Career Development International*, 17(1):43-66.

Wood, A. M., Linley, P. A., Maltby, J., Kashdan, T. B. & Hurling, R. 2011. Using personal and psychological strengths leads to increases in well-being over time: A longitudinal study and the development of the strengths use questionnaire. *Personality and Individual Differences*, (50):15–19.

Woodhead, S., Lindsley, I., Micallef, C. & Agius, M. 2015. The Doctor Patient Relationship; What If Communication Skills Are Not Used? A Maltese Story. *Psychiatria Danubina*, 27(1):34–40.

World Bank. 2012. *The World Bank's Approach to Public Sector Management 2011-2020: "Better Results from Public Sector Institutions"*.

World Bank. 2017. *Tanzania*.

World Health Organisation. 2010. *World Health Statistics. World Health Organization*.

World Health Organization. 2013. *Service Availability and Readiness Assessment (SARA): An annual monitoring system for service delivery*.

Wright, S., O'Brien, B. C., Nimmon, L., Law, M. & Mylopoulos, M. 2016. Research Design Considerations. *Journal of Graduate Medical Education*, 8(1):97-98.

Xie, T., Shi, Y. & Zhou, J. 2016. The adverse effect of materialism on employee engagement in China. *Journal of Chinese Human Resource Management*, 7(2):100-114.

Xiong, Z., Ye, J. & Wang, P. 2017. Psychological Contract and Turnover Intention of Dispatched Employees: Mediating Effects of Job Satisfaction and Organizational Commitment. *Revista de cercetare [i interven]ie social*, (56):19-43.

Yaghoubi, N. M., Pourghaz, A. & Toomaj, H. G. 2014. Study of Perceived Organizational Support's Relationship with Job Burnout. *International Journal of Academic Research in Business and Social Sciences*, 4(6):315-324.

Yaman, K. 2013. The Importance of Health Sector in Economies of Countries: The Case of Germany. *Journal of Applied Finance & Banking*, 3(4):181-198.

Yang, J., Gong, Y. & Huo, Y. 2011. Proactive personality, social capital, helping, and turnover intentions. *Journal of Managerial Psychology*, 26(8):739-760.

Yang, K. & Banamah, A. 2014. Quota sampling as an alternative to probability sampling? An experimental study. *Sociological Research Online*, 19(1):1-11.

Yang, S. 2017. *A Study of Person environment Fit For Entrepreneurship in China*.

Unpublished Thesis, University of Applied Sciences.

Yarnall, J. 2011. Maximising the effectiveness of talent pools: a review of case study literature. *Leadership & Organization Development Journal*, 32(5):510-526.

Yasar, M. F., Emhan, A. & Ebere, P. 2014. Analysis of Organisational Justice, Supervisor Support, and Organisational Commitment: A Case Study of Energy Sector in Nigeria. *Journal of Business Studies Quarterly* 5(3):37-46.

Yemeshvary, A., Upadhyay, A. & Palo, S. 2013. Engaging employees through balanced scorecard implementation. *Strategic HR Review*, 12(6):302-307.

Yesufu, L. O. 2016. *The Effect of Human Resource Practices on the Psychological Contract of Academics*. Unpublished PhD thesis, University of Bath.

Yin, R. K. 2014. *Case study research: Design and methods*. 5th edition. Thousand Oaks, CA: SAGE Publications.

Yong, A. G. & Pearce, S. 2013. A beginner's guide to factor analysis: Focusing on exploratory factor analysis. *Tutorials in quantitative methods for psychology*, 9(2):79-94.

Yoon, D. J. & Bono, J. E. 2016. Hierarchical power and personality in leader-member exchange, *Journal of Managerial Psychology*, 31(7):1198-1213.

Yousaf, S., Latif, M., Aslam, S. & Saddiqui, A. 2014. Impact of Financial and nonfinancial Rewards on Employee Motivation. *Middle-East Journal of Scientific Research*, 21(10):1776-1786.

Yu, C. & Frenkel, S. J. 2013. Explaining task performance and creativity from perceived organizational support theory: Which mechanisms are more important? *Journal of Organizational Behavior, J. Organiz. Behav.*, (34):1165–1181.

Zahari, N. A. 2016. Personality traits and differences of generations: Do they affect the public servants' job performance? *Journal of Global Business and Social Entrepreneurship*, 2(4):20-30.

Zaidman, N. & Elisha, D. 2016. What generates the violation of psychological contracts at multinational corporations? A contextual exploratory study. *International Journal of Cross Cultural Management*, 16(1):99–119.

Zamanzadeh, V., Ghahramanian, A., Rassouli, M., Abbaszadeh, A., Alavi-Majd, H. & Nikanfar, A. R. 2015. Design and implementation content validity study: development of an instrument for measuring patient-centered communication. *Journal of caring sciences*, 4(2):165- 178.

Zaniboni, S., Fraccaroli, F., Truxillo, D. M., Bertolino, M. & Bauer, T. N. 2011. Training valence, instrumentality, and expectancy scale (T-VIES-it): Factor structure and nomological network in an Italian sample. *Journal of Workplace Learning*, 23(2):133-151.

Zepeda, S. J., Bengtson, E. & Parylo, O. 2012. Examining the planning and management of principal succession. *Journal of Educational Administration*, 50(2):136-158.

Zesik, B. 2016. *Exploring the social and political aspects of talent management in organisations*. Unpublished Doctoral dissertation, University of Surrey.

Zhao, H. 2015. Leader-member exchange differentiation and team creativity: A moderated mediation study. *Leadership & Organization Development Journal*, 36(7):798-815.

Zhao, S., Liu, H., Ma, H., Jiao, M., Li, Y., Hao, Y., Sun, Y., Gao, L., Hong, S., Kang, Z. &

Wu, Q. 2015. Coping with workplace violence in healthcare settings: Social support and strategies. *International journal of environmental research and public health*, 12(11):14429-14444.

Zhou, Y., Zhang, Y. & Montoro-Sánchez, Á. 2011. Utilitarianism or romanticism: the effect of rewards on employees' innovative behaviour. *International Journal of Manpower*, 32(1):81-98.

Zikmund, W. G. & Babin, B. J. 2010. *Essentials of marketing research*. 4th ed. South-Western Cengage Learning, Independence, KY.

Zikmund, W., Babin, B., Carr, J. & Griffin, M. 2012. *Business research methods*. Connecticut: Southern Western, Cengage Learning.

Zinbarg, R. E., Pinsof, W., Quirk, K., Kendall, A., Goldsmith, J., Hardy, N., He, Y., Sabey, A. & Latta, T. 2017. Testing the convergent and discriminant validity of the Systemic Therapy Inventory of Change Initial scales. *Psychotherapy Research*, 28(5):734-749.

Zinyemba, A. Z. 2013. The challenges of recruitment and selection of employees in Zimbabwean companies. *International Journal of Science and Research (IJSR)*, 3(1):29-33.

Zivnuska, S., Kacmar, K. M. & Valle, M. 2017. The mechanisms of regulatory focus: Mindfulness, leader-member exchange, and motivational outcomes. *Career Development International*, 22(1):37-49.

Zohrabi, M. 2013. Mixed Method Research: Instruments, Validity, Reliability and Reporting Findings. *Theory and Practice in Language Studies*, 3(2):254-262.

ANNEXURE A

COVER LETTER AND QUESTIONNAIRE

NELSON MANDELA UNIVERSITY

Summerstrand South Campus
DEPARTMENT OF BUSINESS MANAGEMENT

Email: Noxolo.Mazibuko@mandela.ac.za /

Sindiwe.James@mandela.ac.za

Tel: +27 (0)41 504 2031

April 2018

Dear Respondent,


A QUESTIONNAIRE FOR EMPLOYEE TALENT MANAGEMENT IN THE HEALTH SECTOR IN UGANDA: A PUBLIC INSTITUTIONS PERSPECTIVE

Ms. Nakato Jamidah is a registered PhD student in the Department of Business Management at the Nelson Mandela University in Port Elizabeth, South Africa. She is currently busy with an empirical study aimed at examining the antecedents and outcomes of effective talent management amongst employees in public institutions within the health sector in Uganda. Talent Management refers to the adoption of a combination of policies and practices designed to attract, develop, motivate and retain productive, engaged employees that possess a combination of exceptional knowledge, skills, attitudes, values and competencies that are crucial for organisational success. It is envisaged that this study will provide useful insights into the key contributory factors in the effective talent management of employees in the health sector in Uganda.

The purpose of the study is to examine factors that influence effective talent management amongst employees in public institutions within the health sector in Uganda. Furthermore, the study investigates the outcomes of effective talent management. All data sources will be treated with utmost confidentiality and no individual respondents will be identified. This implies that you can complete the questionnaire anonymously. Thank you very much for your willingness and time to complete this questionnaire.

Kind regards,


Prof. Noxolo Eileen Mazibuko & Prof. Sindiwe James
Promoters


Ms. Nakato Jamidah
Researcher

QUESTIONNAIRE

SECTION A:

This questionnaire comprises of two sections. Section A investigates the antecedents and outcomes of talent management in public healthcare institutions on a seven-point scale (1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = undecided, 5 = somewhat agree, 6 = agree, 7 = strongly agree). Please indicate the extent to which you agree with these statements by means of a cross (X) in the appropriate block.

In my organisation, the talent pool includes...		Strongly disagree	Disagree	Somewhat disagree	Undecided	Somewhat agree	Agree	Strongly agree
1	Creating pools for internal candidates by virtue of being a cultural fit.	1	2	3	4	5	6	7
2	Leading from career fairs or events.	1	2	3	4	5	6	7
3	Applicants that management would like to develop.	1	2	3	4	5	6	7
4	Investing heavily in internships or work experience schemes.	1	2	3	4	5	6	7
5	Engaging organisational leavers (ex-employees) with the right opportunities, to which they are open.	1	2	3	4	5	6	7
6	People with diverse initiatives.	1	2	3	4	5	6	7
In my organisation...								
7	I am allowed to do my job in a manner that best suits my strengths.	1	2	3	4	5	6	7
8	my goals and values are strongly considered.	1	2	3	4	5	6	7
9	my contribution towards the achievement of its objectives is acknowledged.	1	2	3	4	5	6	7
10	Management is willing to help me if I need help (e.g. counselling, training).	1	2	3	4	5	6	7
11	I receive guidance whenever I need to complete a new/difficult task.	1	2	3	4	5	6	7
12	a favorable environment is created for me to interact with my colleagues.	1	2	3	4	5	6	7
13	I am remunerated with a high salary / I receive a pay raise on good performance.	1	2	3	4	5	6	7
14	I am satisfied with the bonus that I am offered.	1	2	3	4	5	6	7
15	How hard I work is directly linked to how much I am compensated.	1	2	3	4	5	6	7
16	I am satisfied with the regular and systematic financial policies regarding salary increment and other monetary benefits.	1	2	3	4	5	6	7
17	I am satisfied with promotional opportunities.	1	2	3	4	5	6	7
18	I am satisfied with the quality of the rewards offered.	1	2	3	4	5	6	7
19	I am always willing to work overtime to complete my tasks.	1	2	3	4	5	6	7
20	I am always allowed to work flexible hours.	1	2	3	4	5	6	7
21	I am always offered an opportunity to do a variety of tasks.	1	2	3	4	5	6	7
22	I am satisfied with the health and safety facilities at my workplace.	1	2	3	4	5	6	7
23	I am satisfied with the level of technology and condition of medical equipment in our clinics and hospitals.	1	2	3	4	5	6	7

24	I am always compensated when I work for longer than my normal hours.	1	2	3	4	5	6	7
25	The recruitment policies and procedures are clear and transparent.	1	2	3	4	5	6	7
26	I am placed in a position that matches my capabilities and experience.	1	2	3	4	5	6	7
27	Co-workers always behave in a professional manner, towards me and one another.	1	2	3	4	5	6	7
28	I feel a sense of belonging that gives me job security.	1	2	3	4	5	6	7
29	I am allowed to have free and open communication within my work group.	1	2	3	4	5	6	7
30	I am allowed to have social relations.	1	2	3	4	5	6	7
31	I am offered an appropriate work space.	1	2	3	4	5	6	7
32	There is a positive and supportive culture that motivates me to accomplish my set goals.	1	2	3	4	5	6	7
33	I have the freedom to decide how I am going to carry out my duties.	1	2	3	4	5	6	7
34	I am encouraged to solve problems creatively.	1	2	3	4	5	6	7
35	I always work in a clean, well-lit environment that is free from excessive noise.	1	2	3	4	5	6	7
36	Employees are closely supervised.	1	2	3	4	5	6	7
37	Management is the chief judge of the achievements of members of the group.	1	2	3	4	5	6	7
38	Management gives orders and clarify procedures.	1	2	3	4	5	6	7
39	Management stays out of the way of subordinates as they do their work.	1	2	3	4	5	6	7
40	Management gives subordinates complete freedom to solve problems on their own.	1	2	3	4	5	6	7
41	In most situations, employees prefer minimal input from management.	1	2	3	4	5	6	7
42	Employees want to participate in decision-making processes.	1	2	3	4	5	6	7
43	Most employees want frequent and supportive communication from their leaders.	1	2	3	4	5	6	7
44	Management perceives employees as competent.	1	2	3	4	5	6	7

	In my organization...	Strongly disagree	Disagree	Somewhat disagree	Undecided	Somewhat agree	Agree	Strongly agree
45	There is room for the individual assessment of abilities, interests, career needs and goals.	1	2	3	4	5	6	7
46	There is clear communication of information concerning career options and the opportunities offered.	1	2	3	4	5	6	7
47	I am satisfied with the opportunities, for personal development and growth, that I am offered.	1	2	3	4	5	6	7
48	I am satisfied with the investment made in the training and education of all employees.	1	2	3	4	5	6	7
49	I am satisfied with the work-related training offered.	1	2	3	4	5	6	7
50	Management is dedicated to my professional career development.	1	2	3	4	5	6	7
51	My supervisor treats me with respect.	1	2	3	4	5	6	7
52	My supervisor takes my best interests into account when he/she makes decisions that affect me.	1	2	3	4	5	6	7
53	My supervisor encourages me to openly and honestly communicate my views.	1	2	3	4	5	6	7
54	My supervisor gives me useful feedback on my job performance.	1	2	3	4	5	6	7
55	My supervisor ensures that I have access to resources needed to do my job.	1	2	3	4	5	6	7
56	My supervisor plays an active role in my career development.	1	2	3	4	5	6	7
57	I am willing to take on new tasks, as required.	1	2	3	4	5	6	7
58	I take initiative in helping other employees, when the need arises.	1	2	3	4	5	6	7
59	I proactively identify future challenges and opportunities.	1	2	3	4	5	6	7
60	I adapt quickly to difficult situations.	1	2	3	4	5	6	7
61	I am completely focused on my work-related duties.	1	2	3	4	5	6	7
62	I am determined to give my best effort at work each day.	1	2	3	4	5	6	7

	In my organisation...	Strongly disagree	Disagree	Somewhat disagree	Undecided	Somewhat agree	Agree	Strongly agree
63	I complete tasks efficiently.	1	2	3	4	5	6	7
64	I generate original solutions to problems.	1	2	3	4	5	6	7
65	I show concern, listens, communicates views and ideas.	1	2	3	4	5	6	7
66	I remain calm under pressure, copes with problems, and overcomes setbacks quickly.	1	2	3	4	5	6	7
67	I make plans and follows through with them.	1	2	3	4	5	6	7
68	I Work hard, set high standards, and do more than is expected of me.	1	2	3	4	5	6	7
69	Employee talent is aligned with its needs within the currently available positions.	1	2	3	4	5	6	7
70	There is a systematic succession plan to enable me to effectively perform roles that have traditionally been reserved for managers/senior staff.	1	2	3	4	5	6	7
71	A concerted effort to facilitate employees to learn work related competencies is made.	1	2	3	4	5	6	7
72	Professional growth and development is fostered. .	1	2	3	4	5	6	7
73	There is an adequate talent pool that is used to unearth the hidden exceptional potential amongst our employees.	1	2	3	4	5	6	7
74	Employees are coached in individual career planning.	1	2	3	4	5	6	7
75	Conditions are created to enhance employee creativity.	1	2	3	4	5	6	7
76	Suitable high potential employees are identifies and prepared to replace key players as their terms expire.	1	2	3	4	5	6	7
77	Continuous effort is made to adapt to employees' changing needs, in order to keep the workforce motivated.	1	2	3	4	5	6	7
78	There is a clear process of evaluating, and communicating feedback on, how I perform my job.	1	2	3	4	5	6	7

SECTION B:

This questionnaire comprises of two sections. Section B investigates impact of effective talent management on the dependent variables (outcomes)

	In my organisation ...	Strongly disagree	Disagree	Somewhat disagree	Undecided	Somewhat agree	Agree	Strongly agree
1	I have a manageable workload and reasonable work space	1	2	3	4	5	6	7
2	I am offered a fair reward system so as to attract the right talent	1	2	3	4	5	6	7
3	I am offered work/life programmes such as flexible working arrangements, or flexible hours.	1	2	3	4	5	6	7

4	I am enticed with an employment package that includes competitive pay, incentive bonuses, medical aid, retirement annuity and pension benefits.	1	2	3	4	5	6	7
5	I am aware of a well-defined career development programme, which allows it to recruit qualified employees.	1	2	3	4	5	6	7
6	I am encouraged and motivated to engage in team building or other social networking activities involving other employees.	1	2	3	4	5	6	7
7	I am aware of the health and wellness programmes that are offered (e.g. counselling services, fitness centres, etc.).	1	2	3	4	5	6	7
1	Clients are valued.	1	2	3	4	5	6	7
2	The level of productivity is high.	1	2	3	4	5	6	7
3	Management has the ability to build strong relationships with its employees, which leads to excellent output results.	1	2	3	4	5	6	7
4	The quality of services offered by the organization is satisfactory.	1	2	3	4	5	6	7
5	The number of innovations has increased.	1	2	3	4	5	6	7
6	There is increased speed of adoption of new technology.	1	2	3	4	5	6	7
7	The clientele is growing.	1	2	3	4	5	6	7
	I will continue working for my organisation because...	Strongly disagree	Disagree	Somewhat disagree	Undecided	Somewhat agree	Agree	Strongly agree
8	My benefits are comparable to those offered by other health care institutions (e.g. competitive salaries).	1	2	3	4	5	6	7
9	My work gives me satisfaction.	1	2	3	4	5	6	7
10	There are adequate succession plans in place to manage employee retirement.	1	2	3	4	5	6	7
11	I see a future for myself regarding job promotion (e.g. to a higher management post).	1	2	3	4	5	6	7
12	The chances of me being dismissed are unlikely, so I would spend my entire career life in my current organisation.	1	2	3	4	5	6	7
13	I am allowed to work flexible hours to complete my job.	1	2	3	4	5	6	7
14	Management promotes team spirit amongst coworkers.	1	2	3	4	5	6	7
15	I would be very happy to spend the rest of my career in this organization.	1	2	3	4	5	6	7
16	I am willing to put in a great deal of effort beyond what is normally expected in order to help this organization be successful.	1	2	3	4	5	6	7
17	I will promote this organization as a great organisation for which to work, when speaking to my friends.	1	2	3	4	5	6	7
18	I really care about the fate of this organization.	1	2	3	4	5	6	7
19	I feel that is the best of all possible organizations for which to work.	1	2	3	4	5	6	7
20	I feel a sense of moral obligation to remain here.	1	2	3	4	5	6	7
21	I prefer to stay with this organisation even if I am offered a similar job elsewhere.	1	2	3	4	5	6	7

SECTION C: Biographical information of respondents (Please mark with an X where applicable)

1 Please indicate your Gender

Male	1	Female	2
------	---	--------	---

2 Please indicate your age group

20-29	1	30-39	2	40-49	3	50-59	4	60+	5
-------	---	-------	---	-------	---	-------	---	-----	---

3 Please indicate your designation / Position in the organisation

1	2	3	4	5	6	7	8
Doctor/ Dentist	Consultant/ Clinical Officer	Anaesthetist	Pharmacist	Nurse	Midwife	Lab Technician	Occupational Therapist
9	10	11	12	13	14	15	16
Dispenser	Other Allied Health Staff	Environmental Health Officer	General Administrator	Cold Chain Technician	Health Administrator	Support Staff	Other (please specify)

4 Please indicate your highest level of Education achieved

1	2	3	4	5	6	7	8
O- Level	Certificate	A- Level	Diploma	Post graduate diploma	Bachelor's degree	Post graduate degree	Other

5 Please indicate the details of your organisation / health unit

1	2	3	4	5	6	7
HC I	HC II	HC III	HC IV	District Hospital	Regional Referral Hospital	National Referral Hospital

6 Please indicate your years of service in the organisation

1	2	3	4	5
1-5 years	6-10 years	11-15 years	16-20 years	21 years +

THANK YOU FOR YOUR TIME AND COOPERATION

ANNETURE B

ETHICS CLEARANCE

NELSON MANDELA
UNIVERSITY

Chairperson: Faculty RTI Committee
Faculty of Business and Economics Sciences
Tel. +27 (0)41 504 2906

Date: 16 April 2018
Ref: **H-18-BES-BMA-010 [Approved]**
Contact person: Dr Marle van Eyk

To: Prof NE Mazibuko
Nelson Mandela University
Business Management
South Campus

Dear Prof Mazibuko,

PROJECT PROPOSAL: EMPLOYEE TALENT MANAGEMENT IN THE UGANDA HEALTH SECTOR: A PUBLIC INSTITUTIONS PERSPECTIVE (DOCTORAL)

PRP: Prof NE Mazibuko
PI: Ms J Nakato

Your above-entitled application for ethics approval served at Fac RTI.

We take pleasure in informing you that the application was approved by the Committee. However, please note that the approval is on condition that permission to conduct the study is also obtained from the other relevant individuals, parties, organisations and/or role players to which the study pertains.

The ethics clearance reference number is **H-18-BES-BMA-010**, and is valid for three years. Please inform the Faculty RTI Committee, via the faculty representative, if any changes (particularly in the methodology) occur during this time.

Please inform your co-investigators of the outcome.

Yours sincerely



Dr M van Eyk
Faculty of Business and Economic Sciences

ANNEXURE C

MINISTER OF HEALTH APPROVAL LETTER

NELSON MANDELA UNIVERSITY

Summerstrand South Campus
DEPARTMENT OF BUSINESS MANAGEMENT
Email: s216079500@mandela.ac.za
Tel: +256712-420610/+256701420610

Tuesday, April 17, 2018

Permanent Secretary,
Ministry of Health
P. O. Box 7272
Kampala – Uganda



REQUEST FOR PERMISSION TO COLLECT DATA FOR THE STUDY TITLED: EMPLOYEE TALENT MANAGEMENT IN THE UGANDA HEALTH SECTOR: A PUBLIC INSTITUTIONS PERSPECTIVE.

I am a registered Ugandan PhD student in the Department of Business Management at the Nelson Mandela University in Port Elizabeth, South Africa. I am currently busy with an empirical study aimed at examining the antecedents and outcomes of effective talent management amongst employees in public institutions within the health sector in Uganda. The study is titled: Employee talent management in the Uganda health Sector: A Public Institutions Perspective. Talent Management refers to the adoption of a combination of policies and practices designed to attract, develop, motivate and retain productive, engaged employees that possess a combination of exceptional knowledge, skills, attitudes, values and competencies that are crucial for organisational success. It is envisaged that this study will provide useful insights into the key contributory factors in the effective talent management of employees in the health sector in Uganda. The supervisors of this study are: Prof. Mazibuko, Noxolo (Noxolo.Mazibuko@mandela.ac.za) and Prof. James Sindiwe (Sindiwe.James@mandela.ac.za).

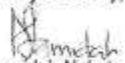
The purpose of this letter is to request for authorization to collect data from the different categories of employees in the public institutions of the health sector, such as doctors, consultants, dentists, dispensers, nurses, pharmacists, midwives, clinical officers, laboratory staff, anaesthetic staff, occupational therapists, allied health staff, environmental health officers, administrative staff, support staff and cold chain technicians. All data sources will be treated with utmost confidentiality and no individual respondents will be identified. This implies that the targeted employees can complete the questionnaire anonymously.

Please find attached the ethics approval letter from Nelson Mandela University RTI committee and the approved study questionnaire.

I will be glad when my request is put into consideration.

Thank you.

Yours Sincerely,


Jamidah Nakato
PhD student

ANNETURE D

LANGUAGE EDITING LETTER

January 2019

To Whom it May Concern

I herewith confirm that I have proofread the following thesis:

Title of study: *EMPLOYEE TALENT MANAGEMENT IN THE HEALTH
SECTOR IN UGANDA: A PUBLIC INSTITUTIONS
PERSPECTIVE*

Student Name: JAMIDAH NAKATO

Student Number: 216079500

Institution: Nelson Mandela University

Qualification: PHILOSOPHIAE DOCTOR (Business Management)

I suggested relevant changes, where I saw fit, using the "Track Changes" function in MSWord; the student could thus either accept or reject the suggested changes at her own discretion.

I trust that this is in order.

Kind regards,



Nancy Morkel
MA English (NMMU), PGDHET (UFH), BA Hons English (UPE), BA MCC (UPE)
Editing Methodology (SU), Editing Practice (SU)
nancy.morkel@mandela.ac.za

ANNEXURE E

TURNITIN REPORT

Nakato, J - 216079500

ORIGINALITY REPORT

% 19 SIMILARITY INDEX **% 12** INTERNET SOURCES **% 4** PUBLICATIONS **% 13** STUDENT PAPERS

PRIMARY SOURCES

- | | | |
|----------|---|----------------|
| 1 | Submitted to Eiffel Corporation
Student Paper | % 4 |
| 2 | Submitted to International Health Sciences University
Student Paper | % 1 |
| 3 | core.ac.uk
Internet Source | % 1 |
| 4 | Submitted to Nelson Mandela Metropolitan University
Student Paper | % 1 |
| 5 | Submitted to Vaal University of Technology
Student Paper | % 1 |
| 6 | Submitted to University of Wales Institute, Cardiff
Student Paper | <% 1 |
| 7 | Paul Turner. "Talent Management in Healthcare", Springer Nature, 2018
Publication | <% 1 |
| 8 | uir.unisa.ac.za | |
-