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TALENT MANAGEMENT PRACTICES IN THE STATE HEALTH SERVICES SECTOR IN GHANA: A CASE STUDY OF NURSES IN THREE (3) HEALTH INSTITUTIONS.

BY

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I wish to dedicate this work to my wife, Irene Tawiah, and children, namely, David, Elsie, and Michelle for their support and encouragement, and also their wish to always see me excel in all areas of my life.

ABSTRACT

This thesis explores talent management (TM) practices in the state health services sector in Ghana (SHSSG) using a case study of nurses in three (3) state healthcare institutions. The literature on TM has centred mainly on developed countries and there is not much in-depth research work carried out on TM in developing countries. Besides, empirical research on TM mostly focuses on the private sector without much attention to the public sector. This thesis seeks to fill this gap in the literature by focusing on TM strategies in the SHSSG through recruitment, and selection, staff development, promotion, and staff appraisal. A qualitative case study was adopted for the research. The empirical focus was on three (3) state healthcare institutions at the district, regional, and teaching university levels in the central region of Ghana. Data/evidence was mainly collected through semi-structured interviews and secondary data sources. The sample consisted of fifty (50) respondents made up of policymakers, senior managers, nurse managers/administrators, and nurse practitioners. The study revealed that those at the district level perceived the process of TM to be effective, and those at the regional and national levels had a different view and considered TM implementation to be ineffective. The difference in perceptions is a result of insufficient knowledge by senior managers on what happens at the district level. Responses indicate there are gaps between intended TM policy development, formulation, and actual TM implementation and practices at the point of service delivery. Respondents outlined strategies such as career opportunities for staff, improved conditions of service, rewards for higher performance, the establishment of welfare schemes, and staff engagement in TM policies design that can constitute an ideal TM programme in the SHSSG. The thesis provides recommendations for both practice and future research on TM in the public sector in sub-Saharan Africa.

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LIST OF ABBREVIATIONS

BMC   Budget Management Committee

CHPS   Community Health and Planning Services

DDNS   Deputy Director of Nursing

ENT   Ear Nose and Throat

GHS   Ghana Health Service

HPSR&A   Health Policy and Systems Research and Analysis

HR   Human Resource

HRM   Health Human Resource Management

ICU   Intensive Care Unit

MOH   Ministry of Health

P.O.P   Plaster of Paris

PPP   Private Public Partnership

PPMI   Policy Planning Monitoring and Implementation

SHSSG   State Health Services Sector in Ghana

SHS   Senior High School

TM   Talent Management

WHO   World Health Organization

CHAPTER ONE

GENERAL INTRODUCTION

1.0 Introduction

This introductory chapter deals with the background of the thesis: it covers an overview of the current state of talent management research and the research context as well as the motivation of the study. This chapter also captures the statement of the problem, the objectives of the study, the research questions, the scope of the study and the thesis outline.

1.1 Background to the Study

Whilst health is at the forefront of the Sustainable Development Agenda of nations, there remains a large gap between goal and achievement which is seen to be caused by weak health human resource management (HRM) systems (Herbert, 2016). There is, thus, a call to strengthen available health human resource systems. In response to this, recent years have witnessed an increase in talent management by both academics and practitioners (Kravariti et al.2022; Jeff et al 2016; Denise & Stefan 2016; Ewerlin & Süß, 2016). Talent recruitment and retention have been identified as key elements for the growth of any organization. It is thus argued that there is a need to manage talent in order for an organization to achieve its aims. Thunnissen and Arensbergen (2015) assert that on the global scene, organizations that have the best quality of leaders are 13 times more likely to have excellent financial performance than those that do not. It is contended that the impact of excellent talent management approaches cannot be overlooked since it can have both direct or indirect effects on the performance of organizations in the ever-

growing competitive global market scene (Kravariti and Johnson, 2020; Gallardo-Gallardo et al. 2020; Thunnissen and Arensbergen, 2015). Despite the importance of talent management practices as a way of improving organizational performance, Newhall (2015), warned against an attempt to develop a universal talent management approach. In his view, there is a need to avoid a one-size-fits-all talent management strategy. Talent management, therefore, needs to be contextualized.

Human resource managers have the responsibility of filling important organizational vacancies with the appropriate personnel on a timely basis but according to Alferaih (2017), ensuring a fit between talent management and the goals of the business helps to blend all the business processes and systems and builds a "talent mindset" within the organization. Given the increasing global competition, talent search seems to have no limits (Khilji and Schuler, 2017). According to a study by Nada et al., (2016), 75 per cent of business world leaders have concerns about the dearth of talents, and Jeff et al., (2016) also add that 75% of human resource managers consider the need to retain the best talents in their organizations as their top priority.

The search for talent according to Cole (2016), has been inspired by global situations including the changing trends in the growth of businesses which call for diverse talents, the squeeze in labour force requirements by organizations which has spawned an acute drought of talent to organizations, the complexities in economic conditions necessitating segregated talents and how to manage them. The advent of the leadership obsession among leading organizations and the poaching of talented and efficient staff by industry tigers from emerging firms are also among the factors that have made the discourse of talent management a global issue (Pagan-Castario et al., 2022).

Despite the general enthusiasm in organizations to adopt talent management practices, Panda & Sahoo (2015) and Sæther & Solberg (2015) found that talent management may offer certain very important success opportunities but they outlined various challenges and obstacles that organizations may face in adopting talent management techniques. The obstacles to talent management in organizations as identified by King (2015) include structural, environmental, behavioural and managerial challenges and barriers. Equally, the success factors for talent management include structural success factors, environmental success factors and lastly managerial success factors. Talent management adoption or integration thus does not suggest a spontaneous success prospect since there could be organizational factors that serve as either antecedent for its success or failure (Kravariti et al., 2021).

1.2 The Problem Statement

Organizational effectiveness to a large extent depends on the talent pool. The members of an organization possess unique skills, potential and motivation which make them distinct from those of other organizations. A human resource is thus a vital tool for attaining the goals of organizations and most organizations would seek to get the best human resource base and also able to get the best out of them for their organization (Bolman & Deal, 2017; Meyers et al., 2020; Russo, et al., 2022).

Talent management has been studied on the global scene to quite a large extent (see, for example, Metcalfe et al., 2021; Collings et al., 2019; Morris et al., 2016; Minbaeva & Collings, 2013; Mellahi & Collings, 2013; Lewis & Heckman, 2006; Collings & Mellahi, 2009; Scullion & Collings, 2011; Ashton & Morton, 2005). Most studies on talent management in organizations have been conducted outside Africa and mainly in the private sector. Very few studies have focused on the public sector in sub –Saharan Africa and other developing countries (Mulyata,

2016; Al-Jawali et al., 2021; El Dahshan et al., 2018). In view of this, this study is focused on the State Health Services Sector in Ghana (SHSSG). This is because even though there have been a lot of investments to improve healthcare globally (Tyskbo, 2019; Rossi et al., 2011; Pautrel., 2012), especially in developing countries (VandenHoek et al., 2015), many of it being in the area of health personnel training and development (Mulyata, 2016; Leatt & Porter, 2003; Fletcher, 2007), the number of health HR in Africa remain below international standards (Mohammed et al., 2020; Emmanuel et al., 2019; Fieno et al., 2016).

In the case of Ghana where undoubtedly some successes have been chalked through government development of health infrastructure, especially in recent times in rural areas, there are still unsolved health staffing and performance issues within the sector (Sumah & Baatiema, 2019; Kwamie et al., 2016; Nyonator et al., 2005). The challenges facing the sector have been well documented in Health Policy and Systems Research and Analysis (HPSR&A) (Agyepong et al., 2015; Afriyie et al., 2019). In Ghana, the sector receives the highest annual government budgetary allocations and is thus expected to offer efficient services but this is often not the case. This is a result of the fact that health staff education and training have received central focus in the country for some time now (GHS, 2016; Afriyie et al., 2019). A study by Agyepong et al. (2015), however, opined state healthcare institutions are not able to provide high-quality health to their customers because there are workplace obstacles that demotivate staff and have negative implications on their performance. These obstacles include the identification, recruitment and retention of required talent in health facilities.

As far back as two decades, Dovlo (2003), hinted that it is very difficult to retain qualified health professionals in Ghana due to the high emigration of trained staff to developed countries with robust healthcare systems. In the Post-Covid 19 pandemic period, this situation has accelerated

the inability to retain these trained and highly qualified staff. This has resulted in some negative effects on the healthcare delivery system in Sub-Saharan Africa, particularly Ghana (Sawahel, 2020; Akinfenwa, 2021). In addition, there seems to be a duplication of human resource management roles between departments. For example, whilst the Human Resource Planning, Human Resource Development and Human Resource Management units under the Ministry of Health are responsible for the general duties of recruiting, training, developing and retaining competent staff (MOH, 2016); the State Health Services Unit (under the Ghana Ministry of Health) also has a Human Resources Division with almost the same duties. The duplication of roles in the Ghanaian health sector leads to the waste of scarce funds that could have been spent on targeted recruitment, training, development and retention of highly knowledgeable health workers (Sumah & Baatiema, 2019).

The policies guiding the recruitment of health staff in Ghana focus on academic merit which seems to produce more elitist health professionals (Sumah et al., 2016; Dovlo, 2003). In Ghana, these professionals constitute frontline health workers such as nurses, doctors, midwives and administrators who often work with unclear or uncertain goals. Evidence from the Ghana Health Service (GHS, 2012) indicates that despite the high budgetary allocation to the sector, frontline health workers sometimes work with constrained funding and have insufficient resources at their disposal. Work conditions of front-line workers often compel them to make certain decisions that contradict policy directives to enable them to have control and support clients (Lipsky, 1980; Sakyi et al., 2011). Thus, the intended talent management practices in Ghana appear to differ from the actual practices (MOH, 2020). The intended talent management practices are established by the policymakers at the headquarters level and implemented at the regional and district levels. Wright and Nishii (2013), acknowledge that the actual implementation of the intended human resource practices is often done by other actors than the decision-makers and

that those practices implemented are often applied in ways that differ from the initial intention. Ultimately, the effects of these decisions in practice have not been adequately investigated creating a gap in the health human resource management literature.

The extant literature suggests that talent management principles motivate employees in the achievement of healthcare organizational goals (Dahshan et al., 2018; Martins & Coetzee, 2007; Chew, 2004; Elkady et al., 2019). This is one reason why talent management has become one of the most important HR practices in healthcare organizations' Human Resource Management (HRM) in recent times (Kravariti et al., 2022; Frank & Taylor, 2004) but has not been adequately examined in the HRM literature in Ghana. Thus, this study attempts to investigate issues and factors related to talent management practices that cause the differences between intended and actual talent management practices in the State Health Services Sector in Ghana. Furthermore, it explores how the variation or the gap can be addressed to contribute to growth and development in healthcare delivery in Ghana. This, then, leads to the statement of the research objectives and research questions:

1.3 Research Objectives

Emanating from the talent management in the health sector literature, the general objective of this study is to explore talent management strategies in the State Health Services Sector in Ghana (specifically Ghana Health Service) through recruitment and selection, retention and engagement, staff development, promotion and staff appraisal of nurses. The general and specific objectives have been set out below:

1.3.1 General objective

Generally, this study seeks to examine the nurses' talent management practices in the state health services sector in Ghana. It is based on three healthcare institutions in the Central Region of Ghana.

1.3.2 Specific Objectives

Specifically, the study seeks to:

1. Explore the talent management policies, systems and practices of nurses in the State Health Services Sector in Ghana.

2. Explore the extent of talent management of nurses in the State Health Services Sector in Ghana.

3. Identify and discuss the challenges associated with the implementation of talent management initiatives, systems and practices for nurses in the State Health Services Sector in Ghana.

4. Explore the ideal talent management system for nurses in the State Health Services Sector in Ghana.

1.4 Research Questions

To answer the research objectives, the following questions were designed:

1. What talent management policies, systems and practices exist for nurses in the state health services sector in Ghana?

2. To what extent is nursing talent managed in the State Health Services Sector in Ghana?

3. What are the main challenges confronting the implementation of talent management initiatives, systems and practices for nurses in the State Health Services Sector in Ghana?

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4. What would be the ideal talent management system for nurses in the State Health Services Sector in Ghana?

1.5 Significance of the Study

In Ghana, several measures have been put in place to make human resources responsive to the healthcare needs of the country but they have yielded little success(Arkorful et al., 2018, MOH, 2013; MOH, 2021). The intended talent management practices in Ghana appear to differ from the actual practices by nurses who often work with unclear goals. Sometimes health workers work within constrained budgets and have insufficient resources at their disposal(Manu, 2021; GHS, 2016). The study investigates the issues and factors related to the implementation of talent management for nurses in the State Health Services Sector which can contribute to the growth and development of healthcare delivery in Ghana. Holistically, the study seeks to explore the differences existing between the intended and actual talent management practices of nurses in the State Health Services Sector and how the variations can be addressed.

This involves an examination of the existing arrangements in policy implementation regarding talent management and the implementation gaps in the State Health Services Sector in Ghana. The goal here is to advance knowledge by creating a glut of rich information on the human resource process and implementation in healthcare delivery in a developing country context. This information will guide the development of interventions to ensure that there is effective implementation of talent management practices in the State Health Services Sector in Ghana.

This study contributes to the knowledge of this sector considering the dearth of literature in the area(Wada et al., 2016; Marita, 2016; Al-Jamal et al., 2021). It is expected that the findings of the study would provide an authoritative recommendation on the talent management of nurses in

the State Healthcare institutions and by extension performance of staff in the health sector at large in Ghana.

1.6 Research Methodology

The study adopted a qualitative case study research design. This was considered the best approach to enable the researchers to collect quality data and analyse social processes and relationships in-depth (McCracken et al., 2015). In other words, the case study design provided detailed insight into intended talent management practice and actual talent management practice in the State Health Services Sector in Ghana. The study was carried out in some selected health facilities in the Central Region of Ghana. The study was conducted in two districts purposively selected from the twenty-two (22) health administrative districts of the central region of Ghana. Data was collected from the respondents from the Central regional health directorate and the University of Cape Coast Teaching Hospital. In this case, only staff in the relevant departments in the health sector with in-depth knowledge of intended talent management practice and actual talent management practices participated in the study.

The responsibility for talent management is distributed in the State Health Services Sector. The study used the semi-structured interview as the main instrument for data collection. The data/evidence information from the interviews was examined, categorized, analysed and interpreted, and used to answer the research questions.

Although the information was gathered from other professionals in the State Health Services Sector in Ghana, the empirical focus was on nurses. Thus, empirically the study is premised on talent management, targeted recruitment and selection, staff development, promotion and staff appraisal practices in the nursing profession. In detail, the study explored the extent of talent management of nursing staff in the State Health Services Sector delving into the main features of

the existing talent management systems and practices and focusing on the strengths, weaknesses and drawbacks of the talent management systems and finally unveiling the ideal talent management and practices in State Health Services Sector in Ghana.

1.7 Thesis Outline

This section deals with the sequential order of the thesis. The thesis comprises eight (8) chapters. Chapter one generally highlights the general introduction of the thesis. This is followed by chapter two which focuses on the review of the pertinent literature on talent management such as recruitment and selection, staff development, promotion and staff appraisal. The chapter also reviews the literature on Talent Management generally and in the context of developing countries and Africa specifically. Chapter 3 delves into the theoretical framework guiding the study. Chapter 4 presents Ghana as the context of the research. In detail, the healthcare sector in Ghana was profiled. This explored the administrative capacity of the State Health Services Sector in Ghana, the historical antecedent, territorial coverage, constitutional mandate and legal framework. In addition, policies introduced by SHSSG to recruit employees and talent management practices were also reviewed.

Chapter Five focused on the methodology of the research; first highlighting the philosophical underpinning of the research. The study adopted a qualitative approach and the reasons/justifications for the choice of this method are explained in detail in this chapter.

Chapter Six devotes its attention to the empirical evidence. Here the evidence/data gathered from the empirical fieldwork is presented. This chapter also deals with the analysis of the evidence/data to arrive at the findings. Chapter Seven deals with the discussion of the findings. The findings are discussed with reference to the aims and objectives of the study as well as the research questions. An assessment is made of the extent to which the research gap has been

filled. A comprehensive discussion of the implications for the theory and practice is also carried out in this Chapter. Chapter Eight is the concluding chapter of the thesis. It presents an overview of the preceding chapters and a summary of the key findings of the study. The recommendations of the study are discussed together with the areas of future research and the limitations of the study.

CHAPTER TWO

LITERATURE REVIEW ON TALENT MANAGEMENT

2.0 Introduction

Chapter one briefly introduced the context of the research and the research problem. This chapter reviews the literature on talent management and talent management practices. The chapter aims to define the concept of talent and talent management; understand talent management practices and explain talent management as an aspect of human resources management. First, it is important to clarify the concept of talent management as the concept has been used differently in both professional and academic literature. This will enable us to understand the different ways of usage as well as provide the basis for the definition of the concept for the present study. Second, it is important to understand the different talent management practices since they are key in the talent management process in terms of realizing talent management objectives. Finally, it is important to explain the role of talent management in human resources management as many have argued that the concept of talent management is human resource management repackaged in a more appealing form. According to proponents of this view, talent management is not very different from the existing human resource management. This study will argue that talent management is a sub-set of human resource management with a specific focus on highly skilled and knowledgeable employees in organizations.

2.1 Etymology of Talent Management

According to Marants (2012), Human Resource Management (HRM) evolved in the latter part of the 1980s and at the time the personnel department was solely responsible for the personnel management function in organizations. The main functions of the personnel department at the time were to employ people, pay salaries/wages and ensure that employees enjoy all other benefits associated with their work. The emergence of HRM started in the US and was largely an attempt to avoid unions. Hence, it was seen as an attempt to bypass industrial relations and usher in employee relations. It was thus seen as a union avoidance strategy (Storey et al., 2019; Guest, 2021). It was against this background that HRM emerged in the US and was adopted globally (Legge, 1998). Existing studies highlight the increasing importance of the human resource function that led to the evolution of "strategic human resource management" in the latter part of the 1980s' and up to the early 1990s'.

As part of this evolution, the head of the personnel department later became the vice president of human resources with more strategic responsibilities. Typically, the emergence of the human resource manager created additional responsibilities such as job design, training, performance appraisals and managing employee relations for the human resource function. With these new responsibilities, arguably, the human resource function started acting in the capacity of a business partner in many organizations because of the support they provide to line managers (Cappelli, 2008).

The need to manage the most promising and talented employees for organizational gains following a reported shortage of skilled and knowledgeable workers later led to the emergence of talent management-a branch of the human resource management function in the 1990s'. Specifically, the idea of talent management is driven by the need to attract, develop and retain

top organizational talent—a talent mindset, through various talent management strategies. According to Swailes (2016), talent management evolved from at least 100 years of thought about the interrelationship between talent and society.

It is mainly the result of a strong inclination in many Western societies to distinguish between natural and socially constructed differences in human abilities (Swailes, 2016). The foundation of this separation in this special instance is derived from the capabilities that signal a person's economic characteristics and potential (Becker et al., 2009). The degree to which talent management takes place in establishments depends largely on organization traditions and political systems. In other words, talent management is the artefact that people experience and is explained to give a peculiar functionality.

The emergence of talent management (TM) in the business context, as a distinct part of management development, started in the late 20th century. TM researchers often link McKinsey's 1997 "war for talent" to the increasing interest in what is now recognized as TM (Hankin & Michaels, 1998; Gallardo-Gallardo et, al., 2015). In sum, the origin of talent management can be traced back to the subject of human resource management and thus personnel management. To corroborate this view, Cappelli and Keller (2014) reported that talent management is the totality of some old human resource ideas such as structured choice methods, performance management and career development. Thus, the socio-genesis of TM followed a historic growth in management thinking (Al Jawali et al., 2022).

McDonnell et al. (2017) employed a systematic and comprehensive review to trace the evolution of talent management scholarship and proposed a research agenda to move the field forward. In their review, two primary streams of literature dominated: the management of high performers and high potentials and the identification of strategic positions and talent management systems.

The review also demonstrated the limited attention on individual talents as the unit of analysis. McDonnell et al., (2017) showed the need and scope for more comprehensive and robust methodological approaches to examine TM in organizations. Of particular interest is exploring how far TM has developed and whether suggestions of it being overly Western-based and non-empirically derived stand tall post a systematic analysis (Collings et al., 2011).

TM is increasingly gaining attention in both the practitioner and the academic literature (Kang and Sidhu, 2014; Sonnenberg et al., 2014). Scholarly, TM has received much attention in the private sector, yet, it remains under-researched in the public sector (Kravariti and Johnston, 2020). In a systematic literature review of the literature, Kravariti and Johnston (2020) identified the TM deficit in the public sector around three main areas; (1) a definition of public sector talent and TM; (2) a discussion on TM applicability to public organizations; and (3) a critical appraisal of TM's transferability to the public sector. In healthcare organizations, some scholars have identified gaps exist in TM (Hosseinzadeh and Sattari, 2015)

2.2 Definitions of Talent

The word 'talent 'has gone through many different definitions throughout the ages. Between the thirteenth and seventeenth centuries, critical changes occurred in the understanding of the term. In the thirteenth century, the word was related to a person's inclination or disposition. By the fifteenth century, talent had become associated with mental abilities, natural abilities, wealth and treasure. By the seventeenth century, the word had become associated with special natural abilities, such as mental power or abilities (Gallardo-Gallardo et al., 2013; Tansley, 2011, p. 267). This refers to the natural qualities inherent in a person's character or the feeling that makes a person act in a certain way (Gallardo-Gallardo et al., 2013). A consensus has yet to be reached

on the definition of talent (Gallardo-Gallardo et al., 2013; Sparrow et al., 2014). Cappelli and Keller (2014), identified contemporary TM from three main perspectives; (a) the challenge of open labour markets, including issues of retention as well as the general challenge of managing uncertainty, (b) new models for moving employees across jobs within the same organization, and (c) strategic jobs for which investments in talent are likely to show the greatest return. There is no agreement on the way different organisations conceptualise talent. Different organizations conceptualize talent differently based on variables such as the type of firm, their business strategies, competitive environments and other factors (Iles et a., 2010).

In the TM literature, organizations conceptualize talent along several lines (Gallardo-Gallardo et al., 2013). The TM strategies adopted by firms depend on how they conceptualize talent. Thus, a firm's TM strategy could fall under any of the following i.e., inclusive and object approach, inclusive and subject, exclusive and object approach or exclusive and subject approach (McCracken et al., 2015). For example, Gallardo-Gallardo et al., (2013) are of the view that some organizations may either conceptualize talent in line with the object approach or the subject approach. Firms adopting the object approach conceptualize talent as employees with exceptional characteristics who can further be differentiated by their commitment and/or fit with their organization, mastery and natural abilities. On the other hand, firms adopting the subject approach conceptualise talent as employees who can make significant contributions to the organisation's performance through their immediate performance or in the future by demonstrating the highest level of potential at the moment (Gallardo-Gallardo et al., 2013). There is no specific standard for measuring a high-potential person (persons); rather, a high-potential person is seen as possessing certain characteristics such as ambition, ability, agility, and achievement (Ulrich & Smallwood, 2012).

Other firms can either consider all their employees as talent (inclusive approach) or identify only a subset of these employees as talent (exclusive) (Gallardo-Gallardo et al., 2013). The inclusive approach assumes that every employee in the organisation has strengths that can add value to organisation performance and that the task is to manage all employees to deliver high performance; thus, all employees are classified as talent (McCracken et al., 2015; Collings et al., 2017). This approach appears to have a broader dimension and scholars often use the terms; "whole workforce", "broad-based", "egalitarian", and "strength-based to describe it (Mensah, 2015). The inclusive approach hinges on the basic assumption that everyone has a role to play in an organisation. Buckingham and Vosburgh (2001) developed this argument further by indicating that talent is inherent in each person and the focus should be on the exceptional talents of each staff in an organisation.

Contrarily, the exclusive approach assumes that only a subset of employees are talented based on their current levels of performance or the unique characteristic they possess that is relevant to performance (McCracken et al., 2015). The exclusive perspective takes a narrow view and focuses on specific individuals in an organization known as; "talented", "superstars", "A players" and "high flyers". The exclusive advocates claim that not everyone in an organization can be regarded as talented and that those considered talents are primarily different from others in terms of performance, competence and potential (Gallardo-Gallardo et al., 2013; Swailes, 2013; Iles et al., 2010). This approach is grounded on workforce segmentation (Gallardo-Gallardo et al., 2013) which argues that organizations that rely on dominant talent segmentation tend to be more successful than those with a bit of everything (Ledford and Kochanski, 2004; Mensah, 2015). Mensah (2015), argues that organizational success is situated on capturing the value of all employees rather than just a few superstars. Although, investing in and developing

all employees in the organization may help firms to avoid a decline in productivity associated with tagging only a small subset of employees as talent (Son et al., 2020). It may be very costly to classify and maintain the entire workforce as talent (Gallardo-Gallardo et al., 2013). A study by Stahl et al., (2012) found that Multinational National Companies (MNCs) prefer to adopt the exclusive subject approach to TM, which enables them to direct more favourable incentives, rewards and development opportunities toward their high performers and their high potential employees. Although some recent studies (Iles et al., 2010; McCracken et al., 2015) suggest that an exclusive subject approach may be preferred by organizations, others have found that talent is more often conceptualized through the object approach in firms.

Other scholars of talent management are of the view that talent has two dimensions; innate and acquired. These two perspectives debate whether talent is in-born or acquired. Those who advocate for the innate perspective believe that talent, to a greater extent is in-born (Tsay and Banaji, 2011) while those who advocate for an acquired approach are of the view that talent is evolving and could be revealed through personal experiences and concerted or deliberate efforts (Silzer and Church, 2010). This study, therefore, argues that conventional definitions of talent can be classified ranging from entirely innate to completely acquired and its expression at the workplace depends not only on factors that motivate inmate tendencies but acquired factors as well. The other perspective of talent which needs recognition in this study is how some organizations perceive talent dependency on ability or motivation (input) and performance or achievements(output). Most organizations have focused on the output perspective (past performance) in their assessments of talent (Silzer and Church, 2010). However, Ulrich and Smallwood (2011) argue, that different elements of talent should be seen as multiplying effects involving competence, commitment and contribution.

Considering all the perspectives of talent discussed above, McCracken et al., (2015); Dries, (2013), for example, define talent as the human capital i.e., the knowledge, skills, abilities, and other characteristics of an employee which is considered valuable to the extent that they can yield useful outcomes for the organization. Although McKinsey & Company is credited with coining the term 'War for Talent 'in the late 1990s' (Michaels et al., 2001), the concept of talent is not new. According to *The Compact Oxford English Dictionary*, 'talent 'is a 'natural aptitude or skill 'and 'people possessing such aptitude and skill'; therefore, talent can apply equally to specific skills and to the individuals who possess them (Beardwell & Claydon, 2010).

In the workplace, talent has been defined as a person who can make an immediate or long-term contribution to organizational performance (CIPD, 2017). According to Ulrich (2011), talent can mean whatever an organization wants it to mean. In other words, it appears that there are difficulties in identifying a standardized definition of talent because each organization has its conceptualization of talent. According to Schiemann (2014), a definition of who would be regarded as 'talent 'in the organization is important to manage those talents over the time they work in the organization. Organizations that clearly define their talent will be able to build their core competitive force (talented HC) that is capable of facilitating the achievement of organizational targets (Turner, 2017). In this context, talent definition will be pivotal to enterprise success (Cascio & Boudreau, 2016, p. 103; Ingram & Glod, 2016, p. 339; Martin 2015; Yi et al., 2015). Such clarity for talent definition would also help to move away from 'monolithic workforce management to a more strategic and differentiated emphasis on employees with the greatest capacity to enhance competitive advantage '(McDonnell et al., 2016, p. 5). As a result, talent definition should be tailored to each organization.

Beardwell and Claydon (2010, p. 162) noted that talent can be used in a collective way to refer to all employees, as they 'all possess individual skills and abilities, or 'more exclusively to those who can demonstrate higher performance or potential'. In addition, Michaels et al. (2001, p. xii) contended that, from the perspective of management positions, talent can be conceptualized as:

> 'A code for most effective leaders and managers and all levels who can help a company fulfil its aspirations and drive its performance. Managerial talent is some combination of a sharp strategic mind, leadership ability, emotional maturity, communications skills, the ability to attract and inspire other talented people, entrepreneurial instincts, functional skills and the ability to deliver results.'

(Michaels et al., 2001: xii).

Therefore, it is possible to use various specific characteristics to identify talent at the individual, group and organizational levels. From an organization's point of view, the definition of talent is also concerned with the identification of key positions that, when occupied, will critically contribute to competitive advantage and achieving organizational goals (CIPD, 2017).

Talent definition for organizations is also focused on performance. Thus, Vladescu (2012, p. 353) commented that talent is one aspect of human capabilities that affects organizational performance. According to CIPD (2018), talent 'consists of those individuals who can make a difference to organizational performance, either through their immediate contribution or in the longer term by demonstrating the highest level of potential'. This suggests that not everyone in an organization can be referred to as a talented employee because those who are talented are distinguished from the less talented through their current and past performance, potential and competence.

At a health unit level, Turner (2018, p. 56) defined talent in the health sector as 'those people whose professional expertise delivers positive patient or societal outcomes and whose operational competence and performance create stakeholder value for the organisation'.

In this sense, talent definitions of HRM are considered the next popular effort for managing an organization's human elements, and talent competencies should be valued and viewed as the next critical competency for the HR function. Yet, citing various studies of talent and TM in health, Powell et al., (2013) concluded that there was a lack of clarity, a degree of debate and no single or concise definition.

Table 1. 1 Summary of Talent Definition

Table 1.1 provides a summary of talent definitions from various authors

Domain	Outcome(s)	Source(s)
Natural disposition, in-born	Wealth and treasure	Gallardo-Gallardo et al., (2013), Tansley, (2011).
Spiritual disposition	Mental power	Gallardo-Gallardo et al., (2013), Tansley, (2011).
Competencies (knowledge and skills)	High performance Stakeholder value	Smart (2005), Turner (2018), CIPD (2017), Michaels et al. (2001), Turner (2017). Cascio & Boudreau (2016), Ingram & Glod (2016) Martin (2015) Yi et al., (2015), McDonnell et al., (2016), Bardwell & Claydon, (2010).

Clarity	No clear definition	Powell et al. (2013), Ulrich & Smallwood (2012).

Source: compiled by Researcher

The sub-section below provides the operational definition of talent in this study.

2.2.1 Definition of Talent for the Study

From the literature, talent has been identified to consist of:

(a.) Human capital i.e., knowledge, skills, abilities and other characteristics of employees that are valuable and useful to the outcome of the organization (Dries, 2013); (b)The unique characteristics of a person that is relevant to the performance of the organization. (MacCracken et al., 2015); (c) Natural abilities that lead to the highest level of potential to meet organizational goals (Gallardo-Gallardo et al., 2013); (d) Employees who are currently performing at high levels in their present jobs or those with the potential to do so in the future.

In view of the above, this study defines talent as high-performing employees with the highest level of potential that are relevant and needed to achieve high performance in the health sector in Ghana. As this thesis is about TM in the healthcare sector, this thesis will adopt Turner's talent definition. Turner (2018, p. 56) defined talent in the health sector as 'those people whose professional expertise delivers positive patient or societal outcomes and whose operational competence and performance create stakeholder value for the organisation'.

2.3 Importance of TM

Narayanan et al. (2019) indicated that talent management is a strategic initiative of organizations to attract, develop, and retain talented employees to achieve a competitive advantage. Talents are seen as unique strategic resources, central to achieving sustained competitive advantage (Dries, 2013), and organizations use talent management to capture, leverage and protect these resources (Sparrow & Makram, 2015). Talent seems to be associated with employability competence, such as generic behavioural meta-competence and personal characteristics that are more difficult to identify than hard technical qualifications (Nilsson & Ellström, 2012). According to Schiemann (2014), people equity can impact a variety of important organizational outcomes, including higher financial performance, greater quality, and lower employee turnover. Baqutayan (2014) concluded that talent management is important to employees and should be of importance to the organization as well because it can lead to a competitive advantage for all employees. According to Kamel (2019), there is a positive relationship between talent management and employee engagement, retention, value addition, and improved organizational performance.

Narayanan et al. (2019) described the relationship between talent management and employee retention, illustrating the role of talent perception congruence and organizational justice. Aina and Atan (2020) concluded both learning and development and career management practices had significant and positive impacts on the sustainable organizational performance of real estate companies. The growth of talent management is attributed to several factors, like talent shortages, demographics and societal trends, corporate social responsibility (CSR), diversity, increasing mobility, a permanent shift to a knowledge-based economy, and the growing importance of emerging markets (Vaiman et al., 2012). Furthermore, Ott et al., (2018) identified four means by which talent can be effectively improved; firstly, develop a solid organizational

culture. Secondly, provide applicable and dynamic training opportunities, thirdly, foster an engaging work environment, and lastly, offer clear and suitable opportunities for career advancement.

2.4 Types of Talent

Most organizations are faced with several challenges including; talent flow, how to manage both old and younger generations of talent and shortages of required competencies. In a review of the literature to understand the global dimension of challenges associated with TM, Tarique and Schuler, (2010) developed a framework that highlights some challenges in global TM and the drivers of those challenges. The framework also underlines the potential role of international human resource management activities that are capable of addressing global TM challenges. The different conceptualization of talent in the talent management literature also paves the way for the categorization of talent. In other words, it is the "yet-to-be-developed" talent in a work context. The person with this type of talent may in some cases not be aware that he or she has talent. This type of talent may manifest itself in various workplaces consciously or unconsciously in the form of inborn qualities.

Usually, it is not acquired as a result of personal learning or company staff development efforts. This implies that latent talent is a raw unnoticed talent by the person possessing it. In contrast, conscious talent as the name implies is recognized or known. In this case, the talented person is aware that he or she is talented and seeks to consciously and intentionally use the talent at the place of work. Such talent is usually developed through learning and other company training efforts. This is necessary to help build variety, consistency, flexibility, subtlety, and nuance.

Thunnissen et al., (2013) have argued that TM scholarship is overly unitarist and managerialist in orientation.

Finally, strength talent refers to a modified form of talent. Typically, developing this type of talent involves reflection and renewal. For example, opportunities can be provided for the employee to observe others who will provide relevant and timely feedback. Organizations could encourage such employees to be creative and innovative in their low moments at work. Dries (2013) identified some inconsistencies between talent management discussions and practice, theoretical perspectives of TM, tensions with TM, and assumptions within the TM landscape. According to Dries (2013), these inconsistencies provide the scope for elaborate debates on the growing consensus of TM as talent capital or individual difference or gift or identity or strength or perception

At another level, some researchers have also identified types of talent in the form of the different professions that employees undertake, and argue that talent is a source of creative power in different professional fields. Thus, talent in this regard includes scientists and academics, IT experts, health professionals, art professionals, managers and entrepreneurs. The present development in science and technology and their impact on the global health sector has increased the demand for health practitioners ranging from medical doctors, pharmacists, and nurses to midwives. Although the demand for health workers is a global phenomenon, the situation is, however, worse in developing countries of the world. Yet there is limited literature on TM in the healthcare industry (Akinfenwa, 2021)

Using a systematic literature approach, Mitosis et al., (2021) have shown a paucity of research studies on TM in healthcare organizations. Mitosis et al., (2021) have indicated that the benefits of implementing TM strategies in healthcare organizations are essential for the organization's

sustainable development and the talented staff and patients as well. In searching for an appropriate TM framework, Mitosis et al., (2021) focused on Factors that affect TM and classified those factors into nine categories: Programming, Attraction, Development, Preservation, Performance Assessment, Work Climate, Culture, Succession Planning, and Leadership. Hosseinzadeh and Sattari (2015) show that TM in the healthcare system particularly in recruiting nurses is minimal and that leading indicators for nurses have not developed. Hosseinzadeh and Sattari (2015) therefore, argue that managers of health centres need to specify the route of nurses' careers and future positions from the beginning to get optimal individual and organizational output.

This study focuses on health practitioners because of the increasing need for their services globally. These health professionals as identified above carry out different job responsibilities and thus require different skills and motivation levels to perform well. Thus, they may need to be talent managed differently.

2.5 The Concept of Talent Shortage

Talent shortage is defined as an economic situation in which there is an inadequate supply of qualified job candidates to satisfy the huge demand for qualified employees in a fast-changing labour market (Vlad, 2012). Thus, a major cause of the present talent shortage according to many analysts is inequality in the demand and supply of highly knowledgeable and skilled employees (Sparrow et al., 2013). The present talent shortage according to analysts is due to a skills mismatch caused by the poor quality of graduates produced by some universities and inadequate training programmes in many organizations due to their current restructuring efforts. Since then, there has been an upsurge of technical reports in the areas of talent shortages, emphasizing the role of TM in organizational success. For example, a survey of 418 international executives

found that eight in ten viewed an effective TM strategy as key to competitive success, with more than half of this reporting that it would become more strategically important in future years (KPMG, 2012).

According to recent research by Accenture-a management consulting firm, there is a skills shortage in many STEM fields. Like Accenture, the Manpower Group (2012) argues that there is a global talent shortage which is responsible for the slow progress of many businesses. In recent research, the Manpower Group (2012b) found that employers were finding it difficult to fill important STEM positions such as IT experts and engineers. The problem according to the Group was particularly acute in Japan with about 81 per cent of employers complaining about difficulties associated with filling relevant positions.

However, there is considerable evidence to suggest that STEM talent is not in short supply (Craig et al., 2011). For example, PwC (2012a) argues that the current skills problem is not that of a skills shortage but a skills mismatch as many employers do not know where to locate the right employees and that even if they do, they are sometimes restricted from accessing them because of immigration laws. According to PwC (2012A), one cannot be talking about skills shortage where highly educated and mobile 'millennials' still struggle to find gainful employment. Thus, the notion of a talent shortage "defies prevailing logic, especially when viewed against the high levels of unemployment in many economies, especially among young adults (Manpower, 2012a: 2). According to Craig et al., (2011: 2), the problem is due to the lack of key institutions to balance the demand and supply of STEM skills across the globe.

Clearly, talent shortage especially in Sub-Saharan Africa has necessitated the need for skills development and training in Sub-Saharan Africa, which is increasing in an area where unstable economies and high unemployment create challenges on many levels (Sydhagen and

Cunningham, 2007 cited in Alagaraja and Arthur-Mensah, 2014). This suggests the creation of systems where people are invested, with fair and equal access to education, health care and the labour market within each country in Sub-Saharan Africa. Perhaps, developing appropriate management practices in Sub-Saharan Africa can go a long way towards improving people's lives, as well as reducing poverty in the region. Unfortunately, the issue of a talent mismatch will remain a huge challenge for many employers in the near future in Sub-Saharan Africa. The current trend in the TM literature highlights the significance of talent in creating and sustaining a firm competitive advantage. With the current skills mismatch and the demand for talent, highly knowledgeable and skilled individuals are becoming more selective as they evaluate their employment options, compelling companies to develop better recruitment and retention strategies.

2. 6 Reasons for a talent shortage

Recent studies by Amankwah-Amoah & Debrah (2011), Elegbe (2010) and Schuler et al., (2011) have offered some major reasons for the present global talent shortage in both developed and developing contexts. They found that central among the reasons for talent shortage include; changing demographics (Schuler et al., 2011), liberalization (Amankwah-Amoah & Debrah, 2011; Marin & Verdier, 2012; Mei-Ci, 2014), transformation and changes in the business environment and skills (Amankwah-Amoah & Debrah, 2011; Me-ci, 2014), lack of quality education (Elegbe, 2010) emigration; (Elegbe, 2010) industry growth (Amankwah-Amoah & Debrah, 2011; Marin & Verdier, 2012), inadequate human capital development function (Amankwah-Amoah & Debrah, 2011), and the inadequate supply of talent (Amankwah-Amoah & Debrah, 2011; Schuler et al., 2011). It is important to note that not all reasons identified as a cause of talent shortage are relevant for different contexts (for example, developed and

developing contexts). Table 2.3 presents factors responsible for talent shortage in different

contexts based on literature findings.

Table 1. 2: Factors shaping/responsible for talent shortage in different contexts

Reason for the talent shortage	*Relevant context*
Globalization	Developed & developing context
Changing demographics	Developed context
Liberalization	Developing context
Changes to skills and business environment	Developed & developing context
Emigration	Developing context
Industry growth	Developed & developing context
Inadequate human capital development	Developed & developing context
Inadequate supply of talent	Developed & developing context
Lack of quality of education	Developed & developing context
National policy reforms	Developed and developing context

The table shows the different factors responsible for the shortage of talent and the context where they are relevant. Whereas changing demographics is a major concern for talent shortage in developed countries; emigration, and liberalisation are, the major concern for developing economies and emerging markets. Other factors such as industry growth, changes to skills and business environment, inadequate human capital development, globalization, lack of quality education, and inadequate supply of talent are associated with the talent shortage in both contexts (Amakwah-Amoah & Debrah, 2011; Schuler et al., 2011). However, the problem of industry growth, poor quality of education, and inadequate development of human capital may be greater in developing and emerging nations.). Reasons for a talent shortage can be classified as extra-company (for example liberalization, globalization, emigration, quality of education, and changes in business environment and skills, industry growth) and intra-company (limited internal workforce development) (Schuler et al., 2011; Gallardo- Gallardo et al., 2020). These reasons for a talent shortage have been selected among other reasons because they are the major reasons identified in the relevant literature on the competition for talent and talent management. The different causes of a talent shortage are discussed below.

2. 6. 1 Changing demographics and talent shortage

First, baby boomers are retiring from the workforce and this is leading to a severe shortage of talent in the labour market. As their exit means that a significant number of people, knowledge and skills will leave the workforce (Elegbe, 2010). Baby boomers are people in the workforce who were born from the period of 1946 -1964 (Elegbe, 2010, p. 8). Longevity boom, birth dearth, and ageing baby boomers are demographic forces that will impact workforce quantity and quality in the United States (Elegbe, 2010). Clearly, it could be argued that longevity of life, birth dearth, and exit of baby boomers from the workforce is significantly causing the shortage of talent in the United States, Europe and Australia (Jones et al., 2012; Gallardo–Gallardo et al.,

2020). Schuler et al., (2011) project what will lead to a talent shortage soon. These projections are premised on the changing demographics. The reason is that baby boomers are retiring from the workforce and this is leading to a significant loss of talent. To start with, baby boomers represent a large number of the workforce and their retirement creates a huge gap to be filled by firms. Another important reason why their retirement is leading to a shortage of talent is that though a longevity boom may mean that people are now living healthier and longer; it does not transpire into productivity. Hence, even boomers who are still in the workforce at old age may no longer be productive at a point (Elegbe, 2010, p. 8) which also leads to the loss of talent.

According to Gordon et al., (2008), the productivity of older workers may drop due to: (a) their outdated skills level in old age (b) declining health that may hinder their ability to carry out physically demanding tasks, (c) and a decline in their capability to learn new materials. Lastly, the recent birth dearth also means that not too many youths are available to step into the boomers' position as they are retiring. For example, the average number of children per woman in most countries (Japan, Germany, Italy, Singapore, and China) is below the replacement level of 2.1 per woman which is needed to preserve the population level (Elegbe, 2010, p. 8). In fact, by the year 2025, the number of people between the ages of 15-64 is projected to drop by 7 per cent in Germany, 9 per cent in Italy, and 14 per cent in Japan (Schuler et al., 2011). This portends a serious talent shortage in the future of these developed countries.

Addressing demographic changes in the developing context, Elegbe (2010) remarked that the problem in Africa is not about the shrinking size of the population as is the case in developed economies. Whereas the population is ageing and shrinking in developed countries, the population in most developing nations is getting younger and expanding (Schuler et al., 2011). The fertility rate of most African countries (Uganda, Burkina Faso, Mozambique, and Kenya) as

of the year 2008 was higher than the world fertility rate of 2.56 (Elegbe, 2010, p. 8). The problem in Africa is that a number of the youthful population do not have the right skills to take up paid employment (Elegbe, 2010, p. 12).

2. 6. 2 Lack of quality education and talent shortage

Second, the wrong kind of skills that some graduates possess is another key factor responsible for a talent shortage. Within the developing context, Elegbe (2010, p. 12) found that the wrong kind of skills possessed by graduates is one very important reason for a talent shortage. Graduates in most developing countries do not have the skills the industry needs to accomplish their different work functions, and this is due to the declining standard of education in these countries. Elegbe (2010, pp. 8-9) remarked that there is no shortage of new workforce entrants in developing countries of Africa; rather their skills do not meet what is required in the industries. In these countries, universities are constantly turning out graduates on yearly basis. However, these graduates are lacking in the skills valued by industry people because they might not have had any work experience. These graduates are not equipped enough to take up an immediate role within an organization without having to go through extensive training to become fully functional (Elegbe, 2010). The problem with universities in Africa, for example, is mostly the one of a lack of funding and academic facilities. Elegbe (2010) notes that the proliferation of universities in the 1980s', to meet the high demand for university education also demanded that the little funds available be spread thinly amongst the numerous institutions; thereby compromising the quality of education in these institutions. In a study conducted in the emerging market of China, it is argued that the major reason for a talent shortage globally is that higher education institutions are not producing enough graduates with the 'right' kind of skills wanted by industry (Cooke et al., 2014). By implication a population mostly made up of youths is supposed to be a potential bank of talent (Elegbe, 2010. p. 8). However, this is not to be the case

in most developing nations as not many of their youths have the skills and experience to take over from experienced and skilled baby boomers (Elegbe, 2010. p. 8-9).

The position above is different for developed countries. According to Schulz (2008) graduates in developed economies are academically sound; the issue is that they may be lacking in terms of the type of skills that employers need. In the developing context, many graduates lack both academic and soft skills. Soft skill refers to a set of learned behaviour that can be acquired through training and intense application (Rani, 2010). Soft skill broadly covers personal qualities, interpersonal skills, and additional skills/knowledge (Schulz, 2008). According to Paglis (2013, p. 474) business schools are not training managers; rather, specialists and "arrogant amateurs" trained in figures and wanting in the handling of people. For Paglis (2013) business education does not provide these graduates with management skills such as communication, interpersonal skills, change management, and negotiation skills. He argues that Business schools emphasize cognitive learning at the expense of practical skills. Further, Paglis (2013) remarked that MBA curricula have been indicted for emphasizing rational analysis; making business/management schools focus on cognitive skills at the expense of practically relevant skills and conscious that many business schools in the past decades have adopted an inappropriate model of academic excellence — measuring their performance almost solely on the rigour of scientific research, instead of the quality of their graduates or how well faculties understand key drivers of business performance. Meaning that the majority of professors who gets tenure and dominate business schools are those who focus on narrow research area, and they are the ones who design curricula. In this regard, Schulz (2011) remarked that formal training through classes is a useful way of developing students' soft skills over a long period. However, formal training alone through classes may not sufficient for developing soft skills.

2. 6. 3 Emigration and talent shortage

Third, the emigration of highly skilled people from their country of origin to other parts of the world for different reasons is another major reason for the talent shortage in many parts of the world. Elegbe (2010, p. 10) demonstrates that the emigration of highly skilled people from their country of origin for different reasons refers to a brain drain. These groups of professionals and students mostly move from developing nations of Africa, Asia Pacific countries, eastern European countries, and North American countries, to developed nations of Western Europe and the United States. These set of professionals and skilled people are compelled to emigrate from their country to developed countries of the US, UK, Canada and other parts of Western Europe for political, economic, social, and academic reasons (Elegbe, 2010. p. 11).

Some scholars have suggested that instead of viewing migration in terms of brain drain, migration should be viewed as brain gain or brain circulation that allows for the return of knowledge and skills or the exchange of knowledge and experience between places of origin and places of residence (Miao & Wang, 2017). This is otherwise known as reverse migration – thus converting brain drain to talent flow; this is achieved through the support of government policies. China and India are highly involved in attracting back-home professionals and students who have studied abroad. Miao and Wang (2017) have cited the benefits of Chinese returnees' to specific institutions; scientific talent working in the domains of government, universities and industries and helping to reshape and improve China's national innovation systems; returning health talent working on the improvement of health care in China; culture and social talent promoting new lifestyles and the development of the Chinese cultural industry; and technical and managerial talent contributing to the growth of the high-tech and service industry in China and boosting the development of its new domestic economy. The World Migration Report (2020) has

cited the need to create a pool of a global health-keeping force in line with the United Nations peacekeeping force to respond to emerging health crises and emergencies.

2. 6. 4 Changes to business environment and skills and talent shortage

Fourth, the current change to a knowledge-based economy from a product-based economy is a major business transformation that has also led to a shortage of talent (Beechler & Woodward, 2009 cited in Dalayga et al., 2017). As organizations move to a more knowledge-based economy, there is an increasing demand for knowledge workers (Schuler et al., 2011; Grove, 2010). Knowledge workers include leaders, managers, technicians, researchers, accountants, consultants, information specialists, pharmacists and medical professionals (Schuler, 2011). Since the demand for knowledge workers exceeds the supply, the resultant effect is a shortage of talent. In addition, there are no significant changes in skills required to work effectively in the new economy. This is due to the development of new machinery and equipment (Mei-Ci, 2014) and the move to a more network organization structure as a way of responding to downsizing and economic shifts (Beechler & Woodward, 2009; Dalayga et al., 2017). The implication is that several workers in the workforce no longer have the skills required by manufacturing and service delivery firms to carry out the different tasks assigned to them in their work environments. Hence, there is a need for employees to acquire new competencies to carry out such jobs effectively (Rich, 2010). To make matters worse organizations are not offering enough training and development opportunities to their workers in line with their current cost-cutting strategies (Cappelli, 2011; Harsch & Festing, 2020).

2. 6. 5 Inadequate human capital development and talent shortage

Fifth, changes in business environment and skills require that employees be trained (Armstrong-Stassen & Cattaneo, 2010) on how to perform knowledge work. However, the lack of sufficient

training and development of human capital is another key reason responsible for a talent shortage. Amankwah-Amoah and Debrah (2011) remarked that limited human capital development function is one of the causes of talent shortage in a liberalized environment. They note that when new companies move into a new market, they need to develop capabilities to compete. According to them, one of these resources they need to develop is human capital. The problem with this is that organizations are no longer providing training for their employees. One major reason why firms fail to develop talent is that when MNCs set up operations in new markets they tend to depend on the external labour market (Aguzzoli et al., 2013) with a limited number of talents. Failure to find talent from the external labour market compels them to poach talent from small players in the industry. They can poach talent from small industry players because these small businesses do not have enough resources to reward and keep their talent (Amankwah-Amoah & Debrah, 2011). Businesses that lose their trained employees to competitors often suffer a loss in the form of productivity and cost incurred on training. Due to the loss recorded by these firms; they tend to retreat over time in providing training for their employees. Cutting back on human capital development by these firms and the fact that the big firms themselves are not engaging in any human capital development function leads to a severe shortage of talent in the industry over time.

Providing another reason why MNCs engage in less human capital development function in their subsidiaries, Aguzzoli et al., (2013) remarked that MNCs tend to expatriate talented employees to their foreign operations — which they complement with hired skilled workers with solid knowledge of the job from the external labour market of the host country. These practices negate the training and development of the internal workforce. On the other side, selecting middle-level managers for expatriation without engaging in serious human capital development functions to develop managers who will replace those expatriated has the potential to lead to a talent shortage

in the parent country of the MNC. To make matters worse, not very many expatriate managers return from the foreign operation and remain with the same companies after two years (Farnadale et al., 2010; Russo et al., 2022).

2. 6. 6 Industry growth and talent shortage

Sixth, as noted by Amankwah-Amoah and Debrah (2011) industry growth is another reason responsible for a shortage of talent. As existing companies in an industry expand their operations, they will need to upgrade their capabilities and build resources (Amankwah-Amoah & Debrah, 2011). Human capital is a critical resource for any organization trying to expand its operations. The issue here is that because most of these companies are not developing their internal labour market — they depend on the external labour market to hire talent in order to expand operations. As more organizations expand their operations, more demand is made for talented employees. This makes the demand for talent exceed the supply of talent in the labour market, which will in turn lead to a shortage situation (Tlaiss, 2020; Wood et al., 2020)

Amankwah-Amoah and Debrah (2011) add that the establishment of new companies in an industry also leads to a shortage of talent. For example, the rapid growth in emerging and developing markets provides a platform for many MNCs to set up foreign operations in these markets (Chandra et al., 2020). The problem is that when these new players establish a new facility, they need to hire talent to start up the business (Marin &Verdier, 2012), as they cannot bring down all the talent, they need to start operations from their parent country. The new firms compete to hire the limited number of available talents in their host countries in order to begin operations (Aguzzoli et al., 2013). This leads to even more competition between existing players and the new start-ups for the already scarce talent in the market and increases the talent shortage (Amankwah-Amoah & Debrah, 2011). The situation will gradually snowball to the level where

demand for talent will by far exceed supply. The situation is worse because of the limited numbers of skilled personnel (managerial) in these emerging and developing markets (Kuhlman & Hutchings, 2010). The problem of industry growth leading to a talent shortage is more rampant in newly emerging markets of Asia (Chandra et al., 2020), eastern European countries (Swinnen & Heck, 2010), Africa (Amankwah-Amoah & Debrah, 2011; Vaiman et al., 2019); and North America countries. The reason for this is that most MNCs move to these places in search of the market and cheap labour.

2. 6. 7 Talent shortage in the health sector

Shortages of health workers exist across the globe (WHO, 2021). According to Liu et al., (2017), the African region suffers more than 24% of the global burden of disease but has access to only 3% of health workers and less than 1% of the world's financial resources. This is likely to worsen with the onset of the COVID -19 pandemic - where officials managing health systems in many high-income countries are pursuing rigorous efforts to pull skilled health workers from Africa to help bridge the gap in medical personnel created by the coronavirus outbreak. For example, western countries such as the US, Germany, Canada, UK are seeking health professionals especially front-line workers from other countries on a work or exchange visitor mission (Woolliscroft, 2020).

Physician emigration from Africa to the United States between 2005 and 2015 alone showed that an estimated one-fifth of African-born physicians are working in high-income countries and this is equivalent to about one African-educated physician migrating to the US per day over the past decade (Duvivier et al., 2017). The likely migration of health professionals from lower to higher-income settings has a significant social economic effect on developing countries. This requires governments from lower-income countries to put forth strategies to retain their health

professionals. The African Union Migration Policy Framework (2018-2027) has made recommendations for African countries, to implement incentive mechanisms to attract and retain highly qualified African professionals in Africa (Strobl, 2018).

Several causes have been assigned to these shortages. For example, Labonté et al., (2015) have shown that the health workforce shortage in South Africa is caused by increased workloads, population growth, an ageing population and a decline in the supply of physicians. Buchan and Calman (2011) attribute health worker shortages to the forces of the health labour market that create health unemployment. O'Brien and Gostin (2011) attribute health worker shortages to two main issues – low production of health workers, and the inability of trained health workers to take up jobs within the health sector in many countries.

In developing countries, talent shortages in the health sector have been attributed to the migration of health workers from developing countries to advanced countries (WHO, 2021). For example, health worker shortage has been attributed to the combination of multiple factors including; a limited supply of health workers, attrition due to the 'brain drain', population growth, maldistribution and increased workload (Dovlo, 2003 cited in Castro Lopes et al., 2017). Table two provides the 'push' and 'pull' factors of talent shortage in the health sector in Ghana.

Table 1. 3 Factors that are known to contribute to the out-migration of health workers

'Push' factors	'Pull' factors
• Lack of job security	• Stable social-political environments
• Lack of career advancement	• Professional work environments that are
• Lack of opportunities for	more conducive to training

further training.	• Adequate and proper equipment tools and facilities
• Years of underinvestment in health human resources	• Globalization and its effect on migration
• Restrictive employment policies in many countries.	• Unmet health worker demands in developed countries
	• Attractive salaries
	• Retirement schemes and other employment opportunities

Source: Researcher's compilation

In Ghana, the push factors that influence health worker migration include low remuneration, poor working conditions, low job satisfaction, political and ethnic problems, and poor security; while opportunities for post-graduate training, poor forecasting, increased demand for health professionals in developed countries, better salaries and more conducive working environments in advanced countries account for the pull factors (MOH, 2011)

There are major concerns that increasing insurance coverage and population growth are expected to worsen the workload of physicians in Ghana and this has the propensity of causing talent shortages in the Ghana health sector (MOH, 2011). Even though over the last five years, Ghana has improved its health workforce density of nurses, midwives and physicians from 1.07 per 1000 population in 2005 to 2.65 per 1000 population in 2017 (GHS, 2018) there is still a talent shortage in the health sector (GHS, 2019). At the end of 2018, there was 115,650 health sector staff, of which 63.9% (74,250) were employed by the Ghana Health Service, 17% by CHAG, 10% by teaching hospitals and 8.9% by other employers (GHS, 2019). The talent shortage in the health sector also occurs in rural and underserved areas in countries across the globe.

The World Health Organization shows that securing equitable access to health services for rural and remote populations continues to be a challenge for governments and policymakers around the world, with shortages often felt most acutely in rural, remote and hard-to-reach areas, where health workforce densities are generally lower than national averages (WHO, 2021). While the availability of health workers has improved, however, the maldistribution of the health workforce remains a challenge. For example, in 2018, the Ashanti Region had the largest share of the health workforce (18.4%). Of the total number of doctors available in the Ghana Health Service (GHS), 42.2% were in the Greater Accra region, while the Upper West Region had the least number of doctors (4.1%) (GHS, 2019). Greater Accra also had more specialists (66.5%) than general practitioners (33.5%), while only 13.6% of doctors in the Upper West Region are specialists (GHS, 2019).

2. 6. 8 Globalization and talent shortage

Seventh, liberalization — which enables greater openness to trade has led to the globalization of economies. Economic globalization — the close economic integration of the different countries and populations of the world (Stiglitz and Charlton, 2013) is another major reason for the talent shortage in the global economy. According to Schuler et al., (2011), globalization leads to talent shortage and fuels the war for talent. As different economies of the world integrate due to the removal of barriers, the world becomes one global village where firms are less limited in setting up operations across borders. Additionally, Schuler et al., (2011) stated that when these companies set up operations in foreign markets, they will require to hire skilled personnel to start their business.

These MNCs transfer both technology and western management practices to their foreign subsidiaries as an act that equally increases the demand for skills within developing and

emerging markets (Haak-Saheem et al., 2017a; 2017b). According to Kulman and Hutchings (2010), when MNCs set up their foreign subsidiaries they tend to transfer structures and processes that are more reflective of their home country's culture, economic institutions and business practices. The authors remarked that most managers in developing and emerging markets are deficient in the skills needed in working with western business systems and processes. This may be since graduates in these developing countries are not trained in the western management processes (Rose et al., 2021). Since most of the MNCs are not developing their talent the way they should (Aguzolli et al., 2013) — they compete for the few local managers and other professionals with these skills which eventually leads to a shortage of talent.

From the above discussion, one can suggest that the poor quality of education which leads to a lack of graduates with industry-relevant skills and poor human capital development function by far seems to be the major reasons for a shortage of talent. Thus, firms will need to develop talent management policies and practices to attract and retain skilled and knowledgeable employees from the external labour market as well as develop long-standing employees for their success. The next section explores the concept of TM.

2. 7 The Definition of Talent Management

Organizations are now aware of the key role talent play in helping their organizations to achieve business success (Amankwah-Amoah & Debrah, 2011). Highly skilled and knowledgeable employees will continue to be their organizations' most valuable asset as the knowledge economy further develops (Iles et al., 2010). Unfortunately, despite the increasing number of unemployed people in different countries, there is a global shortage of highly skilled and knowledgeable employees (Tarique & Schuller, 2010). Arguably, labour is not scarce but people who are very knowledgeable and skilled in what they do are in limited supply. Thus, attracting,

developing and retaining the right number of talents in a complex and dynamic business environment is challenging for most organizations (Tarique & Schuller, 2010). TM is critical if MNCs must attract, develop, and retain the right number of talents they need to create and sustain competitive advantage in their different operations around the globe. The term talent management means different things to different people and thus the concept is defined differently in both academic and practitioner literature. Academics and TM practitioners define the concept differently to suit their research study and work context.

According to Cappelli (2011), talent management involves forestalling the human capital needed, and then setting out a plan to meet it. This conceptualization of talent management is not very different from the one by Dawn and Biswas (2013) who describe talent management as the process of developing effective policies relevant to attracting and retaining the right talent to support overall organisational objectives. This view is also supported by the Chartered Institute of Personnel and Development (2013). According to the Chartered Institute of Personnel and Development (2013), talent management is the "systematic attraction, identification, development, engagement, retention and deployment of those individuals who are of particular value to an organization, either in view of their 'high potential' for the future or because they are fulfilling business/operation-critical roles." It is however interesting to note that talent management does not only involve the attraction and retention of new highly knowledgeable hires but also developing longstanding talent in order to meet overall organization objectives.

Iles et al., (2010), agree with the definition by CIPD but link talent management with strategic management. They note that talent management is the strategic management of the flow of skilled and knowledgeable employees through an organization. In corroborating this view, Ibrahim and Daniel (2018) argue that talent management comprises strategic human resource

management practices that can lead to firm performance. Thus, talent management is not different from human resource management, since "both involve getting the right people in the right job at the right time and managing the supply, demand flow and development of people through the organization." However, TM pays more attention to the attraction and retention of key employees in the organization.

A close look at the definitions above suggests that the term talent management refers to the practice of using well-developed and integrated human resource practices to attract, develop and retain the right individuals, for the right positions, and at the right time. According to Oseghale, Mulyata and Debrah (2018), these practices include attraction, training and development, performance evaluation and retention. The study now turns to discuss the different talent management practices in detail.

2.8 Talent Management Practices

Some scholars of TM have demonstrated the need to reevaluate existing TM approaches and practices. Kwon and Jang (2021) have identified four central themes that underscore the dysfunctional aspects of TM approaches and workforce differentiation: (a) organizational justice, (b) ethics, (c) internal competition and (d) workplace diversity. Drawing from these primary themes, Kwon and Jang (2021) developed a conceptual framework that includes a feedback loop for reevaluating and improving existing TM processes. The effective evaluation of those approaches has the potential of minimizing the disadvantages of TM's potential for long-term organizational health and competitiveness.

De Boeck et al., (2018) have shown two key assumptions about employee reactions that are driving debates around TM: First, that TM leads to positive outcomes in employees identified as

talents; and second, that TM creates differences between talents and employees not identified as talents. Drawing from the empirical literature and theoretical arguments, De Boeck et al., (2018) partly supports both assumptions. De Boeck et al., (2018) argue that while positive reactions to TM exist in terms of affective, cognitive, and behavioural employee outcomes, there is evidence of negative affective reactions in employees.

De Boeck et al., (2018) demonstrate significant differences between talents and non-talents for behavioural reactions, but not for affective and cognitive reactions and based on these conclusions developed an integrative framework that recommends three areas for TM research and practice: uncertainty, power, and social identity. Applying methods derived from bibliometrics and content analysis to evaluate the state of TM, Gallardo-Gallardo et al., (2015) have assessed the approach to TM from two alternative perspectives: (resource-based view, international human resource management, employee assessment, and institutionalism) and (knowledge management, career management, strength-based approach, and social exchange theory).

The need to address the present talent mismatch is creating the need among organizations to design and implement a bundle of talent management practices relating to talent attraction, training and development, performance evaluation and retention to create sustained competitive advantage and thus enhance the company's bottom line. Only firms with superior TM practices will be able to attract and retain the most talented employees for overall company success.

2.8.1. Talent attraction

Talent attraction involves the recruitment and acquisition of highly skilled and knowledgeable employees in organizations. The recruitment and acquisition process usually begins with the

identification of talent through various recruitment practices. Typically, organizations adopt diverse strategies such as university career fairs, accessing different professional groups as well as accessing the social network profile of individuals to identify the right talent for selection (Oseghale et al., 2018). In addition, organizations also target skilled and knowledgeable employees through their informal network ties i.e., retired employee groups, consultant groups as well as a referral by existing employees. The outcome of a well-developed recruitment process is usually a pool of suitably qualified job candidates from which new employees are selected. Attracting and retaining talented individuals are important issues in the workplace, and TM is a top priority for many organizations. At its essence, talent management is purported to create value (Sparrow & Makram, 2015). The need for managing talent aroused as organizations were exposed to global, complex, dynamic, competitive, and volatile business environment conditions (Schuler et al., 2011; Russo, 2020).

Undoubtedly, organizations adopt different selection strategies to select the most qualified talent. Such strategies include application screening, assessment centres and interviews with managers. These practices may however be deployed differently in different types of organizations depending on their size and the sector where they operate. Similarly, the skills organizations assess their jobs candidates for during interviews also vary from one organization to the other (Oseghale et al., 2018).

In addition, organizations may also fill their vacant positions with employees from their existing labour pool. According to Richardson (2010), recruitment can be done internally via the promotion and transfer of existing personnel. In this instance, job openings are usually published through job posting which entails placing job notices on manual and electronic bulletin boards, in company newsletters and through office memoranda. This practice is usually preceded by

talent identification where managers seek to identify the most suitable employee with the right competencies from longstanding employees to fill the vacant position (Lai & Ishizaka 2020). Like external recruitment, internal recruitment sometimes may not generate the number and/or quality of personnel required which may compel an organization to recruit from external sources. Existing studies suggest that recruiting from the internal labour market saves time and money for the hiring firm as fewer resources are deployed during the exercise (Holland & Scullion, 2019).

It is important to note that talent planning precedes every recruitment and selection exercise in firms. Talent planning involves a detailed HR need forecast, an HR demand forecast and an action programme of development (Singh & Sharma, 2015). This is often accompanied by a talent-sourcing program developed to identify any perceived skills shortage. However, the number of talents to recruit and the success of the firm recruitment function is often determined by the size of the firm, recruitment policies (internal factors), and other external factors such as the current unemployment rate and the employer brand of the hiring firm (Mamoria & Ganker, 2010; Krishnen and Scullion, 2017).

2.8.2 Training and Development

After a successful recruitment and selection exercise firms sharpen the skills of their successful hires through different training and development plans. Talent development is important for organizations seeking to create sustained advantages and improve the company's bottom line through the efforts of people. For example, Pinnington et al., (2018) found that training has both direct and indirect effects on the company's bottom line. Trained employees are usually in a better position to meet the needs of their customers which leads to a more outstanding level of job satisfaction together with superior performance. However, such outcome will depend on the extent of training provided to help employees acquire the right skills and competencies they need

to innovate and thus create sustained competitive advantage (Debrah et al., 2018). A well-designed and implemented training and development program has the potential to transform unskilled workers into competent employees (Holton & Naquin, 2003; Ongori & Nzonzo, 2011). It may be difficult for firms to identify and employ people with all the relevant requirements for a specific job. Thus, they should equip their employees with relevant work competencies through different training and development schemes (Holton & Naquin, 2003, p. 8; Pandita, 2018).

Training, according to Ast and Nyhuis (2022), refers to the planned and systematic alteration of behaviour via learning events, activities and programs which enable the participants to acquire certain levels of knowledge, skills, competencies and the capacity to effectively discharge their duties. Similarly, Debrah and Ofori (2006), however, defined training as an intervention designed to improve individual employee job capabilities and thus job performance. The definitions Ast and Nyhuis (2022) and Debrah and Ofori (2006) emphasise only the formal aspect of training in organizations. Not all training programs in firms are planned interventions. Arguably, employees also learn from unstructured work processes in the course of carrying out their different work responsibilities. Thus, training refers to both planned and unplanned activities deployed by firms to help enhance the work capabilities of the employees (Ast & Nyhuis, 2022.). Development on the other hand can be defined as 'systematic efforts affecting an individual's knowledge or skills for purposes of personal growth or future jobs and/or roles (Mansour, 2013).

In transnational development, it is common therefore for development activities to be more general in their strategic intent to develop organizational, group and individual capabilities relevant for future competitive performance, whereas, training involves making relatively short-to-medium-term specific performance gains (Pinnington et al., 2018). In other words, like

training, development programmes are also aimed at helping employees to acquire new knowledge, skills, and attitudes associated with firm performance. Existing studies suggest that skills need identification is often the 'first stage of many training and development programmes in firms' (Noe, 2010, p. 258). Training and development programmes, therefore, guide managers in the design of programmes to meet the relevant skills needs of all employees. Thus, managers deploy different techniques to identify training needs among employees.

According to Oseghale et al., (2018), performance appraisal assessment centres and self-assessments are useful ways of identifying the training needs of individual employees in the organization. Upon the successful identification of training needs, managers identify the training and development programmes to help meet such needs. MNCs as well as domestic firms develop the identified competencies through their various training and development programmes based on the skills needs of the company (Oseghale et al., 2018). These programmes include short courses/programmes, coaching/mentoring global assignments, participation in global teams, and cross-cultural training. Such training could be conducted on the job and/or off the job by managers internally or/and externally by the firm's training department or other external bodies such as consultant groups.

Armstrong (1995) cited in Kumar and Siddika (2017), argues that on-the-job training entails teaching or coaching new employees by a knowledgeable trainer at the department within the organisation. On-the-job training takes advantage of free time and idle equipment during a production break Armstrong (1995) cited in Kumar & Siddika (2017). In contrast, off-the-job training is conducted outside of the job. A firm's decision to conduct on-the-job training or off-the-job training or both depends on whether the company has the resources to offer training internally and the type of skills to be developed. However, it is important to design training to

suit individual employees' needs to be effective. Moreover, it is important to mention that there is no one best approach for training employees (Sinclair et al., 2012). As stated earlier, training and development programmes should be selected based on firm resources, types of skills required and cost-effectiveness (Oseghale et al., 2018). However, multiple methods are sometimes more effective.

The evaluation of training outcomes is very important as it affects the individual employee and the organization's performance (Collings, 2014). Training evaluation involves measuring training input, the process itself and the outcome of the training process (Sinclair et al., 2012). Typically, organizations deploy different approaches to measure training and development activities. According to Sinclair et al., (2012), these methods include the amount of money spent on training in a given period, appraisal systems, psychological tests, in-course and post-course questionnaires, and self-report and critical incident analysis. To allow a more comprehensive evaluation outcome, it is better to combine a range of these practices (Sinclair et al., 2012). However, Sinclair et al., (2012), suggest that it is advisable to carry out a training evaluation after 6 to 12 months of training. The reason is to provide ample time for learning to have been transferred to the work context.

2.8.3 Performance Management

Performance management is a continuous process that reflects normal good management practices of setting direction, monitoring and measuring performance and taking action accordingly (Buckingham & Goodall, 2015). The performance of highly skilled and knowledgeable employees is usually assessed by their line managers. Collings, (2014) has argued that not only has research failed to establish a relationship between talent management and organizational performance, but that management practice has been exposed based on some

flawed assumptions around the relationship. Collings, (2014) is of the view that the distance between the dependent variable of organization performance and the independent variables of talent management practices is simply too great to have a clear understanding of the impact of the practices.

Haines and St-Onge (2012) investigated the common effect of practices and context on the effectiveness of performance management. Using 312 private and public sector organizations with over 200 employees, Haines and St-Onge (2012) found positive correlations between training and employee recognition and performance management effectiveness. Three valuables that are context-related (culture, climate and strategic human resource integration) also had a significant relationship with the effectiveness of performance management. Hvidman and Andersen (2014) have shown that the impact of performance management is dependent on the sector in which it is adopted and indicated that the difference in the impact may be even more distinct in areas where public and private organizations differ more in terms of clientele, managerial autonomy, and use of economic incentives. In a study to compare performance management practices in Danish public and private schools, Hvidman and Andersen (2014) found that in the public - sector organizations, performance management did not improve performance. Hvidman and Andersen attributed this finding partly to the political pressures public sector managers might have received as a result of politicians' desire to signal change and not the willingness to improve performance. Mensah (2015) in a literature analysis to provide a conceptual framework for ways to link TM to the various dimensions of employee performance showed that implementation of a TM system leads to employee performance and a TM output facilitates the relationship between TM and employee performance. Mensah calls this the 'coalesced framework of TM' and argues that TM has a positive relationship with employee

performance through the mediating role of TM outputs. These outputs are often measured using performance appraisal systems.

Performance appraisal is an essential part of company talent management activity. Performance appraisal is the procedure involved in assessing the performance of employees using a set of standards as a yardstick, and then conveying the information back to the employees (Mwema and Gachunga, 2014). It involves comparing an employee's performance with a set of performance criteria. Talent appraisal is both an evaluative and developmental approach in that it assesses the previous performance of employees as well as identifies their strengths and weaknesses to enable managers to develop programmes to enhance their strengths as well as address their weaknesses (Oseghale et al., 2018). This view is in line with the literature by Ohemeng (2011) who observes that employee appraisal can help identify employee strengths and weaknesses and propose the right solution. Yet traditionally, many organizations have used performance appraisal systems and continue to use such a model to assess performance in their organizations.

Arguably, some organizations adopt the 360-degree option where customers, colleagues, line managers, HR managers and senior managers are all involved in the appraisal process. Typically, firms use both qualitative and quantitative approaches such as behavioural anchored rating scales, critical accident techniques, graphic rating scales, assessment exercises and observing highly skilled employees on-the-job, in nature (Collings, 2014). Whilst there is no one best approach for doing this, employees and their managers should design a workable system tailored to individual company needs. Existing studies suggest that precise and timely feedback can be very useful in terms of achieving the desired goals among employees (Collings, 2014)

Performance appraisal outcomes often result in training and development, promotions, staffing, compensation and discipline (Oseghale et al., 2018). Thus, effective appraisal systems can

substantially contribute to employees' satisfaction and motivation when done appropriately. Whilst, the organization may promote high performers as talent, under-performers can be encouraged to leave the firm after a few more training (Oseghale et al., 2018). However, organizations are restricted by government regulations in their different countries of operation when making decisions in terms of whether to lay employees off because of performance appraisal outcomes.

Unfortunately, a major challenge related to talent performance appraisal in firms is rating bias. According to Lopes et al., (2014), rating bias is usually in the form of leniency or halo effect. These are often due to the relationship between the assessor and the employee being assessed. For example, a more positive relationship between the assessor and the employee being assessed may result in positive bias. Notwithstanding, performance evaluation is very important for organizations with a talent mindset since it provides basic information about an employee and organizational performance. Thus, to address any issues with performance appraisal most firms are now providing pre-appraisal training for employees and those responsible for assessing their performance. Such practices provide all parties with adequate information about acceptable practices in the appraisal process.

Cappelli and Tavis (2016) used historical antecedents in performance assessment to suggest three fundamental reasons why companies are abandoning performance appraisals: the return of people development; the need for alertness; and the focus on teamwork. In terms of people development, Cappelli and Tavis (2016) argue that organizations are under intense pressure to upgrade their talent management efforts through continuous professional development which requires rich feedback from supervisors - a need that's better met by frequent, informal check-ins than by annual reviews. Relating this to the health sector, it could be argued that traditionally, in

healthcare organizations, annual appraisal reviews focus on numerical ratings derived from years of service which often interfere with the learning that people want and need to do. Therefore, replacing this system with feedback that's delivered right after client engagements has the potential to help managers do a better job of coaching and allow subordinates to process and apply the advice more effectively.

From the need for agility or alertness in organizations, Cappelli and Tavis (2016) opine that, since organisations are evolving continuously with rapid environmental changes, organisations may not want their employees to keep doing the same things, hence there is no logic to assess and hold people accountable for past or current practices. Therefore annual goals would have to be replaced with short-term priorities. This may appear effective in healthcare organisations with rapidly changing trends in disease patterns and care regimes that require evidence-based practices, innovations and the use of modern technology.

The focus on teamwork as argued by Cappelli and Tavis (2016) places much emphasis on the shift from the traditional appraisal concept of individual accountability to a teamwork approach. This system according to Cappelli and Tavis (2016) has been implemented in retail shops where customer service now requires both frontline and back-office employees to work together to keep shelves stocked and manage customer flow. Applying this in healthcare, it could be argued that healthcare organizations operate on a team approach to work – from the security man at the gate to the records and the out-patient and then consultation through to the imaging and diagnostics, to the pharmacy and the in-patient. This value stream is also supported by back-room employees and the entire process requires a focus on teamwork for effective healthcare delivery. This means that the traditional concept of making individuals accountable in the performance appraisal system may not be the most effective way to assess performance in healthcare organizations.

Cappelli and Tavis (2016), further argue that organisations should shift from traditional appraisal concepts that closely follow the natural cycle of work where conversations between managers and employees occur when projects are over targets are reached, challenges arise, etc. to a rather continuous process of performance management that allows people to solve problems as they emerge, set short term goals and rely on individual strengths while developing skills for both current and future challenges. Although the performance appraisal system from the arguments above appears to give way to the performance management concept, it is still necessary to have a formal review once or twice yearly (Mwema & Gachunga, 2014).

2.8.4 Talent Retention

In the present competition for talent, retaining employees with high levels of skills and knowledge is the most difficult challenge for most organizations. Thus, it is imperative for employers through effective employee retention strategies to produce and promote an environment that urges current employees to stay and continue working with their employers. Of course, retaining key employees is vital for the long run health and success of any organisation (Singh & Dixit, 2011). Therefore, organisations need to develop strategies and processes relevant to retaining their highly skilled people in the long term. Ayub (2017), in a study to examine the effectiveness of TM concerning staff engagement and retention for higher organizational performance in the banking industry in Pakistan, concluded that the comfortability and satisfaction of the employee have the potential of ensuring better team performance in organisations. Employee retention scheme is conceptualised as genuine efforts by employers to create and foster an atmosphere capable of encouraging current employees to remain with their current employer by developing and implementing policies and practices that meet multiple employee needs (Ayub, 2017). In other words, employee retention involves taking steps to

encourage employees to remain with their present employer in the long term as losing them to competitors may lead to a competitive disadvantage for their present employer. Hiring and retaining highly skilled people for the job are very vital for employers seeking to create sustained competitive advantage.

Vaiman et al., (2012) identify two employee retention strategies as extrinsic and intrinsic incentives. Extrinsic incentives consist of using a varied form of monetary and other material rewards by employers to meet the diverse physiological need of employees (Vaiman et al., 2012). On the reverse side, intrinsic incentives refer to using non-monetary rewards i.e., training, career development, challenging assignment, etc. to equally meet employees' psychological needs to retain them in the long term. However, Mendez et al., (2011) argue that different organizations deploy different strategies for retaining their talent. For instance, firms in Brazil, France and Netherlands, retain their talent via stimulation whereas, in Japan, employers utilize intimidation to gain employees' trust and respect and in Canada, the determinants of retention include employee satisfaction and motivation (Mendez et al., 2011).

Given the benefits associated with talent retention, Mendez et al., (2011) suggest that firms need to invest in retaining their employees to be successful. Thus, firms will need to offer their high performers attractive compensation packages, different insurance incentives, and a flexible work arrangement to retain them in the long term (Neckebrouck, et al., 2021). Therefore, the salary being paid to employees should not be perceived as a sum of money, but as a package of remuneration to serve as a retention factor. Neckebrouck, et al., (2021) termed it as internal and external equity. External equity is the fair share of remuneration relative to how much other employees in other organizations are receiving in the same industry. Internal equity refers to how an employee perceives his pay to be fair in comparison to another employee whom he perceives

to be in a similar position within the same organization. Many initiatives have been introduced to aid retention, and the most popular are increased learning and development opportunities as well as improved line management people skills (Beardwell & Thompson, 2017). Narayanan et al. (2019) stated that fairness regarding outcomes, procedures and interactions in the talent management process along with conceptual congruity regarding talent status is influential in determining the effectiveness of talent management as a retention strategy.

Talent retention is often impacted by demographic factors such as age, gender and the profile of talented employees. Younger workers may prefer to change jobs a bit more regularly than their older counterparts who are mostly concerned about job security and job stability (Joyce & Slocum, 2012). Other factors that may determine the extent to which employees want to remain with their current employer include the organisation's reputation, leadership, learning opportunities as well as performance recognition and rewards (Joyce & Slocum, 2012). Establishments with talent retention measures in place often experience higher financial outcomes such as higher sales revenue and productivity (Joyce & Slocum, 2012), net profit margin and earnings, return on assets and return on equity (Joyce & Slocum, 2012).

Talent management adoption does not always guarantee business success. To create successful TM systems a talent mindset is required among senior managers to drive TM issues within the firm. Arguably, the organisation's environment must encourage behaviours and beliefs that emphasise talented people as the core of a firm competitive advantage (Harsch & Festing, 2020). Having a talent mindset is usually not enough; the right leadership with excellent skills to develop and implement effective TM programmes which align with overall company TM policies is also important. Thus, company leadership should be equipped with the right TM skills through training to successfully design and implement TM programmes relevant to the firm

competitive success as well as develop a relevant talent pool from which future leaders can be selected (Harsch & Festing, 2020). In addition, as with all business strategies, TM programmes should be made an integral part of the firm's HR agenda, and must specifically align with the company's vision, culture and overall business strategy (Hejase et al., 2016) to deliver a positive outcome.

2. 9 Talent Management Challenges

The last fifteen to twenty years have seen tremendous development in the field of talent management (Dana et al., 2013; Russo et al., 2022). This is however attributed to the role of individual employee human capital in creating sustained competitive advantage and improving the company's bottom line (CIPD, 2006). While effective talent management systems have been linked with firm success, TM is not usually successful in every firm (Gallardo-Gallardo et al., 2020). Arguably, some companies do not have talent management programmes (except their conventional HR programmes) for talent attraction, engagement, development and retention.

Several factors have been associated with talent management failure in some firms (Hejase et al., 2016). First, some chief executives and senior managers do not have the right competencies required to apply talent management tools and processes for firm success (Wellins, Liu & Qiuong, 2010). Specifically, recruiting, training and retaining talent is the most crucial talent management job for company chief executives but their lack of skills to effectively design and implement TM tools and processes not only leads to TM system failure but also impacts company success adversely (Holland & Scullion, 2019). In other words, the inability to design and implement an appropriate TM programme to recruit the right talent for some chief executives and senior managers impacts firm performance and productivity negatively. It is highly unlikely that incompetent managers can provide adequate need-based training tailored to

meet the individual employee training and development needs which may also impact the firm's talent development drive and thus competitive advantage (Wood et al., 2020). Overall, incompetent managers are usually not knowledgeable enough to deploy the right TM tools to motivate and retain longstanding talented employees within the organization. Such practice is even more talent management adverse as the few talented longstanding employees will leave to join competing firms where they can be rewarded better for their job (Wellins et al., 2010). Second, and as a result of the above, majority of firms after implementing their talent management programmes fail to properly measure the outcomes of these initiatives using sophisticated performance management systems (Hejase et al., 2016).

Without such measurement, it is nearly impossible to know the effective practices and how to improve them to enhance a firm's bottom line. Finally, some organizations do not have a clear understanding of how talent management strategy supports business strategy (Wellins et al., 2010) or the required talent mindset required to drive effective talent management systems. The absence of a talent mindset among senior managers can completely downplay the need to develop effective TM systems and involve major stakeholders in TM activities to create and sustain competitive advantage. Also, a lack of clear understanding of how TM strategy can support overall business strategy will result in developing a TM strategy that is limited to operational issues and not strategic issues. In this instance, TM practices are not designed and implemented in an integrated manner to deliver positive outcomes (Thunnissen, 2016).

Drawing on the above, in practice, variations occur in TM implementation whereby actual TM practices differ from intended TM practices and outcomes (King, 2015). The intended TM practices are designed by the policymakers at headquarters but implemented differently at the subsidiary levels due to an unfriendly TM climate and poor leadership. According to Thunnissen,

(2016) the actual implementation of the intended human resource practices is often done by other actors than the decision-makers, and such practices are often applied in ways that differ from the intended practices.

Globally, the literature on TM is generally focused on TM processes rather than its practice (King, 2015). As we have seen, in practice, variations occur in TM implementation whereby actual practices differ from intended practices which subsequently reduces talent system effectiveness (King, 2015). To date, only a handful of research has examined the intended-actual TM practices gap. At both the regional and local (country) levels, few studies conducted on talent management in sub-Saharan Africa have focused on the private sector(Mulyata, 2016; Al-Jawali et al., 2021). As such there is a dearth of literature on the TM processes and practices in the public sector. In Ghana this gap can be filled by more research focused on the intended and actual TM practices in the public sector (King, 2015; Agyapong et al., 2015). This research addresses the void in the literature by examining the intended-actual TM practices gap in the Ghanaian health sector, where measures to manage talent are the most advanced.

2.10 Human Resource Management and Talent Management

Since the publication of the research entitled 'the war for talent' by Michaels et al., (1998), the relationship between human resources management and talent management is often debated in many TM and HRM circles (Hyrynsalmi, et al., 2021). Unfortunately, the confusion between both concepts according to Stefko and Sojka (2014) is one of the main reasons why some organizations do not consider the adoption of TM. A significant body of literature claims that HRM is developed as a facilitator which supports the acquisition and development of highly skilled and knowledgeable employees who can contribute to an organisation's success (Weiskopf & Munro, 2011). Similarly, TM seems to be driven by the same purpose to attract and develop

highly skilled and knowledgeable people for the creation of sustained competitive advantage (Donald, 2014) to adopt the same practices as HRM.

Human resource management according to Armstrong (2014) is the strategic, integrated and coherent approach to the employment, development, and management of the welfare of people working in an establishment. Given our earlier definition of TM, the concept of TM is part of the human resource management concept (Stefko & Sojka, 2014; Wiblen & McDonnell, 2020; Kravariti & Johnston, 2020). In any case, whilst TM has a more selective focus on very few employees considered by managers as talent, HRM focuses on the management of all employees in the firm (Stefko & Sojka, 2014). However, there are three main strands in the debate on the difference between talent management and human resource management.

Scholars with the first perspective regarding TM argue that TM is not very different from traditional HRM. In their view, both TM and HRM involve recruiting the right people into the right roles and managing the demand and supply of people in the organization for the company (Iles et al., 2010). For example, van Zyl et al., (2017), posit that HRM and TM both involve getting the right people into the right position to enhance productivity in the organization. Moreover, TM ensures the supply of the right talent in line with company objectives (van Zyl et al., 2017) using a collection of traditional HR activities such as recruitment, selection, training and appraisal, etc. (Iles et al., 2010). The only difference between HRM and TM for this set of scholars is replacing the word "people" with the word "talent" (Iles et al., 2010).

In contrast, scholars with the second perspective regarding TM argue that TM is HRM with a selective focus. According to scholars within this school of thought, although TM may use the same tools as HRM, the main focus of TM is on a very small segment of the entire workforce

defined as a talent with a high potential to perform in the future or the present performance (Iles et al., 2010). In this case, talent management covers recruitment, development, deployment and retention, all of which are specifically focused on highly skilled and knowledgeable individuals (Wiblen & Marler 2021). Writers in the third and final perspective regarding TM claim that TM is systematically focused on managing the flow of talent through the firm (Iles et al., 2010). Here the emphasis is on developing a talent pipeline rather than talent pools and thus aligning the perspective to human resource planning and succession planning with an emphasis on talent continuity (Iles et al., 2010). In this context, TM can be argued to be the strategic management of the flow of highly competent individuals through a variety of roles in the organization.

In sum, the focus here is more on developing an enterprise-wide talent mindset. Based on the extensive literature review on the difference between TM and HRM, this study argues that TM is one aspect of HRM with a specific focus on highly competent employees who are performing in their current form or have the potential to perform in the future (Iles et al., 2010). This conclusion has been drawn because both TM and HRM are constructed as facilitators that support the attraction and development of competent people even though TM has a more selective focus on few employees regarded as talented in most cases (Stefko & Sojka, 2014; Wiblen & Marler, 2021).

2.11 Summary

This chapter reviewed the literature on talent management. The review demonstrates that the concept of talent is defined differently depending on the context of the person defining the subject and that organizations deploy different TM practices in the talent managing their employees. However, the review underscored the limitation of talent management in organizations and how to address such TM challenges. This research will draw on two aspects of

the literature review. First, the definition of talent for this study will be drawn from the literature reviewed on talent definition. Lastly, aspects of the talent management practices in the literature will be used to guide this present research in assessing the actual TM practices in the health sector in Ghana. Theories will be drawn from different talent management, general management and HRM literature to form the theoretical base of this study. Thus, the next chapter discusses the theoretical base of the study.

CHAPTER THREE

UNDERPINNING THEORIES FOR THE STUDY

3.0 Introduction

The preceding chapter reviews the extant literature on talent management. The literature indicates that intended practices usually differ from actual practices in firms because those responsible for the development of TM policies and practices are usually not the line managers responsible for the actual implementation of these policies (Nishii & Wright, 2008). This discrepancy in intended TM practices and the actual TM practices implemented in firms often reduces the effectiveness of talent management systems. Therefore, organisations, particularly those in developing and emerging markets must devise a means of ensuring that intended TM practices are implemented to create the sustained competitive advantage required to succeed in the new business environment.

However, in recent years there has been the realisation of studying talent management in the public sector. This chapter examines the HRM theories underlying the actual talent management practices in the Ghanaian health services sector. Theories are the building blocks of every empirical study. Thus, this chapter provides significant insight into the resource-based theory of the firm, the human capital theory (and the experiential learning perspective), and the adopted theory used in framing the research as well as explains how the theories help provide a better and more detailed understanding of intended TM practices and actual TM practices in the State Health Services Sector in Ghana. The health industry was selected because of the strategic importance of the industry globally. Notwithstanding the essential nature of the health industry, not much has been done in the area of talent management in the State Health Services Sector in

Ghana and many other developing countries in Africa. Specifically, studying the health industry will produce new insights into the literature on talent management.

The next section i.e. 3.1, is the resource-based theory of the firm. Section 3.2 examines the human capital theory. This will prompt discussion around the experienced perspective in section 3.3. Intrinsic and extrinsic theories will then be discussed in section 3.4. Following this section will be explaining the inclusive versus exclusive approach in section 3.5. Section 3.6 will give a discussion of the philosophies of TM in organizations. The motivation for adopting multiple theoretical frameworks will be explained in section 3.7 finally, the conclusion will be made in section 3.8.

The debate in the literature has focused mainly on its practice in the context of the private sector and mainly in large firms such as large corporations and MNCs (Kravarite et al., 2022; Thunnissan et al., 2013; Boselie and Thunnissen, 2017). However, in recent years the has been the realization of studying talent management in the public sector. As such scholars such as Collings et al., (2019) and Gallardo–Gallardo et al., (2020) have directed their attention to TM practices in the public sector. These scholars have attempted to broaden our understanding of TM from the private sector to the public sector. As highlighted by Kravarite et al., (2021) TM in the public sector is of growing interest and enhances our understanding of human capital building within government and state institutions (Tyskbo, 2019). Other scholars see governments and public sector organisations as joining the talent race (Khilji and Schuler, 2017).

 Public sector TM is seen as the adoption of key strategic HRM practices that can motivate staff with appropriate dexterities and context values to perform and achieve common goals for the common benefit of society (Kravariti and Johnson, 2020). It is also acknowledged that any discussion of TM in the public sector must consider contextual factors. This is borne out of the

view that public sector organisations are affected by different environmental conditions from those of the private sector. Environmental factors give birth to divergent interests and motives with specific rules, logic and norms (Delbridge & Keenoy, 2010).

Al Jawali et al., (2022) argue that to understand how TM unfolds within a particular context, we need to understand how local factors, shaped by existing rules, logic and norms influence its adoption. It is believed that local institutional embeddedness influences the adoption of TM practices in the public sector (Haak- Saheem et al., 2017; Thunnissen and Buttiens, 2017). It is argued that because public sector organisations face a range of challenges including competing for talent, the role of government, the impact of political decisions, the effects of public values associated with institutions and societal values and the role of professional staff any discussion of TM should include institutional environmental assessment. (Leisink et al., 2013). It is against this background that the resource-based theory is used to discuss TM in public sector organisations.

3.1 Resource-Based Theory

The resource-based theory has been traced to early works by Penrose (1958) and Barney (1991). Recently, several other writers have contributed to the theory in several academic disciplines. The main argument of the resource-based theory of the firm is that organisations can create sustained competitive advantage when they have and deploy a sub-set of their valuable, uncommon, and irreproducible resources (Barney, 1991; 1994; 2002). In the literature, a resource refers to attributes, knowledge and physical assets that enable firms to develop and implement strategies that can lead to competitive success (Ahuja & Katila, 2004) and thus enhance the company's bottom line (Pinnington et al., 2022).

A firm's assets are both tangible and intangible (Lichtenstein & Brush, 2001). Whilst, the resource-based theory is one of the theories relevant for explicating a firm's sustained competitive advantage — human capital is regarded as the most critical source of sustained competitive advantage (Barney, 2005). RBT proponents such as Becker (1991) argue that a resource that can create sustained competitive advantage must be highly valuable, rare, imperfectly substitutable and imperfectly imitable. In this respect, only firm-specific human capital fits this description of a resource that is valuable, rare and imperfectly imitable substitutable (Barney, 1991).

According to Amankwah-Amoah and Debrah (2011), RBT has been very relevant for understanding the strategic process firms deploy to develop the resources they need to compete effectively. Recent studies suggest that firms lacking resources i.e., talent resources, will create a search path that will enable them to acquire and/or develop the specific resource endowment they seek (Ahuja & Katila, 2000). The strategic factor market view of the resource-based theory portends that firms seeking resources to create a competitive advantage or to enhance performance purchase resources from the strategic factor market (Barney, 1986). A strategic factor market refers to a place "where firms buy and sell resources necessary to implement strategies" (Barney, 1986, p. 1232). Barney (1986) observed that the strategic factor market for skills is the general labour market and the strategic factor market for managerial skills is the managerial labour market.

Thus, RBT analysts argue that firms seeking to compete effectively and create competitive advantage will attract and hire the right talent in the open labour market relevant for creating competitive advantage and enhancing the company's bottom line (Barney, 1986). In the TM literature in line with formal protocol, formal and open selection criteria and procedure that

draws on merit principles are adopted in the hiring process to enable the attraction and selection of the most talent.

Although talent can be attracted from the open labour market and or headhunted by competitors the current talent shortage makes it very difficult for firms to acquire employees with the right kind of skills in the open labour market at a price, they are willing to offer. Accordingly, the resource development perspective of the RBT argues that talents can also be developed internally in the firm. While the resource-based view suggests that talent resources can be developed within the firm, according to Barringer and Harrison (2000) the theory has been questioned for failing to meet the complex theoretical challenges of describing the process through which these resources are developed.

3.2 Human Capital Theory

The human capital theory (HCT) has been used extensively in the field of management, education and psychology to address academic issues bothering skills development in organisations and society. The origin of the theory according to Bouchard (2006) can be traced to the early works of Schulz (1961-1981) and essentially Gary Becker (1962, 1964, 1975); - American economists. To begin, "human capital is an individual's knowledge, skills, abilities, and other characteristics that are relevant for achieving economic outcomes" (Ployhart, Nyberg, Reilly, & Maltarich, 2014, p. 376). Thus, the human capital of employees has been linked with performance and competitive advantage (Debrah et al., 2018). Indeed, employees with higher levels of human capital talent outperform their colleagues with less human capital and thus contribute more towards their organisation's success (Amankwah-Amoah & Debrah, 2011; Jin et al., 2010).

HCT argues that investment in education and on-the-job training is essential for employees' human capital development (Baron & Armstrong, 2007; Becker, 2009; Bouchard, 2006). From the HCT standpoint, education includes the schooling and higher education employees undertake as well as the education programme they undertake during employment (Debrah et al., 2018). On-the-job training involves formal and informal learning activities provided by firms for their employees while they are employed in the firm (Becker, 2009). Such programmes are usually designed and implemented within the organisation and/or by a specialist consultant firm depending on the availability of resources (Oseghale et al., 2018). Human capital analysts argue that while new hires take their skills to the workplace, their potential must be developed further to enhance their contributions toward the organisation's success (Becker, 1962, 1964, 1975; Debrah et al., 2018).

Upon attracting and recruiting new hires firms seeking to compete better than the competition in the present turbulent business environment invest in the training and education of these new hires to develop their firm-specific human capital (Debrah et al., 2018). Typically, organisations develop top-talent programmes for the development of their new hires or longstanding employees (Thunnissen, 2016). In this respect, the professional development of employees is supported in several ways: mentoring, coaching or leadership training (Pinnington et al., 2018). This could be designed and implemented by senior managers within the organisation (Thunnissen, 2016), but could also be designed and implemented by external consultant firms. Indeed, training provided by organisations for employees in some instances is organised outside the job. For example, some organisations provide short programmes or leadership development programmes through universities.

Some training advocates have emphasised the importance of learning during training and development programmes in firms (Doyle, 2004). Ultimately, it is the learning that brings about the change in employee behaviour after undertaking training. Thus, it will be imperative at this stage to consider learning

3.2.1 Experiential Learning Perspective

Experiential Learning Theory (ELT) allows for a holistic form of the learning process and a multilinear form of adult development, both of which are in agreement with what we know about how people learn, grow, and develop. "Experiential learning" highlights the critical role that real-life experience plays in the learning process. It is this emphasis on 'experience' in the learning process that differentiates the experiential perspective from other mainstream human capital theories that may focus on cognition over affect in the learning process (Kolb et al., 1999). Like the HCT, the experiential perspective also argues that training is essential for the development of human capital but highlights the strategic role of real-life experience in the training and development process. According to Kolb (1984) who is one of the leading proponents of the experiential learning perspective, knowledge is the outcome of the combination of comprehending and transforming experience (Kolb, 1984, p. 41). The ELT model depicts two dialectically associated forms of grasping knowledge — concrete experience (CE) and abstract conceptualization (AC) with two dialectically associated forms of transforming experiences such as reflective observation (RO) and active experimentation (AE) (Kolb, 1984, p. 41).

Some learners become aware of new information by experiencing real-life issues depending on their senses (Kolb, 1984). According to Kolb (1999a), others comprehend or take hold of new information via symbolical representation or abstract conceptualisation which involves thinking about, analysing, or systematic planning, instead of utilizing sensation as a guide. Likewise, in

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transforming or processing experience others cautiously observe others who engage in the experience and reflect on what happens, whereas others prefer to jump right in and start doing things. In Kolb's (1999b) view, observers prefer reflective observation, whereas doers prefer active experimentation. Nonetheless, each dimension of the learning process presents trainees or their employers with an option to select from since it is nearly impossible to drive a car which is an example of concrete experience and examine a driver's manual—an example of abstract conceptualisation, at the same time.

Typical experiential learning strategies for talent development include rotational assignments, coaching, mentoring and management projects (Larsen, 2004). In this instance, experience is acquired in the organizational environment based on job execution by the employee as directed by the management of the organization. Employees with more job experience record better work performance since the employee experience increase both their skills and competencies due to more work execution in the organisation. In order to retain talents once they are developed or acquired — organisations will have to offer them an attractive employment package.

Human capital theory portends that graduates and employees expect better career prospects, job satisfaction and higher levels of earnings as returns for their education and training (Baron & Armstrong, 2007, p. 9; Sweetland, 1996). As observed by Becker (1975) industry firms that do not pay market wages to their talents will find it difficult to attract and retain the best talents. Employees with education and training — who are high performers expect good offers from the company where they work in return. Organisations will have to provide for their talents assignments that are engaging, competitive salaries/wages, and ensure they are satisfied on the job. This will help organisations to retain the internal workforce and attract talent from the

external labour market since talent is attracted to organisations that pay good wages/salaries and provide other benefits for their workers.

3.3 Intrinsic and extrinsic theories of talent motivation

The intrinsic and extrinsic theories of employee motivation are among the few theories that have been utilised to explain talent management activities in the HRM literature. Early proponents (see Herzberg, 1966; Hackman and Oldham, 1976; Deci and Ryan, 1985) of the theories classified motivation in the workplace into two broad categories such as intrinsic and extrinsic motivation. Similarly, and more recently, Li and Scullion (2010) observed that talent motivation strategies can be both intrinsic and extrinsic. This is in sync with the view that different reward factors motivate different employees in different work contexts (Ryan & Deci, 2000).

Accordingly, the central tenet of intrinsic and extrinsic theories of employee motivation is that different factors motivate different employees in a work environment. On the one side, intrinsic reward strategies involve the positive experience that employees derive from carrying out their job responsibilities (Tymon et al., 2010). Such positive experiences reinforce employees' efforts (Tymon et al., 2010). In other words, an intrinsic reward could be likened to factors related to the job itself (Amabile, 1993). Thus, employees who are satisfied with their job responsibilities are more likely to feel rewarded intrinsically. To satisfy employees' intrinsic needs, employers could provide very challenging assignments and self-management opportunities for their employees (Tymon et al., 2010). Existing studies indicate that there is a correlation between such challenging assignments and self-management opportunities and employee innovativeness, job satisfaction, and employee engagement etc. (Ryan & Deci, 2000; Tymon et al., 2010). The level of satisfaction employees derive from intrinsic reward could range from low to high although the higher the level of satisfaction the fewer intentions employees will have to leave the firm

(Tymon et al., 2010). In this sense, well-engaged employees will go ahead to perform well and thus contribute to overall organizational success.

It is asserted that job-related reward elements alone cannot satisfy every employee in different work contexts. Indeed, non-work-related reward elements are equally important in motivating employees. Thus, extrinsic reward emphasises the use of non-work-related reward elements in rewarding and motivating employees (Amabile, 1993). According to Herzberg (1966), extrinsic reward involves reward factors that are external to the job but drive employees' attitudes and work perception (Tymon et al., 2010). Thus, organisations seeking to motivate and retain their talent could use extrinsic reward factors such as salaries, bonuses, location of the firm and job security firm benefits (Li & Scullion, 2010; Tymon et al., 2010). This type of reward element also results in less intention to leave the firm as well as drives employee performance and firm success (Tymon et al., 2010). Thus, overall, organisations seeking to attract and retain talent to enhance competitive advantage will provide opportunities for self-management, challenging work and good financial and non-financial compensation for their employees (Tymon et al., 2010).

Drawing on the theories, talent is recruited and developed with a broad variety of talent management practices to direct their behaviours in the direction that fits the needs of the organisation and the individual employees to increase organisation performance (Thunnissen, 2016). In line with the existing TM literature, the effectiveness of recruitment, training and development and reward strategies primarily depends on the strategic alignment of these TM practices (Thunnissen, 2016). In this instance, TM policies and practices could either be implemented to control and increase the performance of selected employees for overall firm performance or with the intention to support employee personal development as well as

happiness and commitment to increasing organisational performance (Greenwood, 2002; Legge, 2005).

Inclusive versus Exclusive Approaches to TM.

Another theory that is applied to TM in public sector organisations such as state health care institutions is the inclusive versus the exclusive approach. The main perspective of the inclusive approach is that within all organisations every employee has the potential talent to make a meaningful contribution to the achievement of organisational goals (Collings and Mellahi, 2009). Hence there is no real differentiation between employees' capabilities and competencies and hence every employee has an equal opportunity to be developed and progress in the organisation. Given the emphasis on egalitarianism in public sector bureaucratic organisations, it is argued that the inclusive approach best fits the public sector ethos, values and culture of fairness (Thompson, 2017; Bloom 2020; Poocharoen and Lee, 2013; Leisink et at., 2013). Under the inclusive approach, it is much easier to design HRM practices to support TM in small and medium-sized organisations than in MNCs (Sparrow et al., 2014; Krishnan and Scullion, 2017; Bjorkman et al., 2017)

The exclusive approach focuses on employees with unique and valuable talent comprising a select group of high-potential and high-performing employees- (Collings and Mellahi, 2009; Gallardo-Gallardo et al., 2013). This approach is underpinned by differentiation in HR practices as organisations supposedly invest in employees with valuable and unique skills to achieve high productivity and hence remain competitive (Becker et al., 2009; Lepak and Snell, 1999). It also argued that the exclusive approach is more suitable for private-sector organisations (Boselie and Thunnissen, 2017; Swailes, 2013; Kagwiria and Ndemo, 2016; Nwakoby, 2022).

Scholars have identified a hybrid approach involving both inclusive and exclusive approaches in practice in both public and private sectors organisations (Glenn, 2012; El Sayed et al., 2021); It is asserted that the exclusive approaches are used for strategic reasons even in the public sector to recruit scarce talent and capable leaders (Macfarlane et al., 2012) This is the case in even equal opportunities environments where there is fairness, egalitarianism and collectivist cultures are fostered (Tyskbo, 2019). This point is reiterated by Kravariti and Johnson (2020) who argue that the dearth of leadership talent in the public sector has resulted in the increasing use of exclusive TM approaches to fill critical roles. In public hospitals in Sweden, exclusive approaches are used to recruit into leadership and professional positions despite the highly egalitarian and collectivist cultures (Al Jawali, 2021: Tyskbo 2019; Poocharoen and Lee, 2013). Thus, it is asserted that the tension between inclusive and exclusive TM approaches is the main TM challenge in the public sector (Bevort and Poulfelt, 2015). In sub-Saharan Africa, TM is seen as a way to improve leadership and Governance capacity in the workforce in the healthcare sector (Afriyie, et al., 2019). Similarly, TM is proposed as a means to navigate the HRM challenges in healthcare management in sub-Saharan Africa. (Sydhagan and Cunningham, 2007). It is considered one of the avenues to build capacity, skills, competencies, innovation, knowledge and HR development in the healthcare sector in sub-Saharan Africa (Emmanuel et al., 2019; Cunningham et al., 2006; Johansen and Adams, 2004). This is particularly the case for sub-Saharan African countries experiencing migration of health professionals to developed countries (Nair and Webster, 2012) as well as those experiencing underinvestment in the public healthcare sector (Assad et al., 2022; Fieno et al., 2016),

3.4 Philosophies of TM in Organisations.

A survey of the TM literature quickly brings out the multiple approaches used by scholars to analyse the practice of TM in organisations both public and private. There are various schools of thought on TM practices in organisations. Collings et al (2006) identified four schools of thought on TM. The first revolves around specific HR practices such as recruitment and retention; career development; succession planning, leadership development etc. Here TM is replacing HRM. The second centres around HR planning. It deals with the management of staff and their progression through jobs and it differentiates between MT and HRM. The third specifically aims at the management of talented people. It advocates that strategic jobs should be filled by talented employees while less capable employees a relegated to lower-level jobs in the organisation. The final philosophy concentrates on the identification and recruitment of individuals for key positions that impact the competitive advantage of the firm. Thus, this perspective emphasises the identification of key positions rather than the talent of the individuals occupying the position.

These schools of thought are considered as a "bridging field" emanating from HRM, the Resource-based view, capability theory, motivation, ability, and opportunities (AMO) theory which asserts that employee performance is influenced by ability, motivation and opportunity (Appelbaum et al., 2000; Sparrow et al., 2014; Sparrow and Makeram, 2015; Collings and Mellahi, 2009).

Cluster analysis has been derived from these four schools of thought. These are; (a) exclusive/stable; (b) exclusive/developable; (c) inclusive/stable; (d) inclusive/developable. These have been linked to the size of the organisation such that bigger companies tend to utilise exclusive approaches whilst smaller companies tend to rely on more inclusive approaches (Meyers et al., 2020; Pagan- Castano et al., 2022). There is another distinction between talent as

people (subject approach) and talent as characteristics of people (object approach). The former approach revolves around valuable, scarce, inimitable and difficult-to-replace individual employees (Mensah, 2014). These philosophies derive their underlying assumptions from human capital theory (Lepak and Snell, 2002). The object approach sees talent as individual attributes comprising abilities, motivation and competencies. This is underpinned by the paradigm mentioned above (Appelbaum et al., 2000; Boxall and Purcell, 2011). Following this review, Mensah (2014) maintains that as practised in organisations, TM has more to do with the objective approach than the subjective approach. The rationale behind this thinking is that it is the objective approach that takes into consideration the employee's abilities to perform that gives way to the subject approach of being scarce, inimitable and scarce HR to replace (Mensah, 2004).

There are two other competing philosophies on the practice of TM in organisations. These are the individualistic (star) versus systems-level, strategic philosophies (Jones et al., 2012). The former perspective was derived from the work of McKinsey research (Michaels et al., 2001) and portrays organisational performance as the total of individual efforts (Iles, 2008). The basic premise here is that by attracting and retaining talented people the organisation can fare well in the fiercely competitive environment. However other studies have disputed this view, particularly in relation to the view that the performance of an organisation is a reflection of managing talent and goes on to argue that natural talent is overrated in areas pertaining to organisational performance (Pfeffer and Sutton, 2006). It is further claimed that the single-minded reliance on individual talent to lift performance in an organisation is perhaps an exaggeration (Beechler and Woodward, 2009; Groysberg et al., 2004). As alluded to above, the individualistic approach considers talent as a form of human capital and essentially downplays the importance of firm context, social capital and organisational capital to organisational

performance (Pfeffer, 2001; Iles et al., 2010; Iles, 2008; McDonnell, 2011). It is further argued that the recruitment of "the best athlete" (Huckman and Pisano, 2006) that focuses on external personnel to augment organisational skills and competencies does not always yield the expected outcome (Cappelli, 2009; Wezel et al., 2006)

In recent years some scholars have advocated that organisations should move away from the individualistic approach to a "strategic" perspective (Dainty, 2011) but there is a lack of clarity in the HRM literature about what constitutes strategic (Purcell, 2001). Following different interpretations of "strategic" in the literature (Lewis and Hackman 2006; Collings and Mellahi, 2009; Silzer and Dowell 2010; Huselid et al., 2005 and Boudreau and Ramstad, 2005) call for differentiation of key roles from talented individuals within organisations and their potential differential impact on the organisations on competitive advantage. Under the strategic approach, key talent positions are not limited to top management but may include technical a functional positions as well as jobs difficult to fill in the organisation (Collings and Mellahi, 2009). This is different from the individualistic approach where the firm has a talent pool or identifies key talent positions or individuals identified to undergo key talent development (Jones et al., 2012). In the strategic approach, there is an overwhelming emphasis on organisation goals rather than HR targets (Cappelli, 2009). A strategic perspective also focuses on system–level issues such as networks, teams, and the social and relational processes in TM (Iles, 2008; McDonnell, 2011). Here there is a move away from a micro emphasis on talent and individual–level talent analysis to a macro focus on systems-level issues (Iles et al., 2010; Lewis & Hackman, 2006) This is buttressed by the argument that the performance of individuals or even teams is not enough to ensure competitive advantage unless supported by organisational specific factors such as effective leadership, relationships, internal networks training and team membership as well as the processes and systems in which they operate (Jones et al., 2012). In other words, human capital,

only when it is supported by organisational systems, creates maximum benefits for the organisation (Collings & Mellahi, 2009).

While the theories provide insight into how organisations attract, develop and retain a highly skilled and knowledgeable workforce to enhance the organisation's bottom line, TM practices are often applied in ways that differ from the initial intention (Wright & Nishii, 2013). According to existing studies, the actual implementation of the intended HR practices is often done by other actors such as line managers and not the decision-makers in the dominant coalition (Thunnissen, 2016). Also, obstacles exist at both the organisation level and individual employees level that stall the implementation of intended TM practices (Wright & Nishii, 2013). For example, organisations may not have the right infrastructure to support the implementation of the intended practices. At another level, line managers may stall the implementation of intended HR practices due to a lack of time or sufficient HR-related competencies (Guest & Bos-Nehles, 2013). A lack of support from the HR department will usually increase the challenge.

However, there is little empirical evidence in the TM literature on differences between intended and actual TM practices or the elements that cause variability in this instance (Thunnissen, 2016). While little research has been carried out by Wright and Nishii (2013) and Thunnissen (2016) in the developed context, no research in this area has been conducted in the developing context. In response to the call for more research evidence particularly in the developing context by Thunnissen (2016) and to contribute to the literature, this study will explore intended TM and actual TM practices and the actual cause of variations in the Ghanaian health services sector. It is against this background that the thesis adopts multiple theoretical/ conceptual approaches to explore the TM of nurses in the state healthcare sector in Ghana.

3.5 Motivation for adopting multiple theoretical frameworks

The management of talent cuts across talent attraction, hiring, development and retention (Debrah et al., 2018). As such, the successful management of talent in organisations cuts across several HR practices and policies (Thunnissen, 2016). Thus, there is a need to adopt different theoretical frameworks to understand these several aspects of talent management in organisations. Resource-based theory explicates how human resources are recruited into the organisation but fails to explain how talent can be developed within the organisation.

The human capital theory helps us understand how education and on-the-job training are useful for developing talent in organisations. This typically covers talent development in the successful management of talent. Like HCT, the experiential learning theory also explains how organisations manage the issue of talent development. However, the experiential perspective focuses on how education and training embedded in real-life experience will help develop better talent.

However, both the human capital theory nor the resource-based theory discussed earlier do not help to understand how to retain talent after they have been attracted, hired and developed. Thus, intrinsic and extrinsic theories of employee motivation were introduced to understand how managers retain a highly skilled and knowledgeable workforce once they have been hired and developed.

3.6 Conclusion

This part of chapter three provides an overview of the theoretical foundation of the thesis. It suggests that intended TM often differs from actual TM and that there is a lack of empirical research on intended and actual TM and the factors responsible for such variations. The few

studies available are on intended and actual TM practices in the developed contexts (see Thunnissen, 2016). Thus, there is a need for further research to address this gap in the TM literature by examining the issues in the developing context. This study is intended to fill this gap in the existing literature on talent management.

The resource-based theory, HCT, experiential learning perspective theory, intrinsic and extrinsic theory of talents inclusive versus exclusive approaches, philosophies of TM in organization and motivation for adopting multiple theoretical frameworks guided the discussion towards the development of research questions presented earlier in chapter one of the thesis.

CHAPTER FOUR

GHANA: THE COUNTRY CONTEXT

4.0 Introduction

The previous chapter focused on the literature review, theoretical framework and conceptual background of the thesis. This chapter provides some background to the Ghanaian context and particularly the Ghanaian health industry. This line of discussion is important in that it provides significant insight into the politics, socio-culture context, business environment, economy and education and how these external environments interact and impact the management of talent in the health sector in the country. The chapter begins with a discussion of how geography and demographic issues impact HRM practices in the country. Next, the chapter outlines the context of the politics in Ghana and the implication for the economy. The climax of the chapter is the discussion around the education and health sectors and how talent development in the education sector is intertwined with the health sector. Finally, the chapter provides some insight into the culture in Ghana and its implication for organizations, not least the health sector.

4.1 The Geography

Ghana is situated on the south-central coast of West Africa. The country shares a common boundary with La Cote d'Ivoire on the west and the Republic of Togo on the east. To the north, the country shares a common boundary with the Republic of Burkina Faso and is bordered by the Atlantic Ocean in the south. The country called Ghana covers a land mass of 238,538 square kilometres with three distinct vegetation zones – the Savannah belt in the north, tropical and semi-deciduous in the central belt and a narrow strip of low-lying coastal plains in the south. Along the coastline, the country is 537 kilometres long. The climate is tropical with very little

variation in temperature throughout the year. The average temperature is around 21-32 degrees Celsius. The northern part of the country, however, is hotter and drier than the south. The country experiences two rainy seasons; between March and July, and from September to October. Annual rainfall ranges from the region of the country about 1,100 mm in the north to about 2,100 mm in the south with the heaviest rainfall in the western (Rademacher-Schulz & Mahama, 2012).

Figure 4. 1: Ghana Map in Perspective
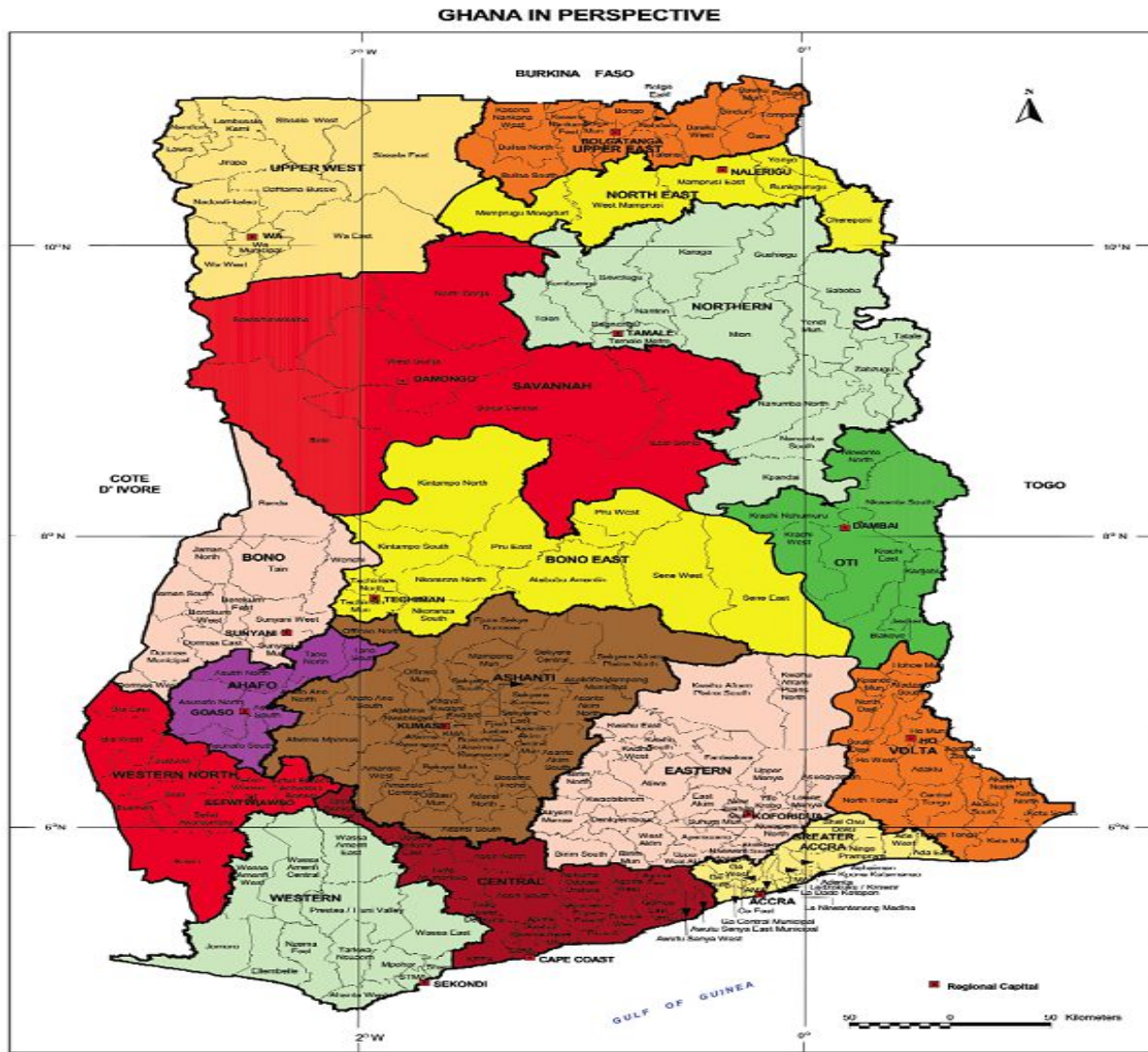
4.2 The Demographic Profile

According to the Ghana Population and Housing Census (GSS, 2021), the population of Ghana was estimated to be around 30.8 million in 2021 with 50.7% females and 49.3%, males. Ghana's population is growing but at a declining rate from 2.7% in the 2000s to 2.1% in 2021. This is probably due to declining fertility rates. For example, the total fertility rate in 1993 was estimated to be 5.5 against 4.2 in 2014. More than one-third of the people in Ghana live in the Greater Accra region or the Ashanti region. The Upper East Region is the least populated, accounting for 2% of the total population of Ghana. The population is a relatively young one with infants representing 3% of the total population. Children between the age of 0 and 5 years constitute 20% of the population whilst 48% of the population are those below the age of 15. Less than 4% of the population is over 65 years of age. Out of the total population of Ghana, 32% reside in urban areas (defined as communities with populations over 5,000) and the rest (58%) reside in rural areas (GSS, 2021).

4.3 Politics in Ghana

Ghana was a British colony and was known as the Gold Coast before its independence in 1957. The country is divided into sixteen regions; Greater Accra, Western, Western North, Central, Eastern, Volta, Oti, Ashanti, Brong Ahafo, Bono East, Ahafo, Savana, Northern, North East, Upper East, and Upper West. Each region has a Regional Minister who is regarded as the political head of the region. Under the regional administrative structure are smaller districts. These districts are headed by a Chief Executive Officer. Each district has a District Assembly made up of both elected and nominated members. The district assembly is the political vehicle for involving local communities in decision-making and for the promotion and implementation of balanced socio-economic development plans.

The 1992 Constitution and the Local Government Act (Act 462) of 1993 make the District Assembly the fulcrum of local government. The District Assembly is the basic unit of government administration and has deliberative, legislative as well as executive powers and responsibilities under the law. It is made up of 30% government appointees while the remaining 70% of its members are from the electoral areas within the district and are elected by universal adult suffrage. Both elected and appointed members hold office for four years and may be eligible for re-election or re-appointment.

The 1992 constitution ushered in the current democratic system of government- the fourth republic. Before the fourth republic, the country was under the rule of the Provisional National Defence Council (PNDC), which took over the reins of government on 31st December 1981, and, for the third time since independence in 1957, ushered Ghana into military rule. In 1992, the PNDC, after being in power for ten years, finally decided to return the country to constitutional rule (Abdulai, 2009). Under the current democratic system of government, Ghana maintains a cordial relationship with neighbouring African countries, Britain and a host of other foreign powers. Indeed, Ghana is an active member of the World Trade Organisation (WTO), the United Nations (UN), and the Economic Community of West Africa (ECOWAS). Thus, as a member of these international bodies, politics, the business environment and the economy are influenced by those bodies in some sense through government regulations.

4.4 Ghanaian Economy

It is reported that Ghana earned the highest levels of income, as well as social and economic infrastructure in sub-Saharan Africa after independence in 1957. Ghana became the world's leading cocoa producer for most of the 20th century. While the country's major export is cocoa - timber, coffee and palm oil were also major products through which the country earns foreign

currency. Also, the country has a large quantity of economically viable natural mineral deposits. Notable among them include gold, diamonds, manganese and bauxite. Within the last decade and a half, the country has found significant deposits of oil, which portends a huge revenue stream for the country (ISSER, 2018).

Throughout the 1970s and early 1980s, the Ghanaian economy experienced a steady decline. By 1983, real income per capita had fallen by 75 per cent. The index of minimum real wages had declined from 193.4 in 1970 to 38.0 in 1982 and the government deficit had risen from 0.4% to 14.6% of GDP, representing 65% of total government spending. This led to the government adopting a World Bank/IMF-inspired Economic Recovery Programme termed the Structural Adjustment Programme. The main objective of this programme was to increase the foreign exchange earning capacity through increased imports and to save foreign exchange through efficient import substitution (Dzorgbo, 2001).

Considerable capital inflow was provided by the World Bank and the IMF and this brought the two organizations into the centre stage of the country's macroeconomic policies. However, recent reforms focus on liberalising the foreign exchange and trade system, increasing producer prices for cocoa, eliminating price and distribution control and rationalizing the public investment programme. These reforms were based on structural adjustment policies which resulted in the sustained removal of foreign exchange and price control. Successive governments continued to subscribe to prudent fiscal policies, raising revenue and limiting expenditure to maintain a modest budget (ISSER, 2018).

Privatization of state-owned enterprises has also continued and the government's holding in other enterprises has reduced (World Bank, 1985). This to a large extent has enhanced investment by multinational companies (MNCs) in Ghana. However, following the introduction

of these policies, the economy did not perform as expected. Efforts to raise domestic savings and investment had limited success except for the mining industry. Control over the money supply is still a challenge and the country continues to experience surges in inflation. The export base remains narrow and dependent on gold, cocoa and timber. The manufacturing industry, although much improved, still accounts for less than 20% of the GDP. Unemployment remains a major concern (Dzorgbo, 2001; Afum-Osei et al., 2019).

However, with an estimated population of 28.3 million Ghana is regarded as one of the most robust economies in Africa (Afum-Osei et al., 2019). The economy has experienced tremendous growth following the discovery and sales of oil in huge commercial quantities since 2011 (World Bank, 2011). GDP growth rate moved from 3.7 per cent to 14.6 per cent between 2005 and 2017 (World Bank, 2018). Essentially, economic performance expanded significantly with an estimated growth rate of 4.3 per cent in 2016 to 9.3 per cent in 2017 (World Bank, 2018). Such resilience was accelerated not only by oil products. Rather, Ghana's primary commodity exports such as cocoa and gold also played a central role (Afum-Osei et al., 2019). In terms of sector, the service sector and agricultural sectors have played an essential role (World Bank, 2018).

In terms of national competitiveness, Ghana is positioned as number 111 on the global competitiveness list (World Economic Forum, 2020). While the World Economic Forum (2020) report suggests that Ghana is not a very attractive environment for foreign business, as stated earlier, various government policies have managed to attract several foreign MNCs to Ghana. These foreign MNCs are flanked by several domestic private firms and government parastatals and ministries. The arrival of these foreign MNCs in several industries in the economy has created a demand for talent that is far beyond the supply of talent by the education system

(Amankwah-Amoah & Debrah, 2011).   The study turns to consider the education system in Ghana.

4.5 Ghanaian Education System

Education refers to activities undertaken to transfer knowledge in the form of ideas, experiences, customs, values and skills from one person to another (Adu-Gyamfi & Adinkrah, 2016). In addition, it aims to develop the affective and cognitive modes of human development from preschool to tertiary education (Joe & Poku, 2012). Hence, talent development/management at work often commences in schools, colleges and tertiary education institutions. Notably, it involves further efforts by organizations to sharpen the skills and competencies level of their new hires to suit specific industry and business needs to drive workforce innovation and performance during employment (Debrah et al., 2018). Education in Ghana can be traced back to pre-colonial days. Education during this period was indigenous and informal in approach (Joe & Poku, 2012). As such, skills were passed from the elderly to the youths through apprenticeship programmes involving participation and observation and word of mouth (Joe & Poku, 2012).

Western education was later introduced during colonialism in Ghana by Christian missionaries and European merchants (Joe & Poku, 2012). This type of education was different from indigenous Ghanaian education in that it was formal and involved reading, writing and arithmetic (Joe & Poku, 2012). These attributes of Western education made it relevant to produce educated people to work as storekeepers and clerks in both government and industries (Joe & Poku, 2012). In Ghana, the quality of education is very important for the government. Hence, several governments have introduced different education programmes aimed at improving education quality at different levels since after independence (Joe & Poku, 2012).

The educational system in Ghana is divided into three; basic, secondary and tertiary. The "Basic Education" which is free and compulsory lasts for 11 years and spans the ages 4–15 years. Basic education is subdivided into kindergarten (two years), primary school and Junior High School (three years). The Senior High School education (three years) is also free and successful candidates enter the tertiary education. Tertiary education is made up of universities, polytechnics and specialized schools. The duration of tertiary education is between four to six years depending on the type of training for the bachelor's level-education, two years for a master's programme and a minimum of four years for a doctorate. Funding of tertiary education in public universities and other specialized intuitions is on cost sharing basis (between the student and government). In detail, the current education system in Ghana is the six-three-three-four system. This system comprises an initial 6 years of compulsory primary education. Education at this level prepares pupils for six years of secondary education by helping pupils to develop knowledge around sound moral attitude, cultural identity, good citizenship behaviour, healthy living, reading, writing and innovation (Adu-Gyamfi & Adinkrah, 2016). In the sixth year, primary school pupils are meant to take their leaving school certificate examination to qualify for secondary education. Pupils who pass their school leaving certificate examination proceed to a six-year secondary education. However, the first three years are referred to as junior secondary education. Junior secondary education usually introduces students to scientific and technical knowledge and skills which prepares them for further academic work (Adu-Gyamfi & Adinkrah, 2016). In order to achieve this, subjects at this level include English language, mathematics, social studies, integrated science, pre-technology drawing, pre-vocational skills and agricultural science. To be able to progress to senior secondary school education, junior secondary students in their 3 years are required to sit for basic education examination. Successful students then progress to the first year of senior secondary education.

The senior secondary school prepares students to develop work skills at a lower level as well as develop the knowledge required to further their education at the tertiary education level (Adu-Gyamfi & Adinkrah, 2016). Core subjects such as mathematics, English language, integrated science and social studies and electives courses such as government, agricultural science, physics, and chemistry depending on the education and career pathway of students are taught to achieve this feat (Adu-Gyamfi & Adinkrah, 2016). Students take the West Africa Senior School Certificate Examination to qualify for tertiary education at Universities, Polytechnics, Nursing Schools and Colleges of Education where education is usually between 3 to 6 years depending on the programme and discipline. At University, students get the opportunity to acquire essential specialized knowledge in a specific discipline in preparation for a career in their chosen field. While this level of education is considered the critical point for career skills development – preparations at primary and secondary school education levels are significant. With a faulty education foundation at the school level, it may be difficult to progress to tertiary education or excel during their tertiary education (Adu-Gyamfi & Adinkrah, 2016).

In Ghana, there are 11 public comprehensive universities, 10 technical universities and 25 private universities (accredited by the National Accreditation Board under the Ministry of Education) offering various programmes including medicine, nursing, engineering, business management, social sciences, arts and humanities, computer science, etc. Various governments in the country have taken different measures to enhance the quality and access to education in Ghana to develop human capital for the 21st-century workplace in the various sectors of the economy (Joe & Poku, 2012). Such effort to develop the quality of education in Ghana has been based on education transfer from developed contexts such as Britain, Canada, the USA and Japan and adaptation (Adu-Gyamfi & Adinkrah, 2016). Efforts to enhance the quality of education in

this regard include free education at the Senior High School level, employment of teachers, student loans for students (including students in the medical school and nurses) and capacity development among academics in the state sector (Adu-Gyamfi & Adinkrah, 2016). With this, the education system in Ghana is now among the most developed in Africa (Debrah et al., 2018). Consequently, students from neighbouring African countries such as Nigeria now enrol to study in Ghana at the University level.

While the education system in Ghana has improved significantly in terms of output in the number of graduates being churned out the same cannot be said in terms of the quality of graduates being produced reportedly by some universities (Afum-Osei et al., 2019). Reportedly, while the universities produce a large volume of new graduates, it is very difficult for some of these graduates to gain employment due to a lack of relevant skills which match their career interests (Afum-Osei et al., 2019). Government efforts have been very helpful – but more needs to be done in terms of training for academics, teaching and learning facilities, and industry collaboration to provide placement opportunities for students to develop business and industry-related competencies (Joe & Poku, 2012; Playfoot et al., 2015). This has impacted the labour market and thus talent development/management in organizations in Ghana significantly not least in the health sector. The section below considers the Ghanaian labour market.

4.6 Labour Market in Ghana

In Ghana, the labour market comprises mostly indigenous workers with very few expatriates working with major MNCs. According to Afum-Osei et al., (2019), the Ghanaian labour market is tight with a full level of employment. It is essentially very difficult for young graduates to gain employment easily mainly due to a lack of relevant skills and experience to match their career path immediately after graduation (Afum-Osei et al., 2019). Reportedly, education in this part of

the world does not provide opportunities for students to acquire industry-relevant skills through placement opportunities (Debrah et al., 2018). The level of skills shortage is exacerbated by the increasing number of MNCs in Ghana following liberalization policies of a government that absorbs the most qualified (Amankwah-Amoah & Debrah, 2011).

The labour market also requires graduates to develop soft competencies such as interpersonal skills, self-confidence and the ability to work with less supervision in addition to their degree. Essentially, skills demand in Ghana's labour market is high as emerging new companies require new hires to meet the work demands. Government efforts to reduce skills deficiency include providing employment in terms of National Service to graduates for a year to provide a relevant platform for them to develop relevant skills they need to move into choice employment. While creating employment opportunities for unemployed graduates to develop skills, strategic plans to help them 'smoothen the rough edges' according to McLauren et al., (2015), employment is required if relevant skills are to be acquired during this transition period. In response to the perceived skills shortage in Ghana, consistent with the literature by Amankwah-Amoah and Debrah (2011), some organizations have had to re-design their onboarding and skills development programmes to facilitate the development of talent in different industries. Hence, this study seeks to understand intended TM and actual TM in the health sector in Ghana.

4.7 Culture and Ghanaian Business Environment

According to Hofstede (1991), culture refers to the programming of the human mind which distinguishes a group of people from another. Budhwar and Debrah (2004) observe that culture in Ghana influences human resource practices in Ghana. Consequently, cultural values and beliefs such as Ubuntu – 'I am what I am through others' (Oseghale et al., 2019; Oeghale et. al., 2018) can significantly influence talent management in Ghana.

Hofstede (2004) has classified culture into Six major dimensions: collectivism/individualism, high power distance/low power distance, high uncertainty avoidance/low uncertainty avoidance, masculinity/femininity long-term/short-term orientation and indulgence/restraint. Employees under these various cultural influences will respond differently in different work environments (Hofstede, 1991). Similarly, different managers will manage employees differently due to cultural influences (Comfort & Franklin, 2014). Hence, in Ghana with a collectivist cultural environment, recruitment and selection may not be completely based on merit principles in some organizations due to perceived loyalty to members of a group by managers in this type of society (Comfort & Franklin, 2014). Such a collectivist way of life may also influence the development of training and development programmes and employee relations strategies.

Furthermore, as a high-power distant nation, Ghanaian managers are more likely to design management structures that are highly hierarchical in approach as employees in this environment are a bit comfortable with taking orders from authority (Comfort & Franklin, 2014). This contrast management structures in more low-power distance culture and societies such as the UK and the US that are more in tune with a more collaborative decision-making approach in the workplace (Comfort & Franklin, 2014). Also, in high uncertainty avoidance culture like Ghana, managers may need to design jobs with less intention for employees to take initiative in carrying out their work responsibilities (Comfort & Franklin, 2014). Uncertainty avoidance refers to the extent to which people in a society are comfortable with structured or unstructured work arrangements (Hofstede, 1991).

Masculinity versus femininity refers to the extent to which a society's orientation revolves around traditional male and female values. Masculine culture tends to pay more attention to the accumulation of wealth, assertiveness, ambition and competitiveness. Feminine cultures stress

more feminine roles such as caring for others, nurturing roles, etc. Another cultural orientation is long-term versus short-term orientation. Long-term cultures focus more on the postponement of immediate pleasure and gratification in favour of achieving long-term success. The final Hofstede cultural orientation is indulgence versus restraint. Under dimension underscores the extent to which people try to control their desires and impulses (Cavusgil et al., 2017).

While culture may have influenced the management of human resources in Ghana, recent talent management studies suggest the transfer of HRM practices by MNCs to developing countries. Thus, mimetic isomorphism, globalization, the use of foreign consultant groups, and the employment of UK and USA-educated managers in Ghana have influenced the use of Western management/human resource theories and practices in Ghana. Hence, the main proposition of this study is that intended TM practices may differ slightly from actual TM practices in the health sector in Ghana.

4.8 Healthcare system in Ghana.

Ghana's key health indicators have witnessed a steady improvement since the beginning of this century. In particular, the average life expectancy at birth rose from 46 years in 1960 to 64 years in 2019 (World Bank, 2021). There have also been improvements in both maternal mortality and infant mortality rates (Wang et al., 2017). The system of healthcare in Ghana is organized along multi-level and decentralized lines. The main components are the private and public provision of healthcare. Public-sector healthcare comes under the control of the Ghana Health Service (GHS) and other agencies such as Teaching Hospitals. The private providers comprise the Christian Health Association of Ghana (GHAG), private-for-profit, and private-for-non-profit organizations as well as traditional medicine practitioners/traditional healers (ACCA, 2015; Manu, 2021). According to Wang et al., (2017), there are around 3,500 healthcare

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institutions/facilities in Ghana. Out of these 57% are public, 33% are private and 7% are run by CHAG. The health system encompasses CHIP compounds, clinics, health Centres, maternity homes, and seven types of hospitals namely: district, municipal, metropolitan, regional, teaching, military, and psychiatric fields (Wang *et al*., 2017; Manu, 2021).

With respect to the multi-level structure, at the very top of the healthcare structure are the tertiary hospitals which are also University teaching hospitals. One step below this level are the regional hospitals that provide specialist care and receive referral cases from the district hospitals. Then comes the district hospitals that provide care at the district level. The district hospitals are also the referral facilities for cases from the sub-district community level. At the bottom of the healthcare sector are the community clinics or Community-based Health Planning and Services (CHPS) (Apanga & Awoonor-Williams, 2018). Concerning the public sector, the levels of responsibility for healthcare are shown in Table 4.1 below.:

Table 4. 1 Healthcare Structure in Ghana

• The Ministry of Health (MOH) is responsible for health policy formation, regulation and strategic direction.
• The GHS is responsible for policy implementation.
• The regional administration is responsible for public health and curative services at the regional level and the supervision and management of district-level services.
• District administration is responsible for providing public health and curative services at the district level.
• Sub-district level administrations are responsible for the provision of

preventative and curative services at health centers and community outreach posts.
• Community-based health planning and services (CHPS) is responsible for providing basic preventative and curative services for minor ailments at community and household levels.

Source: Derived and constructed by the author from the literature including (Manu, 2021; ACCA, 2015; Apanga & Awoonor –Williams, 2018).

In 2007 Ghana developed a National Health Policy which is aligned with the vision of the country moving from its current lower-middle-income status to middle-income status and achieving the Millennium Development Goals (MDGs) now Sustainable Development Goals (SDGs) (Manu, 2021). The GHS faces considerable challenges pertaining to the effective implementation of plans, policies, and innovative reforms as well as the establishment and monitoring of standards. In Ghana as in many developing countries, policy implementation is skewed towards the urban areas. Consequently, staffing, developments in infrastructure and quality health service delivery have concentrated at the administrative (regional and district) levels (hospitals) rather than in the rural clinics where there is most need (Arkorful et al., 2018; Saleh, 2013; Wang et al., 2017). With regards to the health workforce in particular, the expansion in health education has stood Ghana in good stead. However, there are still shortages of professionals particularly doctors, nurses and midwives as well as other staff in professions allied to medicine throughout Ghana but the shortages are more acute in lower-level health institutions and clinics in the district and rural areas (ACCA, 2015). On this Saleh (2013:5) remarked:

Quality of care and health workers' competencies and productivity are rated low. These also deter patient access. Although absenteeism is modest, health workers' attitudes toward clients are poor and motivation is low…We find many health workers are not performing up to standard, particularly in rural areas, among the poor, and especially in the Northern regions. The competencies of private providers are even worse than those of public providers (Saleh, 2013:5)

Recent government initiatives have focused on tackling poor access to health services and low quality of services by ensuring effective policy implementation. Against this background, talent management has assumed increasing importance. Arguably the most important development in healthcare in Ghana with significant consequences on HRM is the introduction of the National Health Insurance Scheme (NHIS by the Government in 2004. The NHIS was developed to enable citizens to have access to appropriate healthcare when needed and at an affordable cost at the point of delivery (Witther & Garshong, 2009). It was established as a form of social protection or financial risk protection from ruinous expenditure on healthcare. It was apparent that without any social protection, there was a significant risk of some citizens being pushed into poverty as a result of out-of-pocket healthcare costs following a serious illness (Government of Ghana, 2012)

This was also necessary because the citizens were finding it difficult to shoulder all the costs of healthcare in the country (Russo et al., 2017). The introduction of NHIS removed financial barriers to healthcare and curtailed the obligation of individuals shouldering excessive healthcare expenditure (Dixon et al., 2013). This has resulted in many more people attending hospitals and clinics and it has been argued that this has resulted in insufficient staff numbers. Ghana was the first sub-Saharan African country to introduce a National Health Insurance Scheme (NHIS)

(Aryeetey et al., 2016: Alhasan et al., 2016). The NHIS replaced a system whereby people seeking health services had to make out-of-pocket payments at the point of service delivery or usage (Dixon et al., 2013; Fusheini et al., 2012). This system of healthcare payment was euphemistically referred to as the "cash-and-carry" system (a user fees system) in Ghana (Asenso- Okyere et al., 1999; Gajate-Garrido & Owusua, 2014; Asenso- Okyere et al., 1998). The cash-and-carry system was the main barrier to access to healthcare services for many people especially the poor, marginalized and elderly particularly those in rural areas as they could not afford unplanned cash payments for healthcare and therefore often avoided the use of mainstream healthcare (Van Der Wielen *et al.*, 2018). Quite apart from the cash and carry system delaying people in seeking healthcare, patients also had problems regarding the purchases of prescription drugs (Asenso- Okyere *et al*., 1998).

4.8.1 The Birth and Implementation of the Ghana National Health Insurance Scheme.

The NPP government passed the National Health Insurance Act (Act 650) in 2003 and the NHIS came into being in 2004. Table 4.2 shows the main features of the Act.

Table 4. 2 The National Health Insurance Act

The National Health Insurance Act (Act 650, 2003) was established to:

• Secure the provision of basic healthcare services to persons resident in the country through mutual and private health insurance schemes.
• Put in place a body to register, license and regulate health insurance schemes and to accredit and monitor healthcare providers operating under the health insurance schemes.
• Establish a national insurance fund that will subsidies licensed district mutual health insurance schemes.

- Impose a health insurance levy and provide for related matters.

Source: National Health Insurance Act (Act 650, 2003)

Table 4. 3: The Main Characteristics of the NHIS

Vision	• To be a model of sustainable, progressive and equitable national health insurance scheme in Africa and beyond.
Mission	• To provide financial risk protection against the cost of quality healthcare for all residents in Ghana and to delight our members and other stakeholders with an enthusiastic, motivated and empathetic professional staff who share the values of honesty and accountability in partnership with all stakeholders
Authority's Mandate	• The National Health Insurance Authority (NHIA) was established under the National Health Insurance Act 2003, Act 650, as a body corporate, with perpetual succession, and an Official Seal, that may sue and be sued in its name. As a body corporate, the Authority in the performance of its functions may acquire and hold movable and immovable property and may enter into a contract or any other transaction. • A new law, Act 852 replaced act 650 in October 2012 to consolidate the NHIS, remove administrative bottlenecks, introduce transparency, reduce opportunities for corruption and gaming of the

	system and make for more effective governance of the schemes
Object of the Authority	The object of the Authority is to attain universal health insurance coverage in relation to: • A person resident in the country • Persons not resident in the country but who are on a visit to this country • And to provide access to healthcare to the persons covered by the Scheme
Funding	National Health Insurance Fund (NHIF) was established to pay for: • Subsidies to schemes • Reinsurance for schemes • Cost of enrolling the indigent • Supporting access to healthcare Funds to come from: • National Health Insurance Levy (NHIL)-2.5% of V.A.T • Payroll deductions (2.5% of income) for formal sector employees. • Other funds voted by Parliament, income from investments, any donations, or loans In addition, funds raised from premia for informal sector members, to be set by agreement with the National Health Insurance Authority (NHIA)

Membership	Membership is mandatory by law for all residents at the individual level. Formal sector workers have involuntary payroll deductions (SSNIT contributions). The informal sector is charged premia which should be income-related but in practice is set at a flat rate. Initially, there is a six-month gap between joining are being eligible for benefits. The following people are the exempt categories. They do not pay a processing fee or premium: 1. Pregnant women 2. Indigents 3. Categories of differently-abled persons determined by the Minister responsible for Social Welfare 4. Persons with a mental disorder 5. SSNIT contributors 6. SSNIT pensioners 7. Children under 18 years, if at least one parent is a cardholder of the NHIS 8. Persons above seventy years of age (the elderly) 9. Other categories prescribed by the Minister
Functions of the Authority	The object of the Authority is to secure the implementation of a national health policy that ensures access to basic healthcare services for all residents. To achieve its objective, the Authority may: • Implement, operate and manage the National Health Insurance Scheme

	- Determine in consultation with the Minister contributions that should be made by members of the National Health Insurance Scheme; - Register members of the National Health Insurance Scheme; - Register and supervise private health insurance schemes - Issue and identity cards to members of the National Health Insurance Scheme Ensure: - equity in healthcare coverage - access by the poor to healthcare services - protection of the poor and vulnerable against the financial risk - Grant credentials to healthcare providers and facilities that provide healthcare services to members of the National Health Insurance Scheme. - Manage the National Health Insurance Fund - Provide a decentralized system to receive and resolve complaints by members of the National Health Insurance Scheme and healthcare providers - Receive, process and pay claims for services rendered by healthcare providers - Undertake public education on health insurance on its own or in collaboration with other bodies - Make proposals to the Minister for the formulation of policies on health insurance

	• Undertake programmes that further the sustainability of the National Health Insurance Scheme • Develop guidelines, processes and manuals for the effective implementation and management of the National Health Insurance Scheme • Ensure the efficiency and quality of services under the national and private health insurance schemes • Protect the interest of members of private health insurance schemes • Identify and enroll persons exempt from payment of contribution to National Health Insurance into the National Health Insurance Scheme • Monitor and ensure compliance with the Act and any Regulations, guidelines, policies processes and manuals made under this Act • Perform any other function conferred on it by this Act or that is ancillary to the object of the Authority.

Source: Adapted from NHIS (2019); (Witther *et al.*, 2009). Although the NHIS aims at moving towards UHC there are some health procedures excluded under the ACT from the benefits list:

Table 4. 4 Ghana NHIS Benefit Package Exclusion

• Appliances and prostheses, including, for example, optical aids, hearing aids, orthopedic aids and dentures
• Cosmetic surgeries and aesthetic treatment
• HIV/AIDS retroviral drugs

• Assisted reproduction (such as artificial insemination) and gynaecological hormone replacement therapy
• Echocardiography
• Photography
• Angiography Dialysis for chronic renal failure
• Organ transplants
• All drugs not on the NHIS list
• Heart and brain surgery other than those resulting from accidents
• Cancer treatment other than breast and cervical
• Mortuary services
• Diagnosis and treatment abroad
• Medical examinations for purposes other than treatment in accredited health facilities (for example, visa application, education, institutional and driver's license)
• VIP ward (accommodation)

Source: Source: LI 1809, 2004 Schedule 11 Part 2, regulation 20: Exclusion list

Note: LI 1809, 2004 Schedule 11 Part 1, regulation 19 (1) provides the minimum healthcare

benefits, See http://www.nhs.gov.gh/_Uploads/dbsattached Files/L11809 1/pdf

(Saleh, 2013)

Table 4. 5 Registration & Membership Requirements

Background	The National Health Insurance Scheme and Free Maternal Health Policy
Membership	Membership Registration: i. An annual paying member, or ii. A member of the exempt group 1. An annual premium-paying member pays a premium and processing fee once every year for renewal. 2. An exempt category does not pay a premium and does not pay a processing fee but will be required to have proof of exemption, e.g. i. A pregnant woman will have to present proof of pregnancy such as a current antenatal card, a signed note from a doctor or midwife, a pregnancy test result endorsed by a doctor or midwife or other prescribers, or an ultrasound scan report. ii. A SSNIT contributor should be active in the SSNIT database presented to NHIA by SSNIT. iii. A SSNIT pensioner should show his/her SSNIT number or will be registered without paying a premium.

	Below are the exempt categories:
	1. Pregnant women
	2. Indigents
	3. Categories of differently-abled persons determined by the Minister responsible for Social Welfare
	4. Persons with a mental disorder
	5. SSNIT contributors
	6. SSNIT pensioners
	7. Persons less than 18 years old
	8. Persons above seventy years of age (the elderly)
	9. Other categories prescribed by the Minister
	An exempt category member is required to renew his/her membership every year.

Source: Adapted from NHIS (2019); Witther, and Garshong, (2009) and Kipo-Sunyehzi *et al.,* (2019).

4.8.2 National Health Insurance, Population and Service Utilization

Patient attendance at primary healthcare facilities in Ghana has increased after the introduction of the National Health Insurance Scheme. The scheme has accredited many healthcare facilities to provide services and this expansion has made services easily available to larger population groups. The expansion has been reflected in outpatient and inpatient utilization –increasing from 0.52 per capita before the insurance scheme to 0.81 per capita after the introduction of the scheme (GHS, 2019). According to the National Health Insurance Authority (2021) utilization

trends demonstrate significant increases in numerical terms for both outpatient and inpatient services over the years with increasing outpatient numbers and inpatient services within the same periods. Seddoh et al., (2011) have shown that membership to the National Health Schemes in Ghana has increased significantly from 1,348,160 in 2005, to 15.8 million in 2010 to 20,000 in 2020 with active membership at 8.1 million in 2019. During the same period, those exempted from paying membership contribution was around 64% on average for all registrants and children under 18 years constituted 51% of the membership to the scheme. Again, the scheme has expanded to cover both public and private health facilities over time. These trends signify an increase in the coverage of the National Health Insurance Scheme and the expectation is that all things being equal; the increase of patient visitations to the various primary health facilities in the country will reach a very high figure in the future. Ghana's population has grown from 24,391,823 in 2010 to 30, 920,309 in 2020 at (2. Near 4 growth rate) (GSS, 2021). The population dynamics show an expected composition of 7% in those older than 65 years and 40% in those younger than 18 years who are all exempted from contributions towards the national health insurance scheme (GSS, 2021). This means that the health sector needs more talents with the requisite competencies to provide quality healthcare to the people living in Ghana.

4.9 Health Policy and Practice Implications on Talent Management

The healthcare human resource literature is replete with discussions on policy development and implementation in the healthcare sector in Africa. Much has been written about conceptual and theoretical issues regarding policy development and implementation in the healthcare sector but not much empirical research has been conducted on healthcare HRM policy issues in Africa (Khan & Rahman, 2017). Current research attention in Africa and other developing countries is on policy making rather than policy implementation. Considerable resources and attention are

devoted to policy development but in many developing countries there is a dearth of expertise and the capacity in the public service to gather resources for the proper implementation of public policy (Khan & Rahman, 2017) and this includes talent management in the healthcare sector. The reasons for the failure of public policy to achieve its intended objectives are attributed to a lack of competent staff or insufficient/shortages of qualified professional staff with the required expertise or specific technical know-how (Donwazum, 2011; Pell et al., 2013; Arkorful et al., 2018).

It is further maintained that even where the requisite expertise exists poorly remunerated employees may not be motivated enough to carry out the policy implementation efficiently (Khan, 2016). Thus, in many sub-Saharan African countries, policy implementation may be inefficient as it may be derailed, poorly managed, or compromised by political, and socio-economic issues (Asundep et al., 2014). It is contended that there are barriers to the effective implementation of healthcare policy in Africa (Kim et al., 2019). It is further claimed that quite apart from political interferences in policy implementation staff shortages/weak human resource capacity are also reasons for the poor implementation of healthcare policy in Ghana (Fusheini, et al 2012; Alhasssan *et al.,* (2016). It is not clear the extent to which these policy implementation factors affect talent management in the state healthcare sector in Ghana.

Policy implementation may deviate from the design due to external influences and pressures. In this regard, political considerations play a major role in determining the extent to which healthcare policies get implemented and to what extent the implementation would cover (Glassman *et al.*, 2003; Thomas & Gilson 2004; Gilson *et al.*, 2003). Similarly, it is averred that the outcomes or achievement of health policy goals always depend on political actors and factors in healthcare financing and resourcing (Agyepong & Adjei, 2008). The decisions made by these

political actors can derail talent management initiatives. Dalinjong *et al*., (2018b:341), observed that in resource-constrained settings, there are often gaps in policy implementation. This is because a policy is often implemented without careful planning and inadequate infrastructure as well as resources in terms of workforce and funding often with unfavourable impact on healthcare human resource management including talent management. Implementation is often affected by factors internal and external to the health system, which ultimately affect the achievement of policy goals (Manu, 2021). Manu (2021), contends that the reference to external sources or stakeholders is a euphemism for political influences. As such, research on healthcare policy implementation and assessment of the achievement of a public policy objective needs to seriously consider the role of political influences, particularly in the allocation of financial resources (Dalinjong *et al*., 2018a; Dalinjong *et al*., 2018b; Anafi *et al*., 2018).

The role of politics in the implementation of healthcare policy has been described in the literature as the "politics–implementation nexus". This concept has been linked to the concept of "political settlement" to explain the role of politics in public policy implementation (Manu, 2021). The concept is used to explain the complexities arising from political and bureaucratic manoeuvres that influence, shape and control implementation processes in order to fulfil particular objectives (Manu, 2021; Ayisi *et al*., 2018; Khan & Khandaker, 2016).   Healthcare public policy in Ghana under multiparty democracy is often biased towards the interests of the government in power as such political considerations influence its implementation and eventually the outcomes of healthcare policy. Hence, although healthcare policy may be very well-formulated, for political expediency reasons it may not be effectively implemented, leading to failure to achieve its intended outcomes and objectives (Manu, 2021; Arkorful et al., 2018; Dapaah & Nachinaab, 2019).

4.10 Skills development in the Health Sector in Ghana

In Ghana, the education of health professionals' overlaps both the Ministry of Health and the Ministry of Education. The training of doctors and dentists, bachelor-level training for nurses, midwives, pharmacists, allied health professionals and administrative support staff is the sole responsibility of the universities under the Ministry of Education while the Ministry of Health oversees the training of diploma and certificate holders. This mechanism makes the coordination of health worker education and training complex. Therefore, there is a gap between university healthcare graduates and the country health workers' needs in the country (Beaglehole et al., 2003). It appears that universities are most often unaware of employer needs for numbers, cadre types, skills, and other attributes (Ozden, 2010). This mismatch tends to affect health workers' supply, performance, and uneven distribution.

The Health Training Institutions including the universities admit from a pool of students who complete the structured basic and secondary education programmes in Ghana and other foreign countries (Ozden, 2010).

As required by the National Accreditation Board structures, all Ministry of Health institutions is affiliated with public universities for mentorship. Most Health Training Institutions do not have adequate capacities and infrastructure such as libraries, equipment, and physical space for training health workers (Preker et al., 2013). Again, the infrastructure facilities for practical training such as hospitals and specialized centres are inadequate and few are shared among the universities and Ministry of health schools. As a result, there is frequent congestion of students for practical training affecting the quality of health workers and constraining the capacity to scale up health worker education (Beciu et al., 2013). There is evidence to show that these challenges

result in shortages of clinical health workers such as allied health staff and doctors in Ghana (Anyangwe & Mtonga, 2007).

The Ghana government is the main funding source for the training of health workers in the public sector, however, there is some form of cost-sharing through student fees, grants, and donations (Preker et al., 2013). The responsibility for developing and revising curricula for health professional training lies with professional regulatory bodies and the National Accreditation Board. For example, the Nurses and Midwifery Council is responsible for the nurses, midwifery, and community health and health assistant curricula (Beciu et al., 2013).

The Ministry of Health has put in several interventions to guide human resources for health development and management (MOH, 2007; MOH, 2020). TM strategies that are enshrined in the MOH policy document include; In-service training programmes that are supposed to be periodically carried out at the district level, by the in-service training unit; There are mentorship and coaching schemes for junior nurses, job rotation among junior nurses and study leave with pay policy for nurses. However, it appears the MOH has no clear road map for implementation of these TM strategies at the district level. Besides, the health facilities at the district levels do not have TM units to implement the TM strategies though they have HR departments with HR managers. However, according to the Ministry of Health, (MOH, 2007) the distorted mix, inequitable distribution, and inadequate numbers of all critically needed health professionals, exacerbated by high attrition made the ministry declare human resources (HRH) as an emergency in 2005. Despite tremendous health workforce efforts which have resulted in creases in the density of physicians, nurses and midwives from 1.07 per 1000 population in 2005 to 2.65 per 1000 population in 2017, Ghana continues to face shortages of health workforce alongside inefficient distribution.(Asamani et al., 2021).

4.11 Brain drain in the health sector in Ghana.

Shortage of health workers especially physicians and nurses in Ghana has been recorded in the human resource for health literature. According to Dovlo (2003), an estimated medical doctor vacancy rate in the public health sector was 48% in 1998 and 47% in 2002. Though this situation has improved in a way, due to retention strategies such as study with pay, reduced period for study leave for nurses at the rural areas, rural areas allowances, staff accommodation, car maintenance and fuel allowances, tax waivers for cars importation by nurses, and scholarship specialty training in nursing both locally and internationally (MOH, 2020; MOH, 2021). However, vacancy rates for nurses especially in the deprived areas remain high(MOH, 2020).

The current physician situation in Ghana is not encouraging. The physician-to-population ratio stands at 1:12,591 (GHS, 2010) as against the World Bank's recommendation of one medical doctor per ten thousand of the population for countries to achieve the minimum public health interventions (World Bank, 1993). The Ministry of Health (2007) estimates that a total number of 1,706 medical doctors and 742 Physician Assistants were needed to fill vacancies in the health sector in 2011. The problem is of much concern when figures show geographical variations which are skewed against certain areas. Causes of health worker shortages have been discussed in the human resource for health literature. Colwill et al., (2008) show that physician shortage is caused by increased workloads, population growth, ageing population decline in the supply of physicians, and migration of physicians (Akinfenwa, 2021). Buchan and Calman (2008) attribute health worker shortages to the forces of the health labour market that create health unemployment. O'Brien and Gostin (2008) attribute health worker shortages to two main issues – low production of health workers, and the ability of trained health workers to take up jobs within the health sector in many countries (Jack, 2019).

The migration of health workers from developing countries to advanced countries and the effect of deadly diseases such as HIV/AIDS and Covid-19 have been demonstrated to have contributed to health worker shortages in many developing countries (WHO, 2009; Sawahel, 2020). Green et al (2004) are of the view that physician shortage is caused by uneven distribution. In Ghana, physician shortage has been attributed to the combination of multiple factors including; limited supply, attrition due to the 'brain drain', population growth, maldistribution and increased workload (Dovlo, 2003; Christianson, 2021). There are major concerns that increasing insurance coverage and population growth are expected to worsen the workload of physicians in Ghana (MOH, 2011; Osei-Owusu et al., 2019; NHIS, 2019). Despite the numerous challenges, healthcare providers strive to increase coverage and provide quality service, amidst workforce shortages and mal-distribution (Apanga & Awoonor-Williams, 2018; Dapaah & Nachinaab, 2019). In terms of distribution Antwi et al., (2012) show that the distribution of the health workforce in the country is skewed in favour of the urban areas and the southern part of the country to the neglect of the less endowed rural locations and the northern part (Fusheini et al., 2017). Staff mix is generally distorted all over the country, with rural mostly hardly hit (Antwi et al. 2012; Dalinjong *et al*., 2017). The situation has resulted in burnt-out syndrome among many staff and the quality of service also tends to be compromised (Antwi et al. 2012; Wang et al., 2017). The major challenge has been establishing the right numbers and mix of health workers required to ensure optimum quality service delivery throughout the country.

4.12 Conclusion

This chapter has provided the country context to the study. It examined the geography, demographic issues, politics and its implication for the economy. The chapter again provided insights into the culture in Ghana and its implication for organizations and the health industry.

The chapter finally discussed the education and health sectors and how talent management in the education sector has affected the entire health workforce availability, distribution and skill mix.

CHAPTER FIVE

METHODOLOGY

5.0 Introduction

This chapter presents and justifies the design of the study and the philosophical assumptions. It also outlines and justifies the research strategy and approaches adopted. The chapter is divided into two parts. The first part provides an overview of the discussion of the various methodological approaches pertinent to the study. This covers the research philosophical approaches, research paradigm and research strategy. The second part of the chapter clearly explains the fieldwork carried out in Ghana to provide insight into the evidence-gathering process. The chapter concludes with a summary.

5.1 Research methodology

According to Easterby–Smith et al., (2018) research methodology involves a combination of methods used to enquire into a specific situation. In their view research methodology represents the techniques and methods that are grouped to provide a coherent picture. Thus Saunders et al., (2019) contend that research methodology refers to how the research should be undertaken. Perri and Bellamy (2012) add that research methodology includes data collection and the progression from empirical findings to the interpretation of empirical findings consistent with reality. Typically, it describes how we design interventions, select and use methods, conceptualize phenomena and collect and analyse data (Ruona & Lynham, 2004). Although both research methodology and research methods are used interchangeably, they are different (O'Gorman & MacIntosh, 2015). Research methods refer to the techniques used for data/evidence collection and analysis (Easterby–Smith et al., 2018; Saunders et al., 2019). This includes procedures

deployed for the development and organization of the data/evidence gathering such as interviews, observations and questionnaires, coding and analysis techniques (both qualitative and quantitative) to fulfil research objectives (Perri & Bellamy, 2012). Thus, the research method encompasses the techniques, procedures and mechanisms deployed in conducting research activities (Kothari, 2004; May, 2011).

Saunders et al., (2019) have reviewed the different philosophies underpinning management and business research. It starts from philosophical positions to data collection and analysis. The next section discusses the research philosophy.

5.2 The Research Philosophy

According to Saunders et al., (2019), research philosophy refers to systems of beliefs and assumptions about the development of knowledge. This is precisely what doctoral research is about; in this particular case developing knowledge in human resource management. The importance of research philosophy has been debated comprehensively in the research method literature (Tsang, 2017). According to Crossan (2003), research philosophy involves the act of "clarifying assumptions related to personal values" when planning research. Saunders et al., (2019) maintain that researchers make several types of assumptions when conducting research. In their view, this includes (but is not limited to) assumptions about the realities encountered (ontological assumptions), human knowledge (epistemological assumptions) and the extent and ways the researcher's values influence the research process (axiological assumptions). Consistent with this idea, Easterby-Smith et al., (2018) provide three main reasons why research philosophy is significant to research. Firstly, a clear philosophical position helps the researcher to clarify the type of evidence to be gathered, where to collect the evidence and how to provide meaning to the evidence. Secondly, it helps the researcher in assessing different methodologies and selecting

those that are appropriate for the study. Thirdly, it helps the researcher to select the most appropriate methods for the study. Crotty (2015) also asserts that these assumptions generally influence how the researcher understands the research and thus give rise to the research questions to be asked, the methods to be used to collect the data/evidence and the type of analysis to use to interpret the findings. As Saunders et al., (2019: 130 -131) put it: A well–thought–out and consistent set of assumptions will constitute a credible research philosophy, which will underpin your methodological choice, research strategy and data collection techniques and analysis procedures. This will allow you to design a coherent research project, in which all elements of research fit together. As a business and management research, these views would be taken into consideration in the adoption of the research strategy.

The two main philosophical assumptions in the literature explain the nature of knowledge. According to Saunders et al., (2019), they are the epistemological and ontological assumptions.

5.2.1 Epistemology

Heylighen (2000) describes epistemology as the "branch of philosophy that studies knowledge" that attempts to distinguish true or adequate knowledge from false or inadequate knowledge. It describes acceptable, valid and legitimate knowledge and its communication in society (Burell & Morgan, 2016) As a result, Rosenau (1992) argued that the "nature, validity and limits" of research are guided by the epistemological stance underpinning a study. Therefore, epistemology seeks to understand how knowledge differs from the opinion of individual researchers as well as what constitutes acceptable knowledge (Ruona & Lynham, 2004; Tsang, 2017). The different forms of knowledge for different epistemological positions in the literature include realism and critical realism, positivism and interpretivism (Matthews & Ross, 2010; Tsang, 2017). According to Easterby-Smith et al., (2018), business and management research epistemology encompasses

views about the most appropriate ways of enquiring into the nature field. It is therefore important for the study to take an epistemological view to guide the study.

5.2.1.1 Interpretivism

Interpretivism assumes that knowledge is not acquired but experienced (Saunders et al., 2019). According to this perspective, the researcher relies on the understanding and meanings that the social actors attribute to the social world. This is aimed at understanding and explaining the social world which is not easily observed by the researcher. In this epistemological position, knowledge is obtained from ideas and interpretations (Grotty, 2015). To the interpretivist, reality is socially constructed and therefore subjective (Baert, 2017). This paradigm involves one in which the observer is part of what is being observed. Thus, interpretivist depend on qualitative data which is detailed in the description of a phenomenon and interpret them in the light of the research objectives and questions (Easterby-Smith et al., 2018). The aim is to increase the general understanding of the phenomenon to enhance generalization through theoretical abstraction. Interpretivism then is related to the social construction of reality (Baert, 2017). According to Crotty (2015), from a constructionist perspective, meanings are constructed by human beings as they engage in the world they are interpreting. Constructionists claim that meaning (or truth) cannot be described simply as `objective` or `subjective` (Crotty 2015: 43). Interpretivist argues that meaning or social reality is hardly objective but most often subjective as the researcher's perceptions can influence their understanding of the meaning (Delanty & Strydom, 2011). Moreover, the researcher has to make sense of the participants' social world and perspectives (Collis & Hussey, 2009). As indicated in Figure 5. below, the researcher interprets the research findings based on the participants. Parahoo (1997), suggests that the main weakness

of this approach is the proximity of the researcher to the investigation. The Figure below distinguishes between Interpretivism and Constructionism.

Figure 5. 1: A summary of Interpretivism and Constructionism

Interpretivism (Bryman, 1988; Holloway and Wheeler, 2010; Lincoln and Guba, 1985; Willis, 2007), **constructionism** (Blaikie, 2007; Crotty, 1998)

- Knowledge is produced by exploring and understanding the social world of the people being studied, focusing on their meanings and interpretations. (Social constructionist traditions emphasise the socially constructed nature of those meanings.)
- Researchers also construct meanings and interpretations based on those of participants.
- The research process is considered to be largely inductive in the sense that interpretation is grounded in the data, though it is also recognised that observations are 'theory-laden' because they are mediated by ideas and assumptions.
- Reality is affected by the research process, facts and values are not distinct, and objective value-free research is impossible. Some researchers may aim to be transparent about their assumptions and attempt to adopt a neutral position; others embrace subjectivity and become more personally engaged in the research.
- The methods used in the natural sciences are not appropriate for studying the social world because the social world is not governed by law-like regularities; rather, it is mediated through meaning and human agency.
- Social reality cannot be captured or portrayed 'accurately' because there are different (and possibly competing) perceptions and understandings, though some researchers still aim to 'represent' participants' meanings as faithfully as possible (knowledge is provisional and fallibilistic, consensus theory of truth).

Source: (Ritchie et al., 2014:12; Al –Dayel, 2021)

However, according to Saunders et al., (2019), interpretivism is more suitable for conducting business research as they are mostly unique and complex. This is because, unlike positivists who rely on quantitative tools and laboratory experiments, interpretivism adopt qualitative techniques such as case studies. Interpretivists try to understand the social, cultural and historical experiences of the participants and make meaning of their social world through the perspectives of the participants (Bhattercherjee, 2012; Ritchie et al., 2014).

The researcher adopted an interpretivist epistemological position in the current study. This is based on the conviction that reality is socially constructed. Therefore, using an interpretivist philosophical approach appeared most appropriate for the study for three reasons.

First, different departments and managers managing the departments have different ideas and opinions on how-to talent manage their employees. The employees to be talent-managed may also have different views and opinions of practices used in the different departments. Consequently, it will be good to understand the actual talent management practices resulting from the power play between various actors operating within the given context from the perspectives of these social actors (senior managers, administrators, nurses, doctors and employees) consistent with Saunders et al., (2019).

Second, there is a dearth of empirical studies on talent management (McCracken et al., 2015). Thus, an in-depth exploration of relationships between intended and actual talent management practices in the health sector in Ghana that focused on ideas, and patterns is required at this evolving stage of the subject area, consistent with Collis and Hussey (2009). According to Collis and Hussey (2009), exploratory research is more suited for studying social problems with limited prior studies that researchers can draw on for theory development. The qualitative approach will enable the researcher to fully engage the research participants in their natural habitat to gain full knowledge of the phenomenon from the participants' perspectives (Saunders et al., 2019).

Third, the relationship between intended and actual talent management practices cannot be separated from the social actors (administrators, senior managers, employees) who are involved in designing intended practices as well as implementing actual TM practices in the State Health Services sector in Ghana. Details of this process were studied from the perspectives of these social actors to understand how talent is managed in the sector

5.2.1.2 Positivism

In line with the research method literature, Collis and Hussey (2009) see positivism as underpinned by the belief that acceptable knowledge is knowledge derived from experimentation and observation conducted through a value-free approach. Positivist assumes that social phenomena can be studied as hard facts and guided by scientific laws devoid of the researcher's prior belief (Smith, 1998). In other words, this perspective is of the view that reality is objective and can be observed and measured empirically with little room for speculation and subjective views (Delanty & Strydom, 2011). Thus, this approach depends on quantitative methods such as observations and experiments for the collection and analysis of data to find out about reality (Easterby-Smith et al., 2018; Sekaran and Bougie, 2013). However, Crossan (2003) argues that exploration and examination of human behaviour such as feelings are beyond the scope of positivism. As such, Easterby-Smith et al., (2018) highlight the irrelevance of positivist strategies in understanding human behaviour and interests. Thus, the current study did not draw on positivist principles.

5.2.2 Ontology

Ontology is defined as the nature of reality. It is the assumptions that a researcher makes about the nature of reality (Easterby- Smith et al., 2018). In other words, ontology is views about the nature of reality. Grix (2002), proposes that "ontological claims are claims and assumptions made about the nature of social reality" and identifies such claims as the starting point of research. Hall (2003) uses ontology to refer to the nature of the social and political world and the causal relationships within that world and goes on to stress its importance in the analysis and understanding of theories of the social world. Grix (2002) also points out that ontological questions are related to the nature of the social and political reality to be investigated.

Furthermore, Hall (2003) indicates that ontological assumptions are crucial to the appropriateness of methodologies since they define the nature of causal relationships. Hall (2003) concludes that, for a methodology to be valid, it must be congruent with its prevailing ontology.

Two major ontological issues are often raised. The first is whether reality exists only through experience and the second is whether reality exists independently of experience. These issues define the two main ontological positions of subjectivism and objectivism. Easterby-Smith et al. (2018) define the two positions as interpretive and realist ontologies, while Crowther and Lancaster (2009) classify them as deductive and inductive research approaches respectively. Subjectivism assumes that reality is socially constructed by how people understand, interpret and experience social phenomena. Gill and Johnson (2010) conclude that what is taken as a social reality is a creation or projection of our consciousness and cognition. In other words, the reality is about how people perceive social phenomena leading to different conclusions about the experience of what reality is, and, therefore, limitations in generalization. Objectivism, on the other hand, assumes that reality is governed by laws that can only be discovered through social investigations. In other words, there is an effect on every cause concerning a particular social phenomenon. The reality in this case is not affected by time or social context and can be generalized (O'Gorman & MacIntosh, 2015). These two positions represent the extremes of ontological assumptions with subjectivism maintaining that reality is all imagination and does not exist outside oneself; it is shaped within the context of one's experience. At another level, objectivism assumes that reality can only be discovered through observation and measurement (Morgan & Smircich, 1980; O'Gorman & MacIntosh, 2015).

The ontology of this study involves the actual understanding of the reality of intended talent management practices and actual talent management practices in the Ghana health service sector. Talent management in the State Health services sector in Ghana has several characteristics and these characteristics are contextual. The context may range from the nature of the political system to the need to respond to specific issues at a time. Understanding TM and applying it within a context may require changes within existing structures. These conditions may not be the same at different times or with different groups of people. This makes it difficult to adopt an objective approach to studying the various factors influencing any phenomenon in this area of study. Broadly, the issues lend themselves to subjective assumptions since the policies and the processes involved are extensions of social experiences, perceptions and cognition.

5.2.3 Axiology

Axiology is that aspect of research philosophy that has to do with values, ethics, morals and judgments' of how to conduct research (Wilson, 2001). The researcher needs to decide how to deal with their values as well as the values of the subjects/participants. Axiology considers whether research should be morally and value-neutral in the conduct of research or should the values of the researcher and the subjects/participants shape the research (Saunders et al., 2019). Thus, a clear axiology sets out the foundation and direction of this study. Notably, it specifies the requirements for the relevant methodology deployed both in the theoretical and practical aspects (Farquhar, 2012). As a study on talent management in the health sector, the researcher needs to take into consideration the axiological questions. As part of this discussion, it is important to explore the related philosophical approaches.

5.2.4 Realism

One of the dimensions of realism in the research methods literature is critical realism. This perspective is of view that though a social world exists it is external to the researcher (Sumner & Tribe, 2008). This social world, however, can be studied by researchers through philosophy and social science according to Danermark et al., (2002). A realist epistemological approach suggests that knowledge of the social world is dependent on structures that cannot be seen although the effects are observable. Critical realism is useful for empirical research seeking to understand social problems and thus inform social policies (Benton & Craib, 2011). Thus, adopting this approach will help researchers to explain complex social issues as well as suggest practical policy recommendations.

This study adopts an interpretivist perspective taking a more critical realist stance. Talent management in the State health service sector in Ghana is two-faced. Reportedly, intended talent management practices may differ from actual talent management practices in operation. Therefore, it is imperative to understand the reasons for such outcomes and suggest suitable policies to correct the problem.

5.3 The Research Approach

There are two broad research approaches to theory development, and they include deductive and inductive research approaches (Trochim, 2001; O'Gorman & MacIntosh, 2015). While both approaches can be used independently in research work, they can also be used together in a single research (O'Gorman & MacIntosh, 2015). The inductive research approach involves empirical observation of the social world which informs theory or hypothesis development. This

approach begins with using empirical observations to develop broad themes as well as theories linked to the themes developed (Creswell & Plan Clark, 2007; Crotty, 2015).

The inductive approach is based on the generalization of research results beyond a single empirical observation. Unlike the inductive approach, the deductive approach involves the generation of a hypothesis or theory which is later tested through empirical observation to ascertain its validity (Crowther & Lancaster, 2012; Crotty, 2015). The development of a hypothesis or theory could be the quest to address a social phenomenon through research. Theories or hypotheses identified are later operationalized and tested to ascertain the validity of the theory or hypothesis (Driel, 2017). The current study adopts an inductive approach for one major reason. The subject of talent management is still at the evolving stage without much theory to be tested at this stage. Hence, an inductive approach that facilitates theory development is more suitable in a subject area that is still evolving (McCraken et al., 2015).

5.3.1 Research paradigm

A research paradigm refers to a philosophical framework that guides how research is planned and executed (Collins & Hussey, 2009; Delanty & Strydom, 2011). This comprehensive framework drives the collection of logically related assumptions, theories, beliefs and practices that researchers apply when conducting research (Bogdan & Biklen, 1998; O'Gorman & MacIntosh, 2015). Essentially, it is a belief in how research knowledge should be gathered, analysed and deployed (Saunders et al., 2019). By so doing, the research paradigm guides the way researchers think and frame their research questions. In the research methods literature, there are three components of the research paradigm: axiom, epistemology and ontology (Tsang, 2017). According to Wilson (2001), in practice, all three components work together and influence the choice of methodology.

5.4. Methodological choice

There are three main methodological choices according to Creswell and Creswell (2018). They are the quantitative approach, qualitative approach, and mixed methods. Whereas quantitative research involves collecting and analyzing mainly numerical data, qualitative research on the other hand involves collecting and analyzing mainly words and images (Creswell & Creswell, 2018). At another level, while the quantitative approach is more in tune with positivist research philosophy; qualitative research on the other side is more in line with interpretative philosophy (Denzin & Lincoln, 2018). Saunders et al., (2019) explain that qualitative research is associated with interpretive philosophy because of the need for the researcher to understand the socially constructed meanings expressed regarding the phenomenon under study. As Mulyata (2016) put it, the ability of the qualitative approach to allow the researcher to interpret reality through the eyes of the participants was the most critical goal in management and business research.

According to Creswell (2013), mixed methods research combines elements of both qualitative and quantitative choices in a single study to compensate for any limitation associated with each approach.

The current study adopts a qualitative research approach for three major reasons. First, the qualitative approach is more suitable for answering the what and how types of questions asked in the study. Qualitative research according to Yin (2018) is more suitable for answering what and how questions as an initial foray into a new topic area (Creswell & Poth, 2017). Second, a qualitative research approach is more suitable for theory development through data gathering (Creswell & Poth, 2017). A key objective of the present study is theory development following the significant dearth of empirical studies on talent management in both the global health sector and the developing context of Africa. Hence, it was appropriate to understand intended and

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actual talent management practices within the context of the Ghanaian health service sector for theory development through a qualitative approach. Third, and finally, a qualitative research approach is more suitable for an in-depth understanding of an evolving research area in each given context (Creswell & Poth, 2017). To understand the intended and actual talent management practices within the context of the Ghanaian health services sector- a qualitative research approach was considered more appropriate. Some scholars have suggested that a qualitative method is valuable in such an investigation since it plays an important part in clarifying the values, language and meanings attributed to people who play different roles in organizations (Sofaer, 1999; Silverman 2020). In this regard, Farquhar (2015) emphasized the value of open-ended questions under such circumstances.

Similar to Mulyata's (2016) work on talent management in the healthcare sector in Zambia, a qualitative case study approach facilitates a deeper understanding of the conceptualization and operationalization of talent management together with the rationale behind the reasons why healthcare institutions pursue talent management, allocate time and financial resources it. The qualitative case study method also makes it possible for the researcher to explore the concept of talent management from the perspective of the clinical and management staff of the healthcare organization. It is necessary to explore if there are divergent views of talent management in the organization and how that impacts the initiative in the state healthcare sector in Ghana.

In the view of Bryman and Bell (2007), most qualitative research facilitates theory building as perspectives emerge from evidence gathered and analysed. The collection of primary data for this research involved face-to-face semi-structured interviews and open-ended questionnaires. It is hoped that the research questions would provide an impetus to a detailed understanding from the management and staff about how they perceive talent management and hence move towards the generalization of ideas for theory building (Mulyata, 2016). In Ghana, just as the case in

Zambia, the views, ideas, and processes that would emanate from the study can provide a platform from which to conclude why there is still a shortage of talent in the state healthcare sector despite the acknowledgement of the problem by the government and its attempts solve it (Mulyata, 2016).

5.5 Research Strategy

Case study, grounded theory and ethnography are useful research strategies relevant to understanding complex social problems in qualitative research (Collis & Hussey, 2009; Tracey, 2020). According to Yin (2018), a case study far surpasses the other strategies (grounded theory and ethnography) in terms of providing a researcher with the opportunity to combine various procedures in the collection of data which is useful for validating data collected from one source with another data collection source-triangulation. Ethnography was not selected due to challenges associated with playing an established participant role in the study scene or getting involved with observing the experience firsthand (Sandiford, 2015). Similarly, a grounded theory methodology was not selected because the grounded theory procedure is often convoluted and time-consuming (Timonen et al., 2015). Hence, the case study methodology was adopted in this study. The study now turns to consider case study methods.

5.5.1 The Case Study Method

As a research design method, a case study is noted as a qualitative descriptive method that focuses on a specific group within a specifically defined context (Silverman, 2022). Robson (2011:12) defines a case study as a "strategy for conducting research which involves an empirical investigation of a particular contemporary phenomenon within its real-life context using multiple sources of evidence". Yin defines a case study as "an empirical inquiry that investigates a contemporary phenomenon within its real-life context" (Yin, 2018). The choice of

a qualitative case study methodology was based on the need to understand the different perspectives of actual and intended TM practices in-depth within the context of the Ghanaian health services sector (Baxter & Jack, 2008).

Like the qualitative research approach, case study methodology was also considered over other strategies because it is more suitable for answering the type of what and how questions asked in the current study (Yin, 2018).

5.6 Data Sources and Data Collection Methods

Different data collection sources and strategies can be adopted in the collection of data or evidence in social science research. The different data collection methods suitable for collecting qualitative research include the Delphi method, focus group discussions, interviews, observations and questionnaires. These methods are explored below.

5.6.1 The Delphi Method

The Delphi method is often used to refine research ideas (Saunders et al., 2019). This technique involves soliciting ideas or data from a purposive sampling of an expert panel with knowledge of the topic under study (Brady, 2015)   The participants discuss the topic and are required to write down their answers anonymously to some initial questions. This leads to successive rounds of questionnaires to gather their opinions, and perceptions; analyzing the answers thematically. This is followed by a second round of questions to gain feedback on the experts' feedback to initial responses. This process is repeated until a consensus is achieved about the topic to inform decision-making (Saunders et al., 2019; Robson, 2011). Thus, Skulmoski et al., (2007) described the Delphi method as an iterative process to collect and distil the anonymous judgments of experts using questionnaires. This is done by collecting and analyzing data and providing

feedback intermittently. The process begins with an open or semi-open questionnaire and it becomes focused and structured as it progresses (Brady, 2015). It is suggested that the technique is well suited as a research instrument when there is incomplete knowledge about a problem or phenomenon. It is also asserted that the method works well when the goal is to improve our understanding of problems, opportunities, and solutions, or to develop forecasts (Paraskevas & Saunders, 2012).

Fink and Kesecoff (1985) observe that the Delphi method uses a purposive sample, which does not represent the general population but is selected based on the expertise of the participants and their ability to answer the study's research questions. Powell (2003) notes that the success of the Delphi method rests on the combined expertise of the participants who make up the expert panel, and therefore, the panel size. She notes that representativeness is assessed on the qualities of the expert panel rather than its numbers. She also concludes that the key advantage of the Delphi method is its achievement of consensus under situations of uncertainty and lack of empirical evidence and its usefulness in shaping communication. The challenge of defining what consensus entails contributes to the weakness of the method. This approach was considered inappropriate for the current study because according to Hallowell (2009) it is not ideal for studying the types of 'how' and 'why' questions asked in this research.

5.6.2 Focus Group Method

Gibbs (2012:186) describes a focus group as "an organized discussion with a selected group of individuals to gain collective views about a research topic". A Focus group requires a moderator or the researcher to guide the group discussion, through prompts, to enable the discussion to be focused on predetermined areas of interest to the researcher (Crowther & Lancaster, 2009; Merriam & Tisdell, 2016). It is a type of interview with a moderator asking specific questions

aimed at eliciting collective views about a specific topic (Ryan et al., 2014). Morgan (1996) suggests that the goal of the researcher is mainly for data collection purposes with group discussions, conversations and interaction as the source of data. Robinson (1999:12) stresses that the focus group is "not a discussion, a problem-solving session nor a decision-making group". In other words, it is an interview of a group of individuals with the primary aim of obtaining "accurate data on a limited range of specific issues". She also emphasises that "it is not necessary for the group to reach any consensus or to disagree". Thus, the focus group is an effective technique for idea generation (Bloor et al., 2000; Wilkinson, 2016; Fern, 1982). In this regard, Morgan (1996) suggests that combining focus groups with other methods can enhance the effectiveness of data collection.

Gibbs (2012) maintains that focus groups can be used for multiple purposes, including the construction of new knowledge, gauging opinions, evaluating services, generating theory and learning from experience. The real benefit, according to Gibbs, is in discovering the collective perspective and understanding the gap between what people say and what they do to develop new ideas among participants who are capable of initiating change.

The advantages of a focus group lie mainly in the opportunities for group dynamics. These include input from several individuals at the same time, controlling extreme views, and the ability of the group to focus on important issues and topics (Robson, 2011; Lee, 1999). The disadvantages also have to do with the challenges emanating from the group and how they are managed or moderated (Tracey, 2020). These include limitations of questions, the need for expertise in facilitation to avoid personal conflicts and the difficulty in generalizing findings (Robson, 2011; Belzile and Oberg, 2012). A major challenge with a focus group is how to get

several very busy people together for the discussion (Wilkinson, 2011; Justesen & Mik – Meyer, 2012). For this reason, a focus group was also considered not suitable for this study.

5.6.3 Observation

Marshal and Rossman (1989:79) describe observation as "the systematic description of events, behaviour, and artefacts in the social setting chosen for study". Here the researcher engages in a systematic and careful study of the informants or participants to obtain relevant information to answer their research questions. In extreme cases, the researcher could decide to be involved with the work process while studying the informants and their experiences of the phenomenon under study. This is referred to as participant observation (Merriam & Tisdell, 2016). Schensul, Schensul and LeCompte (1999:91) for example, describe participant observation as "the process of learning through exposure to or involvement in the day-to-day or routine activities of participants in the researcher setting". While observation is good in that it provides the researcher with an opportunity to collect quality data/evidence observed directly – like ethnography the challenge is that playing an established participant role in the study scene or getting involved with observing the experience first-hand is demanding and time-consuming (Sandiford, 2015; Silverman, 2020; Gronmo, 2020). Hence, observation was also considered inappropriate for this study.

5.6.4 The interview method

Interviews are often chosen over ethnographic and observation approaches. The reason for this is that interviews are less time-consuming and prevent the interviewer from invading the participant's space (King et al., 2019). The reflection of events and gathering of individual thoughts was something that could be accessed using an interview process, as interviews are useful to produce feelings and thoughts concerning the past, present and future (Smith et al.,

2009; Silverman, 2020; Gronmo, 2020). There are several types of interviews, a structured process of questions and answers and open-ended discussion (Grix, 2004; Saunders et al., 2019). However, the choice of interview selected is dependent on the requirements of the study and its context. Given the focus on investigating and listening to the experience of healthcare workers at their workplace, the use of a structured interview approach was deemed unsuitable for this study.

Structured interviews have a high degree of structure and are not flexible, whereby questions cannot be asked impromptu during the interview process as the interview guide must be followed strictly (McLeod, 2014; Saunders et al., 2019). This method was unfavourable as the purpose of the interview was to examine issues that are vital to participants' circumstances, and hence a structured interview approach would not provide the flexibility needed. Again, a structured interview method does not allow the researcher to reflect based on his/her personal experience and beliefs about what is vital to ask during the interview process (McLeod, 2014). Hence, the structured interviewing technique was thus overlooked. In contrast, an open-ended interview usually involves an initial question that may guide the interview process. These questions might be added or missed as the interview progresses (Marshall et al., 2022). However, open-ended interviewing was rejected due to the risk of digression from the main questions, which could lead to less data being gathered and shared to answer the research question (Creswell, 2009; Brinkmann & Kvale, 2015).

Beyond the above-discussed interview approaches, there is a semi-structured interview method. Semi-structured interviews consist of pre-arranged questions that serve as a guide for the interview process, which can be expanded upon by the researcher as the interview progresses in the form of probing to enrich the interview process (Schensul et al., 1999). The researcher uses his/her judgement about tangents through a list of questions and topics from the interview guide

to ask meaningful questions (Flick, 1998:94). In this study, the semi-structured interview method was considered most appropriate and adopted because it provides participants with the opportunity to freely express themselves, develop their thoughts and share their concerns about the topic (Smith et al., 2009; King et al., 2019). The choice of a semi-structured interview schedule was also based on the flexibility that the approach offers and its suitability for small samples. Semi-structured interviews are focused but allow the interviewer to probe issues as they arise (Crowther & Lancaster, 2009; Robson, 2011). The experience and interpretation of the use of evidence and how it is accounted for in policy-making by actors involved in the process were also explored. This process ensures flexibility and enables the uniqueness of each person's story to be clear and meaningful, in line with Dahlberg et al.'s (2001) notion of 'openness'. According to Dahlberg et al., (2001), 'openness' is about the readiness of the researcher to listen, see, understand and reflect to allow a phenomenon to present itself, instead of imposing predetermined ideas on participants through the research process.

5.6.5 Open-ended questionnaire

An open-ended questionnaire is one of the tools for qualitative data collection by posing a direct or indirect question and allowing the participants flexibility to answer the question without any restrictions (Silverman, 2022). According to Gillham (2008), it costs less to use an open questionnaire for data collection because large numbers of information could be collected within a short time, data analysis is easy, and anonymity can also be assured. Although there are a lot of advantages to using open-ended questionnaires, its challenges include low turnout if the process is not attached to any intrinsic reward to the participant, or if it is lengthy (Gillham, 2008). Again, to be able to use open-ended questionnaires, participants must possess some level of literacy to enable them to read and respond on their own to reduce biases (King et al., 2019). This method was not considered during the study.

5.7 Data Analysis

This study used Yin's (2012) approach to case study analysis to analyse the data collected in the study. Yin (2012) defines case study data analysis as comprising; 'examining, categorizing, tabulating, testing.

This study used thematic analysis to analyse the data collected. Thematic analysis has underpinned many qualitative analyses because it provides a means for the researcher to interrogate the findings (Braun & Clarke, 2006). Thematic analysis has been accepted as valuable a and useful analytical tool for qualitative research (Miles & Huberman, 1994; Holloway & Todres, 2003; Creswell & Creswell, 2018).

Al-Dayel (2021) has reviewed the literature on thematic analysis and asserts that it is a useful method for examining the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insights. This view is supported in the literature by the work of research methods scholars such as King et al., (2019); Boyatzis, (1998) and Ryan & Bernard, (2000). The strengths of thematic analysis in qualitative research are fully articulated in the extant literature (Creswell & Poth, 2017). One of the strengths of thematic analysis is its usefulness in handling large data or evidence collected as it facilitates the proper structuring of the analysis of evidence to yield coherent reports (Al- Dayel, 2021).

5.8 Limitations

The methodological limitations of qualitative studies have been noted in the literature. Kelliher (2005) highlights the key challenges of an interpretive study as reliability and the ability to generalise. Gill and Johnson (2010) suggest that this challenge stems from the fact that such studies are relatively unstructured.

To overcome these limitations, Creswell and Creswell, (2018) and Fowler (1993) point out the importance of ensuring rigour as the basis for any good research. Sadleowski (1986) also suggests that to improve rigour, the researcher must leave an audit trail related to all key decisions and methods used in the research. To establish rigour and validity, it is useful to adopt triangulation (as a strategy), peer debriefing and support, negative case analysis and the keeping of a good audit trail throughout the study (Robson, 2011; Tracey 2020). Golafshani (2003) also proposes the need for triangulation and to establish trustworthiness through rigour and quality assurance in the various processes. These issues will be discussed in the current study. Below is a discussion of how the data/evidence for this study was gathered and analysed.

5.9 The Current Study: The Fieldwork Process, Data/Evidence Collection and Analysis.

Following a discussion of the conceptual issues of the research methodology, the section below narrates the data/evidence collection and analysis methods adopted for this study.

The fieldwork began with a consideration of where to collect the primary data. After careful assessment of the logistics and time available for data/evidence collection, it was decided that the study should be situated at the State Health Services institutions in the Central Region of Ghana. Central Region was selected because it is mainly rural with few urban areas and as such the region often experiences difficulties in attracting talent. So, it is important to study how healthcare institutions in such a region deal with talent management issues. In Ghana generally, professional healthcare staff tend to concentrate in the cities and, to some extent, the regional capitals.

Having identified the location of the study, ethical approval was sought. The researcher sought ethical clearance for the study from two relevant bodies; first from the ethics committee at

Swansea University, Ghana Health Service and Cape Coast Teaching Hospital Ethical Review Committees respectively with responsibility for providing ethical clearances for research work in the health sector in Ghana. After obtaining the necessary ethical approvals, the next task was to seek access to the healthcare institutions that could participate in the study.

In an attempt to select the participating hospitals, a review of documents to identify groups and individuals involved in the formulation and implementation of human resource policies and practices in the health sector in Ghana was initially undertaken. Then a decision was made to focus on the larger referral hospitals in the region.

As shown in Table 5.1 below, there are 22 districts in the Central Region of the Ghana Health Service.

Table 5. 1 Health administrative districts in the Central Region of Ghana

S/N	District
1	Abura-Asebu-Kwamankese
2	Agona East
3	Agona West
4	Ajumako-Enyan-Essiam
5	Asikuma-Odoben-Brakwa
6	Assin Foso
7	Assin North
8	Assin South
9	Awutu Senya
10	Awutu Senya East

11	Cape Coast
12	Efutu
13	Ekumfi
14	Gomoa Central
15	Gomoa East
16	Gomoa West
17	Komenda-Edna-Eguafo-Abirem
18	Mfantsiman
19	Twifo-Ati-Mokwa
20	Twifo-Hemang Lower Denkyira
21	Upper Denkyira East
22	Upper Denkyira West

Source: Compiled by the researcher

The region is one of the sixteen administrative regions of Ghana with a total land area of 9,826 km². The region has seventeen administrative districts and a total population of 2,859,821 (National Statistics Office, 2021). Cape Coast is the regional capital and about a 2-hour drive west of Accra. The region is famous for its ancient forts and castles, beautiful coconut palm-shaded beaches, fishing and community services. Of the 22 districts presented above (see Table 5.1), three (see Table 5.2 below) health facilities and regional health administration were purposively selected for the study.

Table 5. 2 State Health Institutions where research was carried out

No	Facility Name	Facility Type	District
1.	Central Regional Administration	Central Regional Health Directorate	Cape Coast Metropolitan
2.	Trauma Specialist Hospital, Winneba	Regional Hospital	Efutu District
3.	Cape Coast Metropolitan Hospital	Metropolitan Hospital	Cape Coast Metropolitan
4.	Cape Coast Teaching Hospital	University of Cape Coast Teaching Hospital	Cape Coast Metropolitan

Source: Compiled by the researcher

Table 5.2 above shows that all 1 regional health Administration, 1 regional hospital, 1 teaching hospital, and 1 district hospital, participated in the study. The Respondents from each facility were those involved in decisions on talent management. They were purposively selected. At the headquarters, one informant was selected but multiple staff were selected from the rest of the participating institutions. All the interviewees were purposively selected. Table 5.3 below shows the number and positions of participants in the study.

Table 5. 3 Participating Officers and their facilities

SN	Facility Name	Participating Officers	Sample size	Gender	
				Male	Female
1.	Central Regional Administration	Deputy Director in charge of administration	1	1	0
		Chief Nursing Officer	1	0	1
		HR Manager	1	1	0

2.	Trauma Specialist Hospital, Winneba	Medical Superintendent	1	1	0
		Administrator	1	1	0
		Director of Nursing	1	0	1
		HR Manager	1	0	1
		Nurse Managers	4	2	2
		Nurse Practitioners	6	2	4
3.	Cape Coast Metropolitan Hospital	Medical Superintendent	1	1	0
		Administrator	1	1	0
		HR Manager	1	0	1
		Director of Nursing	1	0	1
		Nurse Manager	4	1	3
		Nurse Practitioners	8	3	5
4.	Cape Coast Teaching Hospital	Director of Administration	1	1	0
		HR Manager	1	1	0
		Director of Nursing	1	0	1
		Nurse Managers	5	2	3
		Nurse Practitioners	9	4	5
		TOTAL		22	28
		GRAND TOTAL			50

5.9.1 Data Sources and Data Collection Methods.

Both Primary and secondary data/evidence were collected for this study. Secondary data was collected from the policy document of the Ministry of Health, Ghana and other available

documents on records. The Primary data was collected from the participating healthcare organizations.

Evidence gathering/data collection started in January 2020. It was supposed to last between 6 and 9 months. However, due to the Covid-19 Pandemic and subsequent lockdown in April 2020, the data collection/evidence gathering was suspended. When the lockdown was lifted, data/evidence was collected employing a semi-structured interview guide. Data could not be collected either by telephone or online because of the poor internet infrastructure and the high cost of telephone and data services in Ghana. In line with the design of the study, data were collected from three groups of professional healthcare staff (nurse managers, nurse practitioners, and administrators who are Policy makers and Implementers). The nurse managers were interviewed and so were the administrators. The rest of the participants referred to here as practitioners were all nurses. These were selected because almost every hospital up to the district level in Ghana employs them.

 Semi-structured interview guides were used to provide critical insights into the actual and intended TM practices in the Ghanaian health services sector from the perspectives of the clinicians, policymakers and implementers. In this study, the semi-structured interview guide method was appropriate as it granted the participants the opportunity to freely express themselves, develop their thoughts and share their concerns about the topic (Smith et al., 2009; Silverman, 2020; Gronmo, 2020). Semi-structured interview guides were reviewed by the principal supervisor.

The interview guides were designed from the research questions and modifications were made to the initial set of questions based on deliberations with the principal supervisor, healthcare

professional and healthcare administrators. Having incorporated their comments, the instruments were pilot-tested.

5.9.2 Pre–Testing

Pre-testing was carried out in the Dunkwa Municipal Hospital. Errors and inconsistencies identified in the interview guides were reviewed to ensure that they solicited the right data/evidence needed for the study.

The interview guides were tested using some unit heads at the Dunkwa Municipal Hospital. Following that several amendments were made to the initial interview guides to ensure clarity and coherence as well as to make them convenient to administer and also to ensure that all the themes were covered.

5.9.3 The Data/Evidence Collection Process

Data/evidence were collected from January to March 2020 across the selected facilities in the Central region as listed in Tables 5.2. and 5.3. It was suspended and resumed from July to December 2021. Each facility was assigned a date for the data collection and these dates were agreed upon with the facility management. All the key participants were given prior notice ahead of the dates for the data collection. This made the data collection process less stressful and time-consuming, although a few changes were made to the meeting times. Participants were asked to read and sign the study information sheet after it had been explained to them again to ascertain their voluntary participation in the study (See appendix for the study information sheet).

Data/evidence collection was done through the administration of semi-structured interviews. As part of the data/evidence gathering process, two interview guides were designed, one for the policymakers at the head office which included clinicians and non-clinicians, and another interview guides each for nurse managers /clinicians and nurse practitioners respectively. The

interview guides were designed to collect some specific information to be generated so that some assessment could be made on key responses by the prime respondent. Thus, while the two interview guides were largely identical, some modifications were made to the questions according to the targeted respondents (detailed interview guides are found in the Appendix). To improve the accuracy of reporting, a digital recorder was used to record the interview. Notes were also taken during the interview to back up the audio recording.

5.9.4 Conduct of Interviews

In order to reduce the potential of the researcher dictating the pace of the interviews, and to increase participants' involvement, the participants could choose a venue and time of their convenience. The locations where interviews were held included, offices, conference rooms and meeting rooms at their workplaces. The interviews were mainly conducted on a one-to-one basis.

The researcher developed an interview guide around four main questions relating to the objectives of the study (see Appendix.). However, the interviews occasionally drifted away from the interview guide to give the participants the time and freedom to reflect and probe other relevant issues. In this regard, the participants were able to communicate at their own pace, decide on the extent of information they were willing to give and shape their own stories. The interviews began by asking participants to tell the interviewer about their role in the facilities, their educational background and their work history. The interviews probed answers to produce more detailed accounts of them. In terms of duration, each interview lasted between 30 minutes and one hour.

5.9.5 Transcription

Transcription of data involved converting recorded audio files into text for qualitative analysis. It was associated with close observation of data collected through repeated careful listening of the

audio recordings and they were written into words "verbatim (word-for-word)" for further analysis.

5.10 Data storage

Repositories for data storage and protection procedures were incorporated into the design of the study. This was to allow the development of processes for cross-checking data from the point of collection, through analysis, to conclusions (Yin, 2018; Silverman, 2020). Interview data/evidence was presented in the form of verbatim quotations. All data were securely stored on the researcher's password-protected laptop. The researcher created folders using pseudonyms or respondents' identification codes along with data/evidence type to distinguish the multiple sources of data/evidence. This made access to information more organized and the confidentiality of information was not compromised. Data/evidence were securely stored on an external drive to ensure that lost data could be retrieved. All original paper data/evidence, including the researcher's reflective journal, were securely stored in a locked file at the researcher's home.

5.11 Data/Evidence analysis procedure

All data/evidence from recorded interviews and field notes were analysed by the researcher. Data/evidence analysis involved data/evidence transcriptions, examination, categorization, tabulation, and re-categorization (Yin, 2018). To begin, the researcher initially developed a data/evidence analysis plan based on Denzin and Lincoln's (2000) approach for qualitative data analysis and Miles and Huberman's (1994) method of thematic analysis.

5.11.1 Interview data analysis

The data/evidence analysis plan for the interviews comprised different strategies and techniques. The researcher identified the reoccurring words and phrases from the data/evidence gathered and put them into categories. This led to the development of main and sub-themes. The main themes that emerged from the data included; the conceptualization of talent and talent management; strategies for managing high performers; assessment of strategies for managing high performance and appropriate models for talent management practices. The keywords from the text were then coded and organized alphabetically as data/evidence for quick retrieval. The data/evidence was further subjected to different levels of categorization and data/evidence mapping to further clarify roles and perceptions and to reveal how the different units of data/evidence addressed the selected themes. The researcher used colour coding during the entire process of data/evidence scrutiny and analysis. Similar steps were taken in the analysis of field notes. Ultimately, similar themes were also developed from the analysis of field notes.

The researcher relied on pattern matching, explanation building, and cross-case synthesis to compare empirical data to strengthen both internal and external validity. Specifically, patterns were identified in the data/evidence and differences and similarities in interpretation such as types, classes, sequences, and processes among the case study participants were identified and highlighted. The purpose of pattern matching was to link data to the conceptual framework or theoretical concepts developed to understand the participants' understanding of Talent Management.

The process of building causal links involved the identification of initial predictions and comparing them against evidence from the case study. Then, based on any changes, the initial predictions were revised and compared against additional evidence. This process involved reading and reflecting on the data - a critical aspect of the analysis that provided high levels of

researcher engagement in the data analysis process (Yin, 2018). This process was repeated until a satisfactory match was obtained. The researcher then reflected on the meanings of information collected in terms of what it may imply and used cross-case synthesis from the various study units (regional, district and facility levels) to compare evidence. This enabled the development of new ideas and new information required to confirm existing interpretations.

Drawing on rival explanations, the researcher identified all possible rival views and presented early findings, themes, and descriptions of the study to major stakeholders in a stakeholder validation workshop. Stakeholders present at the workshop include; human resource directors from the Ministry of Health and Ghana Health Service headquarters, the leadership of health professional associations and regional and district health service administrators. This process provided the opportunity for the stakeholders to validate the findings presented as suggested by (Creswell & Poth, 2016). The stakeholders also provided additional information which led to the revision of initial interpretations and theorization.

5.11.2 Validity and Reliability.

Validity and reliability are important aspects of any research. Validity concerns the extent to which the results accurately reflect what is being studied (Saunders et al., 2019). It is therefore essential to ensure that the data collection and measurement tools are designed to capture what they are supposed to capture. Validity and reliability are often associated with quantitative research but they are also needed for qualitative research. Validity and reliability are necessary to ensure the credibility of findings Gronmo (2020).

In terms of validity, this study used an open-ended questionnaire to solicit the views of a few people knowledgeable in the area and their responses were used to design and a semi-structured interview guide for the study. These tools were designed to ensure validity in the sense of ensuring integrity in the application methods and the precision of measurement. The design of

the interview questions and open-ended questionnaires were reviewed by the supervisors and a pilot study was carried out to determine their suitability and validity. The tools were used consistently throughout the data collection process. The probing of responses to answers during the interviews to avoid ambiguities and searching for meaning ensured a high level of validity. The rigorousness in evidence gathering/data collection and processing also safeguarded the integrity and quality of the results of the study. Reliability involves the replicability of findings. It is essentially when a current study produces the same results as previous studies (Saunders et al., 2019). In terms of reliability, the consistent application of the thematic approach also ensured the accuracy of findings that can be generalized to a broader population and findings that are near replication.

5.12 Research questions

The research questions for the study were;

1. What talent management policies, systems and practices exist for nurses in the state health services sector in Ghana?

2. To what extent is nursing talent managed in the state health services sector in Ghana?

3. What are the main challenges confronting the implementation of talent management initiatives, systems and practices for nurses in the state health services sector in Ghana?

4. What is the ideal talent management system for nurses in the state health services sector in Ghana?

5.13 Participants

Research participants who were interviewed include health professionals in senior management positions at different levels (regional, metropolitan and teaching hospitals). They represent all the healthcare provider groups responsible for policies and strategic decisions on human resources for health in the region. These provider groups implement national healthcare policies and determine local operational policies on human resources for health in the provision of health services in the region. As explained in the methodology, the respondents who were interviewed were selected purposively based on their positions in the organization.

Table 5. 4 Summary of Study Participants

SN	Facility Name	Participating Officers	Sample size
1.	Central Regional Administration	Deputy Director in charge of administration	1
		Chief Nursing Officer	1
		HR Manager	1
2.	Trauma Specialist Hospital, Winneba	Medical Superintendent	1
		Administrator	1
		Director of Nursing	1
		HR Manager	1
		Nurse Managers	4
		Nurse Practitioners	6
3.	Cape Coast Metropolitan Hospital	Medical Superintendent	1

		Administrator	1
		HR Manager	1
		Director of Nursing	1
		Nurse Manager	4
		Nurse Practitioners	8
4.	Cape Coast Teaching Hospital	Director of Administration	1
		HR Manager	1
		Director of Nursing	1
		Nurse Managers	5
		Nurse Practitioners	9
		TOTAL	**50**

Source: Author's Compilation

As shown in Table 5.4, among the participating health facilities, there was 1 regional health Administration, 1 regional hospital, 1 teaching hospital, and 1 district hospital, that participated in the study. The Respondents from each facility were those involved in decision-making on talent management. They were purposively selected. At the headquarters, the Deputy Director is in-charge of Administration, the Chief Nursing Officers and the Human Resource Managers. At the regional hospital, the Medical Superintendent, Administrator, Director of Nursing, Human Resource Manager, Nurse Managers and Nurse Practitioners. From Cape Coast Teaching Hospital, we had the Director of Administration, Human Resource Manager, Director of Nursing, Nurse Managers and Nurse Practitioners, who were purposively selected. Similarly, at the district hospital level, the Human Resource Manager and Hospital Administrators were purposively selected. Finally, in the same manner, the Human Resource Manager and the health

service Administrator from the regional health directorate were purposively sampled. In line with the design of the study, data were collected from three groups of professional healthcare staff including (clinicians/managers, practitioners, administrators who are Policy makers and Implementers). The clinicians/nurse managers were interviewed and some were administrators. The rest of the participants referred to here as practitioners responded to semi-structured interview guides. The Practitioners were nurses who were non-managers.

A total of 50 in-depth face-to-face interviews were conducted with senior managers/policy makers, middle managers, and practitioners. Senior/Policy makers and middle managers in the sample were identified and invited to participate in the study based on their vast experience with the talent management policies, systems and practices for nurses; talent management of nurses; the challenges associated with the implementation of talent management initiatives, systems and practices for nurses, and explore the ideal talent management system for nurses in the State Health Services sector their perspectives were therefore essential. The participants were involved to examine their points of view of TM programs with which they were familiar.

5.13.1 Senior Managers/Policy Makers

Senior managers/Policy makers are the staff at the Ministry of Health/GHS comprising the Minister, Director General of GHS, Directorate and Departmental Heads. They are the policymakers for the effective and efficient operations of the sector and provide the appropriate environment by designing and implementing programs whose aim is to improve the quality of healthcare services, create a positive impact, and improve employee performance. Those at the upper levels are referred to as senior management. The hierarchy of management means that authority, or power, is delegated downward in the organization and that lower-level managers have less authority than higher-level managers whose scope of responsibility is much higher.

5.13.2 Middle managers

A middle-level manager is appointed to head a specific clinical service line with responsibility and accountability for evaluating, developing, and retaining employees, responsible for the budget for medicines and equipment, in the case of a medical department, and financial control associated with the array of services provided under that service. The most crucial role of middle managers is to implement policies and practices successfully to achieve organizational goals. In the context of the Ghana Health Service, middle managers often lead a professional group (e.g., doctors, nurses, and allied health professionals). In addition to achieving organizational goals and implementing strategies, middle managers also face unique contextual constraints as, despite being middle managers, they have multiple roles in dealing with employees in their departments, their patients, and senior management.

In terms of management functions, middle managers support and coordinate services provided within healthcare organizations. Management is defined as the process, comprised of social and technical functions and activities that must occur within an organization to accomplish predetermined objectives through human and other resources (Longest, Rakich, & Darr, 2000). Implicit in the definition is that managers work through and with other people, carrying out technical and interpersonal activities to achieve the desired objectives of the organization. A broad definition of a manager is anyone in the organization who supports and is responsible for the work performance of one or more other persons (Lombardi & Schermerhorn, 2007). Managers in the Ghana Health Service implement six management functions as they carry out the process of management (Longest et al., 2000). These are planning, organizing, staffing, controlling, directing and decision-making.

5.13.3 Practitioners

The healthcare workforce as far as nurses are involved is classified according to skills level and specializations of nurses in providing nursing care services, such as ENT, Pediatrics, Emergency, Theater nursing, etc. Their academic qualification usually ranges from Diploma, First Degree, Masters, Doctorate holders and sometimes Fellow Certificates.

5.14 Data Collection

Data collection was done through the administration of semi-structured interviews. Interview schedules were designed, one for the policymakers at the head office which included clinicians and non-clinicians, and another interview guide each for nurse managers/clinicians and nurse practitioners respectively. The interview guides were designed to collect some specific information to be generated so that some assessment could be made on key responses by the prime respondent. Thus, while the two interview guides were largely identical, some modifications were made to the questions according to the targeted respondents. To improve the accuracy of reporting, a digital recorder was used to record the interview. Notes were also taken during the interview to back up the audio recording.

5.15 Data Analysis

In qualitative research, it is accepted that the researcher has a key role in interpreting the data, and the subjectivity of one's observations is of paramount importance throughout the research process (Creswell & Poth, 2017). With this in mind, it was important to consider how my background, experiences, views and values impacted the way I interacted with the participants and the way I interpreted the data. It was not always an easy task to draw the line between the active professional and the researcher and not allow my own opinions to guide the direction of

the interpretation of the data. Often, I found myself making assumptions about what the participants meant because I believed I was thinking the same way. This was more common during the interviews and the transcription stage. Once I began the analysis and the coding process and attaching meaning to words and phrases it became easier to become objective. The interpretivist paradigm guided my approach to the analysis of this phase in particular. I acknowledged that there is no objective reality or truth 'out there' waiting to be discovered. I entered the practitioners' and policymakers' world, used my background to understand them and focused on listening and interpreting the teachers' views and perspectives of their self and collective efficacy.

5.16 Thematic Analysis

This study followed the thematic analysis approach to analyse the qualitative data (see methodology chapter). Braun and Clarke (2006:79) define thematic analysis as: 'A method for identifying, analyzing and reporting patterns within data'. The reason for this choice is that this type of analysis illustrates the data in great detail and deals with diverse subjects via interpretations (Boyatzis, 1998). The thematic analysis allows the researcher to immerse themselves deep into their data and through thorough procedures to make their interpretations. It provides a framework like the one suggested by Braun and Clarke (2006), which is a useful pathway to follow providing direction but at the same time, it is entirely down to the researcher to decide how to interpret their data. I felt this provided freedom but at the same time responsibility toward the participants and their views. According to Braun and Clarke (2006:87), there are six steps to the process of thematic analysis process: becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming the

themes, and finally, producing the report. The analysis of the data took place in four stages which incorporated the steps described below (Table 5. 5).

The first step of the analysis was to read each of the transcripts thoroughly at least twice. While I was reading the transcripts, I also referred to notes I had kept during the interviews relating to characteristics of the state health sector, the stance of the participant, patterns of speech, feelings and comfort in elaborating on their issues. These notes also acted as reminders which later informed the discussion. At this stage, I also highlighted statements that I found particularly interesting. I made notes next to the text and I also started developing some codes. At this stage, and as part of my immersion into the data, I developed an Excel spreadsheet to help me organize the data. In its initial form, the columns were: participants (coded), position in facility question, answer, comments and quotes. I also started colouring and highlighting again. This table eventually became my codebook and helped me organize codes and themes and associate quotes with those as well.

After I developed this spreadsheet, it occurred to me to use the filters and arrange the cells by the question to see what and how each participant responded to the questions. This, perhaps an unorthodox approach, allowed me to get an even better flavour of the responses. I could also see how participants with different years of experience or positions responded to the questions. After I had read all the responses to each of the questions, I wrote a summary in which I also included 'outliers', responses that were markedly different from the rest. During this laborious process, the development of codes started. I would say that I moved from 'what the participants said' to 'what they talked about'. At this stage, it was difficult to follow a particular pattern to analyse the stories that were collected. Such approaches also enable us to think beyond our data to how accounts and stories are socially and culturally managed and constructed. That is, the analysis of

narratives can provide a critical way of examining not only key actors and events but also cultural conventions and social norms.

Table 5. 5 Step-by-step approach to thematic data analysis

Stages of Analysis	Description of data analysis (Braun & Clarke, 2006)
Immersion	Transcription of the data, reading the transcriptions, mapping the answers, analysis of the responses to actual questions, not down initial codes
Coding	Identifying initial codes of the data, re-developing codes, recording codes on the spreadsheet, attaching in a systematic way across the entire data set, collate data relevant to each code.
Themes	• Grouping of codes into potential themes, the grouping of all data relevant to each potential theme. • Review of the codes attached to each theme. Generate a thematic map of analysis. • On-going analysis to refine each theme, what each theme represents, attaching representative quotes to themes as well as contextual information of the participants.
Writing up and discussion	Writing 'what participants talked about' for each theme, attaching quotes, analyzing the responses. Relating to the analysis of the research questions and discussing the themes in relation to the literature.

5.17   Conclusion

The objective of this chapter was to lay out, discuss and justify the selected methods, approaches and techniques deployed in the study. Initially, a conceptual clarification of the methodological issues was presented followed by a reflection on what the researcher did to obtain the data/evidence required to answer the study's research questions. Specifically, explanations around access to participating organisations, data collection and analysis strategies were reported. The next chapter discusses the findings of the study.

CHAPTER 6

FINDING AND ANALYSIS

6.0 Introduction

Ensuing from the reviewed talent management in the health sector literature, this chapter presents findings and analysis of the study with respect to talent management practices of nurses in the State Health Services sector in the Central region through recruitment and selection, staff development, promotion and staff appraisal of nurses. Specifically, the study focused on the talent management policies, systems and practices for nurses, talent management of nurses, the challenges associated with the implementation of talent management initiatives and systems and practices for nurses. Additionally, the study explored the ideal talent management system for nurses in the State Health services sector of Ghana. This research was carried out in three state health institutions and they were categorized into the following institutions; Institution A (University of Cape Coast Teaching Hospital), which is an autonomous institution that reports directly to the Ministry of Health. Institution B (Regional Hospital) and Institution C (District Hospital) are Ghana Health Service facilities that are managed and supervised by the Central Regional Health Directorate which in turn reports to the National Headquarters of GHS, which reports to the Ministry of Health. This chapter presents the key findings from interviews that sought to answer important research questions currently begging for answers to understanding how the state health sector in Ghana addresses talent management issues.

The fieldwork yielded some interesting findings. These findings were gleaned from the themes that emerged from the analysis of the literature as shown in Table 6.1 below,

Table 6. 1 Themes derived from the literature

Research question	Emerging themes from literature sources
What talent management policies, systems and practices exist for nurses in the state health service sector in Ghana?	Talent attraction, training and development, performance management, talent retention
To what extent is nursing talent managed in the state health services sector in Ghana?	Shortages, distribution, competencies
What are the main challenges confronting the implementation of talent management initiatives, systems and practices for nurses in the state health services sector in Ghana?	Definitional issues (natural disposition, mental power, high performance or stakeholder value); strategic integration, gaps between intended and actual practices, lack of evaluation, competencies to use TM tools
What is the ideal talent management system for nurses in the state health services sector in Ghana?	Attraction and retention, performance management, staff engagement, training and development

Author's construct

A degree of overlap occurred between the themes. In addition, participants elaborated on some

themes more than others. Even though it is not entirely possible to quantify the responses, there was a difference in the amount of time the participants spoke about certain issues, hence some themes appear to be 'bigger' than others in terms of responses and significance. The difference in 'sizes' of the themes is not clear because some codes which emerged as themes appeared too often in the text. The order of the themes is as follows:

Table 6. 2 Order of themes for analysis

6.5.2	Talent management policies, systems and practices
1	Availability
2	Performance Management
3	Training and development
4	Recruitment
5	Retention
6.5.3	**Ideal TM systems**
6	Shortages
7	Career development
8	Distribution
9	Competencies
6.5.4	**The extent of talent management in the nursing profession**
10	Definitional challenges • Natural disposition • Mental power • Knowledge and skills
11	Strategic integration
12	Adherence challenges
13	Retention challenges
14	Gaps between intended and actual TM practices
6.5.5.	**Ideal talent management systems for nurses**
15	Attraction
16	Retention
17	Training and development
18	Performance management

Author's construct

The themes above were then applied to the evidence gathered for the analysis of the findings.

They provide great insight into talent management policies, systems and practices for nurses in the State Health Services Sector in Ghana. Some of the policies include; the interaction and complementarity between the public, private, and quasi sector, as well as with health partners, notably in terms of planning, training, recruitment, and deployment of health workers; the demand, supply and need mismatches to improve overall health labour market absorption capacity for health professionals including newly qualified nurses in Ghana; improving health workers productivity, training, distribution (deployment, recruitment and retention) across Ghana and ensuring that health workers have the right skills (MOH, 2013; MOH, 2020; MOH, 2021). These are essential in a contextual study seeking to understand the intended and actual talent management practices in a given context, in this case, Ghana. By so doing, a more systematic presentation of information around the extent of talent management practices, the challenges associated with the implementation of talent management initiatives and identifying a more appropriate model for managing talents for the nursing workforce in the state health services sector in Ghana were achieved. The findings are presented in responses provided by the respondents.

6.1 Analysis of the themes

6.1.1 The talent management policies, systems and practices of nurses in the State Health Services Sector in Ghana.

6.1.1.1 Management's perspectives on talent management policies, systems and practices
   Theme: Availability of TM policies

The interviews captured the perspectives of the senior managers and the senior management and as well as the policymakers who participated in the study. From the management perspective, the

study found that talent management policies and systems are in place but face implementation difficulties because of how they are formulated. This was put succinctly by a senior health service administrator in the following terms:

"The strength is that the policies are well grounded and formulated. The policies are developed through wide consultation, sometimes highly skilled personnel and consultants are engaged to do that, and before they do that, sometimes they go to the field, so the policies are well-grounded and well-intended. The problem, however, is that we are not able to implement them as they should be: there are several reasons for that, and one of them is resource constraints, sometimes the policy cannot be implemented in the way it should be handled, as politicians interfere with the process. Sometimes policymakers are not committed to the implementation process and the monitoring of the policy is very weak."

A deputy director of nursing services also commented:

"I believe that policies are good because they serve as a guide when they are planning TM programme. However, policy formulation includes non-management staff but implementation does not include them., Often we don't know how it is being implemented, because sometimes you realize that certain implementation issues don't favour the majority. There is a need to consider those at the bottom of the ladder when they are implementing such policies. Especially with talent development, you know they are advocating that we should always improve on our skills, we should upgrade ourselves but they don't consider some of the key things that can be used to help nurses or staff to sharpen their skills."

However, there were contradictory views regarding the availability of TM policies from a theatre recovery in charge nurse:

"I don't know whether TM is a policy or not. I feel that policy implementation is not strictly adhered to as it is a little flexible."

Also, the Deputy Director and Head of Research Monitoring & Evaluation indicated that:

"One of the things I have observed is that sometimes even at the organizational level or national level, wrong people are put together to form policies which affect their implementation when a policy is to be developed, so the core development team should have the requisite knowledge and skills about policy development and it should also have some level of experience on contextual knowledge. They should possess technical knowledge about policy development and how to bring the vast practical experience on board so that they can contribute meaningfully to the policy formulation, implementation and monitoring"

It was further stated that*:*

"They should also realize the importance of stakeholders' engagement so that at the time of implementation, the policy will be acceptable because stakeholders would provide legitimacy to the policy to facilitate successful implementation."

Theme: Performance management

From the management perspective, the study found that talent management is a programme that helps the hospital in identifying the gaps and other deficits in staffing. The policies, systems and

practices help in bettering the performance of the employees. This was supported by comments from the Head of Administration who indicated that:

> *"Our talent management programmes are based on our performance appraisal system. From the performance appraisal, the staff members with potential are selected for further development."*
>
> *"The HR department plays a crucial role in identifying the talented individual capable of benefiting from talent management. If we do the performance appraisal well, we will be able to develop or initiate the appropriate training and development for talented individuals."*

Theme: Training and development

From the management perspective, the study found that training and development help the hospital in improving the competencies of nurses in health facilities. The training programmes are classified into two; first those that are on the job training that are routine programmes; secondly, those that are specifically designed to ensure talent development in the state health services sector in Ghana.

A Regional DDNS commented that:

> *"As part of the TM process, staff members are allowed to further their studies. This begins with the declaration of interest by the staff members. After vetting by GHS, those pursuing skills in dire need in the sectors are permitted to undertake the training and development programme. Qualifications emanating from programmes are recognised by GHS. Unfortunately, some staff members do not seek permission from GHS but proceed to undertake training for programmes not in short supply in the sector. Sadly,*

qualifications emanating from such programmes are not recognised by GHS. Under the

TM programme, nurses are encouraged to undertake development initiatives."

The Regional DDNS continued that:

"I have noticed that over the years the hospital has made time and also created an

enabling environment for nurses who want to further their education thus acquiring

state-of-the-art skills. I know for a fact that in the current policy plan provision was

consciously made for nurses to develop themselves."

A Deputy Director and Head of Research, Monitoring & Evaluation shared her view:

"I will approach TM in two ways; the structured and the generic structured ones are

obviously implemented, where the emphasis is on the individual's output. Here, there are

also elements of subjectivity as the supervisor can influence how far a nurse can be

developed under the TM programme. So, the implementation of the programme is not

ideal because of the human factor. It is good that the hospital has a structured way of

staff development which is excellent but beyond that, they should also consider informal

career development, to not only allow people to develop but to harness those who go and

develop themselves, they need to value them and consider how best to utilize their skills

and competencies in order to maximize their performance."

Furthermore:

"If the government can also help to expand the schools, it would help because it has been

a long time since the school of critical care started and some of these further training

institutions can admit just a few. Every year hundreds of people are applying and they get disappointed because only a few places are available. The government needs to explore how it can look beyond that and build more of these specialist training schools to push the health system further because all sectors of the country are developing and I think we should pay attention to that because that is where talents are sharpened or are developed. The health sector is moving but at a very slow pace."

Furtherance, a Unit Head shared her view on training and development:

"In terms of training, the emphasis is on in-service training which hardly imparts innovative skills to talented individuals. The new nurses do induction training, a sort of in-service training for them before being brought to the wards or assigned to their various units of work. When they come to the ward too, the unit head or the ward in charge has to see to it that they go through the activities that they are supposed to perform and she has to be observing them as they do their work. This training system is under the command of, the in-service training coordinator. So, at the hospital facility level, we have training coordinators who do the induction training and when they are assigned to the wards, then the unit heads take up those responsibilities."

A theatre recovery in-charge commented on some of the strengths and weaknesses of the training and development programmes in the Ghana Health Service:

"I know there are designated schools for training specialist nurses. What is normally done is that every year they normally recruit new students so I know that the ones who are interested will just apply for admission to the school online, if the person is giving the study leave then he or she proceeds to study."

This staff went on to say:

> *"Yes, we have some strengths that have been realized in the sense that, the TM policies have allowed staff to acquire critical skills and opportunities to develop their talents and at least come back to serve."*

A senior health services administrator shared his views on structures in place for training and development in the Teaching hospital:

> *"Sure, we have well-structured policies by way of study leave but some colleagues prefer the sandwich and weekend classes route."*

Theme: Recruitment

The study found that recruitment is done through the GHS, which picks the qualified ones, who are willing to work and contribute to national development. This was confirmed by a theatre recovery in charge:

> *"Yes, I think there is a process after passing your exams. You will have to go through the necessary processes in the rotation, then you are given an appointment letter to be part of GHS. For the GHS immediately after school, you are given a letter to return to your place of work before you left for school. One thing is you are given study leave and it is on records so the moment you are done you will be absorbed back. It depends on where you are moving from, if initially, you were in a GHS hospital facility before schooling after schooling you are absorbed back into the system and then you are upgraded but if you came from a private sector then the individual has to go through the process of being*

absorbed into GHS. For those who were already in service the GHS immediately after

school gives a letter to the staff return to post."

The study found that individual facilities do not have control over recruitment as it is done

centrally by the Ministry of health. As a deputy director of nursing affirmed this in the quotation

below:

"Some of the measures, we don't have absolute control over, for instance, I need doctors

but when the doctors come, they don't stay and we don't have any means to attract and

retain them. You have to use your mega idea to attract and retain. Of course, it is a

government facility so definitely is up to the government to tackle the recruitment and

retention challenges."

Another senior manager commented that:

"Once it is a government institution and those institutions are accredited then the

government will do the recruitment so we don't have any hand in the recruitment

process. It is the government that does it."

Recruitment into the service is based on qualifications and vacancies but because recruitment is

normally done at the central level, there may be certain positions where the right skills may not

be recruited. A unit head at the regional hospital indicated in the quotations below:

"Imagine GHS employing somebody with qualifications in actuarial science as an

administrative manager. Also, imagine placing such a person in an HR department as an

HR practitioner. Let's say a person has gone to pursue actuarial science and they have

posted him to be HR manager in a hospital facility, does he even understand human relations and HRM? Sometimes, the political system interference in recruitment hampers TM in the GHS."

Another HR manager asserted that:

"To avoid problems what we do is that, I sit in the interview to review the candidates' qualifications and then based on that, the qualified ones would be short-listed, and then after short-listing, we conduct interviews, and after the interviews, we develop criteria and then based on that criteria, we select those we want. This is the ideal situation but it is not always possible as some candidates are selected based on protocol."

However, some respondents are of the view that the selection process at GHS through formal is too long, centralized and ineffective as suggested by a Nurse Manager in the quote below:

"It is too long a process and not very effective since a lot of staff even have the qualifications all right but are incompetent. And at times, you wonder how they got those qualifications, and who even trained them as well. So, if the recruitment process is effective, we should be able to weed all the incompetent staff out of the Ghana Health Service. Even if per their qualifications, we did not know that they were incompetent staff, there should have been systems in place to weed all of them out of the Ghana Health Service."

Also, the Deputy Director and Head of Research Monitoring & Evaluation shared her view:

"I would say that it starts from how the individuals are recruited from the national level, for instance, if someone goes for a particular programme because of interest, or because of financial clearance issues, the person is posted into another area, the necessity to get the job takes away the elements of the impact of the person been employed into an area the person would not be interested in, so then we have recruited people who are not necessarily enthused about the work they are doing, so the right people are not recruited into the right places in terms of talent management, but there are exceptions whereas someone will find himself or herself in an area that is not originally intended but how the person is mentored can lead to the person enjoying it and staying in the job."

A Theatre in charge commented about the nature of recruitment and placement:

"For my hospital facility, no internal recruitment is practised, but I think for the regional level I have seen them circulating letters for the various levels and the vacancies available so if you feel you fall into those categories, then you apply and then you go. So, at the Regional level when a staff resigns or vacates the post, a replacement is initially sought internally first and failing that they resort to external recruitment. Internal recruitment facilitates our TM programme"

Theme: Attraction and retention

The deputy director cited some retention strategies in the Ministry of health's strategic plan to include accommodation and how the Ministry of Health can engage the private sector through the Private Public Partnership (PPP) arrangement. Nevertheless, not all nurses at the Teaching hospital are offered accommodation as indicated in the quotations below:

"You have random kind of this thing, but I know in the current strategic plan is a 5-year medium plan with a conscious effort to include how to retain staff, one of the issues that we have here which scared people away is accommodation for staff, and so now options are being explored as to how the ministry is involved into PPP arrangement to be able to get partners into help in building accommodation for staffs, that alone might help to bring people to work in Cape Coast. Management is aware of some issues and so in past meetings, for example, we were told they are trying to get staff accommodation. They are also trying to sponsor or help people to accelerate their further studies initiatives. These policies are likely to promote goodwill among staff and facilitate TM."

The deputy director admitted that the location of the Teaching hospital is in the urban area, thus, Cape Coast, the Central regional capital served as a source of attraction and retention of nurses to the hospital as expressed in the quotation below:

"They have started to make it easier for people to go to school. One thing that also draws people here is the fact that there are schools around so, some people would want to come to Cape Coast regardless of the economic situation so that they would be able to attend the University of Cape Coast. I also know of the housing scheme the management wants to implement."

The Unit head of the Teaching hospital cited an improved working environment with an adequate set of equipment as a key to retaining talents:

> *"If a staff has a talent and has to put it into good use in the hospital facility and he/she lacks the requisite logistics to work it, it can interrupt or hinder the talent the person wants to exhibit and the staff will not be able to achieve the result he/she wants. However, if the logistics are available, it helps to bring out an excellent performance in terms of the exhibition of talent to the benefit of the patient, family and the hospital facility's objectives."*

It was also mentioned that:

> *"The strength of the appraisal system is that it is good because they will tell you what to do and what not to do but the weakness is the acquisition of logistics to enhance work. It becomes a challenge if we don't have the necessary logistics for the implementation of TM. We also need the proper appraisal tools at the hospital facility level, so at the end of the day, the best-performing nurse would be identified and supported through the TM process."*

Again, the deputy director of nursing services at Ghana Health Service commented on the proposed incentive package by the Ministry of health which is to improve the attraction and retention of nurses in deprived and hard-to-reach rural areas.

6.1.2 Extent of talent management in the nursing profession

   Theme: Shortages of nurses

Consistent with the TM literature different views emerged regarding whether there was a shortage of critical staff and talents in the GHS. One view, and the popular view, alluded to a talent shortage in the Ghana Health Services sector. This is expressed eloquently by a Deputy Director of Nursing Service:

> *"There are some hospitals and some clinics, and there are some CHPS compounds that lack the requisite staff. If you go to certain places they complain about a shortage of staff and that the staffing situation in Ghana does not meet the WHO standards. And so, despite the huge numbers that we have trained, even if they are all to be posted, we still do not meet the WHO standards."*

Different reasons emerged as factors responsible for the current talent shortage in the Ghanaian health services sector depending on their organization. According to one of the informants:

> *"Shortage of the talent of the health professional is due to the inadequate number of staff or lack of leadership development. When one is employed with a certain talent, the Ghana Health Service or Ministry of Health doesn't develop the person or others who are not good they can develop them to achieve or improve upon the talent that they have but I see it to be a gap because the leadership development is inadequate."*

Another nurse manager argued that:

> *"Talent shortage occurs when the demand for a particular job increases, due to retirements and inability to meet the demands. For instance, I learnt some hospitals need midwives more than the general nurses but not enough midwives are being trained so that can also lead to a shortage of talent."*

Theme: Career development

The study revealed that from the perspective of management, the talent management of nurses was based on the ways they know their talents and developed the talents of the employees for the right positions and jobs.

The Head of Administration commented that:

> *"Management is involved in the decision-making process in the development of talent here. There is a periodic undertaking of in-service training for nurses and midwives to sharpen their competencies. It is based on the performance appraisal system and then we identify the training gaps and needs. We do it on monthly basis, and a quarterly basis all based on the availability of funds. Yearly we take in-service training about 4 or 5, maximum of 6 that is bi-monthly and even with the in-service training, we are mandated to do it when new staff come and often tied in with induction."*

Also, the Regional DDNS in Charge of Talent Development added that:

"If they know a staff member is lacking in some skills the in charge will pair him or her with someone who is competent and has the required capabilities to coach and help the staff acquire the required skills and competencies."

At another level:

"If you are a staff nurse you have to work for 3 years before you qualify for study leave. But if you happen to be in the rural areas, they have reduced it to 2 years so it motivates them to accept a transfer to the rural areas. But the first promotion is 3 years but the subsequent one is 5 years before you qualify for another study leave."

Again, the Deputy Director and Head of Research Monitoring & Evaluation commented that:

"The system we have now is more formal and focuses on schooling than the individual's on-the-job training, so the academic development of the talent is often carried out successfully but the same cannot be said about the practical experience. Under the current system, a manager needs to justify why the person is recommending further studies. The policy is not specifically focused on nurses only but I know for a fact that the current policy plan provision was consciously made for nurses to develop themselves."

It was also contended that:

"We have started implementing TM strategies for our professional staff. Staff are now encouraged to specialize in various disciplines such as oncology and emergency

medicine. Now that is what the hospital is doing. If you see a need for an area, you train the nurses in that specific area. Now the speciality area I know nurses will want to specialize in is critical nursing. But the challenge I have identified is becoming a critical care nurse should not be seen as the last stop, but to also make themselves relevant in the organization so that there will be valuable and embrace further opportunities for gaining skills, knowledge and competencies."

Moreover, a Deputy Director of Nursing Services indicated that:

"My role includes identifying people who are good in certain specialities. Currently, in my ICU, I have people that are being mentored and coached to go to critical health school. For people who have the energy and the competence are given opportunities to flourish. Sometimes, you need to engage them since they might not know. Then there are those whose supervisors can help them see where their strengths or weakness are and they also engage them."

The Unit Head contended that:

"With the skills or ability, the person has, with time you have to help it grow. So, in a way, you will have to nurture it so that, the talent or skills the person has will keep on growing and would not be dormant or stagnant at all times. When it comes to the development of talents, I think it is the person himself/herself. For this hospital facility, we have our overall boss, who is the Medical Superintendent who sees to that. Then the nurses too, we have our Nurse Manager with the nursing administration to support them.

So, as a hospital facility what we want to achieve is that, at the end of the day, the person should be able to put all the skills to good use. If the person comes in as a new nurse; a new entrance in the profession, let's say that as a new entrance time the facility will help the staff in talent development and TM."

A Theatre Recovery In-charge averred that:

"Talent development involves measures adopted by an individual to improve upon his or her skills. I think the in-service coordinators are responsible for the development because they organize periodic workshops. It is done weekly every Thursday. I believe it is to make sure that staff or nurses keep their skill at the professional level and then to be well informed".

The Regional Deputy Director also commented that:

"TM is allowing people to develop the talent they have and are working with. In the service, opportunities are limited, so if I come and work as an administrator I am supposed to be promoted along the line until I exit the service. Now the system has opened up, for nurses to specialize in so many areas and grow in those areas. It is the management of the service, from the GHS council level, through to the director general and then the HR division to the regional directors and then to the managers of the service they make the policy and those who are covered follow it. Now, nurses can specialize as doctors specialize. To broaden the scope of talent available for efficient service delivery."

From the Regional HR Manager's point of view:

"Talent development involves giving a talented staff a broader room to operate. For instance, you can have a staff, instead of always doing it this way, does it another way. You will pick the task and ask the person, please do it for me, you see you give room for the person to open up as to how the person will do it, you don't give the person instructions, so when the person uses his/her initiative and analysis to come out with something and it is okay, it's better than you picking the whole thing for the person to follow or mimic. The higher hierarchy of the service is involved and also at the hospital facility level. The heads of the various BMCs and units are key stakeholders in the career development and talent management initiatives."

It was also affirmed that:

"When the new nurses come to join the old nurses, we keep giving them in-service training to enable them to sharpen their skills and for the old ones anytime a new service is coming up we give them training. Notwithstanding when we also identify some gaps that are the talent gaps that is also a cause of organizing an in-service training for them."

Theme: Distribution of nurses

The Deputy Director and Head of Research Monitoring & Evaluation commented that:

"Well to me, I will not say there is a shortage of health professionals because it is about the distribution and the rest, it is not well distributed, so you might think or perceive there is a shortage. But it is a rather unequal distribution to the regions and districts, there is overconcentration of staff in the urban areas and shortages in the rural areas or poorer regions. We have the staffing norms, that is why you can identify the gaps, for example, you can know that in this region we are short of a particular number of nurses or midwives. For some of the regions, they are deprived, this is determined by the number of people at post. "For those who are normally transferred to the rural areas, the policy now is that they have a residential accommodation as motivation for those who were transferred."

The Deputy Director of Nursing Service at Ghana Health Service indicated:

"I don't agree we have shortages of nurses. We have the talents. The problem is with the distribution. Let's use Accra and say Kumasi as examples. In Accra, you can go to a small clinic that is close to me at Dansoman, it is a clinic, not a hospital, and we have two fully qualified pharmacists - what are they doing in such a small clinic? This clinic has two pharmacists assisted by pharmacy technicians and pharmacy assistants. However, when you go to my village, you can't even get a pharmacy technician. That is the problem."

It was further revealed that:

"Reasons for the poor deployment of talent according to my view includes the fact that health workers are not prepared to accept a transfer to rural areas where there are no basic social amenities. So, they make use of their networks to ensure that they are posted to urban centres where they feel they can enjoy basic social amenities such as good schools, electricity and pipe-borne water with their families. According to this perspective, this leads to a feeling of talent shortage in these areas nationally even though there is a huge concentration of talent in some urban centres."

Theme: Competencies

Interviews at the regional and teaching hospital levels attested to a lack of competencies such as empathy and analytical skills within the nursing profession as shown in the quotes below:

"One particular competency that is lacking among health professionals is Empathy. Empathy is becoming a rare commodity in the work we are doing now. The ability to empathize with people and with the patient is lacking. Besides that the competencies that they lack most especially are critical and analytical thinking skills. That is my opinion anyway and then that will lead to problem-solving skills as well and I will add team working skills. I think they lack these competencies because some of them are arrogant and do not realise that they offering a service to their patients."

With regards to reasons for insufficient competencies, some respondents attributed reasons for insufficient managerial competencies of health workers to the failure of universities and health

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training institutions to teach appropriate skills at the pre-service level and poor quality of education provided at the pre-service level as indicated by the quotes below:

> *"The quality of training is contributing to the problem, the curriculum structure is a problem, and teaching and learning condition are all problematic. At times, many people are packed in the classroom, with some also standing outside during teaching and learning. If a lecturer teaches about 300 or 400 students in one classroom, then the quality of training is questionable. Again, examination malpractice is also a contributory factor".*

As a result, GHS organizations have developed several strategies for managing high performers. The study now turns to explore strategies for managing high performers at GHS.

6.1.3 Challenges confronting the implementation of talent management initiatives
Theme Definitional challenges

- o Natural disposition
- o Mental power
- o Knowledge and skills

The interviews with senior managers and policymakers at the regional and national levels reflect how individual and organizational characteristics inform how individuals in different organizations conceptualize talent and talent management. The quotes below demonstrate the different conceptualizations of the term talent and how it poses a challenge for the implementation of talent management initiatives.

"Talent is your pure skill, something you have not received some appreciable training on and yet you are able to do the work quite well, and then you get a lot of commendation on it. I have seen people who are very good at communication, and so in their line of work, they pursue some work in the area of Health Promotion and they promote and educate people on their Health. I have seen people who are also good in the sciences (mathematics, biology, and physics) and depending on which of these specific areas, they have decided to become Laboratory Scientists, Doctors, and Nurses. So, Talents are available, and I want to believe people pursue their careers based on their talents. "I will say, talent is the ability or the skill or the competency someone presents without going through formal or informal education."

A clinician maintained that:

"Well, I look at talents as some specified inwardly or inherent skill that a person possesses in the discharge of his or her professional duties. Well, I think sometime back, you look at people discharging their core mandates as in their professional duties with some kind of passion in terms of exhibiting the talents that are inherent in them. But these days, it looks like people do it without passion".

From the quotes above, it appears that 'talent' is inborn. According to this view, health workers contribute to their respective organizations based on their initial skills. However, it also emerged that their talents could be further developed to improve organizational performance consistent with a second perspective in the TM literature that conceptualizes talent as something that is nurtured. For example, some managers with this view argued that:

"Talent is usually shaped and polished by the influences in the environment. Based on the kind of education the individual is exposed to, he is able to shine and come out with his best and excel. There can be somebody from a deprived area, who is very intelligent and smart but because he is not privileged to be developed through good schooling and social amenities, he remains in the village and gets rotten, thus engaging in peasant farming, doing menial jobs and remains in abject poverty".

Along the same lines, it was averred that:

"The environment seriously counts and determines what one will be in terms of the social ladder: No matter how you are hailed for being intelligent if you don't get a push by being exposed to the right schooling or education, the right pear groups or mates and the other external factors, the intelligence will remain local; 'Local Champion' so I always say you have to be born with talent and you need external influences or factors to drive you to where you want to rich and become useful and beneficial to society".

Theme: Strategic integration

The deputy director of Research, Monitoring & Evaluation of the Teaching hospital indicated that talent in the management department should rather be integrated into the entire health system.

Theme: Adherence challenges

The study again found that in the implementation of talent management initiatives, systems and practices for nurses, the policymakers faced challenges with adherence to policy and this was supported by comments from the managers:

According to the Head of Administration:

> *"Generally it is about adherence to the performance appraisal system. We don't adhere to it, so we only apply it when you want to have your promotion. Again, that is human nature, is about understanding where they can work or positioning them to where you think they can fit. Adapting to change is a problem so sometimes you have to look at the strategies."*

Theme: Retention challenges

The Unit Head indicated that she doesn't know any of the talent retention policies, this may be because there was no retention policy in the hospital or facility. But when it comes to the development of talent, she commented:

> *"When people are slow learners, we have to take much time so that we help them to pick up a particular talent that they want. If the person is willing to change and adapt to new technologies, that one also helps."*

Again, the Deputy Director of Nursing Services commented:

"The main thing is that staff do not feel appreciated and so they often say they are not motivated in any way or form. Staff complain that if they do something wrong they are quickly reprimanded but they are not praised or commended when they do something right In addition, over here, even when you are in in-charge you do not earn any allowance. For a nurse, it only starts from DDNS and upwards. Even when you are a ward in charge you don't benefit, I hear management is trying to get something for the ward in charge. Beyond that, there is nothing really to keep us here. We don't have accommodation and transport. It is only at the end of the year that they give us Christmas packages i.e. a 5kg bag of rice, some oil and corned beef. It is a disincentive to keep talent and we are suffering. Hence the labour turnover does not facilitate TM"

This high labour turnover manifests itself in overwhelming, in early career nurses at the facility A senior nurse manager stated that:

"If you go round, most of our nurses (workforce) are like three, five years of experience. They come and they wait for the third year to leave. We always deal with nurses and it takes us a while to train them to attain the level of competencies and once they gain the experience and skill they leave. It is like a cycle; we always deal with young inexperienced nurses. We are not retaining our talent."

Another nurse manager maintained that:

"Also, one thing now is a mistruth. I earlier mentioned that sometimes when we have identified people with talent and we have spoken to them and they agree to go to school then we push and bring it to management. So sometimes they are sceptical since

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management questions whether the person will come back since it has happened severally in the past. This impedes the development of TM initiatives.

Theme: Gaps between intended and actual TM practices

A senior nursing officer cited examples of the gap between intended TM principles and actual TM practices in quotes below:

"Well, we have beautiful policies in terms of management of talents but in most cases when you go to the field you will find that there is a big gap between the policy and practice. For example, in some situations, they will tell you that if you go to a hinterland, within three years you are expected to or you are supposed to be given a study leave to go and develop your skills but the truth is that once you get there you don't benefit from the policy"

A ward in-charge nurse at the Teaching Hospital explained that:

"Promotion is available to those who have served at least three years. Well, we all know that the fact that you qualify doesn't mean that you should get automatically promoted. You have to attend selection, and promotion interviews and after all that some people even do not get to know the results. Sometimes people get there and get to the interview all right but when it comes to the actual letter, they are supposed to receive to indicate that they had their promotion but through no fault of theirs, the staff do not even get a call or even receive an interview outcome letter and so these are some of the bottlenecks in the system that make a gap between the TM implementation and policy"

Also, the Deputy Director of Nursing Services in Ghana Health Service indicated that:

"Here, we always compare statistics. A typical example was in 2017, we received some nurses to improve our nursing workforce, and it had a more positive impact on the work output of nurses than when we had few numbers at hand. Mostly, our indicators, such as mortality figures, period of patients' stay in the hospital, and bed occupancy, help to enhance the performance of nurses. We have also instituted an audit to get feedback from patients and their families that patronize our facilities to facilitate our TM initiatives.

Moreover, a Theatre in – charge nurse commented on the gaps between intended and actual TM practices:

"Well, I think it differs, yes it differs in a way, you know intended it is what you expect, so sometimes the expectation is people make sure that the skills are improved or maintained at the professional level but it doesn't happen, because of problems such as inadequate logistics to work with, no money syndrome, inadequate infrastructure, the small quota given for study leave and staff development because of a shortage of staff at the hospital facility."

Another senior nurse affirmed that:

"Well, even though the policies are intended to be used by the districts and the regions, sometimes, there are variations. Just like I was saying, they formulate the policies which the national level expects, and they will be implemented accordingly at the regional, district and sub-district levels. However, the policy implementation is not adhered to, and the implementation process differs from place to place because of the challenges that

people encounter along the way. These include inadequate tools and logistics to work

with, financial problems, unwillingness on the part of supervisors to give what is due to

staff, etc. There are no effective monitoring mechanisms or teams that frequently go

rounds to ensure, that the TM policies are being implemented correctly. The effect is that

staff are frustrated and demotivated to put in their best"

6.1.4 Ideal talent management system for nurses

To address the limitations identified in TM practices above, managers highlighted the need to develop a more appropriate TM model for nurses in the State Health Services Sector in Ghana. The quotes below demonstrate respondents' views regarding appropriate models or systems for talent management practices in the state health services sector;

Theme: Leadership

A Nursing Officer in a Teaching Hospital professed that:

"I think that Ghana Health Service has some of the best talents in the State Health

Services Sector in Ghana, of course, some are in the teaching hospitals. Some of the

systems and guidelines we have are also quite good. What is lacking in my view is

leadership and management skills at all levels (facility level, District level, Regional

level, etc). We need to build a capacity of managers, we need to continuously improve on

a system that will hold people accountable for their actions, and we need to fight the

system that interferes with the work that we do, and if we can do all these things, I think

the whole of Ghana will be a better place for us to live in."

Theme: Attraction and retention

The regional deputy director commented that:

"GHS has developed some schemes to attract and retain talents, and also to motivate them to go into places they won't accept. Yes, one of them is the further studies scheme, promotions, and certain allowances for people who work in very deprived areas there is a retention policy, initially promotion was very long, but now they have changed the system of writing exams and working for long, now you work for 3 years then you are promoting to the next level, so promotion is one key strategy."

Theme Training and development

On T & D as a means of enhancing TM, a regional deputy director commented that:

"For most places, staff development is based on what is available in the health facility and so it doesn't allow for people who genuinely go in certain specialisations to reach their full potential. But actually in some facilities without doctors, senior nurses and physician assistants can be developed in the absence of medical doctors. These staff members can stand in and they can hold the fort and deliver quality care to patients.
We have seen and also heard in the news that community health nurses who have been trained in midwifery, even on the job, have been able to deliver patients safely in remote places. So, when people have helped the quality of their work become top-notch.

Another Senior staff nurse explained that:

"Another key strategy is that the service has expanded the opportunities for further training and development for staff. For example, previously it was almost impossible for enrolled nurses to go for further studies. Previously, it was very difficult for an enrolled nurse to become a diploma nurse without going back to write the SHS exams. But in recent years they can do pre-diploma training in the Universities to eventually embark on diploma and undergraduate or even Masters degrees. So, whilst still in service, the individuals can develop themselves, so opportunities have been expanded to help staff improve upon their skills and talents while they are still offering their services."

Again, the regional deputy director commented that:

"I think there should be a schedule for training staff on current issues on health. Especially with this pandemic issue, there should be a guide or schedule for training and then there should be a provision of adequate logistics and then monitoring. Well like when they are implementing such policies, I think they should involve various categories of talented health professionals, I don't know how they go about these policies though, but I think they should take every category or skill into consideration before drawing certain policies so that it will favour all. And sometimes too, I think there isn't adequate information given to people even as of now; For instance, if you ask a lot of people about the GHS charter and code of conduct, you would be surprised a lot of people don't know. So, they should do adequate campaigns or give information to health workers."

The study found that the ideal training and development programmes should be based on a curriculum informed by WHO standards. This was indicated by a unit head in a Teaching hospital:

"What I know is that our curriculum is in line with the WHO standards but in comparison, I don't know if it is the same as that in the UK, but what I know is that in Ghana here our policies are in line with WHO standards. They are always changing it, the curriculum is always changing to increase their capability on what they could do."

Theme: Research and monitoring

On research and monitoring, the Regional HR Manager commented that,

"I know a lot of policies in the GHS are not being implemented at the facilities level, as a result of poor monitoring mechanisms from the top levels, 'I don't care attitude', financial constraints at both the top and facility levels, inadequate equipment to work with, poor motivation of staff are the supposed culprits. Actually, they should do proper monitoring to see if the policies are being implemented correctly. Though sometimes, they do research all right, they do it to favour themselves, without capturing the realities at the grassroots to know what is actually happening over there. They really need to go to the grassroots to see what is happening there, so they will appreciate the real situations and act to resolve them."

Moreover, a Theatre in charge commented:

"I know now things are decentralizing, but sometimes they have to support them. , They should sometimes also do monitoring to find out if these policies are being adhered to

because I don't normally see that. And even if they come, they come at the planned time which is wrong, I feel they should come unannounced so they see the reality."

A deputy director of health service suggested the structure and types of programmes for the training and development unit at the regional level:

"We don't have a TM unit set up for that purpose, but we do have some functions related to it that are carried out under the regional health directorate, by the HR department, we identify nurses who have the qualities and the inherent motivation to develop their inherent skills, based on their in interest, together with the nurse managers of the facilities. The focus is much on the specialization of critical care areas, public health, and paediatric nursing. Our focus is also on the nurses, who have higher academic qualifications, trained in the field of the mentioned specialities. Thus, how I am looking at the link."

Theme: Retention

The managers stated the need for a policy on retention that will help in empowering the nurses and individuals with talents. Although some of the managers indicated they don't have the policies at hand but they do it based on the appraisal system. This is supported by the following comments:

From the Head of Administration:

"We don't necessarily have that policy but they are all based on the appraisal system."

From the above views, thus from the perspectives of management on the talent management programmes mentioned, there is a clear view that the management focuses more on the goals of the organization. Talent management programmes are seen as the process which provides the means of recruiting employees who are talented both internally and externally from the perspective of management. The talent management programmes as well help in identifying the gaps in the various hospitals and facilities. Again, the study found that from the perspective of management talent management programmes use appraisal systems to identify the talents and employees with better performance.

The study further found that the appraisal system is a way to identify employees' weaknesses and also encourage them for the betterment of the institutions. In the process of identifying the talents, the study found that talent management programmes play a major role. Talent management programmes such as talent engagement, talent development and talent retention help the individual to improve their skills and their ability to provide effective healthcare delivery in the institutions. Talent engagement also helps encourage the employees to fulfil the desired objectives of the institution and then retain them.

The study revealed that management sees the programmes of talent management as valuable in increasing the performance of the employees and also identifying the talented employees to give out their best. From the above quotes, it is clear that there is a talent shortage in some organizations in the state health services sector in Ghana due to poor succession planning and leadership development. From a systems perspective, senior managers are of the view that talent management should be integrated into mainstream human resource management. The reason is that the fact that someone is the head of talent management doesn't mean the person has the ability to identify talent and cannot mentor everybody in their area of interest, but if it is

integrated you have every director having a conscious mind in my directorate, I need to identify and manage people with potential and have a clear medium and long-term strategic plan. This is because every director writes a programme of work each year, so if it is integrated then whether it is nursing or medical directorate or administration, everybody has a conscious plan in place every year, this is my quota that I want to identify the new ones or the people in the system with unique potentials they have and how we let it start to facilitate and for them to also benefit them. It becomes a neutral something and then you do that mentorship system where everybody is seen to be making an impact on someone else's life. The integration I think will be the best.

6.2 Nurse Practitioners' perspectives on talent management policies, systems and practices.

The nurse practitioners' perspectives of the talent management programme, in terms of policies, recruitment, retention and the engagement of the employees with high performance in the institution were also analysed. The study found that the talent management programme used an appraisal system in identifying and selecting employees with high performance. The findings were supported by a nursing officer's remarks:

> *"Yes, there are ways of recruiting, for example, GHS criteria of recruiting is after your nursing college, you write licensing examination, a chance is given to do your national service, and eventually a portal is open for one to apply. It will be easier if everybody is allowed to go where he or she chooses but that also runs the risk of all gathering or converging in one place which will create shortages elsewhere. There should be motivation, allowing the nurses to feel they are needed, their skills are good for the hospital facility, to avoid leaving the hospital facility for the other places."*

Also, a staff nurse indicated that:

"*As a manager, if you have someone good with a particular talent, maybe, you being a manager have two(2) staff in which one is good in the administration of medication, as a manager, you should know the role you assign to people based on their talents or the abilities they possess. To develop talent, a staff member should not stay in one position all the time. Most of the time staff are made to work in a department for a year and they are subsequently rotated to another department for a while as well. Rotation balance the management of talent. Most of the time our superiors supervise, help and mentor us when we find things difficult in the care for our patients*"

Another nurse in a district hospital claimed that:

"*Normally, they organize programmes for us to attend, and they help us to maintain our talent. Sure because if a staff who has a talent within a hospital facility, he/she will also go for challenging tasks. Therefore, if the challenges are addressed by the management through in-service training, it will help us to develop our talents which will motivate us and this will help management to retain staff. There is the need to do monitoring and during the selection of the staff to facilities, they have to consider the staff or the person's abilities and capabilities and where they are sending him/her to if they can do all these things I think they will be able to retain the staffs and the policies will work.*"

Similarly another ward- in- charge nurse commented that:

"*I think that is an encouragement, for the administrators, if you do good they encourage you to continue with it. Talent engagement is about selecting people with the ability that*

will help achieve a certain goal in the hospital facility. Let's assume am not good at handling emergency cases and you take me to an emergency ward, my presence there wouldn't be useful but if you select the kind of staff who can handle and manage such cases, I think it will be more beneficial. As for me, *they placed me in the right place, where I have the requisite knowledge in managing my patient so I think they have engaged me."*

Again, another staff nurse commented:

"The role is to help to know their specific talent and also after identifying it manage and manage it well."

Another nurse acknowledged the difficulties of TM initiatives because of the mismatch between staff selection of hospitals and what is offered to them. She explained that:

"No, the recruitment comes from the MOH so the hospital has no say. There was a financial clearance from the Ministry of finance through MOH and our name happens to be part so they ask us to fill out a form and then they posted us to the various centres. They had to post us to the regional health directorate we preferred, every region has a quota. I chose Central Region and they posted me to this hospital. The postings processes were not fair, because we were asked to choose 5 hospitals of which none of what I chose was given to me. I think those people working there manipulated the placement/posting processes. If It was done electronically and I think there would have been no human influence. They should consider the staff member's 5 choices of the hospitals."

The nurse rightly declared that:

"The MOH should see to it that, they have set up some monitoring systems to see if those implementations are to be effective, they need to have some task forces in place to ensure that these things work because for a policy to work it will have to be monitored."

Moreover, a senior nursing officer added:

"The GHS should give the nurses the chance to work where they choose because if the person is given the chance to go where they chose the stress of looking for accommodation and the risk of travelling long distances to work will be minimized. Sometimes too, if the hospital you are working with is not where you wanted to be it adversely impacts on staff output and performance."

Another senior nurse in district hospital contended that:

"Talent retention is retaining those people who have a particular talent in a particular hospital facility or a country. For me, motivation comes in, not only in the form of money but an appreciation of what the person is doing can help to retain talent. Constant supervision and motivation will still come in. In my previous station at the end of the year, the hospital gives the end-of-year package and this in a way is also a motivation to the staff. But there is nothing like that over here, I don't have access to any motivational packages, the reason is that the hospital is in debt. So it affects TM. We don't even have mentorship programmes. There is no succession plan for nurses in the hospital facility

either. Talent engagement is the process of engaging those people with those talent

activities and management activities but I don't see that at this hospital facility."

A critical Care Nurse shared her view:

"When it comes to work, some people are very good in particular areas, so when there is

someone who has a talent for example, 'POP application', it can help the individual in

the hospital and also increase the revenue. We were trained as nurses and then taken

through orientation processes and posted to the various hospitals. The posting process

was fair, during our time it was regional postings. So far, I don't have any problem with

it but I can't tell of others, some of the postings made by the authorities were fair and

others were not. People were complaining that where they chose was not where they

were posted."

Also, a staff nurse added that:

"During the end of the year, they will organize durbar and give us the end-of-year

packages, not every year though. Have not heard of succession place before. Talent

engagement is the process of attracting the right people to your organization and getting

the staff to work. Am a staff nurse, I can also work at the eye centre, because of the

yearly changes through rotation to different departments and this gives the individual

broader knowledge."

Another Staff Nurse shared her view:

"Staff is not employed here; we were recruited by the MOH. They open a portal for us to key in our details then they gave us the regions to should choose from. It was fair because they gave us a sheet of paper to list the hospital, we wanted to work in. Then they would post you there. I was satisfied. I think they should employ more staff. They do in-service training for us and also, we go for workshops. We don't have motivational packages but we have a succession plan in this hospital facility.

Theme: Training and development

On T & D a nurse stated that:

"There are regular workshops or continuous development training that are organized for the health professionals to improve upon their competency level. However, it is not all of the competencies that we train that are useful."

Theme: Performance appraisal

On this, a nurse manager asserted that:

"Appraisal has been the main method facilitating TM and I don't think they have been useful. You will be surprised to know that people only go for an appraisal when they are about to go for a promotion interview. Without a promotional interview, many staff will never look for their appraisal. So is something that the authority is supposed to look at".

The study's result also shows that appraisal systems are not a good strategy for evaluating/assessing training and development outcomes/needs as indicated in quotes from a nursing officer in a Municipal Hospital below:

"I think the GHS is not doing so well. Ideally, we should be able to determine the work outputs of our employees and measure their performance as well. The GHS wanted to use the appraisal system to measure performance and skills development, but unfortunately, it is not doing that with people who come to work and work anyhow. But at the end of the day, when appraisals are carried out on staff, in some cases, there is no honest appraisal that is done. No officer wants to be given bad names for giving a real appraisal of staff hence, we end up touching only on positive things about the staff when in reality is not a true reflection of what is on the ground in terms of staff output and behaviour. We have to make sure that our systems work."

Along the same lines, a senior registered nurse in a teaching hospital contended that:

"There are problems with the appraisal system in the state health care sector. Chief among these problems is our tradition/culture of the desire to avoid confrontation and embarrassment by not giving honest and true appraisals to non-performing appraisees. . We are hesitant to apply sanctions and we scarcely compensate for good/higher performance. Without that, it will be difficult to operate the performance management system. We need to put in place systems which can identify high performance and compensates or pay them for the extra work or their commitments"

6.3 To what extent is talent managed for nurses in the State Health Services Sector in Ghana?

6.3.1 Nurse Practitioners' perspectives on talent management for nurses

The practitioners' perspectives on talent management for nurses were analysed. The study found that talent management for nurses was used based on the training and the development of their talent. The findings were supported by a nursing officer's remarks below:

> *"Sometimes there are training programmes organized by the administration, HR, the nursing administration or even sometimes internally by, our in-charges to enhance our skills as well as acquire more knowledge. Most managers are not that strict on training is not so they don't get a lot of people to attend."*

It was recounted that the process of T & D follows the pattern described below:

> *"Usually, a letter is sent to the hospital facility requesting for nurses who wish to develop themselves to write their names or apply, indicating the number of years they have worked or served the hospital. With a recommendation from the ward-in charges and the hospital matron or deputy director of nursing, the regional directorate makes the final decision, with regards to who is selected or granted study leave, you develop yourself, based on the area of speciality, the regional directorate and the management of the hospital facility agree that you train. After the training, there are conditions you have to fulfil. One has to go back to serve the previous hospital facility where she/he was serving, or sometimes, the regional health directorate can re-post the person to a different hospital facility based on their discretion and the nurse has to serve for 5 years before she/he is eligible to be granted a study leave again"*

Also, a staff nurse indicated that:

> "*Talent development is about helping individuals to grow in their abilities and skills. We have an in-service coordinator and trainers here, and they organize training for us which helps us to develop our talent. I have been doing the in-service training which is every Thursday to help us to get to our best with our abilities.*"

Again, another staff nurse commented:

> "*Talent development, I think has to do with identifying the talent and building on one. You know you have one and you want to make sure, that talent is fully utilized, so you go through a series of training to make it useful. I think your ward in charge, the department in charge and the administration and management of the hospital are involved. The main objective is to provide the utmost care and best care to the patient and family.*"

Relating to the T & D another senior nurse claimed that:

> "*I have had a series of in-service training, periodically. There is a series of weekly durbars, and we have an in-service education unit, with an in-service coordinator, who organizes training for staff on current trends in nursing and health care. The success rate of training, though has been a bit encouraging, there are challenges in terms of funding, motivation of staff, in terms of refreshments, allowances and effective logistics to train with.*"

Moreover, a senior nursing officer added:

"Talent development is when you identify those people with the talent and help them to develop it to meet the standard of the institutions where they are working and it is associated with regular periodic upgrading. I don't know but we only have an in-service training coordinator. The desired objective is to be able to give the best of care to all manner of people, quality healthcare. I have not come across any tool they are using to effectively develop talent."

Another nurse explained that:

"We don't follow the study leave as enshrined in the policy document of GHS. The study leave is based on the regional given GHS. Sometimes you will be due for study leave but you will not be granted, especially when they feel the course you want to pursue is not of importance to them as a hospital facility or even the region, you can apply for years but you will not get it until you to change it. When you are done with your study leave, you have to work for at least about 5 years before you are allowed to leave the hospital or the region if you so wish. Sometimes, it depends on the course speciality, normally you go to school and come back to the hospital facility where you were previously working, you can be posted to a different hospital depending on the regional health directorate's discretion but in my situation, I came back to my hospital facility."

A critical Care Nurse shared her view:

"Talent development is the process of putting some measures in place or putting something in place to help the staff know the skills they don't even know they possess and bring out the skills in them. I think the management and various ward in-charges are responsible for bringing out the talents in the staff."

On the question, of whether she has enrolled in any T & D programme the Nurse replied:

"No, have not enrolled in any in-service training. They don't do anything. In the hospital, there is nothing done on developing talent. Each ward has its action plan for the year, so the unit heads are the ones responsible for identifying the training needs of the nurses."

Another staff member lamented about the woes of getting study leave:

"The study leave is not well advertised or properly communicate to staff, it has to be made public or accessible so that we can all know about it. There is no fairness and strictness in the policy of study leave, thus someone has worked for 10 years and has applied for it but still has not received it, but someone will work for 2 years then he or she has been given a study leave, I don't know the connection there, it's like if you don't have any connection there, you will not have your study leave. I went through hell before my study leave was granted. It depends on the institution's policy and the course you are going to pursue your further studies. After you have been given the study leave you will

have to serve for 5 years at the hospital that granted the leave. The staff will go back to the same hospital facility that they were in before going on the study leave. Sometimes the hospital facility will tell them their service is not needed now, or they have a quota and the trained staff would have to move to another hospital facility."

Also, a staff Nurse added that:

"Because the routine is there, as soon as you are due for study leave, you won't be denied. Sometimes they give yearly reviews and appraisals, and after the appraisal then workshop. You will be allowed to further your talent development. Your hospital facility will guarantee you to further your talent development. The condition is strictly followed. Yes, but sometimes it depends on your field of development."

Again, a Principal Nursing Officer commented that:

"Talent development is identifying unique talents and helping them to grow to the benefit of the unit. The person with the talent; the person observing the talent and the people affected by the talent. Make sure the person with that unique talent will also mentor at least two(2) people before the talent is lost (i.e. exiting the service).

At another level:

"Memos' are distributed to those who wished to go to school, and management guides on how to choose the appropriate schools based on the needs of the hospital facility. . It has

helped a lot, as the knowledge acquired is disseminated among the nurses in the hospital facility via workshop presentation.

Another Staff Nurse shared her view:

"Talent development is the skills, abilities and potentials that you have and the ones that you don't have but you want to have so you will develop it and make sure you retain it or maintain your talent. The individual or the management can be involved. That is the workshop we attend, the main objective is to meet the goal of theatre efficiency."

A nurse at a district hospital declared that:

"We go for in-service training and the training they organize for the whole hospital. They use projectors to show us, and sometimes they use illustrations or diagrams to show us the practical aspects of the training. It is usually good and informative too. On the whole, the training programmes have been good as long as the knowledge had an impact on the nursing professionals."

A theatre nurse stated that:

"They used the appraisal. The in charge will fill out the form and then send it to the management and then he/she also input his/her contribution to the nurse's working ethics and overall performance. Following that they should organize more training and then they should do monitoring too, to ensure the GHS policies and career development are

practised in the hospital facility. I have not specialized but we have midwifery, ENT and theatre nursing as possible specialization areas."

A manager confirmed that:

"That the staff work for 3 years and then they are given a study leave. On completion of their studies, some are allowed to come back to the hospital facility where they were before the study leave while others are re-posted to other hospitals where their skills are needed."

6.3.2 Practitioners' Perspective on challenges associated with the implementation of talent management initiatives, systems and practices for nurses in the State Health Services Sector in Ghana

The practitioners' perspectives on the challenges associated with initiatives, systems and practices for nurses were: lack of motivation which was supported by a comment from a nursing officer:

"It all goes back to funding because if you want to motivate the staff for training you have to get accommodation for them, but the hospital facility doesn't have."

Again, another staff nurse commented:

"The hospital can spot people with skills and provide sponsorship, that's when it comes to funding people in certain specialisations. This is particularly the case if the staff member wants to further their education and come back to work for the hospital facility."

Moreover, a senior nursing officer added:

"Low money syndrome is a demotivating factor for talent management."

On that note, a critical Care Nurse shared her view:

"Nothing is being done in retaining the nurses."

Again, a Principal Nursing Officer commented that:

"Discontinuation of service due to personal reasons and transfers to other wards are also not conducive to talent management practices."

6.4 Explore the ideal talent management system for nurses in the State Health Services Sector in Ghana.

This thematic area explores the ideal talent management system by highlighting the links between intended talent management principles and actual talent management practices.

6.4.1 Practitioners' perspective on the ideal talent management system for nurses in the State Health Services Sector in Ghana.

On this a Nurse manager at Municipal hospital contended that:

"Some of the policymakers who formulate policies have left the field so many years, about 15 years ago, and they are not in tune with the realities at the grassroots. They just formulate their policies using their ideas, without involving or inviting people on the ground to be involved in the policy formulation, since they are going to be affected by the formulated policies. Hence, the top management at the national level do their own thing and dumps it on the grassroots people to implement them. This leads to problems in the implementation. There is the need to involve and engage staff at the lower level, so that, they will make useful input to enhance smooth implementation of the policies from the national level."

This quotation is in direct contrast to the views [quotations] of some of the senior health managers and administrators. So it appears different people are seeing TM through different lenses or from different perspectives. Some of the quotations also revealed consistency in policies. For instance the number of years one has to serve the facility upon return from study leave.

6.5 Summary

While respondents at the district level perceive the process to be effective, those interviewed at the regional level have a different view that demonstrates, ineffectiveness. The differences in views between district-level staff and managers at the regional and national levels may probably be caused by two factors insufficient knowledge of what happens at the district level by senior managers during recruitment and selection due to poor communication. After hiring,

organizations provide opportunities for employees to develop skills to develop both inborn and already acquired (through education) abilities. While the majority of staff at the district level showed that the staff appraisal system has been successful in evaluating and assessing skills development, senior managers who were interviewed at the regional and national levels have a different view of the effectiveness of the appraisal system. Again, nurse managers appeared to be satisfied with their training programmes than junior nurses at the district level. It appears that performance appraisal is a common talent management tool in the SHSSG. Responses from the interviews indicate that there are gaps between the intended TM principles and actual TM practices.

Nevertheless, there is evidence to show that variation in intended and actual TM practices may jk ngtreduce talent system effectiveness. Therefore, efforts are needed by managers to address inconsistencies in intended and actual TM practices. Respondents outlined some talent management strategies that can constitute ideal talent management in the state health services sector in Ghana. These include career opportunities for staff, improved conditions of service, reward for higher performance, the establishment of welfare schemes and staff engagement in TM policies design.

CHAPTER SEVEN

DISCUSSIONS

7.0 Introduction

Chapter six presented the qualitative interviews and findings on talent management in the State Health Services Sector in Ghana. This chapter seeks to discuss the findings in light of relevant talent management literature and theories as discussed in the literature review chapter. Notably, the discussions will focus on the four broad themes consistent with the presentation of findings in the preceding chapter. The four broad themes include; talent management policies, systems, and practices; the extent of talent management in the nursing profession; challenges confronting the implementation of talent management initiatives; ideal talent management system for nurses in the State Health Services Sector in Ghana.

7.1 Talent management policies, systems, and practices in the State Health Services Sector in Ghana.

Talent management policies, systems, and practices in the State Health Services Sector in Ghana involve the following:

1. Availability of TM policies and systems in State Health Services Sector in Ghana

2. Talent Recruitment in the State Health Services Sector in Ghana.

3. Training and development

4. Performance management

5. Retention

The extent to which talent management is operationalized in organizations depends largely on their organizational culture and policies around the political systems. Clearly, different individual conceptions of talent management to fit a peculiar context explain why talent management programmes vary in their philosophy and operationalization (Aunger, 2007). However, consistent with extant literature on talent management, the findings from the study show that talent management policies, systems, and practices in the State Health Services Sector in Ghana involve the availability of policies and systems which revolve around; recruitment and selection, training and development, performance management and retention of knowledgeable employees to enhance organizational performance.

7.1.1 Availability of TM policies, systems, and practices

The study found that talent management policies and systems are in place in the State Health Services Sector in Ghana to guide the operations of the various agencies but face implementation difficulties because of how they are formulated. Again, the desk review of policy documents shows the availability of human resource policy and strategies formulated in line with talent management principles (Wiblen and Marler, 2021). The policy prescribes measures for general incentives, distribution, performance management, recruitment, attraction, and retention. First, the availability of TM policies and systems in the areas of staff recruitment and attraction, retention, and development demonstrates the state health services sector's strategic drive to ensure sustained competition, leverage, and optimization of resources as suggested by (Narayanan et al., 2019; Sparrow & Makram, 2015; Dries, 2013). The study found that the MOH reviewed the policies and strategies on human resources for health in 2020 and adopted a new strategic framework. This strategic plan seeks to improve and sustain the health of the population of Ghana by supporting appropriate human resource planning, management, and training.

The policy was designed to respond to human resource issues in the State Health Services Sector in Ghana and to ensure a well-motivated and retained staff to provide effective and efficient healthcare. The policy provides a situational summary of the State Health Services Sector in Ghana and perhaps indicates the appreciation of the right processes for policy formulation on the part of policymakers. Understanding the situation through evidence, contributes to the rationale for reforms or needs for change in any developmental process as evidence shows that any effective TM policy on health workers would strongly depend on an understanding of the existing workforce (WHO, 2020). Second, the difficulty in implementing TM policies raises important questions for discussion: Were the outputs, inputs, and outcomes in the policy consistent with the evidence? What policy implementation process was adopted? Did the Ministry of Health design a road map for implementation of TM at the district leve?

Indeed, the analysis of the health workforce policies and strategies demonstrates mismatches between the HR situation and the need for health workers in the State Health Services Sector in Ghana. For example, the data provided in the policy though supportive of these concerns failed to provide a detailed analysis of the workforce profile in areas of demography, labour market dynamics, health needs, and private sector issues and challenges. In terms of communicating the policy to key players, one can argue whether the TM policies were able to convey to health workers the primary intent. Also, was the language clear enough to be understood? Were the policymakers to be trusted and to what extent were the policies likely to be accepted? These gaps have been argued in the literature (Antwi, et al., 2022) as systemic challenges facing health workforce building blocks in Ghana and perhaps contributing to the poor alignment of the MOH's strategic initiatives with its operational values.

According to the findings, the formulation of TM policies traditionally is through a top-down approach where policymakers from the Ministry of Health engage the leadership of the service delivery agencies, the regulatory bodies, and other sectors involved in healthcare delivery to formulate the policies which are endorsed by the National Planning Commission. The desk review of policy documents shows the existence of human resources for health policies which appears to be poorly disseminated and thus provides an avenue for contradictory views regarding the availability of TM policies as some of the respondents are not even aware of the existence of some TM policies on retention and deployment.

Perhaps what influences decisions on nurses is underpinned by the importance attached to the policy process and what underpins health policy is mainly the 'values'. These values refer to the 'moral' beliefs of those who can influence decisions politically. Respondents in this study believe that the values underpinning TM practices are normally distributed through policy. Indeed, the policy is a 'statement of intent' that provides the plans to implement a particular objective, which consists of a web of decisions and actions that allocate values, and very often, the process dictates policy outcomes. The policy process in practice appears to engage the leadership of institutions more than what respondents suggest to be from a broader spectrum of the beneficiaries of TM policies which in this case should be nurses or health workers. The Ministry does not provide a road map for the implementation of the TM policies at the district level and that might have contributed to the mismatch between intended and actual TM policies. The inability to provide the road map may be attributable to the structure of the State Health Services Sector in Ghana, where the district health service is directly under the Ghana Health Service, which is semi autonomous in terms of policy implementation(refer to chapter four) and the MOH may not have direct influence on the implementation of policies.

7.1.2 Talent recruitment in the state health services sector in Ghana

The study's findings suggest that recruitment of nurses into the State Health Services Sector in Ghana is in three main forms; a centralized recruitment process for new entrants without prior competitive assessment; recruitment of serving officers as nurse tutors through the walk-in system; and recruitment of foreign train nurses through the competitive assessment process. The centralized recruitment process is usually through the collaboration between the MOH and the professional regulatory body (Nursing and Midwifery Council). Through this process, the Nursing and Midwifery Council of Ghana, in collaboration with the Human Resource (HR) Department of the Ministry of Health-Ghana have established a centralized recruitment portal for nurses. Depending on the position to be filled these bodies ensure that recruitment information is communicated to the right/relevant public. It emerged during the study that MOH through its HR department collects the names of graduates from nursing training colleges through the nursing and midwifery council for employment. Applicants are later informed about how to select their work posts on the MOH's portal. For Nurse tutors, this is not the case. Nurse tutors are usually serving personnel and have upgraded themselves to qualify as tutors. Per their status as existing employees, they usually apply to the MOH even when no job vacancy has been advertised. The MOH makes effort to contact all those who have applied for jobs with the Ministry. In the case of foreign-trained nurses', the desk review shows that they go through a robust assessment before they are selected and deployed to work in a facility. The process of recruitment of nurses in the state health sector as evidenced in the study suggests three recruitment strategies in the State Health Services Sector in Ghana:

First, this strategy signifies a recruitment process that allows automatic employment for all applicants who qualify as nurses from the training colleges and have passed their licensure

examination, demonstrating that perhaps they are competent to work without any prior assessment either through curriculum vitae or individual interaction. Though the strategy involves the recruitment from a pool of qualified graduates which is consistent with existing literature (Sparrow & Makram, 2015) the second part of the process does not allow a robust assessment of candidates before selection and appears to align with the inclusive TM theory where every employee is considered to be a potential talent to make a meaningful contribution to the achievement of organizational goals (Collings and Mellahi, 2009) and may not need any robust assessment of competencies before job selection. Interestingly, this recruitment strategy has historic antecedent dating back to some twenty years ago when the MOH implemented the regionalization concept to address shortages of nurses in certain geographical locations and the bonding system when students in training were bonded to complete training and work for several years before they can leave the health sector (Antwi et al., 2020). This strategy may have its weaknesses because of the difficulty to identify the right talents at a particular time (Oseghale et al., 2018), it appears more localized and contextual and provides practitioners and researchers space for further study to critically examine its effectiveness to ensure sustained competition. The two other strategies also situate well in the existing literature. For example, while the use of radio, television and national dailies for adverts is still very useful as suggested in the literature by Oseghale et al., (2018), the study found that in Ghana, national advertisements and organization portal systems are more in use in the State Health Services Sector in Ghana to recruit professional nurses while the walk-ins are used to recruit nurse tutors. The third strategy which allows for the assessment of foreign-trained nurses before they are recruited falls in line with the existing literature (Schuler et al., 2011; Russo, 2020; Oseghale et al., 2018).

As expected, employees are hired into a graduate recruitment scheme or a direct function. Those hired through the graduate recruitment scheme are often hired into a fast-track management programme whereas those hired into a direct function are usually expected to progress slowly based on performance. Contrary to popular belief around recruitment and selection in many developing countries where corruption and nepotism are rife which according to Oseghale et al., (2019); Oseghale et al., (2018) impede the capacity for organizations to perform, recruitment and selection process in the State Health Services Sector in Ghana appears to be considered fair by many employees and managers interviewed. However, a few managers and employees interviewed felt that the recruitment and selection process is unnecessarily long and ineffective.

In their opinion, the process results in the hiring of mostly incompetent people with qualifications. They argue that some of these incompetent hires with the requisite qualification are usually employed through the intervention of politicians and their relatives in higher office. During the hiring process, health managers must reduce the involvement of politicians so that competent staff could be recruited to drive high performance in the State Health Services Sector in Ghana. One way to achieve this, according to Oseghale et al., (2019); Oseghale et al., (2018) is to encourage these senior managers and politicians to only recommend qualified and competent hands. Also, organizations should ensure that new hires (and long-standing employees) are provided with relevant training to help smoothen their rough edge in employment (Debrah et al., 2018). This is particularly important for new hires who are fresh from university and may not have had the opportunity to develop work/organizational-specific skills required to perform on the job (Oseghale, 2016). At another level, health managers in the state health services sector should also consider deploying rigorous selection strategies such as assessment centres to address the issue of recruiting incompetent but qualified hands. To correct perceived

limitations in the competencies level of new hires, organizations in the state health services sector deploy onboarding and training interventions as discussed below.

7.1.3 On-boarding and Training Intervention

The managers and employees interviewed indicated that agencies in the State Health Services Sector in Ghana first conduct onboarding activities facilitated by senior managers to help new hires get acquainted with the environment. This could last between one and two days depending on the organization and the job role. This process aims to ensure that staff selected to work in the State Health Services Sector in Ghana have a clear idea of the organization they work in and are prepared to function competently in their respective roles. Contrary to popular belief around recruitment and selection in many developing countries where corruption and nepotism are rife which according to Oseghale et al., (2019); Oseghale et al., (2018). This practice is consistent with the resource-based theory, which proposes that competent human resource is very important for creating and sustaining competitive advantage in firms (Barney, 2005).

As far as training in the State Health Services Sector in Ghana is concerned, it emerged from the study that policies and systems on training for nurses could be argued to take place at three levels; an organizational-wide level where policies focus on coaching and mentorship; at the individual level policies and systems are in place to encourage nurses to undergo continuous professional development and at the international level international organizations sponsor and provide training in specific programme areas; at the organizational level, training activities to enhance the competencies of employees include; on-the-job learning, in-house training/course, coaching/mentoring are in place and all these programmes are facilitated by senior managers. At the individual employee level, employees sometimes make a personal effort to enhance their work knowledge by reading textbooks and work-related literature. These practices are in line

with the human capital theorists who argue that talent development of the human resource is critical for organizational growth (Amankwah-Amoah & Debrah, 2011; Jin et al., 2010).

This is usually very common among employees with high passion to succeed on the job and should be encouraged by organizations to drive successful talent management in the State Health Services Sector in Ghana for economic and social development as indicated by the human capital theory (Ployhart et al., 2014). Finally, external training programmes are occasionally provided by foreign organizations, for example, World Health Organization (WHO).

Because of the importance of health, global organizations such as WHO often intervene in the development of certain health-related skills in the health services sector to promote global health (GHS, 2019). As such, the State Health Services Sector in Ghana also benefits through externally funded training programmes sometimes facilitated by expatriate managers. Depending on the job role, training interventions were often designed to provide skills around management and leadership in healthcare, epidemiology/malaria management, ethics in Nursing, community management of acute malnutrition, customer care, report writing, peri-operative nursing, quality assurance, emergency preparedness, and pain management.

Most of these training programmes are on-the-job training based on experiential learning concepts consistent with the Experiential Learning Theory (ELT) (Kolb et al., 1999). This type of learning allows for a holistic form of learning process often recommended for adult career growth and development. Typical in the State Health Services Sector in Ghana, experiential learning strategies for talent development within the nursing profession as evidenced by the study provides include rotational assignments, coaching, and mentoring which supports existing literature (Larsen, 2004). In this instance, experience is acquired in the organizational

environment based on job execution by the employee as employees with more job experience record better work performance.

Figure 7. 1 Talent development process deduced from findings

Drawing on this analysis, figure 7.1 represent the talent development process in the State Health Services Sector in Ghana.
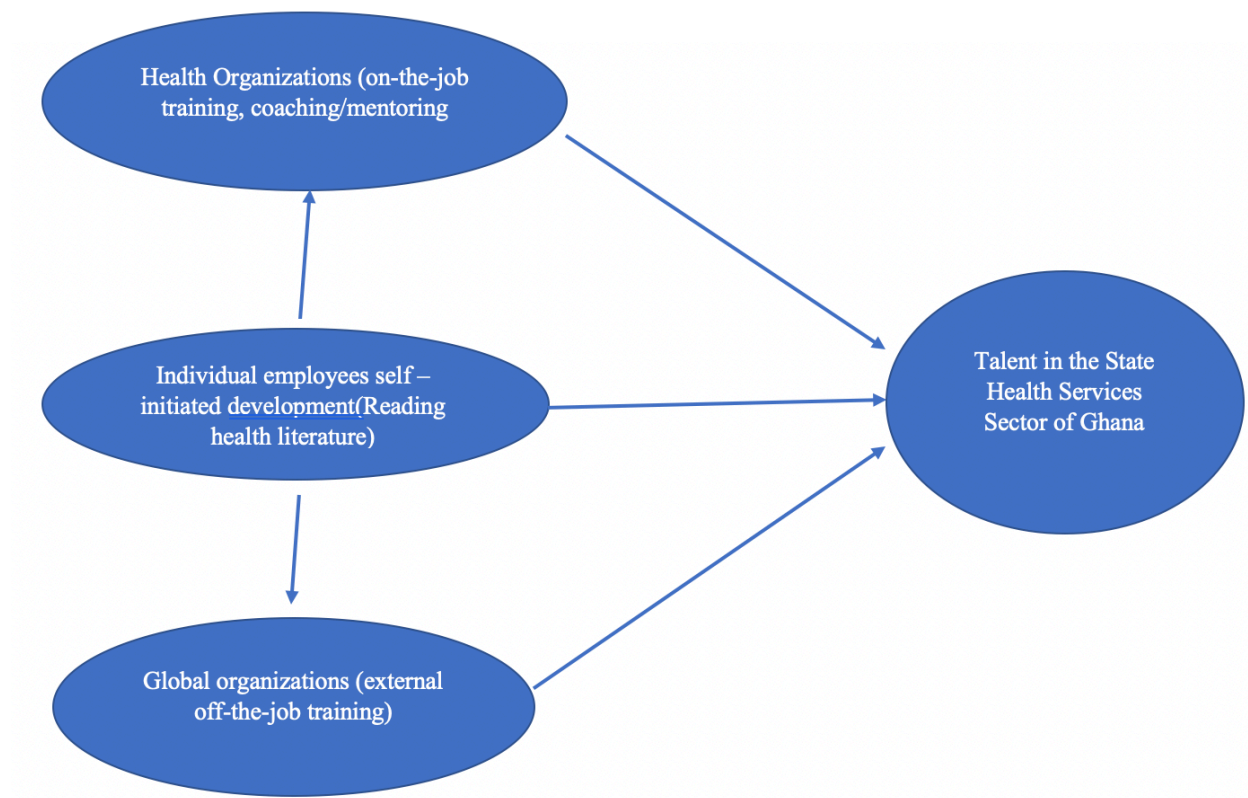
Author's construct

This suggests that in the health sector/public sector not only health organizations alone are involved in the management of talent like their business counterparts. NGOs both local and international, and world health bodies such as WHO are equally involved in the management of talent (WHO, 2007). This is a major contribution to the TM literature from the public health

sector perspective (Thunnissen et al., 2013). Extant TM literature suggests that talent development in the business world often involves organizations (those providing the training), individual employees, and consultant groups (Oseghale, 2016) but the current study has added another dimension which includes NGOs and international organizations.

Also, it emerged that majority of employees and their managers were satisfied with training provisions in the State Health Services Sector in Ghana. The basis for their satisfaction is that training interventions were relevant for developing relevant competencies for enhancing organizational performance and enhancing individual employees' career goals consistent with human capital theory (Becker, 1991, 1990) as highlighted by training evaluation via observations by managers and performance appraisal systems in the different health organizations in the State Health Services Sector in Ghana. However, it emerged that few employees were not satisfied with training programmes and wanted more practical training and placement opportunities. According to these very few employees, training is limited both in quality and quantity. Also, they were of the view that training needs are poorly assessed due to a faulty performance appraisal within the broader performance management system in the operations of most organizations.

7.1.4 Performance management systems

The appraisal process is part of the broader performance management systems in organizations which are often limited to the identification of training needs and effective training interventions to be developed and implemented. Even worse, issues with training programmes are often not picked upon to enhance future training because managers are often not willing to provide negative feedback consistent with the work. Comfort and Franklin (2014) argue that some managers in collectivist culture may likely not provide critical feedback. Drawing on the work

by Hofstede (1991), Ghana is a collectivist society where managers value relationships and are often willing to save face. The use of a competency map, assessment centre, and career plan systemic review emerged as other training needs assessments in the present study. However, they were used minimally in the State Health Services Sector in Ghana.

The study revealed other limitations with appraisal and observation by managers which are the major training evaluation strategies in operation in health organizations in the State Health Services Sector in Ghana. It revealed that managers are not committed to the process. Instead, appraisals are often used during promotion exercises and there is usually no follow-up, as such, results are not usually linked to the future performance of employees and their organizations. However, proper training evaluation and performance appraisal system is a prerequisites for an effective talent management strategy.

This limitation in the performance appraisal process could be attributed to three main factors; the edge for people development programmes; the need for alertness and the teamwork approach to work as suggested by Cappelli and Tavis (2016). This is premised by the nature of the organization in context – a healthcare organization. As a healthcare institution, the State Health Services Sector in Ghana is always under continuous and intense pressure to upgrade its staff to be able to respond to current trends and emerging healthcare issues. Therefore, continuous employee development is essential and staff alertness, as well as a team approach to work, has become a necessary impetus for TM in the organization. Managers should therefore make effort to correct this anomaly in the performance appraisal system to address this perceived weakness in the talent management process in the State Health Services Sector in Ghana to drive performance.

The 360-degree performance appraisal strategy may be helpful in this regard. The 360-degree appraisal feedback allows the appraisee to receive feedback from different stakeholders such as line managers, employee peers and customers (Bratton and Glod, 2017). By so doing, the pressure of not wanting to provide negative feedback is taken away from line managers since they know that similar feedback from different other sources may not upset appraisees. Also, providing training for both managers and employees on effective appraisal and employee observation management is needed in the State Health Services Sector in Ghana.

On the face of it, this will ensure that managers are exposed to the practice of providing honest and helpful feedback for employees to improve after observing/appraising their employees. On the other side, training provisions on managing the appraisal process will help employees manage negative feedback from the observation/appraisal process and make the best out of it (Bratton and Glod, 2017; Nickson, 2013). It emerged from the managers and employees interviewed that training intervention is not only useful for skills development but also a talent retention strategy consistent with existing studies in the field of human resource management (Bratton and Glod, 2017; Nickson, 2013). Staff appraisal is mainly to determine nurses performance, but it does not have much to do with talent management. TM is not well grounded in the activities of the human resource management of nurses.Besides, there are no TM units set up at the health facilities, district and the regional levels to address TM issues.

The study now turns to consider other talent retention strategies in the State Health Services Sector in Ghana.

7.1.5 Employee engagement and retention in the State Health Services Sector in Ghana

Retaining employees in the long term is critical for the long-term success of any business consistent with the resource-based theory (Barney, 2000). However, the extant literature suggests that most organizations perform poorly in retaining their employees in the long term through talent retention strategies (McShane and Glinow, 2009). The managers and employees interviewed indicated that the different health organizations in the State Health Services Sector in Ghana make use of attractive salaries based on performance, career development opportunities, performance management programmes, training and employee wellbeing schemes.

Overall, it emerged that training is the most important employee retention strategy in the State Health Services Sector in Ghana. This is followed by attractive salaries and career development opportunities. Wellbeing schemes strategies are the least valued by employees. Even though some employees were not satisfied with training in terms of quality and quantity, a combination of other reward strategies such as salaries based on performance, and career development opportunities all enhance motivation levels and thus the retention of employees in organizations such as the State Health Services Sector in Ghana. Salaries and other allowances enhance nurses' motivation and resilience to put their best in terms of quality healthcare to patients and their families to meet their satisfaction in terms of health needs. Besides, they are ready to work even under pressure and go the extra mile beyond their normal stimulated working hours in health facilities. Research has shown that a move towards the use of a total reward strategy is important for engaging and retaining employees (Hoole & Hotz, 2016).

Hence, talent management in the State Health Services Sector in Ghana includes talent attraction, development and retention. See figure 7. 2 below.

Figure 7. 2 Talent management process in the State Health Services Sector in Ghana.
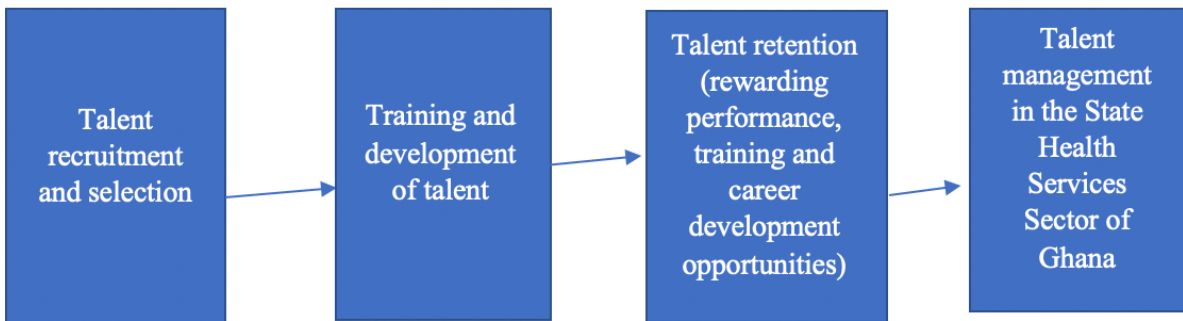
Author's construct

From the figure above, talent management in the State Health Services Sector in Ghana involves talent attraction, training and development and talent engagement which comprise rewarding performance, training and career development. Engaging nurses may in TM initiatives have been shown to ensure higher productivity and higher morale among workers and enables employees to be emotionally attached to their organizations (Markos and Sridevi, 2010). The study's findings are consistent with these issues in the extant literature.

7.3 Evaluation of Talent Management in the Nursing Profession

1. Nursing Shortages

2. Career development

3. Nursing Distribution

4. Competencies of Nurses

Assessment of talent management efforts in the State Health Services Sector in Ghana suggests that the majority of those interviewed were satisfied with talent management efforts in the various organizations. The areas respondents were not satisfied with included; shortages of nurses in some units and geographical locations which create vacancies leading to heavy workloads for the nurses available; inconsistencies in career progression strategies especially for lower level or associate professional nurses; distribution of nurses which is skewed in favour of urban areas and competency gaps in certain specialized areas. Notably, consistent with the literature, employees were satisfied with talent management strategies in operation in their various organizations because (a) human resource management aligns with their career goals, (b) talent management strategies provided opportunities for career development among employees (c) and high performance is rewarded accordingly and job security is guaranteed.

However, employees not satisfied with talent management efforts in their various organizations wanted to see the recognition of individual efforts, more reward-based performance, and a reduction of workload. In their opinion, employees do much work, and this is often not recognized at a more individual employee level. Shortages of health workers exist across the globe (WHO, 2021; Liu et al., 2017) and the situation in the State Health Services Sector in Ghana supports the existing literature. Ironically, this situation implies the motivation of staff. According to Maslow's needs theory, employees require social recognition. These findings suggest that senior managers need to constantly appraise their talent management strategies from time to time. This way, it will be easy to see what is not working and what needs to be improved. Consistent with the literature by Tansley et al., (2006) majority of firms fail to properly measure the outcomes of their talent management initiatives.

Interestingly, it emerged that intended talent management practices differ considerably from actual talent management practices. According to the managers interviewed, on paper, there is a very good policy but in practice the case is different. A notable example was that employees were supposed to be given study leave to go and develop their capabilities after three years of employment consistent with the talent management policy in operation in the State Health Services Sector in Ghana but in practice, this is often not the case. In a similar vein, employees are supposed to be promoted after three years of employment, in practice, after attending interviews they do not get any response regarding the outcome and thus promotion for these managers. The study's findings suggest that this creates a bottleneck between policy and practice.

These findings are consistent with existing literature by Nishii and Wright (2008). Consistent with their work, variations occur in TM implementation whereby actual TM practices differ from intended TM practices and outcomes. The intended TM practices are designed by the policymakers at headquarters but implemented differently at the subsidiary levels due to an unfriendly TM climate and poor leadership. According to Nishii and Wright (2008), the actual implementation of the intended human resource practices is often done by other actors than the decision-makers, and such practices are often applied in ways that differ from the intended practices.

Most studies on TM in the health sector (see chapter 2) from advanced countries have focused on multi-disciplinary teams that consist of nurses, midwives, pharmacists and other biomedical scientists (Woolliscroft, 2020). Moreover, the majority of the studies have focused on the education and training of health workers with only a few including other variables that involve the broader TM space. The effect of these other factors cannot be underestimated and the need to

address them empirically should not be overemphasized. Even those studies on training and development did not examine the economic and social abilities of countries to examine the real TM challenges. The lack of empirical evidence makes the implementation of policies such as financing, governance and performance management within the TM space of health workers in Ghana very difficult.

This study contributes to the talent management literature by helping to understand the relationship between talent management policies and actual practice. In the State Health Services Sector in Ghana context, the study's findings suggest additional reasons why talent management policies differ from actual implementation and this includes constant intervention by political actors. However, a model for managing talent emerged from the findings of the current study in the State Health Services Sector in Ghana.

7.4 Challenges confronting the implementation of talent management initiatives

7.4.1 Conceptualization of Talent in the State Health Services Sector of Ghana

- o Natural disposition

- o Mental power

- o Knowledge and skills

- o Religious disposition

1. Strategic integration

2. Adherence challenges

3. Retention challenges

4. Gaps between intended and actual TM practices

7.4.2 Conceptualization of Talent in the State Health Services Sector in Ghana.

Different TM authors define talent and talent management differently depending on the focus of their research (Tansley, 2011). The meaning of 'talent' from the perspectives of respondents interviewed shows consistency in how senior managers in the State Health Services Sector in Ghana construct meanings to what they see. It appears that despite the diverse experiences, orientations and positions of the respondents, to them 'talent' is both inborn/innate and could be developed to improve organizational performance. Notably, from popular opinion, talent shortage exists in the State Health Services Sector in Ghana and some of the reasons assigned to talent shortages include; limited capacity to develop people for the requisite roles to address organizational goals and imbalance in the labour market where the supply of health workforce does not match the demand. However, all participants agreed that there were limitations in the level of competencies possessed by employees.

Due to the lack of a generally accepted definition of talent, the current research delved into the conceptualization of talent in the State Health Services Sector in Ghana. Different talent management researchers provide different definitions for talent consistent with the focus and context of their research. After analyzing the interviews with managers and completed questionnaires from employees, consistent with extant TM literature, the findings indicated that talent is defined as a natural ability that is inborn but could be developed further through training interventions and on-the-job learning to enhance organization performance. For example, Michaels et al., (2001) remarked that talent is a person's intrinsic gift. According to the first perspective, talented employees are those with natural abilities that put them way above their peers. Of course, not every person that is termed talented acquired those competencies from birth. Consistent with the second perspective, some talent could have developed through

education and on-and-off- the job learning (Gagne, 2004). According to Pfeffer and Sutton (2006) despite all the myths, talent is something that is developed through effort and experience. However, a distinct strain of thought focusing on the role of passion emerged from the State Health Services Sector in Ghana.

The findings indicated that in the view of both the managers and practitioners interviewed, passion is a very strong characteristic of high-performing employees. This finding is important and builds on Ulrich's (2007) talent equation (talent = competence x commitment x contribution) which suggests that talent could be a knowledgeable employee's level of commitment to their work or employer. Drawing on the findings from the State Health Services Sector in Ghana, it is the knowledgeable employee's passion to excel in their jobs that drives them to work harder consistently than their peers to perform. In other words, it is a passion that drives commitment which is a requisite for success as outlined by Ulrich (2007).

Consistent with this analysis, an updated talent equation should reflect (talent = competence x passion x commitment x contribution). This definition implies that hiring managers should be able to identify and hire job candidates with inborn passion and with the potential to learn and develop during recruitment and selection exercises in the present highly competitive business environment where organizations are fiercely competing for talent. The study portrays the definition of TM across natural abilities, such as mental power or abilities (Gallardo-Gallardo et al., 2013; Tansley, 2011, p. 267). This refers to the natural qualities inherent in a person's character or the feeling that makes a person act in a certain way (Gallardo-Gallardo et al., 2013). Again, the various forms of definitions provided by respondents show that there is no agreement on the way people conceptualize talent consistent with the literature (Iles et al., 2010).

However, it emerged that the reported talent shortage in nursing is limited to geographical

locations, for example, nurses are scarce in rural areas consistent with the existing view by Amankwah-Amoah and Debrah (2011). From the analysis chapter, it is clear that there is a talent shortage in some organizations in the State Health Services Sector in Ghana due to poor succession planning and leadership development. At one level, a shortage exists because of the limited capacity to develop requisite talents to address organizational talent needs as shown by (Anyangwe and Mtonga, 2007: and Preker et al., 2013).

At another level, shortages exist as a result of poor succession planning to offset imbalances in the current labour market where the supply of health workforce does not match demand. These views are consistent with reasons identified as responsible for a global talent shortage (Amankwah-Amoah & Debrah, 2011). Emigration as suggested by Amankwah-Amoah & Debrah (2011) was not reported by the respondents. This situation has a global dimension as talent shortage exists across the global health services sector (Turner et al., 2016). Another view is that there may be a known shortage but this is compounded by the poor deployment of talent across different health organizations in both rural and urban areas in Ghana.

One manager argued that other shortage areas in nursing in the State Health Services Sector in Ghana include specialty areas; mental health nurses, ophthalmic nurses, pediatric nurses, geriatric and gerontological nurses. Reasons for a shortage in these areas include a lack of adequate training/education institutions offering these programmes in Ghana and for this reason and the associated costs people are often reluctant to undertake degrees in the subject areas. The interviewees also indicated that the government has not made so much effort to invest in the Universities to start offering degree programmes in these areas. However, it emerged that state institutions such as the Ghana College of Physicians and Surgeons and the Ghana College of Nursing are making efforts to bridge this educational gap. However, it is noted the said colleges

would not be able to achieve much without government effort. Arguably, government effort is required to bridge this gap. Also, the Universities themselves could go into partnership with institutions overseas to see how they can collaborate to bridge the current gaps in the State Health Services Sector in Ghana.

Unsurprisingly, not all managers interviewed shared the view that there is a talent shortage in the professional disciplines in question. Some of the managers interviewed reported that the perceived talent shortage in the sector is due to poor deployment of talent by health managers. They argue that because some of the health professionals do not want to be posted to rural areas where there are no basic social amenities, they plead with their relatives who are in positions of authority or political power and influence to ensure that they are posted to urban centres with these social amenities. By so doing, health institutions in rural areas are left without critical talent.

This is in addition to the underdevelopment issues created by rural-urban drift as a result of the concentration of infrastructure in cities according to extant research. To address this, first, the government should ensure that important basic social amenities such as good schools, pipe borne water are provided in rural areas this will not only address the issue of rural-urban drift but will also impact talent deployment in the State Health Services Sector in Ghana. This is very important because failure to provide qualified staff health facilities in rural areas can lead to avoidable deaths in some health facilities. Second, health managers should reconsider their talent management strategies to better manage the deployment of talent to rural areas. For example, the provision of certain basic social amenities such as electricity and pipe-borne water in the residential quarters of health workers in rural areas and the provision of education allowance for

their children to remain in good schools in urban areas will form part of talent management strategies.

Overall, there was a general agreement among managers and employees interviewed that nurses and health staff during their training are not exposed to details of academic requirements in terms of practical competencies. This might be a result of the inadequate period allocated for practical training. Some of the managers interviewed were of the view that when trained nurses graduate and are posted or employed, they fall short of practical competencies in the field. Some of them do not avail themselves to be given some skills acquisition training to acquire the needed skills to perform at a higher level, hence the practical performance falls short of expectation. Following the development, there is the need to give enough time allocation to practical training and soft competencies to help unearth the required talent in practical competencies to enable them to perform better at the higher levels in delivering quality healthcare services to patients, their families and the general population of the Ghanaian healthcare system. This attitude can be attributed to the cultural disposition of many Ghanaians.

The cultural dimension in Ghana portrays an easygoing and very tolerant society (Hofstede, 1991). As a result, the majority of Ghanaians like to enjoy life and behave per lifestyle behaviours which sometimes creates the impression that some Ghanaians are not committed. At another level, a short-term perspective does not allow the government to invest in talent development efforts beyond the university education level. Ghana is significantly low in the long-term orientation dimension of Hofstede's (1991) cultural dimension. Hence, the emphasis is usually on short talent development solutions in the form of responding to immediate talent needs in society through short education programmes in universities. More effort on the part of

the government especially in the area of talent development post-university level would be necessary to ensure the success of TM programmes in the State Health Services Sector in Ghana.

7.5 Towards an ideal talent management system for nurses

1. Attraction

2. Performance management

3. Training and development

4. Retention

It emerged from the managers and the employees interviewed in the current study that an ideal talent management strategy should provide opportunities for employees to receive a performance-based reward for the job that they do, career promotion opportunities and opportunities for employees to improve their conditions of service. Respondents outlined some talent management strategies that can constitute ideal talent management in the State Health Services Sector in Ghana, inorder of priority. Generally, the findings were consistent with that of the extant literature . For instance: training and development for staff, improved conditions of service, reward for higher performance, the establishment of welfare schemes and staff involvement in TM policies design (Dar A.T, et al., 2014; Sheehan et al., 2018). However, this contradicts, a study carried out by Mendez et al., (2011), which indicated that, firms will need to offer their high performers, attractive compensation packages, different insurance incentives and flexible work arrangement to retain them in the long term (Neckbrouck et al., 2021). The literature on talent management in the health services sector has summarized these principles under two main areas (Tarique and Schuler 2010; Stahl et al., 2011; Gallardo-Gallardo et al., 2015; Cascio and Boudreau, 2016; Ingram and Glod 2016). The first area is the

conceptualization and acceptance of talent management concerning the role and value of talents while the second area comprises the identification and design of practices that deliver outcomes. These are expected to provide an ideal milieu for talent management. Even though, respondents failed to mention conceptualization and acceptance of talent management as a key to an ideal model, the practices provided by the respondents of this study are consistent with existing talent management literature in the health sector globally (Stahl et al., 2011; Gallardo-Gallardo et al., 2015; Cascio and Boudreau, 2016; Ingram and Glod, 2016).

A bottom-up approach to talent management policy development in the Ghanaian State Health Services Sector in Ghana was suggested. The reason is that employees involved in talent management policy implementation should be allowed to be involved in the policy formulation process or should be allowed to provide feedback relevant to policy development. According to Nishii and Wright (2008) actual talent management implementation is often done by other actors than the decision-makers, and such practices are often applied in ways that differ from the intended practices. Hence, the talent management implementation process may become better if these other actors are involved in the talent management strategy development process.

Juxtaposing these findings to three related theories applied in the study; experiential learning theory; resource-based theory and human capital theory, and drawing from empirical literature the researcher has summarised talent management in the health sector based on the conceptualisation of TM, availability of TM policies and systems extent of talent management practices, TM challenges and ideal TM practices (see figure 7.3)

Figure 7. 3 Summary of Talent Management Practices in the State Health Services Sector

in Ghana

	Conceptualization of talent	Recruitment	Training and development	Retention
Evidence from the study (State Health Services Sector)	Findings suggest that nurses view talent in four main ways; natural disposition, knowledge and skills accusation, mental power and from the perspective of religion	The study's findings suggest that recruitment of nurses into the state health services sector is in three main forms; a centralized recruitment process for new entrants without prior competitive assessment; recruitment of serving officers as nurse tutors through the walk-in system; and	It emerged from the study that policies and systems on training for nurses take place at three levels; an organizational-wide level where policies focus on rotational assignments, coaching and mentorship; at the individual level where policies and systems are in place to encourage nurses to undergo continuous professional development and at the international level where international	Training and development, financial benefits and other reward schemes emerged as key retention strategies for nurses in the state health services sector

		recruitment of foreign train nurses through the competitive assessment process	organizations sponsor and provide training in specific programme areas	
Theoretical Perspective	The human capital theory argues that the continuous development of the human being has a way of improving talents	Consistent with the inclusive TM theory where every employee is considered to be a potential talent to make a meaningful contribution to the achievement of organizational goals and the resource-based theory – which argues that firms seeking to compete	Consistent with the human capital theorists which argue that talent development of human resources is critical for organizational growth; experiential learning theory consistent which g allows for a holistic form of learning process often recommended for adult career growth and development	In line with motivational theories, intrinsic and extrinsic motivation can retain highly skilled professionals in organizations

		effectively and create competitive advantage will attract and hire the right talent in the open labour market		
Empirical literature	Empirical literature conceptualizes talent in three main forms; natural disposition, knowledge and skills and mental power.	The empirical literature provides similar practices of recruitment in the health services sector in Ghana.	Global health workforce literature has suggested similar training and development programmes across the globe.	The workforce literature across developing country context shows that both intrinsic and extrinsic motivation has been applied to retain nurses.

7.6 Conclusion

In this chapter, the researcher discussed the results from the study concerning literature and theories and the policy and practice space of the State Health Services Sector in Ghana. The findings of the study were grouped into four thematic areas that address the research questions; availability of TM policies and systems, the extent of TM practices in the State Health Services Sector in Ghana; challenges associated with TM practices, and the ideal TM practices.

The availability of talent management policies and systems; the findings of the study demonstrate that talent management policies and systems are in place and they provide guidance and measures for general incentives, distribution, performance management, recruitment, attraction and retention. However, the implementation of these policies has encountered difficulties because of the process of policy formulation in the State Health Services Sector in Ghana.

The findings indicate that there is a centralized recruitment policy that aims at ensuring the equitable distribution of nurses in the State Health Services Sector in Ghana, yet the implementation of this policy is not able to address the purpose for which it was formulated.

In terms of training and development, the study found out that policies and systems are in place at three levels; at an organisational-wide level where policies focus on coaching and mentorship; at the individual level where policies and systems are in place to encourage nurses to undergo continuous professional development and at the international level where international organisations sponsor and provide training in specific programme areas to enhance the competencies of health workers supporting those programmes.

The study further shows that managers in the state health services facilities are not fully committed to the performance appraisal process though there is a policy on performance appraisal. Therefore, performance appraisals are mainly conducted to assess the eligibility of nurses for higher career grades. The study again found that training is the most important retention strategy for nurses in the State Health Services Sector in Ghana. This is followed by attractive salaries and career development opportunities. Wellbeing schemes strategies are the

least valued by nurses. The findings highlight systemic challenges associated with the extent of talent management of nurses in the areas of staff numbers and distribution of nurses to certain geographical areas and nurses are not satisfied with this systemic challenge. Those challenges could serve as barriers to the accessibility of quality nursing care in certain health facilities in the country. Variations in the level of satisfaction of nurses emerged from the study; while senior nurses are satisfied with organisational arrangements to support them in their career development goals, junior and associate nurses are not satisfied with the arrangements in place to support their career progression, in their view, this arrangement is discriminatory and favours only senior nurses.

The findings show that nurses understand talent and talent management from four main perspectives; natural disposition; religion; mental power and knowledge or skills someone may possess. The evidence also suggests weak strategic integration between policy and practices and this might contribute to mismatches between the implementation of talent management policies. The findings show the persistent challenges associated with adherence to talent management policies leading to gaps between intended and actual talent management practices in health facilities. The causes could be attributed to weak integration mechanisms, cultural issues and weak health systems.

The findings also present causal variations due to the geographic locations of the facilities and facility types. While the district hospitals show wide variations between the responses of senior managers and junior staff, the variations were not that much in the teaching hospitals. Finally, the findings have proposed several talent management strategies that can constitute ideal talent

management in the State Health Services Sector in Ghana. These include career opportunities for staff, improved conditions of service, reward for higher performance, the establishment of welfare schemes and staff engagement in TM policy design.

Finally, the findings demonstrate the significance of talent management in the State Health Services Sector in Ghana from the perspective of nurses across three levels; district hospital, teaching hospital and regional hospital. Considering the relevance nurses attach to talent management, the need for the establishment of talent management units in government hospitals is paramount. From the literature external actors – not part of the decision making process may be necessary for implementation of the intended TM policies.

CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS

8.0 Introduction

The study set out on a distinct path to explore talent management policies and practices in the State Health Services Sector in Ghana focusing on nurses. The investigation was based on the assumption that by understanding talent management policies and practices in the state health sector, health managers will be able to set out proactive strategies and guidelines to inform the talent development of nurses in health facilities in Ghana. Nurses will thus be able to implement decisions that will lead to improvements in nursing care in Ghana.

These measures will in turn lead to a more responsive health system that will ensure better health outcomes for the population. It was also assumed that by identifying the factors that influence talent management practices in the State Health Services Sector in Ghana, health managers will be able to develop measures to enhance the capacities of nurses towards better clinical decisions in their respective roles.

The study, therefore, focused on exploring the concepts of talent management in relation to nurses in Ghana. The enquiry was structured along the defined research questions (see introduction chapter). This chapter presents the overall conclusions of the study objectives, the implications of the findings for theory, policy and practice, the recommendations for decision-makers and suggestions for further research. It also highlights the limitations of the study.

8.1 Summary Findings and Conclusions

This section provides a summary of the findings and the major conclusions and contributions of each research question. The study used data from both the survey questionnaire and the vignettes to address the research questions.

8.1.1 Research question 1

What talent management policies, systems and practices exist for nurses in the state health service sector in Ghana?

In answering this question, the study specifically set out to:

> Assess the availability of talent management policies, systems and practices, for performance management, training and development, recruitment and retention in the state health sector.

8.1.1.1 Summary of the findings

(i)   The study found that the talent management policies and systems in place prescribe measures for general incentives, distribution, performance management, recruitment, attraction and retention Nonetheless, talent management policies and systems face implementation difficulties because of how they are formulated(refer chapter 6).

(ii)   On recruitment, the study found the existence of a centralised recruitment policy that aims at ensuring equitable distribution of nurses in the State Health Services Sector in Ghana.

(iii)   In terms of training and development, the study found out that policies and systems are in place at three levels; at an organisational-wide level where policies focus on coaching and mentorship, at the individual level where policies and systems are in

place to encourage nurses to undergo continuous professional development and at the international level where international organisations sponsor and provide training in specific programme areas to enhance the competencies of health workers supporting those programmes.

(iv) With performance appraisal, the findings show that managers are not committed to the process and they mainly use performance appraisals during promotions. Also, there is usually no follow-up and, as a result, results are not usually linked to the future performance of employees.

(v) On nurses' retention, it emerged that training is the most important employee retention strategy in the State Health Services Sector in Ghana. This is followed by attractive salaries and career development opportunities. Wellbeing schemes strategies are the least valued by employees.

8.1.1.2 Conclusions and contributions

All the key conclusions are drawn from the findings. On the availability of talent management policies and systems, one key conclusion could be drawn and that is; there are policies and systems on talent management for recruitment, training and development, performance management and retention but there are inherent challenges with the implementation of those policies due to the nature of policy formulation in the State Health Services Sector in Ghana (see chapter 6). This finding contributes to the existing literature by supporting the nature of policy formulation in the health sector in many low-middle-income countries which have consistently been top-up approaches(Mukamel et al., 2014) (see Chapter 3).

On recruitment, the study provides a number of recruitment startegies adopted by the ministry of health which supports the existing literature; pool of qualified health workers (Sparrow &

Makram, 2015); the use of national media to advertise vacant positions consistent with literature (Oseghale et al., 2018); foreign-trained nurses before they are recruited which is in line with existing literature (Schuler et al., 2011; Russo, 2020; Oseghale et al., 2018). Within, the state health sector two key conclusions are drawn from the findings. The first is that there is a centralised online recruitment system which is meant to ensure equitable distribution. Secondly, this system is however influenced by human factors, therefore, defeating the purpose for which it was established due to nepotism demonstrating the effect of human biases on any electronic system if it is not properly managed and supports existing literature on nepotism and biases shrouded in the recruitment of health workers in many low-middle income countries as shown by scholars (Oseghale et al., 2019; Oseghale et al., 2018).

Concerning training and development, it could be concluded that the state health sector has three levels of training and development for nurses; organisational, personal and international. This study supports the existing literature in low-middle income countries where training and development of nurses have mainly been the responsibility of the employees or employer with financial support sometimes provided by some donor organisations consistent with existing literature (Oseghale et al. (2018).

On retention, it could be concluded that training and development are the key retention strategy for nurses in the state health sector followed by attractive salaries contrary to the existing perception that financial incentives should be the strongest retention strategy in line with literature (Tansley et al., 2006; Hoole & Hotz, 2016).

8.1.2 Research question 2

To what extent is nursing talent managed in the State Health Services Sector in Ghana?

In answering this question, the study specifically set out to:

- Assess the extent of shortages, distribution, career development opportunities and competencies of nurses in the State Health Services Sector in Ghana.

8.1.2.1 Summary of Findings

I. The findings highlight systemic challenges associated with the extent of talent management of nurses. These challenges were identified in the areas of staff numbers and distribution of nurses to certain geographical areas in Ghana. Additionally, it was found that the nurses were not satisfied with this systemic challenge. Those challenges could serve as barriers to the accessibility of quality nursing care in certain health facilities in the country.

II. The evidence from the study demonstrates variations in the level of satisfaction of nurses. While senior nurses were satisfied with organisational arrangements to support them in their career development goals, junior and associate nurses were not satisfied with the arrangements in place to support their career progression.

8.1.2.2 Conclusions and contributions

The study found that to render quality care and ensure the adequate protection of patients, nurses should be available and equitably distributed across geographical levels(WHO, 2021: Liu et al., 2017). However, the evidence from the study concludes that there are shortages of nurses in certain geographical areas due to inadequacy in numbers which is not consistent with the World Health Organisation requirement(WHO, 2021). Additionally, gaps in certain specialised skills as well as maldistribution of nurses always skewed in favour of urban areas(MOH, 2013; MOH, 2020; MOH, 2021). These challenges are likely to create vacancies leading to heavy workloads

for nurses. The findings are consistent with existing literature on health workforce shortages globally (Amankwah-Amoah & Debrah, 2011; WHO, 2021: Liu et al., 2017) (see chapter 3).

In terms of career development, although the findings indicate that there are career development opportunities for nurses, inconsistencies in career progression strategies especially for lower-level or associate professional nurses may serve as barriers to the career growth of junior nurses(Liu et al., 2017) and appears to affect the entire health systems strengthening (Antwi et al., 2022). The study concludes that management perspectives of career development for staff are always in line with the organisational goals while employees' perspectives are sometimes borne out of individual interests and aspirations.

On competencies, the study concludes that some nurses lack the requisite competencies such as empathy and analytical skills within the nursing profession and this could be attributed to the failure of universities and health training institutions in teaching appropriate attitudinal skills at the pre-service level cvonsistent with the literature(Cappelli and Tavis, 2016). Two key conclusions were drawn. The first is that the curriculum for the training of nurses does not address all the required competencies. Secondly, the training institutions may not have the capacity to train the number of nurses needed to provide quality nursing care to people living in Ghana.

8.1.3 Research question 3

What are the main challenges confronting the implementation of talent management initiatives, systems and practices for nurses in the State Health Services Sector in Ghana?

In answering this research question, the study sought to address the following objectives:

- Assess nurses' understanding of the concept of talent and talent management in the State Health Services Sector in Ghana.

- Examine the strategic integration of talent management in the state health sector.

- Assess the level of adherence to talent management policies by nurses in the state health sector.

- Identify the gaps between intended and actual talent management practices in the state health sector.

8.1.3.1 Summary of the Findings

The findings show that nurses understand talent and talent management from four main perspectives namely: natural disposition, religion, mental power and knowledge or skills one may possess.

The evidence also suggests weak strategic integration between policy and practices and this might contribute to mismatches between the implementation of talent management policies.

The findings showed the persistent challenges associated with adherence to talent management policies leading to gaps between intended and actual talent management practices in health facilities. The causes could be attributed to weak integration mechanisms, cultural issues and weak health systems. The findings also presented causal variations due to the geographic locations of the facilities.

8.1.3.2 Conclusions and contributions

The evidence from this study on challenges associated with the talent management of nurses in the state health sector appears to have a global dimension as the literature provides similar

challenges from other countries (O'Brien et. al., 2011). The practical implication is for health managers to strengthen the processes of policy formulation in the health workforce.

The findings point to a lack of a generally accepted definition of talent which has been posited by (Gallardo-Gallardo et al., 2013; Tansley, 2011). The evidence from this study provides three clear perspectives on the definition of talent; natural disposition, mental power, knowledge and skills as shown by (Gallardo-Gallardo et al., 2013; Tansley, 2011). While the study supports talent definition in existing literature in the areas of natural disposition, mental power and knowledge or skills, the study contributes with another dimension in the area of religion which the existing literature is silent about.

It could be argued that natural disposition may mean the same as religion, further probes in the study to differentiate the two concepts (religion and natural disposition) from the perspective of nurses mean differently. This study, therefore, concludes that from the context of Ghana, talent may mean four different things to nurses in the state health sector and the different meanings may probably contribute to the ineffective management of talent in the state health sector.   Two key conclusions are drawn from the findings. Firstly, meanings people ascribe to concepts may influence the way they align with that concept. Secondly, this study supports existing literature that theorises three areas for talent definition and has added another dimension to talent definition of talent and that is the religious aspect.

These conclusions are borne out by the background information to the study, as discussed in Chapter 2, and the theories in Chapter 3, and they might again contribute to the policy-practice gap as far as talent management in the state health sector is concerned. The implication of policy is that managers need to clearly define talent from an operational perspective and continuously

engage nurses at all levels on talent management concepts. By so doing, managers can identify the real practical issues of nurses and factor them into the implementation protocols.

In terms of adherence to TM policies, it appears that the policies provide a broader spectrum for implementation that allows implementing agencies the opportunity to devise their strategies which sometimes may create a divergence in implementation consistent with the literature (Anyangwe and Mtonga, 2007). This results in creating gaps between policy and practice. The practical implication is for health managers to strengthen the aspect of policy practice integration to ensure adherence to TM policies by facility managers.

8.1.4 Research question 4

What is the ideal talent management system for nurses in the State Health Services Sector in Ghana?

In answering this research question, the study sought to address the following objectives:

- Assess the ideal talent management practices for attraction and retention, training and development and performance management of nurses in the state health sector.

8.1.4.1 Summary of the Findings

The findings outlined several talent management strategies that can constitute ideal talent management in the state health sector. These include career opportunities for staff, improved conditions of service, reward for higher performance, the establishment of welfare schemes and staff engagement in TM policy design. The literature on talent management in the health sector has summarized these principles under two main areas. The first area is the conceptualization and acceptance of talent management and the second area comprises the identification and design of practices that deliver outcomes.

8.1.4.2 Conclusions and contributions

The evidence from this study supports the existing theory and provides a framework for appropriate actions meant to improve talent management in the state health sector (see chapter 7).

8.2 Implications for theory

The study brings together four key concepts to help examine talent management in the state health sector. These are the resource-based theory, the human capital theory (Amankwah-Amoah & Debrah, 2011; Jin, Hopkins & Wittmer, 2010), the experiential learning theory(Kolb et al., 1999) and the consistent with the resource-based theory (Barney, 2000).

Within the literature, these concepts have received different degrees of exploration and discussion. For example, while the resource-based view suggests that talent resources can be developed within the firm, the theory has been questioned for failing to meet the complex theoretical challenges of describing the process through which these resources are developed. The application of resource-based theory to explain the talent management of health professionals has not adequately been explored. Even though human capital development has been extensively discussed in the literature, it has been limited to on-the-job training. Its relationship with continuous learning after training and career integration remains a gap – one that has been explored in the study. Understanding the concept of talent management has been investigated at length, but the influence of the meaning on TM of nurses has not received much attention.

This study, therefore, fills the above-mentioned gaps by examining these concepts together to define a platform for discussion. It also provides a way to assess the evidence used in the process

of defining talent management in the state health sector. This provides the scope for widening the discussion on the need to use evidence to change, adopt or improve nursing care. The findings of the study validate the explanatory variables in the conceptual framework. From this perspective, this study contributes to recent arguments around those concepts in the following ways:

The study provides a developing country perspective of the empirical generalizations of the findings linked to the issues related to the conceptualisation of talent management and how the understanding can influence policy implementation of the concept – a claim which has received little attention in the health human resources literature.

The application of the empirical study provides a practical example of how the existing literature can be applied in practice. The study, therefore, provides another dimension to the available analytical framework on talent management in the state health sector. The use of the conceptual framework in this study shows the extent to which the concepts can be used to explain the dynamics of talent management and to make strategic inputs into the review of contemporary policies in the health sector.

8.3 Implications for policy and practice

This study was undertaken as a result of the researcher's interest in defining strategies that would lead to improvements in the way talents are managed in the state health sector using nurses as a proof of concept. Its main contribution to policy and practice is its provision of a framework for improving talent management in the state health sector by identifying the challenges associated with talents and specific action points to address those challenges. The contribution of the study for policy and practice, therefore, lies in the following:

Improving the health policy decision-making process by involving the local structures at the district level can contribute significantly to enhancing talent management. Specifically, the Ministry of Health would need to begin discussions on talent management to define the role of various actors in the health sector in managing talent in health facilities. Particular effort should be made to facilitate the active involvement of the nursing leadership at the regional level to advocate for talent development.

Strengthening talent management in state health facilities will provide a clearer understanding of the opportunities and constraints that the health sector affords. The identification of the key determinants of the structuring effects of talent improvement at all levels of healthcare delivery will provide a specific role for nurses to play. At the national and regional levels, for instance, the nursing leadership can provide a strong leadership framework, contributing to policy reviews, on the health workforce. The study identifies the district level as having a relatively strong influence on practice due to its role in the provision of a more conducive environment for the planning of continuous professional development for staff. These are likely to lead to a more effective way to help nurses develop their competencies and career growth. Nurses should be given the opportunity for in-service training and workshops as well as access to mentors and exchange programs to equip them with the requisite skills and knowledge on talent management.

A key determinant of the area proposed by this study is the existing policy on staff professional development, and as the findings show, there is a relationship between professional development and retention. From a policy perspective: The Ministry of Health should take steps to reduce the specific weaknesses resulting from junior nurses' inability to undertake in-service training programmes and encourage an in-service training system at the

regional and district levels as part of the health decentralization process by restructuring training mechanisms to ensure more demand-driven performance and reporting processes.

8.4 Implications for further research

These areas were identified for further research:

I.   A study of talent management of the entire health workforce.

II. A study into how patients perceive privacy and confidentiality in relation to their medical information.

8.5 Limitations

During the study, the following limitations became apparent:

During the course of the study, a number of limitations were encountered particularly in the areas of data accessibility, inclusive and exclusive criteria for relevant data and other conceptual issues. While the data focused on public sector nurses some categories were excluded from the interviews and that may affect the research findings. Further disaggregation of the data on state health sector nurses could have helped validate demographic issues such as gender, marital status and age. Contrarily, the study did not focus on specific variables. The study showed that data on the private sector practitioners were difficult to access creating an inability to draw comparisons. However, the study was mainly based on the state sector nurses, hence, this challenge did not affect the research outcomes. Again, issues with the definition of TM created some conceptual challenges, but the strategy adopted in the study managed to reduce those challenges to a minimum.

8.6 Contribution to the researcher's personal development

The personal learning process within the PhD programme and in the course of undertaking this study provided significant opportunities for the personal development of the researcher in several areas. Firstly, driven by the passion to effect change and the experiences in the field as a nurse and educator, the researcher is aware of the importance of TM in healthcare, the existence of policies on TM for nurses, and the human resource strategic direction for the health sector. However, the apparent gap between those policies and what is actually being practised motivated the researcher to examine the TM practices in selected state institutions.

The theories underpinning the focus of the thesis, which were in the cognate disciplines of social sciences and healthcare, presented a unique opportunity for the researcher to develop an in-depth understanding of the major themes of the study from the perspectives of both social science and healthcare. While this served to expand the researcher's knowledge in this sphere, it also led to a much better understanding of the challenges confronting nurse managers in the areas of talent management in the State Health Services Sector in Ghana.

Secondly, embarking on this journey in Swansea University was a whole experience that has led to a lot of eye-opening. While the topic and aim have always been clearly stated and remain the same, the scope of the study posed a challenge as the researcher had a lot of areas to explore, thus making the scope very wide. The researcher conducted a literature review to search for what the existing literature has said about the topic and it emerged that much is being done in the area of TM. Nonetheless, research on TM of nurses in a developing country context is very scanty.

Efforts to fill this knowledge gap required the researcher to undertake a number of short courses to improve his existing research skills, and the acquisition of those skills has contributed to the

personal development of the researcher. The special skill acquired during the literature review has also enhanced the researcher's skill in the literature review process and has contributed to the researcher's role in research.

Thirdly, the qualitative methods approach adopted in the study helped to improve the researcher's understanding of research methods. The researcher's understanding of the application of research design principles, data collection techniques, qualitative data analysis and ethical considerations in research has improved considerably. A significant outcome of this process comprised the steps taken in defining the sample frame for the study. The data collection was interesting but very challenging.

The ethical approval process from both the Swansea University and the Ghana Health Service was very educative and provided the researcher with a new set of analytical skills and communication skills. Although initial ethics approval was sought from the University, a one-month rigorous ethics approval process was again undertaken in Ghana, which shortened the data collection time. Most notable was the fact that no facility was willing to engage with the researcher without ethical approval, demonstrating good leadership from the various facilities. This notwithstanding, enormous support was received from the facilities for the qualitative data gathering.

Finally, the researcher's initial thoughts on nurses' lack of knowledge in talent management were proven to be false at the end of the research. Rather, the researcher has learnt that nurses understand what talent management is about from a divergent perspective. Again, the notion that policies and systems are not available has been proven wrong, instead, there are policies in place

for talent management but are rather faced with systemic challenges in their implementation; these include leadership and governance.

The evidence clearly shows that TM constitutes a major component of quality service delivery. Therefore, to enhance its application, nurses who constitute the majority of the health workforce must have a clearly defined role in talent management at all levels of healthcare in Ghana. This will ensure that nurses are empowered to enable the practice of the policies more effective. This thesis, therefore, situates the talent management of nurses in the state health sector and relates it to health policymaking in the Ghana health sector.

The findings will be presented to the political leadership of the Ministry of Health and other agencies. A poster presentation of the findings will also be presented at academic conferences, and several peer-reviewed journal articles will be published. The entire process has also enhanced the researcher's role as a nurse educator and advocate in the Ministry of Health in Ghana.

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Swansea University
Prifysgol Abertawe

Interview schedule for Senior Managers/Policy Makers in Ghana Health Service, Central Regional Hospital and Regional Health Directorate

Dear Senior Managers/Policymakers,

You are invited to participate in a research study on talent management practices in Ghana Health Service because of your expertise in this area. This study is being conducted by David Benjamin Sampson, of the School of Management, Swansea University, United Kingdom for his PhD programme. The purpose of this study is to explore issues relating to the difference between intended and actual talent management practices in Ghana Health Service and how the gab can be addressed in order to contribute to growth and development in health care delivery system in Ghana.

Your participation is voluntary and you are free to withdraw it at any time. The interview will last about 45 minutes to 1 hour. All the respondents in the study and their responses will be anonymised so please feel free to give your sincere opinion to the questions asked. In line with

academic research ethics the evidence/data gathered will only be used for the writing of the thesis. Thank you for your cooperation and support.

If you have any questions regarding this survey or the study in general, please contact the researcher at ████████████████ or phone ██████████, or contact my supervisors (Professor Yaw Debrah and Dr Jocelyn Finniear) at ████████████████████, ████████████ or/and ████████████████

Please respond to the questions below. Please write out any additional information when requested to do so or where necessary.

Senior Managers/Policy Makers

Section A: General Information

(1) Name of informant (optional):

(2) Position or title in the institution:

(3) Length of service in the organisation:

(4) Gender:

Section B: Meaning of Talent

1. How do you define talent in the Ghana Health Service?

2. How would you define talent management in the Ghana Health Service?

3. In your view, how would the meaning of talent management influence policies and practices on talent recruitment, retention and development?

4. Is there a talent management department/ unit in the Central regional hospital or in the Central Regional Human Resource Directorate of the GHS? If the answer is yes, when was it established?

5. What is the role of talent management department/unit in the development of human capital in your hospital/ region?

Section C: Talent Shortage

1. There is speculation about talent shortages among nurses in the Ghana Health Service. What is your opinion about shortages of nurses in the Ghana Health Service?

2. Can you describe the reasons for the talent shortage of nurses, if any in the Ghana Health Service?

Section D: Talent recruitment

1. How is the recruitment of qualified nurses done in the Ghana Health Service?

2. What triggers the recruitment of talented employees (nurses) in the Central hospital/regional health directorate? Are there any special processes in place?

3. Is talent recruited internally or externally for the Ghana Health Service?

4. What accounts for external talent recruitment in the Ghana Health Service if it happens in the organisation?

5. Many organisations now have different employee recruitment schemes designed to attract the right types of talent. Are there any such schemes in the Ghana Health Service?

6. What measures is the Ghana Health Service taking to attract talent, including newly graduated nurses?

7. Are there any particular universities/health training institutions you target to hire nurses from and why?

Section E: Talent retention

1. What do you understand by talent retention?

2. Do you have talent retention policy in the Ghana Health Service? If yes, please explain further what informed the policy, those involved in the policy formulation process and the process that led to the policy formulation?

3. Is the talent retention policy effective? If yes or no, please explain further?

4. When was the last time the talent retention policy was reviewed? What led to the review of the talent retention policy?

5. What are some of the practices that are used in talent retention in the Ghana Health Service?

6. As a Senior Manager or Policy Maker in the Ghana Health Service, can you please tell me some of the challenges faced by GHS organisation in implementing a talent retention policy or programs?

Section F: Competencies of Nurses

1. In your opinion what competencies do nurses need to work effectively for the Ghana Health Service?

2. Is there a competency framework for nurses by the Ghana Health Service?

3. Are those competencies in line with international framework of competencies for nurses if there is one and what informed your answer?

4. Has there been any assessment by the Ghana Health Service to evaluate competency gaps of nurses in healthcare organisation for the past five years?

5. What were some of the gaps identified in the assessment? And why do you think those gaps exists among nurses in the Ghana Health Service?

6. What are some of the measures Ghana Health Service has adopted to help newly recruited nurses to acquire the competencies they lack and who takes responsibility for this?

Section G: Talent engagement

1. What do you understand by the term talent engagement?

2. Is talent engagement practised in Ghana Health Service?

3. If yes or no please explain why?

4. What measures are in place in the Ghana Health Service to engage talent after hiring?

Section H: Talent development

1. What do you understand by the term talent development?

2. Who is involved in the decisions making process regarding the development of talent in the Ghana Health Service?

3. Are there policies in place to help develop the careers of nurses in the Ghana Health Service?

4. What are the desired objectives of talent development policy in the Ghana Health Service?

5. Do you periodically undertake in-service training for nurses to sharpen their competencies?

6. What are some of the challenges that you face as a senior manager/policy maker in ensuring that the strategies on talent development are implemented in Ghana Health Service?

Section I: Intended and actual Talent Management practices

1. Would you say that intended talent management policies and practices differ from actual talent management practices in operation in the Ghana Health Service?

2. How successful are these actual TM efforts by the Ghana Health Service and how do they link with the intended TM practices and policies in the sector?

3. What are the strengths and weaknesses of these TM practices and policies in the Ghana Health Service?

4. How does Ghana Health Service measure the outcome of these talent management practices?

5. Do you think these TM practices and policies could be improved to better manage talent in the Ghana Health Service and in what ways can the organisation improve their existing TM practices and policies?

6. What else would you like to share about actual and intended TM practices and policies in the Ghana Health Service?

Thank you for your cooperation.

APPENDIX 2: INTERVIEW GUIDE FOR HEALTH PRACTITIONERS/PROFESSIONALS

Swansea University
Prifysgol Abertawe

Dear nurse professional/practitioner,

You are invited to participate in a research study on talent management practice in Ghana Health Service (GHS) because of your expertise in this area. This study is being conducted by Mr David Benjamin Sampson, of the School of Management, Swansea University, United Kingdom for his PhD programme. The purpose of this study is to investigate the issues and factors related to talent management practices that have caused the difference between intended and actual talent management practices in Ghana Health Service and how the gap can be addressed to contribute to growth and development in quality health care delivery in Ghana.

Your participation is voluntary and you are free to withdraw it at any time. The interview will last about 45 minutes to 1 hour. All the respondents in the survey and their responses will be anonymised so please feel free to give your sincere opinion to the questions asked. In line with academic research ethics, the evidence/data gathered will only be used for the writing of the thesis. Thank you for your cooperation and support.

If you have any questions regarding this survey or the study in general, please contact the researcher at ▮▮▮▮▮▮▮▮▮▮▮▮ or phone ▮▮▮▮▮▮▮▮, or contact my supervisors

(Professor Yaw Debrah and Dr Jocelyn Finniear) at ███████████████ , ████████████

or/and ████████████████

Please respond to the questions below. Please write out any additional information when requested to do so or where necessary.

Nurse Practitioners:

Section A: General information on the informant

1. Name of informant (optional)

2. Position or title in the institution

3. Any other relevant information about the informant (eg. Experience):

4. Gender

Section B: Meaning of Talent

1. How would you define Talent?

2. How would you define talent management?

3. Is the definition of Talent understood in the same way across all the employees in the institution?

4. Is there a talent management department in the hospital, if the answer is yes, when was it established?

5. What is the role of the talent management department in the development of human capital?

Section C: Talent recruitment

Can you tell me about your healthcare facility in terms of the types of services you provide and the catchment area?

1. Does your facility/institution have recruitment criteria?

2. How were you recruited by G.H.S? Please provide some comments on the recruitment process below

3. How fair and transparent was the recruitment and selection process? Please explain your assessment of the fairness of the process

4. How satisfied are you with the recruitment and selection process?

5. What changes would you recommend to the recruitment procedure?

Section D: Talent retention

1. What do you understand by talent retention?

2. Do you have a talent retention policy in place? If yes, please explain further.

3. Is the talent retention policy effective? If yes or no please explain further.

4. What are some of the practices used in talent retention?

5. From your experience what are some of the challenges faced by your facility in implementing a talent retention program?

6. What can be done to ensure that GHS policies on retention are implemented practically in the health facilities?

7. Which motivation packages are available to you to enhance your work?

8. Do you actually have access to them? If not why?

9. Do you undergo mentorship?

10. Does your facility have any succession plan for nurses?

Section E: Talent Engagement

1. What do you understand by the term talent engagement?

2. Are you engaged in the delivery of healthcare delivery?

3. If yes or no please explain further.

Section F: Talent development

1. What do you understand by the term talent development?

2. Who is/are involved in talent development?

3. What are the desired objectives of talent development?

4. Are you presently undertaking any professional training/development with the Ghana Health Service?

5. Have you previously undertaken any training/development programme and was it with your present facility?

6. What are the skills development methods management uses to help you acquire the needed competencies?

7. How satisfied are you with the training/development programmes you have undertaken since you joined the organisation? Please explain your satisfaction or otherwise with the training

8. How successful are the organisation's current skills development efforts in achieving its objectives and in producing the health professionals the facility needs? Please comment on the success or otherwise of the methods

9. What methods does your management apply to measure the development of competencies of nurses in your facility?

10. What methods does your management apply to identify the training needs of nurses and midwives in your facility?

11. What can be done to ensure that GHS policies on, career development are implemented practically in the health facilities

12. After your pre-service training which areas or options of specialities are available for specialisation to improve your skills or talents?

13. Who determines when and where you can develop your talents?

14. Who assesses and determines whether you have a unique talent that has to be developed?

15. Do you strictly follow the duration of study leave as enshrined in the Ghana Health Service study leave policy?

16. Are there conditions to fulfil after you have been given a study leave to undertake professional development programmes?

17. Are the conditions implemented or followed through?

18. After being offered the opportunity to do a specialised course, are you posted to the facility where your skills and new knowledge would be needed?

Thank you for your cooperation.

APPENDIX 3: INTERVIEW GUIDE FOR MANAGER

Swansea University
Prifysgol Abertawe

Interview schedule for the manager in Ghana Health Service

 Dear **Nurse managers/administrators,**

You are invited to participate in a research study on talent management practices in Ghana Health Service because of your expertise in this area. This study is being conducted by David Benjamin Sampson, of the School of Management, Swansea University, United Kingdom for his PhD programme. The purpose of this study is to explore issues relating to the difference between intended and actual talent management practices in Ghana Health Service and how the gap can be addressed in order to contribute to the growth and development of the health care delivery system in Ghana.

Your participation is voluntary and you are free to withdraw it at any time. The interview will last about 45 minutes to 1 hour. All the respondents in the survey and their responses will be anonymised so please feel free to give your sincere opinion to the questions asked. In line with academic research ethics, the evidence/data gathered will only be used for the writing of the thesis. Thank you, for your cooperation and support.

If you have any questions regarding this survey or the study in general, please contact the researcher at ▮▮▮▮▮▮▮▮▮▮▮ or phone ▮▮▮▮▮▮▮, or contact my supervisors (Professor Yaw Debrah and Dr Jocelyn Finniear) at ▮▮▮▮▮▮▮▮▮▮▮, ▮▮▮▮▮▮▮▮ or/and ▮▮▮▮▮▮▮▮▮▮

Please respond to the questions below. Please write out any additional information when requested to do so or where necessary.

Nurse managers/administrators:

Section A: General Information

(1) Name of informant (optional):

(2) Position or title in the institution:

(3) Length of service in the organisation:

(4) Gender:

Section B: Meaning of Talent

1. How do you define talent in your healthcare facility?

2. How would you define talent management?

3. Is there a talent management department in the hospital, if the answer is yes, when was it established?

4.   What is the role of the talent management department in the development of human capital?

Section C: Talent Shortage

1. There is speculation about talent shortages among nurses and midwives in G.H.S. What is your opinion about shortages of health care professionals?

2. Can you describe the reasons for the talent shortage of nurses if any in G.H.S?

Section D: Talent recruitment

1. How is the recruitment of qualified nurses and midwives done in the Ghana Health Service?

2. What triggers the recruitment of talented employees? Are there any special processes in place?

3. Is talent recruited internally or externally?

4. Many organisations now have different employee recruitment schemes designed to attract the right types of talent. Are there any such schemes in your facility/institution?

5. What measure is your facility taking to attract talent, including new health professionals/employees?

6. Are there any particular universities/health training institutions you target to hire health professionals from and why?

Section E: Talent retention

1. What do you understand by talent retention?

2. Do you have a talent retention policy in place? If yes, please explain further.

3. Is the talent retention policy effective? If yes or no, please explain further.

4. What are some of the practices that are used in talent retention to your facility?

5. From your experience, can you please tell me some of the challenges faced by your facility in implementing a talent retention program?

Section F: Competencies of Nurses

1. In your opinion what competencies do nurses and midwives in your facility lack?

2. Why do you think they lack these?

3. How does your facility help their new nurses and midwives to acquire the competencies they lack and who takes responsibility for this?

Section G: Talent Engagement

1. What do you understand by the term talent engagement?

2. Is talent engagement practised in your facility?

3. If yes or no please explain more.

4. What measures are in place in your facility to engage talent after hiring?

Section H: Talent development

1. What do you understand by the term talent development?

2. Who is involved in the decisions making process regarding the development of talent in your organisation?

3. Do you periodically undertake in-service training for nurses and midwives to sharpen their competencies?

4. What are the desired objectives of talent development in your facility?

5. What are some of the challenges that you face as a facility in talent development?

Section I: Intended and actual Talent Management practices

1. Would you say that intended talent management policies and practices differ from actual talent management practices in operation in GHS?

2. How successful are these actual TM efforts by your facility and how do they link with the intended TM practices and policies in the sector?

3. What are the strengths and weaknesses of these TM practices and policies in the Ghanaian health sector?

4. How does your organisation measure the outcome of these talent management practices?

5. Do you think these TM practices and policies could be improved to better manage talent in the health sector and in what ways can facilities improve their existing TM practices and policies?

6. What else would you like to share about actual and intended TM practices and policies in the Ghana health services?

Thank you for your cooperation.

APPENDIX 4: PERMISSION LETTER

REPUBLIC OF GHANA
NURSING & MIDWIFERY TRAINING
COLLEGE, DUNKWA-ON-OFFIN
UPPER DENKYIRA EAST

My Ref. No. UDE/NMTC/ 3/2

Your Ref. No.:..............................

October 12, 2022

THE MEDICAL SUPERINTENDENT
CAPE COAST METROPOLITAN HOSPITAL
CAPE COAST

PERMISSION TO COLLECT DATA FROM CAPE COAST METROPOLITAN HOSPITAL

I am PhD student, of Swansea university, and I am currently working on the research topic, "Talent Management Practices of Nurses in the State Health Services Sector in Ghana: A study of nurses in three (3) State Health Institutions". The purpose of the study is to explore issues relating to the difference between intended and actual management practices in the State Health Services Sector in Ghana and how the gap can be addressed in order to contribute to the growth and development in the health care delivery system in Ghana.

It will involve the use of semi-structured interview guide to solicit responses form three (3) policy makers and administrators, five (5) Nurses Managers and eight (8) Nurses in your facility.

I wish to emphasized that; the study is purely academic work and all the respondents in the study and their responses will be anonymized so that they will feel free to give their sincere opinion to the questions asked.

I will be grateful, if I am given the permission to undertake this study in your facility.

I count on your cooperation.

Thank you

DAVID BEN SAMPSON
(PRINCIPAL)

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APPENDIX 5: PERMISSION LETTER

THE MEDICAL DIRECTOR

TRAUMA SPECIALIST HOSPITAL

WINNEBA

Dear Sir,

PERMISSION TO COLLECT DATA FROM
TRAUMA SPECIALIST HOSPITAL, WINNEBA

I am PhD student, of Swansea university, and I am currently working on the research topic, "Talent Management Practices of Nurses in the State Health Services Sector in Ghana: A study of three (3) State Health Institutions". The purpose of the study is to explore issues relating to the difference between intended and actual management practices in the State Health Services Sector in Ghana and how the gap can be addressed in order to contribute to the growth and development in the health care delivery system in Ghana.

It will involve the use of structured interview guide to solicit responses form three (3) policy makers and administrators, five (5) Nurses Managers and eight (8) Nurses in your facility.

I wish to emphasis that; the study is purely academic work and all the respondents in the study and their responses will be anonymized so that they will feel free to give their sincere opinion to th questions asked.

I will be grateful, if I am given the permission to undertake this study in your facility.

I count on your cooperation.

Thank you.

DAVID BEN SAMPSON
(PRINCIPAL)

APPENDIX 6: ETHICAL CLEARANCE

In case of reply the reference number
and the date of this
Letter should be quoted

Our Ref.: CCTH

Your Ref.:

P. O. Box CT.1363
Cape Coast
CC-071-9967
Tel: 03321-34010-14
Fax: 03321-34016
Website:
www.ccthghana.org
email:
info@ccthghana.com

16th November, 2021

David Benjamin Sampson

███████████████████

Dear Sir,

ETHICAL CLEARANCE – REF: CCTHERC/EC/2021/115

The Cape Coast Teaching Hospital Ethical Review Committee (CCTHERC) has reviewed your research protocol titled, **"Talent Management Practices of Nurses in The State Health Services Sector in Ghana: A Study of Three (3) State Health Institutions"** which was submitted for ethical clearance. The ERC is glad to inform you that you have been granted provisional approval for implementation of your research protocol.

The CCTHERC requires that you submit periodic review of the protocol and a final full review to the ERC on completion of the research. The CCTHERC may observe or cause to be observed procedures and records of the research during and after implementation.

Please note that any modification of the project must be submitted to the CCTHERC for review and approval before its implementation.

You are required to report all serious adverse events related to this study to the CCTHERC within ten (10) days in writing. Also note that you are to submit a copy of your final report to the CCTHERC Office.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours sincerely,

Dr. Stephen Laryea
Medical Director
For: Prof. Ganiyu Rahman, Chairman ERC

APPENDIX 7: ETHICAL REVIEW FORM

SCHOOL OF MANAGEMENT, SWANSEA UNIVERSITY

FIRST STAGE ETHICAL REVIEW FORM

*To be completed for all research involving human subjects OR
datasets of any kind OR the environment*

Name of PI or PGR Student	DAVID BENJAMIN SAMPSON
Staff Number or Student ID	▮▮▮▮
Supervisors*	PROF. YAW DEBRAH , DR. J.FINNIEAR
Date Submitted	21ᵀᴴ OCTOBER, 2019
Title of Project	TALENT MANAGEMENT PRACTICES IN GHANA HEALTH SECTOR
Name of Funder / Sponsor*	
Finance Code / Reference*	
Duration of Project	SIX YEARS (01/01/2017 to 31/12/2023)

Aim of research project (*250 words*):

In Ghana, several measures have been put in place to make human resource responsive to health care needs of the country with little success. The intended talent management practices in Ghana appear to differ from the actual practices by nurses who often work with unclear goals. Sometimes health workers work with constrained budgets and insufficient resources at their disposal. The effect of these experiences on formal policy directives or their relationship is not known or has not been adequately investigated, creating a gap in health policy literature.

Therefore, this study investigates the difference between intended and actual talent management practices in Ghana Health Service in order to contribute to the growth and development of health care delivery in Ghana. Specifically, it seeks to explore the differences between the intended and actual talent management practices of nurses in Ghana Health Sector and how any variations can be addressed.

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* Complete if appropriate

Risk evaluation: Does the proposed research involve any of the following?
✔ *Tick those boxes for which the answer is YES*
✗ *Cross those boxes for which the answer is NO*

Participants

X☐ Will the study involve recruitment of patients or staff through the NHS or the use of NHS data or premises and/or equipment? If this is the case, the project **must** be reviewed by the NHS. Please see the following NHS online tools for help with this http://www.hra-decisiontools.org.uk/research/ and http://www.hra-decisiontools.org.uk/ethics/

X☐ Does the study involve participants aged 16 or over who are unable to give informed consent? (e.g. people with learning disabilities: see Mental Capacity Act 2005. All research that falls under the auspices of the Act **must** be reviewed by the NHS)

X☐ Does the research involve other vulnerable groups: children, those with cognitive impairment or in unequal relationships? (e.g. your students). This **may** require NHS review, and will typically require the researcher to get **Disclosure & Barring Service (DBS) clearance** (formerly CRB checks)

X☐ Will the research harm or pose any risk to the environment? (e.g. research in environmentally sensitive areas (e.g. SSSIs); permission needed to access field sites; transport of samples between countries (e.g. soil); sampling of rare or hazardous material (e.g. invasive species) that could deplete or endanger)

Please describe the participants involved in your research (if no participants, state 'none'): *max 250 words.*

The research participants will include policy makers, doctors, nurses, pharmacists, hospital administrators and other allied health professionals in the Ghanaian Health Services sector. While policy makers and administrators are responsible for the development of talent management policies within the health services sector-the doctors, nurses and other professionals are the ones responsible for the actual implementation. With their in-depth knowledge of talent management policies/practices in the health services sector, it will be good to construct knowledge regarding intended and actual talent management practices in Ghana health services sector from their experience.

Recruitment

X☐ Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited? (e.g. students at school, members of self-help group or residents of nursing home?)

X☐Will it be necessary for participants to take part in the study without their knowledge and consent at the time? (e.g. covert observation of people or use of social media content)

X☐Will the research involve any form of deception? (e.g. misinformation or partial information about the purpose or nature of the research)

X☐ Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?

X☐ Does the research involve members of the public in a research capacity? (e.g. participant research; participants as co-producers or data collectors)

Please explain the recruitment of participants involved in your research (if no participants, state 'none'): *max 250 words.*

The researcher will identify, select and interview policy makers, doctors, nurses, and other health professionals. The researcher will use his contacts and networks to identify and recruit policy makers, doctors, nurses and other professionals with in-depth knowledge in the subject areas, for interviews and survey. Informed consent will be requested with the aims of the study clearly explained to participants before administering questionnaires as well as conducting interviews.

Research Design

X☐ Will the study discuss sensitive topics or require the collection of sensitive information? (e.g. terrorism and extremism; sexual activity, drug use or criminal activity; collection of security sensitive documents or information)

.   X☐ Could the study induce psychological stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life?

X☐ Is pain or more than mild discomfort likely to result from the study?

X☐   Will the study involve prolonged or repetitive testing?

X☐Are drugs, placebos or other substances (e.g. foods or vitamins) to be administered to study participants, or will the study involve invasive, intrusive or potentially harmful procedures of any kind? (If any substance is to be administered, this **may** fall under the auspices of the Medicines for Human Use (Clinical Trials) Regulations 2004, and require review by the NHS)

X☐Will tissue samples (including blood) be obtained from participants? (This would fall under the terms of the Human Tissue Act 2004. All research that falls under the auspices of the Act **must** be reviewed by the NHS)

Please summarise your methodology in detail and provide reflective comments with regards to the design of your research: *max 250 words.*

The study will adopt a qualitative research approach to understand intended and actual talent management practices in the Ghana health services sector. Stratified and purposive sampling strategies will be used in selecting policy makers, doctors and nurses in four districts from the ten main regions in Ghana to respond to survey questions and interviews. Participants will be drawn from the different regions in Ghana to enable conclusions to be drawn from a representative sample of respondents in Ghana. Also, stratified and purposive sampling strategies will be deployed to enable the researcher construct knowledge on intended and actual talent management practices from the experiences of participants with in-depth knowledge from different departments in the health services sector in Ghana. Specifically, a sample size of 120 respondents from a large population of health workers will be provided self-completion questionnaires to complete, while, 30 interviews will be conducted. Interview data will be used to supplement questionnaire data to enhance overall reliability of the data.

Survey and interview questions will seek to understand the difference between intended talent management practices by policy makers and actual talent management practices as implemented by doctors, nurses and other health professionals in the Ghana health services sector. Informed consent will be requested from study participants before data will be collected.

Data Storage and anonymity

X☐Will the research involve administrative or secure data that requires permission from the appropriate data controllers and/or individuals before use?

X☐Will the research involve the sharing of data or confidential information beyond the initial consent given?

X☐Will the research involve respondents to the Internet or other visual/vocal methods where respondents may be identified?

Please describe how you will store your research data and for how long, and, if appropriate, how you will ensure anonymity of your data subjects: *max 250 words.*

Interview data will be recorded, transcribed and reported in the form of a thesis. Recorded interviews will be disposed once the thesis has been written. Similarly, questionnaire data will be recorded in an excel sheet and will later be reported in the form of pie and bar charts in the thesis.

Adequate steps will be taken to honour any promise of anonymity made to study participants. For example, the name of the organisations were the participants work will not be reported in the thesis. Similarly, study participants will not be addressed by their real names. Rather, they will be referred to as 'participants' followed by a number assigned to them in the study.

Safety and Risk

X☐Has a risk assessment been completed?

X☐Is there a possibility that the safety of the researcher may be in question? (e.g. in international research: locally employed researchers)

X☐Will the research take place outside the UK where there may be issues of local practice and political or other sensitivities?

X☐Could the research impact negatively upon the reputation of the University, researcher(s), research participants, other stakeholders or any other party?

X☐ Do any of the research team have an actual or potential conflict of interest?

X☐Are you aware of any other significant ethical risks or concerns associated with the research proposal? (If yes, please outline them in the space below)

If any answer to the questions above is __YES__, then a __Second Stage (Full)__ Ethical Review MAY be required.

Please describe the health and safety considerations in relation to both participants and researchers (*250 words max): If there are significant concerns an appropriate risk assessment and management plan must be attached.*

Participants from different organisations will be interviewed in their offices. Similarly, survey respondents in the different organisations will complete questionnaires and return all questionnaires to the researcher. This practice will enable the participants participate in their safe office environment.
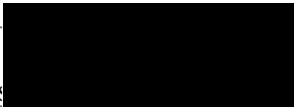
The researcher will not be exposed to any form of danger by interviewing the research participants in their safe office environments. Ghana is also a very safe research setting for the researcher who is a Ghanaian.

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*If the project involves **none of the above**, complete the **Declaration**, send this form and a **copy of the proposal** to **Amy Jones the School of Management Research Support Officer: amy.e.jones@swansea.ac.uk**. Research may only commence once approval has been given.*

Other significant ethical issues or concerns: (If None, then please state 'None')

NONE

Declaration: *The project will be conducted in compliance with the University's Research Integrity Framework (P1415-956). This includes securing appropriate consent from participants, minimizing the potential for harm, and compliance with data-protection, safety & other legal obligations. Any significant change in the purpose, design or conduct of the research will be reported to the SOM-REC Chair, and, if appropriate, a new request for ethical approval will be made to the SOM-REC.*

Signature of PI or PGR Student	DB☐
Signature of first supervisor (if appropriate)	yadebrah

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