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Perception of first line nursing managers' about talent management

Zeinab Ahmed Abd El baky, Fatma Rushdy Mohamed Ali, Ebtsam Ahmed Mohamed Bashandy
and Shereen Faiyez Gabra

¹ Master Degree, Nursing Administration, Faculty of Nursing, Assiut University, Egypt

² Professor, Nursing Administration, Faculty of Nursing, Assiut University, Egypt

³ Assistant Professor, Nursing Administration, Faculty of Nursing, Assiut University, Egypt

⁴ Lecturer, Nursing Administration, Faculty of Nursing, Assiut University, Egypt

Corresponding Author: Zeinab Ahmed Abd El baky

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Abstract

Background: Many health care organizations have placed talent management on their agendas because they believe it is essential to achieving organizational excellence and increasing employee satisfaction in order to meet organizational goals.

Aim of this research: To assess first line nursing managers' perception about talent management.

Research design: A descriptive correlational design was utilized in the current research.

Setting: This research conducted at Main Assiut University Hospital.

Sample: Convenience sample of first line nursing managers who worked at the Main Assiut University Hospital during the time of data gathering with total number (80) first line nursing managers.

Tools of data collection: Two tools, the first tool was talent management knowledge questionnaire as well as the second tool was talent management practice questionnaire.

Results: this research illustrated that above fifty percent of first line nursing managers' knowledge as well as practice within the moderate level as well as higher thirty- three percent of them had high level of knowledge as well as practice of talent management.

Conclusion: there was positive correlation between first line nursing managers' knowledge and their practice about talent management.

Recommendations: Provide talent management workshops and educational programs for nursing managers and supervisors.

Keywords: Assess, first line nursing managers' knowledge, practices, and talent management

Introduction

The employment situation, where talent is differentiated, has changed as a result of globalization. The talent management (TM) appears to be the primary responsibility that organizations are focusing on these days (Dalayga & Baskaran, 2019) [14]. Thus, TM is increasingly being covered in human resource management (HRM) as well as development (Elhanafy & El Hessewi, 2021) [18].

The importance of TM is growing in the healthcare industry, especially in the nursing field. The term refers to a set of coordinated organizational HR procedures aimed to draw in, original, inspire, as well as keep highly practice workers. By implementing it, businesses can improve the quality of care and leverage their HR to gain a competitive edge in the market, which will boost patient and employee satisfaction (Leggat *et al.*, 2020) [28].

The term "TM" described as investing in a hospital's most valuable asset, its workforce. To accomplish this, hospitals may seek out candidates with extremely sought-post skill

sets, provide opportunities for continued learning as well as growth, know and enhance valuable team personnel, and so on (Gallardo *et al.*, 2020) [20].

Furthermore, Son *et al.* (2020) [37] TM is clarified as the processes as well as practices involved in the systematic knowing of critical job that participate distinctively to the hospital's long-term advantage in competition, the designing of a pool talent which elevated potential as well as high-skilled occupants to fill these functions, as well as the creation of a unique HR building architecture to make it easier to locate suitable candidates for these roles as well as guarantee their frequently loyalty to the hospital.

A TM model that recognizes different aspects of TM and connects them to workforce practice, which in turn affects organizational performance. A TM is shaped by three primary components: attraction, development, as well as retention (Abd El Rahman & Farghaly, 2019) [1].

Talent attraction is a strategy management used by hospitals to recruit employees with the necessary skills. This method

is used to ensure that the right candidate is hired (Muhammad *et al.*, 2022) ^[33]. Recruitment as well as selection, employer-facing marketing, nurse value proposition, as well as employer of selecting are the components that make up talent attraction. Learning as well as development have become essential to the success of competitive and dynamic organizations because without ongoing learning, performance improvement, and maintenance, organizational success may become unachievable (Kaewnaknaew *et al.*, 2022) ^[24].

Talent development a steps of employing planned and unplanned learning to transform an organization, its nurses, and its stakeholders in order to create and preserve sustainable organizational advantages. The process of improving nurses' abilities and attitudes is known as talent development (Kaliannan *et al.*, 2023) ^[25]. Retention of nurses is one of the main issues facing many organizations these days. Many organizations see retention as a strategic opportunity to keep their workforce competitive. The challenge of retaining talent in the face of competition from worldwide markets makes it an organizational priority and a critical differentiator in human capital management (Gül *et al.*, 2023) ^[23].

Talent retention intends to implement policies that will encourage nurses to work for the hospital for the duration as possible. Also, talent retention can be managed by offering benefits ahead of demand, career development, training, challenging work, intrinsic motivation, and performance-based compensation (Schlosser *et al.*, 2022) ^[35]. Because it is expensive to attract new talent, an organization's productivity suffers when its talent is lost. Turnover, replacement, and transition costs are considered direct costs. Production loss, reduced practice, unnecessary overtime, as well as low morale are considered indirect costs (Kimura Kuratomi *et al.*, 2022) ^[27].

The accomplishment of organizational missions and objectives depends on nurse managers. It is expected of nurse managers to be flexible in their approaches to leadership, financial management, staff development and recruitment, negotiation, and conflict resolution. Ensuring that there are adequate nurses on staff to deliver high-quality care of patient is the principal duty of nurse managers. It is also expected that supportive behaviors will advance clinical nurse autonomy and development, strengthen the bond between nurses and physicians, and raise nursing competency. Despite the essential role that nurse directors play, their overwork, stress, as well as discontent are being caused by the increasingly different and needing healthcare circumstances (Cox, 2019) ^[27].

The TM competencies of head nurses are crucial and have a significant effect on the performance of healthcare organizations. The TM is a novel approach to HRM that emphasizes career path development, competency development, and other areas. Talent attraction, selection's talent, recruitment's talent development, retention's talent, motivation's talent, as well as balance of work-life performances are among its seven competencies (Shabaan *et al.*, 2021) ^[36].

Thus, the line nursing manager's job as a talent manager involves not only making sure team members meet goals (line management), but also making sure they grow to the fullest extent possible. This is significant because improving

staff competence and capacity eventually affects the patient experience. To get the most out of TM, line managers and HR (or talent professionals) must have a strong working relationship. Working together will make it easier to apply TM and practices effectively. Employees are impacted by this, which creates a positive atmosphere (d'Armagnac *et al.*, 2022) ^[13]

Significance of the study

The HRM face a difficult task when it arrives at talent management, that has become a crucial concern for numerous organizations. Organizations where have a more employee turnover rate run the constant dangerous of experiencing lower productivity, little engagement of employee, higher costs of training, as well as a low reputation for nurses attrition. Because of this, in order to boost employee retention, businesses are now investing heavily in talent management strategies that inspire workers to be totally engaged and feel proud of their work. Highly skilled workers enable an organization to meet its objectives and preserve a positive working environment. The caliber of an organization's talent plays a major role in its strength (Tamunomiebi & Worgue, 2020) ^[39].

The study aims to provide multiple benefits to hospital administrators, specifically in the area of HRM, and employers overall. Among them is the understanding of the causes behind the inability to draw in and keep outstanding employees. Corrective measures are ultimately implemented after some of the policies that lower employee morale are removed, improving employee services in the process and ultimately improving organizational performance (Wu *et al.*, 2020) ^[41].

General Aims of the study

- The present research aims to assess the perception of first line nursing managers about talent management.

Specific objectives

- Assess first line nursing managers' knowledge about talent management.
- Assess first line nursing managers' practice about talent management.
- Explore the relation between personal data of the first line nursing managers' and study variables about talent management.

Research question

1. What is first line nursing managers' knowledge about talent management?
2. What is first line nursing managers' practice about talent management?
3. What is level of first line nursing managers' knowledge and practice about talent management?
4. What is the relation between personal data of the first line nursing managers' and study variables about talent management?
5. What is correlation between first line nursing managers' knowledge and practice regarding talent management?

Subject and Method

Research Design

- This research used a descriptive cross-sectional design.

Setting

This research conducted at Main Assiut University Hospital The old Ministry of Hospital, which served as the faculty of medicine's teaching hospital since 1966, was replaced by this new facility in 1982. The hospital can accommodate 1328 beds in total, and the total number of nursing staff (no. = 1155), head nurses (first line nursing managers, no.= 80).

Subjects

A convenience sample is used in the present study, composed of all first line nursing managers who worked at the Main Assiut University Hospital via the time of data gathering with total number (80) first line nursing managers.

Data collection tools

Data were collected by using two tools as follows:

Tool (I): Talent Management knowledge Questionnaire

It is a self-administered questionnaire which compassed of two parts as follow.

Part 1: Personal Data Questionnaire: It was used to gather information about first line nursing managers and encompassed of age, nurse's gender, as well as marital status, residence, educational qualification, experience's years in the nursing field, and years of experience in the present position.

Part 2: Talent Management Knowledge Questionnaire

This tool was designed by the researchers depend on pertinent literature (Al Ariss *et al.*, 2014; Bratton & Watson, 2018; Dirani *et al.*, 2018; Boštjančič & Slana, 2018; Abdrabou & El-SayedGhonem, 2020; Al Aina & Atan, 2020; Goh & Okumus, 2020 & Mostafa *et al.*, 2021) [6, 11, 15, 10, 3, 5, 21, 31], to assess first line nursing managers knowledge's level concerning the TM. The questions consisted of 40 questions (20 questions true &false and 20 of TM questions choose the correct answer) divided into: Meaning of TM (4 question), importance (3 question), element of TM (4 question), models of TM (3 question), characteristics of talent people (6 question), process (3 question), strategies (3 question) concept related TM (10 question) and barriers (4 question). The items of questionnaire were scored as 1 for the good answer as well as 0 for the wrong answer.

So, the scoring system of this questionnaire as

- Low <60%.
- Moderate 60%- ≤75%.
- High >75%.

First line nursing managers' knowledge of TM increases with increasing score.

Tool (II): Talent Management practice Questionnaire

This questionnaire created by Oehley, (2007) [33] for evaluating TM practices among first line nursing managers. The questionnaire consists of forty- three items classified into (eight) dimensions as: displaying a TM mindset (four); attracting as well as recruiting talent (five); identifying as well as differentiating employee's talented (six); developing of others (six); building as well as maintaining

relationship's positive (six); providing meaningful as well as work challenging (five); remunerating as well as fairly rewarding (six); as well as managing work life balance (five). On all TM dimensions, responses to the statement done on a (never 1to always 5). The mean score for the section was calculated by adding the subscale scores together as well as dividing the total score by the number of statements.

So, the scoring system of this questionnaire as

- Low TM practice <60%
- Moderate TM practice 60%- ≤75%
- High TM practice >75%

Tool's validity and reliability

Five professions in nursing administration served as the jury committee that assessed the questionnaires' face validity as well as made any necessary changes. Two professors, two assistant professors from the Nursing Administration Department at the Faculty of Nursing at Assiut University, and one professor from Minia University made up the jury committee. The expert panel was asked to assess the questionnaires' overall appearance, length, format, clarity, wording, as well as content.

Reliability

To ensure consistency, the tools' dependability was tested. Cronbach's alpha test utilized to decide the level to which the questionnaires' statements measured the same idea were correlated with one another. The results indicated that the first line nursing manager's knowledge was 0.931 and the practice tool about TM had an internal consistency of 0.943.

Pilot Study

The pilot of the research was performed on (8 first line nursing managers) who working in Main Assiut University Hospital to test feasibility, objectivity, clarity, comprehensiveness as well as applicability for the items of each questionnaire. The researchers were also able to estimate the amount of time require to fill the data gathering questionnaires thanks to the pilot research. Tools did not need to be modified depend on the findings of the pilot of the research. The eight first line nursing managers who participated in the pilot trial were added in the main research.

Procedure of data collection

- The researchers obtained an official permission from the director of hospital, director of nursing. The aim of the study, the content of the questionnaire and the time needed were explained to them. The researchers establish rapport with the nursing directors and obtained an informed consent post clarification the importance as well as purpose of the research.
- Before the procedure enrollments, oral consent was obtained from each first line nursing manager, followed by explanation of the study objectives.
- Each subject who agreed to participate was given the assurance of voluntary participation and confidentiality by the researchers.
- The clarity as well as applicability of the scales were

ensured through a pilot research. Next, the scales' reliability was examined.

- The tools were translated from English to Arabic after a review of the body of literature on the study's subject. Between September and November of 2022, a period of roughly three months, five experts from the nursing administration department revised and validated the validity of the tools (Jury from five expertise's' in the specialty).
- To familiarize oneself with the research problem as well as carry out the study, observe of the relevant literature encompassing different facets of the issues was conducted through the use of various books, journals, and websites.
- Each of them received a questionnaire individually, and it took them anywhere from thirty to forty minutes to complete. Any query that first line nursing managers have been addressed by a researcher.
- To collect data, the actual field work began in early February 2023 and ran through the end of April 2023. Three hours prior to the conclusion of the shift, nurses from various shifts were inquired to complete scales as part of the data collection process. For the majority of the time that the data was being collected.
- The researchers planned the visits to every department according to the work schedules of the first line nursing managers. To meet with all nurses, the researchers

chose two days, Tuesday and Wednesday.

Ethical considerations

The Minia University Faculty of Nursing Ethical Committee gave its approval for this study. First line nursing managers who take part in the study were knowledgeable by the researchers about its purpose as well as the subjects were reassured that their sharing was entirely voluntary as well as that they could leave the research at any moment if they so desired. Additionally, they receive reassurance that their privacy was protected and that oral consent was obtained, even though the study and the information gathered would only be used for that reason.

Statistical design

Version 20 of the (SPSS) statistical package for social science was used to analyze the data. The mean and SD were utilize to express numerical data. Using Pearson correlation, quantitative data were clarified as percentages as well as frequencies. Less than 0.05 for probability (p-value) was deemed significant, as well as lower 0.001 for highly significant probability. The utilize of descriptive statistics, as mean, standard deviation, also the frequency, as well as percentage, was made. The kind as well as strength of a relations between two numerical elements can be ascertained using the statistical technique of correlation.

Results of the Research

Table 1: Percentage distribution of the first line nursing managers' personal data (no.=80).

Personal data	(no.= 80)	
	No.	%
Age		
▪ <30 yrs	27	33.7
▪ 30-40 yrs	37	46.3
▪ >40 yrs	16	20
Mean ± SD	38.3 47±3.835	
Marital status		
▪ Single	17	21.3
▪ Married	58	72.5
▪ Divorce	3	3.7
▪ Widow	2	2.5
Educational qualification		
▪ Bachelor of nursing	69	86.3
▪ Others	11	13.7
Years of Experience in the nursing		
▪ <10 years	40	50
▪ 10-20 years	32	40
▪ ≥21	8	10
Mean ± SD	9.23 7±2.835	
Years of Experience in the current position		
▪ <10 years	50	62.5
▪ 10-20 years	23	28.7
▪ ≥21	7	8.8
Mean ± SD	7.357±3.835	

Table (1) enumerates that (46.3%) of first line nursing managers are in the age group (30-40) years old with mean age 38.347±3.835 years, and (72.5%) of them are married, also (86.3%) of them have Bachelor of nursing, (50%) of

them have less than ten experience's year in the nursing filed. Concerning experience's year in the present position about (62.5%) of them have less than ten experience's year.

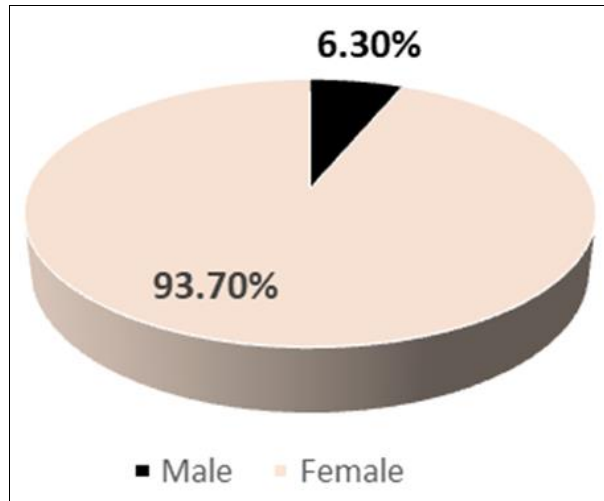


Fig 1: Percentage distribution of the first line nursing managers' gender (no. =80)

Figure (1): clarifies that (93.7%) of first line nursing managers are females and (6.3%) of them are males.

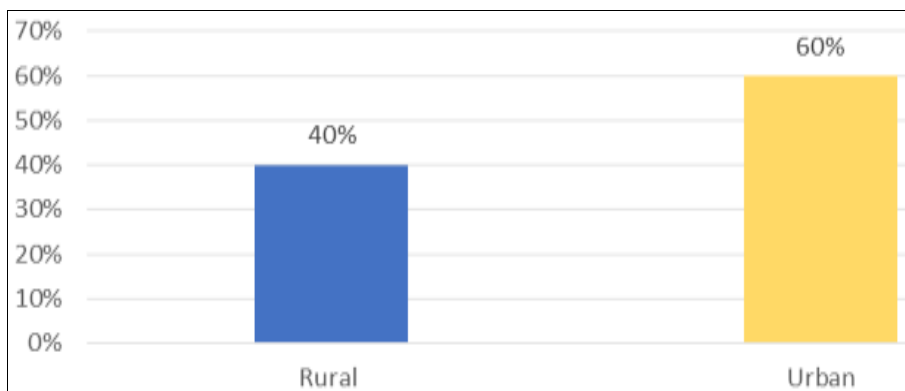


Fig 2: Percentage distribution of the first line nursing managers' residence (no. =80).

Figure (2): displays that there (60%) of first line nursing managers from urban area and (40%) of them from rural area.

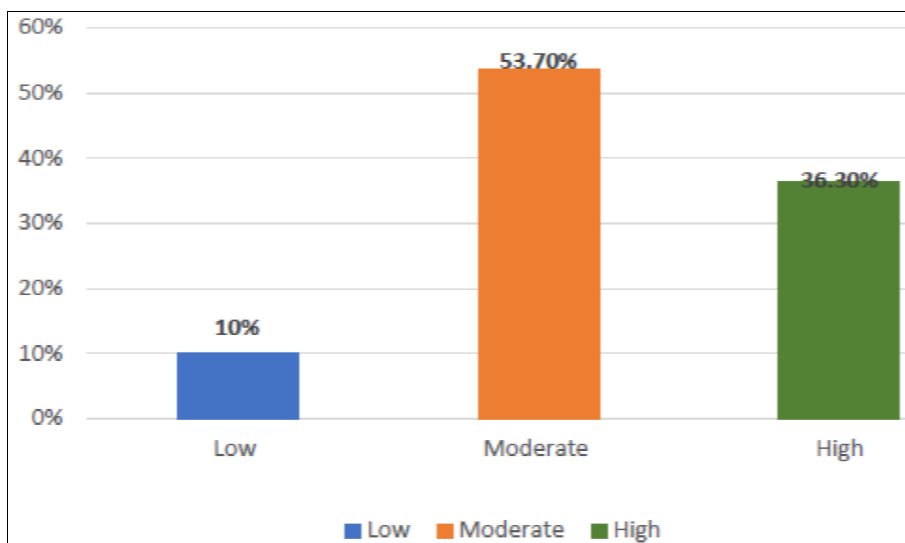


Fig 3: Percentage distribution of the first line nursing managers' total knowledge level about talent management (no. =80)

Figure (3) reveals that (36.3%) of first line nursing managers have high level of TM knowledge, (53.7%) of

them have moderate level of TM knowledge as well as (10%) of them have low level of TM knowledge.

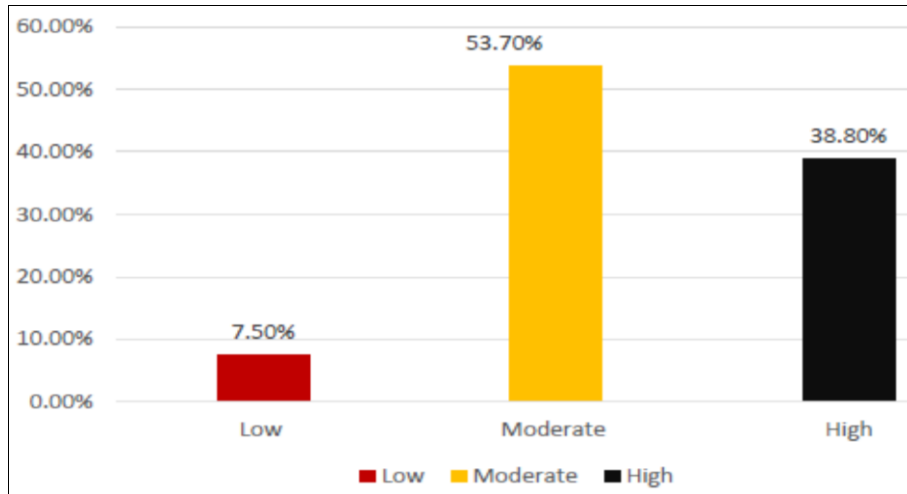


Fig 4: Percentage distribution of the first line nursing managers’ total practice level about talent management (no. = 80)

Figure (4) displays that (38.8%) of first line nursing managers have high level of practice, (53.7%) of them have moderate level of practice as well as (7.5%) of them have low level of practice about TM.

Table 2: Mean scores first line nursing managers’ knowledge dimensions as well as practice dimensions about talent management (no =80)

First line nursing managers’ total knowledge and their dimensions	Mean ± SD	First line nursing managers’ total practice and their dimensions	Mean ± SD
Meaning of TM	2.825±.759	Displaying a TM mindset	13.9750±3.15
Important of TM	2.037±.786	Attracting and recruiting talent	13.6750±4.58
Elements of TM	2.862±.741	Identifying and differentiating talented employees	19.5875±5.02
Models of TM	2.525±.693	Developing others	20.2250±5.07
Characteristics of the talent people	5.225±1.03	Building and maintaining positive relationships	19.2500 ±5.60
Stages or process of TM	2.500±.616	Providing meaningful and challenging work	15.4625 +3.80
Barriers of TM	3.300±.877	Remunerating and rewarding fairly	18.3500 +4.50
Strategies of TM	2.225±.635	Managing work-life balance	15.5375±4.01
Important concepts of TM	5.40±1.94		

Table (2) refers that, high mean scores first line nursing managers’ knowledge dimensions is important concepts of TM dimension as (5.40±1.94), high mean scores first line nursing managers’ practice dimensions is developing others as (20.2250±5.07).

Table 3: Relation between first line nursing managers’ total knowledge and their personal data (no =80).

Personal data	Mean ± SD
Age	
▪ <30 yrs	28.2222±4.37
▪ 30-40 yrs	29.6216±4.05
▪ >40 yrs	28.7500±3.43
Anova (p-value)	.960 (.387NS)
Gender	
▪ Male	28.0000±5.09
▪ Female	29.0400±4.00
T-test(p-value)	.107(.744NS)
Marital status	
▪ Single	29.9412±4.50
▪ Married	28.8103±3.90
▪ Divorce	27.3333±6.02
▪ Widow	28.0000±1.41
Anova (p-value)	.547(.652NS)
Residence	
▪ Rural	29.0000±3.72
▪ Urban	28.9583±4.29
T-test(p-value)	1.810(.182NS)
Educational qualification	
▪ BNS	28.7246±3.94
▪ Others	30.5455±4.54
T-test(p-value)	.925(.339NS)

Years of Experience in the nursing	
▪ <10 years	29.1600±4.42
▪ 10-20 years	28.3478±3.69
▪ ≥21	29.7143±3.60
Anova (p-value)	.652(.524NS)
Years of Experience in the current position	
▪ <10 years	29.1600 ± 4.17
▪ 10-20 years	28.3478±3.92
▪ ≥21	29.7143±3.60
Anova (p-value)	.438(.647NS)

* p≤0.05 (significant)

Table (3) presents that, there are no statically significance differences between first line nursing managers’ total knowledge and their personal data.

Table 4: Relation between first line nursing managers’ total practice and their personal data (no =80).

Personal data	Mean ± SD
Age	
▪ ≤30yrs	128.04±32.81
▪ 30-40yrs	143.00±32.07
▪ >40yrs	134.19±31.42
Anova (p-value)	1.722(.185NS)
Gender	
▪ Male	145.00±31.38
▪ Female	135.60±32.70
T-test(p-value)	.017(.896NS)
Marital status	
▪ Single	139.71±33.55
▪ Married	133.76±31.75
▪ Divorce	143.00±33.41
▪ Widow	166.50±34.51
Anova (p-value)	.792(.502NS)
Residence	
▪ Rural	132.72±28.79
▪ Urban	138.50±34.86
T-test(p-value)	1.73(.191NS)
Educational qualification	
▪ BNS	133.03±31.12
▪ Others	156.00±32.53
T-test(p-value)	.799(.374NS)
Years of Experience in the nursing	
▪ <10years	132.05±34.32
▪ 10-20 years	144.09±27.21
▪ ≥21	125.25±36.22
Anova (p-value)	1.756(.180NS)
Years of Experience in the current position	
▪ <10years	134.80±34.43
▪ 10-20 years	144.57±26.45
▪ ≥21	118.57±33.31
Anova (p-value)	1.878(.160NS)

* p≤0.05 (significant)

Table (4) illustrates that, there are no statically significance differences between first line nursing managers’ total

practice and their personal data.

Table 5: Correlation between first line nursing managers’ knowledge and practices of talent management (No =80)

Variables	Knowledge		Practice	
	r	p	r	p
Knowledge			.260*	.024
Practices	.260*	.024		

* p≤0.05 (significant)

Table (5) displays that, there are positive correlation

between first line nursing managers' knowledge as well as practice about TM with statistically significant difference (P= 0.024).

Discussion

The markets of today are extremely competitive and have gone global. As a result, it is now crucial to the businesses' survival that they develop their ability to adapt and respond to external change. In summary, gifted individuals are a valuable asset to any organization and the reason for its

success. Talented employees must be attracted, developed, and retained by organizations for as long as possible. This is especially true of exceptionally talented individuals. Organizations must adapt to environmental change, grow, and achieve higher levels of production in today's dynamic and ever-changing world. Organizations seeking expansion and transformation require continuous production of services and the cares, as well as methods and processes, to boost market innovation and identify the best location for achieving their goals (Fernandes *et al.*, 2023) ^[19].

The TM is increasingly playing a big role in HRM strategy. Healthcare organizations place a high priority on retaining talented nurses and battling the shortage of skilled nurses in the workforce. Moreover, head nurses are essential in fostering a positive atmosphere in the hospital because they oversee nursing care in the clinical setting by managing, supervising, appreciating, supporting, and encouraging nurses' competencies (Mohamed *et al.*, 2022) ^[30].

Regarding the personal characteristics, the current research findings revealed that slightly higher than forty-six percent of first line nursing managers' age were ranged between thirty to forty years old, Also the high percent of them were females, married and had Bachelor degree of nursing. About their experience less fifty percent of them were less than ten years of experience in the nursing as well as more sixty percent of them were less than ten experience's year in the present position. Regarding to their residence about sixty percent of them living in urban area.

Regarding the level of first line nursing managers' knowledge regarding TM, the actual research mentioned that above fifty percent of first line nursing managers' knowledge within the moderate level as well as higher thirty- three percent of them had high level knowledge of TM, from the researchers' interpretation the sample size of the participant had Bachelor degree of nursing, so they may be educate this topic undergraduate course of the faculty.

This in the same context with Sampson, (2023) ^[34] he stated that fifty percent of the sample had moderate level knowledge about the TM. Also, in the same point Gül *et al.* (2023) ^[23], they illustrated that approximately half of the participants had fair degree of knowledge about TM.

This was against with Taie, (2015) ^[38]; El Dahshan *et al.*, (2018) ^[16]; and Al- Maashani *et al.*, (2019) ^[4] they mentioned that the high number of the participates had unsatisfactory level of knowledge about TM. Also, this contradicted with Abd El Rahman & Farghaly, (2019) ^[1] they documented on their study on all head nurses with good degree of knowledge about TM.

Regarding the level of first line nursing managers' practice regarding TM, the actual research findings illustrated that above fifty percent of first line nursing managers' practice within the moderate level as well as higher thirty- three percent of them had high level of TM practice, from the researchers' interpretation above fifty percent of first line nursing managers had knowledge about TM that reflected on their practice.

This in the same context with Sampson, (2023) ^[34] he stated that half of the participants had moderate level of the TM practice. Also, El-Guindy *et al.*, (2022) ^[17] they stated that half of the participants had fair degree about the TM. Also, in the same point Graebe *et al.*, (2022) ^[22] emphasized that approximately half of the participants had fair degree of

practice about TM. Also, this agreed with Abdel Fattah *et al.*, (2020) ^[2] they stated that half of them had the lowest level of TM related to displaying a TM. Additionally, Waswas as well as Jwaifell, (2019) ^[40] they clarified the degree of the participant about practice of TM in the average degree.

These not supported by Mostafa *et al.*, (2021) ^[31] described that the high percent of the participants had poor practice about TM. Moreover, in the same context Abd El Rahman & Farghaly, (2019) ^[1], they emphasized that high number of head nurses had poor Optima's TM model application.

Regarding first line nursing managers' knowledge dimensions as well as practice dimensions about TM, this research illustrated that high mean scores first line nursing managers' knowledge dimensions was important concepts of TM as (5.40±1.94), high mean scores first line nursing managers' practice dimensions was developing others as (20.2250±5.07), from the researcher view the first line nursing managers' more practice for developing others to achieve the hospital objectives. This in the same context with Mgbemena *et al.*, (2022) ^[29] they clarified that the main goals of TM development are to enhance the employee development process to address the issues the organization is currently facing and to boost organizational performance by meeting TM needs. Also agree with Aly *et al.*, (2023) ^[8] they mentioned that the development of the unit and nursing staff was identified by first line nurse managers as a satisfactory aspect of their job performance.

The actual study clarified that was no statically variation between first line nursing managers' total knowledge as well as practice and their personal data. This was parallel with Ali *et al.*, (2019) ^[7] they reported that there was not variation between participant knowledge as well as practice and their personal characteristics. While this against with Kassem and Ahmed, (2021) ^[26] they documented that there was difference between participant knowledge and their experience in the workplace.

Finally, there was positive correlation between knowledge as well as practices of first line nursing managers' TM, from the researchers' interpretation the increase and refresh of first line nursing managers' TM knowledge reflect on their practice. This in the same context Asaad *et al.*, (2022) ^[9] they clarify that there was positive correlation among knowledge as well as practice of the head nurse about the TM.

Conclusion

In the light of the actual research findings, it was summarized that the actual research mentioned that above fifty percent of first line nursing managers' knowledge as well as practice within the moderate level as well as higher thirty- three percent of them had high level of knowledge as well as practice of TM. refers that, high mean scores first line nursing managers' knowledge dimensions is important concepts of TM dimension as (5.40±1.94), high mean scores first line nursing managers' practice dimensions is developing others as (20.2250±5.07).

Also high mean scores of first line nursing managers' knowledge dimension was important concepts of TM dimension as (5.40±1.94), moreover high mean scores first line nursing managers' practice dimension was developing others as (20.2250±5.07).

Recommendations

Depend on the research's findings, the next suggestions are made

- Provide TM workshops and educational programs for nursing managers and supervisors.
- Promote the full participation of nurses and other healthcare professionals in contributing their diverse skill set to the collaborative path towards talent-advantage.
- Aware of any nurse performance level on the team members and act to develop their performance level
- Develop a system to assess nursing staff to explore talents as well as recruit them.
- Conduct research to investigate the factors as well as challenges impacting TM, and application in practices.
- Replicate the current study with different variables, such as: organizational performance, work engagement in different health care setting.

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