

PERCEPTION OF TALENT MANAGEMENT PRACTICES IN HEALTHCARE ORGANIZATIONS IN SERBIA: EMPIRICAL ANALYSIS

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Abstract: *In healthcare organizations, talent management represents an important mechanism for ensuring the continuity of service quality, given that overall performance largely depends on employees' knowledge and competencies. The aim of this study was to examine employees' perceptions of talent management practices in healthcare organizations in the Republic of Serbia. The research was conducted using a questionnaire on a sample of 151 employees. Adapted scales from previous studies were applied, and the data analysis included principal component analysis and non-parametric tests. The results suggest that perceptions of talent management practices can be structured along two dimensions: talent identification and development, and talent evaluation and reward. Both dimensions demonstrate very high reliability and jointly account for a substantial portion of the variance. Descriptive findings indicate that these practices are present at a moderate level, with mean values slightly below the theoretical midpoint of the scale. In the inferential analysis, a statistically significant difference was identified only with respect to gender in the dimension of talent identification and development, whereas no significant differences were observed in relation to age, tenure, or education.*

Key words: *talent management, healthcare organizations, employee perception, talent development, human resources*

JEL classification: *M12, I11, J24*

1. INTRODUCTION

The contemporary labor market is characterized by a pronounced shortage of talented employees, most commonly driven by global economic changes, but

also by human resource management practices that are insufficiently tailored to the needs of employees with specific competencies (Ali Taha, Gajdzik & Abu Zaid, 2015). The healthcare sector is particularly affected by these developments, as the number of highly qualified health professionals is declining despite a growing number of medical graduates (OECD, 2026). According to estimates by the World Health Organization, although health systems currently employ more personnel than ever before, a shortage of approximately 4.1 million healthcare workers is projected within the European Union by 2030. Additional pressure on the healthcare labor market stems from unfavorable demographic trends, particularly the aging of the existing workforce, which is likely to further intensify the talent deficit in the coming years (European Parliament, 2025).

The challenges outlined above can be partially addressed through the implementation of effective talent management practices. Talent management can be understood as a process encompassing the identification, acquisition, development, and retention of employees who possess rare and distinctive knowledge, whose engagement contributes to improved organizational performance (Niedźwiecka, 2016). As a specific domain within human resource management, talent management aims to secure a competitive advantage through strategically designed activities related to the identification, recruitment, development, and motivation of talented employees (Dawwas, 2022). Its relevance is particularly pronounced in healthcare organizations, where employees function as knowledge workers. In this context, the aim of this paper is to provide a systematic examination of talent management practices in healthcare

organizations in the Republic of Serbia, with a specific focus on healthcare workers' perceptions of these practices.

2. LITERATURE REVIEW

2.1. TALENT MANAGEMENT PRACTICES IN HEALTHCARE ORGANIZATIONS

Given that talent represents a critical success factor and a source of competitive advantage, designing effective talent management practices constitutes a significant challenge for healthcare organizations. Consequently, particular attention must be devoted to both talent attraction and retention (Mitambo & Ndemo, 2016; Sariyildiz, 2025). Talent management refers to a set of activities aimed at identifying, attracting, developing, and engaging healthcare professionals (Novitaloka & Rinawati, 2025). As a strategic human resource management practice, it focuses on attracting competent healthcare professionals in order to meet future organizational needs (Dawwas, 2022). Effective talent management requires, as an initial step, the identification of critical positions within the organization. This is followed by the systematic development of internal talent pools consisting of employees with strong development potential and high levels of contribution, as well as the design of tailored human resource management practices and policies. The ultimate objective of this approach is to ensure continuity in filling key roles, while simultaneously strengthening the organization's capacity to attract, develop, and retain its most valuable employees over the long term (Syah et al., 2025).

In addition to formal development programs, talent management also encompasses the establishment of specific norms, procedures, and an organizational culture oriented toward the continuous attraction and development of human capital (Strydom, Schultz & Bezuidenhout, 2014). As a holistic and deliberately structured process, talent management typically follows one of two approaches (Supi, Noermijati, Irawanto & Puspaningrum, 2023):

- the first is an exclusive approach, which assumes that only a limited number of individuals within the organization can be considered talents, and that these individuals should be selectively included in development programs;
- the second is an inclusive approach, which is based on the view that all employees possess the potential to become talents and should therefore be provided with opportunities for development through such programs.

Ribeiro & Gomes (2017) identify four relevant perspectives on talent management. The first is the universalist perspective, which aligns with the inclusive approach by assuming that all employees possess the potential to be considered talents. The second perspective focuses on specific groups of employees and conceptualizes talent management as an integral component of succession planning. The third perspective narrows the focus to a relatively small group of high-potential employees within the organization. Finally, the fourth perspective emphasizes talent management as a strategic discipline that should be oriented toward key positions, rather than exclusively toward individuals within the organization.

Similar to the previously outlined approach, Pomaranik & Kludacz-Alessandri (2024) identify four groups of talent management practices. The first group relates to talent motivation and comprises a set of designed practices that combine both tangible and intangible rewards. The second group refers to talent development, focusing on the enhancement of distinctive competencies and skills. The third group encompasses talent performance measurement, aimed at assessing the adequacy of the mechanisms applied in talent selection and engagement. Finally, emphasis is placed on the development of an organizational culture that supports talent growth while enabling the expression of creativity and knowledge. Jayaraman, Talib & Khan (2018), emphasize that talent management begins with the identification of critical positions within the organization and the talents associated with them, followed by training and development programs, and subsequently by appropriate reward systems for talents.

2.2. PERCEPTION OF TALENT MANAGEMENT PRACTICES

Investments in employees should not be viewed as a cost, but rather as an investment that contributes to the improvement of organizational performance. When employees perceive that the organization invests in their development, they tend to feel a sense of obligation to reciprocate through their behavior, knowledge, and work (Syah et al., 2025). An organization that acts responsibly toward its talents develops a pool of human capital that is both loyal and accountable, thereby ensuring a positive contribution to overall performance (Ribeiro & Gomes, 2017; Hongal & Kinange, 2020). Perceived organizational support and social exchange constitute an important conceptual framework in this context, as they explain how employees form a general impression of whether the organization demonstrates a positive or negative orientation toward them. Since this concept reflects employees' perceptions of organizational actions, it plays a key role in

understanding the social exchange relationship between employer and employee (Dawwas, 2022). Employees are more likely to exhibit positive responses, such as commitment and loyalty, when they perceive that the organization values their contribution and provides adequate support (Supi et al., 2023). These dynamics are also evident in the context of talent management, where practices aimed at attracting and retaining competent employees contribute to increased self-confidence in applying knowledge, as well as to higher levels of motivation and organizational loyalty (Johennesse & Chou, 2017).

These concepts are particularly relevant in the context of healthcare organizations. Perceptions of talent management practices within this sector vary. With regard to the training and professional development of healthcare workers, certain forms, such as onboarding processes and continuous medical education, are widely implemented. However, differences can be observed between public and private healthcare organizations in terms of the application of development practices, with the exception of specific activities that are equally represented in both sectors. Talent retention strategies are applied to a relatively limited extent. Within this domain, some measures, such as enhancing employee autonomy, are less prevalent than others, such as support for further education. This pattern nonetheless indicates a predominant focus on the development of knowledge within healthcare organizations (Arici & Türkmen, 2025).

The perception of talent management in healthcare organizations is grounded in an integrated approach that encompasses the identification, development, and engagement of talent within the organization. This concept involves the application of methods for competence identification, the systematic definition of job requirements, and the alignment of employees' talents with appropriate positions. At the same time, talent management is understood as an organizational policy that includes the creation of a supportive work environment, the provision of opportunities for professional development and career advancement, as well as the appropriate evaluation and recognition of employees' contributions. Particular importance is attached to the development of internal talent pools and the alignment of employees with roles that enable the optimal utilization of their potential (Gül & Sönmez, 2025).

Healthcare professionals tend to perceive development practices as structured and system-oriented, as reflected in the recognition of formal training policies and clearly defined career development guidelines (Mitambo et al., 2016).

Within the domain of workforce planning and recruitment, particular emphasis is placed on clearly defined job descriptions and performance criteria for key positions, as well as on established career management systems. In the development domain, perceptions are oriented toward the availability and diversity of educational and training activities, including onboarding processes, continuous professional education, specializations, and additional forms of training. With regard to retention, healthcare professionals highlight the importance of various motivational mechanisms, such as opportunities for career advancement, mentoring, additional benefits, and the balance between work and private life (Arici & Türkmen, 2025).

The perception of talent management practices is shaped by the socio-demographic characteristics of healthcare employees. In this regard, higher levels of perceived effectiveness are observed among younger employees and those with shorter work experience, which may reflect a stronger orientation toward and motivation for development opportunities. In contrast, lower levels of perception are evident among older employees and those with longer tenure, potentially indicating differences in expectations. Additionally, both education level and professional status influence how employees evaluate talent management practices, with higher levels of qualification associated with more favorable assessments (Elkady, Bassiouni & Atalla, 2019).

3. RESEARCH METHODOLOGY

In order to address the stated objective, an empirical study was conducted involving healthcare professionals in the Republic of Serbia. The final sample consisted of 151 respondents. Throughout the research process, all relevant guidelines and principles necessary to ensure respondent anonymity were strictly observed. Participants were informed in advance about the purpose of the study, as well as the fact that the collected data would be used exclusively for research purposes. Participation was entirely voluntary, and respondents were free to withdraw from the study at any stage, even after providing initial consent to complete the questionnaire. The research was conducted in accordance with the ethical principles set out in the Declaration of Helsinki, as well as the applicable regulatory framework of the Republic of Serbia, particularly the Law on the Protection of Personal Data.

In measuring perceptions of talent management practices in healthcare organizations, the instrument was developed by combining elements from two prior studies. The first source comprised measures of talent management applied by

Pomaranik & Kludacz-Alessandri (2024) in research conducted among healthcare workers in Poland. The second source included selected items from the Integrated Talent Management Scale (ITMS) (Jayaraman et al., 2018). Respondents evaluated the statements using a five-point Likert scale (1-completely disagree; 5-completely agree).

Table 1. Sample characteristics

Variable	Category	n	%
Gender	Women	119	78.8
	Male	32	21.2
Age	Up to 40 years old	41	27.2
	41–50 years old	59	39.1
	More than 51 years	51	33.8
Length of service in the organization	Less than 5	26	17.2
	6–10	20	13.2
	11–15	29	19.2
	16–20	24	15.9
	Over 21	52	34.4
Educational level	Completed high school	13	8.6
	Completed higher education	30	19.9
	Graduated from college	108	71.5

Source: Author

The results presented in Table 1 indicate that the sample is predominantly composed of women (78.8%), while men account for 21.2% of respondents. In terms of age structure, the largest group consists of respondents aged 41 to 50 (39.1%), followed by those older than 51 (33.8%), whereas participants under the age of 40 are the least represented (27.2%). With respect to length of service, the highest proportion of respondents

have more than 21 years of work experience (34.4%), suggesting a strong presence of individuals with extensive professional tenure. Regarding educational attainment, respondents holding a university degree predominate (71.5%), while those with higher education (19.9%) and secondary education (8.6%) are considerably less represented.

Overall, the sample can be characterized as predominantly female, highly educated, and marked by a substantial share of respondents with long-term professional experience.

4. RESULTS AND DISCUSSION

Prior to conducting the principal component analysis (PCA), the assumptions for its application were assessed, particularly the adequacy of the correlation matrix. The analysis was performed on 22 questionnaire items, which served as the basis for identifying the latent dimensions of the observed constructs. The results are presented in Table 2.

Table 2. Matrix suitability indicators for PCA

Indicator	Value
N	151
Number of items in PCA	22
KMO	0.954
Bartlett χ^2	3682,834
df	231
p	< 0.001

Source: Author

The results presented in Table 2 indicate that the correlation matrix satisfies all relevant conditions for the application of principal component analysis. The high value of the KMO measure (0.954) confirms an excellent level of sampling adequacy, while the statistically significant result of Bartlett's test of sphericity suggests that the correlations among the observed items are not due to chance, but reflect stable relationships within the data. Accordingly, there is a sound methodological basis for identifying the underlying component structure.

The determination of the number of components is based on the Kaiser criterion, according to which only components with eigenvalues greater than 1 are retained. This represents a standard approach in

such analyses and enables the extraction of the most relevant dimensions of the observed phenomenon. The results are presented in Table 3.

Table 3. Eigenvalues and variance explained

Component	Eigenvalue	% variance	Cumulative %
1	14,579	66,267	66,267
2	1,176	5,344	71,611

Source: Author

Based on the results presented in Table 3, two components were extracted, jointly explaining 71.611% of the total variance, which indicates a high level of explanation of the observed phenomenon. The first component is dominant, accounting for the largest share of the variance, while the second component, although less pronounced, provides an additional and conceptually meaningful contribution to the overall structure. A closer examination of the items loading on these components points to a clear conceptual distinction between them. The first component can be interpreted as encompassing processes related to Talent identification and development (C1), whereas the second component reflects aspects of Talent Evaluation and Rewarding (C2). This structure suggests that talent management in the observed context can be understood through two complementary, yet analytically distinct, dimensions. Table 4 presents component loadings greater than 0.40.

Table 4. Rotated matrix of component saturations

Items	C1	C2
1. Identifying key positions	0.670	
2. Distinguishing talents by contribution	0.623	0.494
3. Identifying the most impactful talent	0.671	0.492
4. Competence-focused training	0.821	
5. Continuous training for talents	0.819	
6. Performance-oriented training	0.823	
7. Time and financial resources for training	0.763	

8. Development of specific skills and knowledge	0.893	
9. Alignment of training with key tasks	0.791	
10. Identifying development potential	0.763	
11. Possibilities of mobility for training	0.787	0.409
12. A clear career development path	0.784	
13. Promotional opportunities	0.690	0.513
14. Communication of the development agenda	0.729	0.514
15. Transparent and objective evaluation of performance	0.636	0.594
16. Periodic assessment and work report		0.734
17. Discussion of positive and negative aspects	0.475	0.686
18. Performance feedback	0.633	0.548
19. Fair reward system	0.523	0.703
20. Reward from a superior		0.774
21. The opinion of patients motivates me to work		0.574
22. Good workers are rewarded	0.408	0.771

Source: Author

The first component comprises items related to talent recognition, training, competence development, career management, and the identification of development potential, which supports its designation as Talent Identification and Development. In contrast, the second component predominantly includes items associated with performance evaluation, feedback provision, recognition of contributions, and employee rewards, and is therefore appropriately labeled Talent Evaluation and Rewarding. Although the obtained solution is clearly

interpretable, moderate cross-loadings are observed for certain items, particularly items 15, 17, and 18.

This pattern suggests that, in respondents' perceptions, performance evaluation processes are partially intertwined with broader talent development practices, which is theoretically consistent given their close interrelation within organizational settings. Despite this, the overall structure of the results provides a sufficiently clear and stable basis for accepting the two-component solution. Following the identification of the two components, their internal consistency was assessed (Table 5).

Table 5. Reliability of components

Component	Number of items	Cronbach α
Talent identification and development	14	0.972
Talent Evaluation and Rewarding	8	0.926

Source: Author

The results presented in Table 5 indicate that both components exhibit very high internal consistency, exceeding the commonly accepted threshold of 0.7 (Nunnally, 1978).

The reliability of the first component is particularly strong, suggesting that its items capture a highly coherent construct. The second component also demonstrates high reliability, confirming its suitability for the construction of a composite score and subsequent statistical analysis.

Based on the identified components, two composite scores were computed, with their values defined as the arithmetic mean of the corresponding items.

The first composite score includes the renumbered items 1–14, while the second composite score comprises the renumbered items 15–22, thereby providing a clear operationalization of the identified dimensions for further analysis.

Table 6. Descriptive statistics of components

Component	Talent identification and development	Talent Evaluation and Rewarding
N	151	151

M	2,880	2,844
SD	1,131	1,127
Median	2,929	2,750
Min.	1,000	1,000
Max	5,000	5,000

Source: Author

The obtained mean values indicate that respondents perceive both groups of practices as moderately present.

The component Talent Identification and Development shows a slightly higher mean value (M = 2.880) compared to Talent Evaluation and Rewarding (M = 2.844); however, both values remain slightly below the theoretical midpoint of the scale (3).

This finding suggests that respondents do not perceive these practices as highly developed or systematically implemented. At the same time, it does not imply their absence, but rather indicates their partial and insufficiently developed presence within the organizational context.

Table 7. Comparison of components with the theoretical middle of the scale (3)

Component	M	p
Talent identification and development	2,880	0.220
Talent Evaluation and Rewarding	2,844	0.102

Source: Author

The results presented in Table 7 further indicate that neither of the two components differs statistically significantly from the theoretical mean of the scale (3). This supports the conclusion that respondents perceive both talent identification and development, as well as talent evaluation and rewarding, as practices present at an approximately average level. In other words, neither a pronounced development nor a clear deficiency is observed, but rather a moderate and relatively balanced degree of representation within healthcare organizations. To examine differences by gender, the Mann–Whitney U test was applied, and the results are presented in Table 8.

Table 8. Differences in components according to gender

Component	Women M	Men M	p
Talent identification and development	2,776	3,268	0.025
Talent Evaluation and Rewarding	2,776	3,094	0.164

Source: Author

The results indicate that men report higher evaluations than women on both observed components. However, a statistically significant difference was identified only for the component Talent Identification and Development ($p = 0.025$), whereas the difference in the component Talent Evaluation and Rewarding did not reach statistical significance. This finding suggests that men, to a greater extent than women, perceive the presence of practices related to the recognition, development, and advancement of talent within the organization, while differences in perceptions of evaluation and reward practices are not sufficiently pronounced. Differences across age groups were examined using the Kruskal–Wallis test (Table 9).

Table 9. Differences in components according to age

Component	p
Talent identification and development	0.143
Talent Evaluation and Rewarding	0.411

Source: Author

Although the mean values suggest that respondents up to the age of 40 evaluate the Talent Identification and Development component more favorably than older groups, the observed differences are not statistically significant.

This indicates that perceptions of both components do not differ meaningfully across age groups, suggesting that age does not represent a relevant differentiating factor in this context.

Differences according to length of service were also examined using the Kruskal–Wallis test (Table 10).

Table 10. Differences in components according to seniority

Component	p
Talent identification and development	0.110
Talent Evaluation and Rewarding	0.201

Source: Author

Although slightly higher mean values were observed among respondents with shorter work experience, particularly in the groups with less than five years and between six and ten years of service, these differences are not statistically significant. This finding suggests that perceptions of talent management practices, as well as their evaluation, do not vary substantially with length of service, indicating that tenure is not a key differentiating factor in this context. Differences according to educational level were also examined using the Kruskal–Wallis test (Table 11).

Table 11. Differences in components according to education

Component	p
Talent identification and development	0.824
Talent Evaluation and Rewarding	0.987

Source: Author

The results indicate that there are no statistically significant differences among respondents with different levels of education on either of the two observed components. In other words, employees with secondary, higher, and university education provide similar evaluations of the presence of talent identification and development practices, as well as talent evaluation and reward within the organization. The findings further suggest that the perception of talent management practices in healthcare organizations in Serbia can be clearly structured along two dimensions: Talent Identification and Development, and Talent Evaluation and Rewarding. This structure is consistent with approaches that conceptualize talent management as a set of interconnected activities encompassing the identification, development, and talent evaluation (Jayaraman et al., 2018; Pomaranik & Kludacz-Alessandri, 2024). At the same time, the presence of moderate cross-loadings indicates that development and evaluation are not perceived in practice as entirely

distinct processes, which confirms their functional interdependence within the organizational context. Nevertheless, the results show that both dimensions are assessed as moderately developed, with mean values slightly below the theoretical midpoint of the scale. This suggests that talent management practices in healthcare organizations are present, but not sufficiently developed to be considered systematically integrated. Such findings are partially consistent with the study by Arici & Türkmen (2025), which indicates that while certain development activities in healthcare organizations are relatively widespread, broader talent retention and management strategies remain limited. On the other hand, the findings diverge from studies that report the presence of clearly structured and institutionalized development practices in healthcare organizations ((Mitambo et al.,2016), which may reflect specific characteristics of healthcare organizations in Serbia. The result indicating that neither component differs statistically significantly from the theoretical mean further supports the conclusion that employees do not perceive these practices as particularly pronounced. With regard to socio-demographic characteristics, the obtained results only partially align with those reported in previous research. Although earlier studies suggest that younger employees and those with shorter work experience tend to hold more favorable perceptions of talent management (Elkady et al., 2019), such differences did not reach statistical significance in this study. The only statistically significant difference was observed with respect to gender, specifically within the component Talent Identification and Development. This finding has not been prominently emphasized in prior research and thus represents a distinctive result of the present study.

CONCLUSION

The research findings indicate that two stable and conceptually grounded components can be identified: Talent Identification and Development, and Talent Evaluation and Rewarding. Both components are characterized by a very high level of reliability, further confirming their internal consistency and analytical relevance within the scope of the examined phenomenon. Descriptive indicators suggest that respondents perceive the presence of these practices as moderate. This finding indicates that talent management practices in healthcare organizations are present, yet not sufficiently developed to be considered systematically and intensively implemented. In the inferential analysis, a statistically significant difference was identified only with respect to gender, specifically within the component Talent Identification and Development, where men

reported more favorable evaluations than women. In contrast, no statistically significant differences were observed in relation to age, length of service, or educational level, indicating a relative uniformity of perceptions across these groups of respondents. The research findings offer both theoretical and practical contributions. From a theoretical perspective, the study contributes to the literature on talent management in healthcare organizations by providing empirical support for a two-dimensional structure of the concept, encompassing Talent Identification and Development, as well as Talent Evaluation and Rewarding. In this way, existing theoretical approaches that conceptualize talent management as an integrated set of development and evaluation activities are both confirmed and operationalized. Moreover, the findings indicate that these dimensions are perceived by employees as interrelated, thereby extending existing theoretical insights that often treat these processes as separate. An additional contribution lies in the contextualization of talent management within healthcare organizations in the Republic of Serbia, where such research remains relatively limited. From a practical standpoint, the results highlight the need for a more systematic approach to talent management among healthcare organizations. The moderate levels of perceived presence of both dimensions suggest that certain practices are in place, but are not sufficiently developed. This points to the necessity of more clearly defined policies for talent identification, as well as improvements in training and development programs and reward systems. The study is subject to certain limitations, which also provide directions for future research. Subsequent studies should include larger and more representative samples in order to enhance the external validity of the findings. Additionally, the application of a longitudinal research design would enable the examination of changes in perceptions and the effects of talent management over time. It would also be valuable to expand the research framework by incorporating additional variables, such as organizational culture, leadership style, and the type of healthcare organization, in order to more comprehensively explain the factors influencing perceptions of talent management. Furthermore, future research could include comparative analyses between the public and private sectors, thereby contributing to a deeper understanding of contextual specificities.

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