



A Talent Acquisition For Nurses: Strategies And Challenges at The Hospital

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ABSTRACT:

The healthcare industry is in perpetual talent acquisition difficulty, notably in hospital nurses' recruitment, retention, and advancement. This study examines the many aspects that influence talent acquisition methods and obstacles in the hospital nursing profession. The study uses a thorough research technique to investigate hospital recruiting procedures, retention initiatives, and career development programs. To comprehend and assess the primary factors influencing nurse talent acquisition in hospital settings. To assess the effectiveness of different hospital recruitment techniques. Identify and investigate the underlying causes of hospital challenges with nurse talent retention. Investigate and analyze the career development opportunities available to nursing professionals through hospitals. To develop and recommend strategies for hospitals to increase nursing staff talent acquisition, retention, and career development. To gather insights into the viewpoints of hospital administrators, nurse managers, and frontline nurses, the study technique incorporates both qualitative and quantitative methodologies, including interviews, questionnaires, and data analysis. The study also looks at how technology may help hospitals streamline personnel acquisition procedures and improve overall staff management. The study's findings provide useful insights into the healthcare sector by providing evidence-based suggestions for optimizing talent acquisition tactics for hospital nurses. Faced with challenges such as the global nursing shortage and rising demand for specialized healthcare services, this study aims to provide actionable recommendations for hospital administrators, policymakers, and nursing leaders to foster a resilient and satisfied nursing workforce in hospital settings.

KEYWORDS: Talent Acquisition, Navigating Recruitment, Retention, Career Development

1. INTRODUCTION:

1.1. Talent Acquisition. According to Deloitte, talent acquisition is "a strategic approach to identifying, attracting, and onboarding top talent to efficiently and effectively meet dynamic business needs." Talent Acquisition (TA) and Recruitment are sometimes used interchangeably. However, they are not the same thing.

1.2. Strategies in Talent Acquisition. In today's labor market, economics, competitiveness, globalization, technology, and other elements all play a part in how businesses develop their business plans. Winning organizations, on the other hand, understand the importance of a well-planned and implemented talent strategy in today's competitive talent market. A well-planned talent management strategy helps individuals accomplish company objectives and businesses realize their ideas. It is both crucial and necessary, and it is no longer a choice. Bergeron (2004)

1.3. Challenge in Talent Acquisition.

It is vital to address the problem of talent acquisition. Companies may then identify the pain points, provide resources to these troublesome areas, and finally resolve the difficulties. Regardless of how a company approaches talent acquisition, the unifying goal is to improve organizational performance by putting the right people in

Recruiting is a subset of TA that includes sourcing, screening, interviewing, evaluating, selecting, and hiring. Jeremy Cepin wrote it. To gain a competitive advantage, organizations must adopt a new approach that emphasizes integrating talent acquisition with the business rather than just filling quick

the right place at the right time, with the essential motivation and competence.

1.4. Recruitment.

The technique of actively hunting for, locating, and employing persons for a certain role or vocation is known as recruiting. The recruitment definition comprises the whole hiring process, from initial screening to integrating the particular recruit into the company. While the definition and method of recruiting differ from one organization to the next, there are certain basic measures that each employer can take to make recruitment easier and more effective, such as the following: Comparing different types of job recruitment software to find the ideal fit. Establishing clearly defined standards and expectations for the ideal job applicant. Taking proactive steps to integrate new employees with comprehensive "onboarding." Staying ahead of the latest trends and best practices in recruiting.

1.5. Retention.

Retention is defined as the process by which a company ensures that its employees do not leave their jobs. Every organization and industry has a distinct retention rate, which shows the percentage of employees that stayed with the company over a given period. Organizations create and execute retention strategies to decrease staff turnover, avoid attrition, boost retention, and encourage employee engagement. Employee retention is the organization's goal of keeping productive and talented employees while reducing turnover by

creating a positive work environment to increase engagement, recognizing employees, providing competitive remuneration and benefits, and promoting a healthy work-life balance.

1.7. Workload and Burnout.

Job burnout occurs when a person's workload surpasses his or her ability to manage it. Burnout is defined by three characteristics: emotional weariness, depersonalization, and a loss of personal success (Maslach, Jackson, & Leiter, 1996).

2. REVIEW OF LITERATURE:

Human resource management (HRM) is critical in recruiting and maintaining talent to meet changing needs since the success of the healthcare business is dependent on the caliber of its workers (Prabakar et.al. 2023). Nurse turnover is a serious problem for the healthcare business and happens when nurses quit their positions or the profession (Sung-Heui Bae 2022). Talent Management (T.M.) is a contemporary and developing study topic in Human Resources Management (HRM). The nine resultant Talent Management Factors were classified as follows: Programming, Attraction, Development, Preservation, Performance Assessment, Work Climate, Culture, Succession Planning, and Leadership. (Konstantinos et.al 2021). Nurses are provided a career ladder to stimulate and sustain professional growth and nursing practice. The career

ladder influences clinical levels, advancement prospects, competency difficulty, awards, and recognition. (Ekawati et.al 2021). The most common workplace difficulties for adult oncology nurses are occupational stress and burnout. Workplace culture, the shift in increased hours worked remotely, and the nurse's personal qualities all affected susceptibility to burnout among oncology nurses (Louise et.al 2021). Organizational support is required to promote leader effectiveness and enhance staff and patient outcomes by providing ongoing, sustained professional leadership development, particularly in the area of communication, and by increasing self-efficacy (Sharolyn et.al 2021). Long-standing turnover factors have been identified. To limit the impact of these concerns, current workforce initiatives should be evaluated as a top priority

(Takawira et.al 2021). Nurse retention was influenced by the healthcare system at large, the healthcare institution, health personnel, and living situations. Individual nurses, healthcare organizations, and the whole health system are all affected by retention (Ferry 2019). Changes in our techniques did not significantly boost our overall response rate after the first wave of recruitment in the final phase; nevertheless, the rate of attrition following baseline decreased. Recruitment strategy is an essential component of doing effective clinical research (Jessica et.al 2019. Mentorship and career promotion

have been found to have a substantial impact on the development of nursing competency. Mentoring and professional development had the greatest influence on nurses' career ladder implementation. Nurse managers play an important role in enhancing the implementation of the career ladder to increase nurses' satisfaction (Bela et.al 2019). The nursing profession has a problem in terms of organizational commitment. Each organization has its professional atmosphere, which influences employees' organizational commitment (Mehvish et.al 2019).

3. RESEARCH METHODOLOGY:

To determine the main elements operating nurse talent acquisition in hospital settings. To analyze the efficiency of various hospital recruitment strategies. To know the underlying reasons for hospital issues in retaining nursing talent. To Investigate and evaluate the career development options for nursing professionals given by hospitals. To create and suggest ways for hospitals to improve nursing staff talent acquisition, retention, and career development. It is quantitative research is a type of research and the design of research is descriptive research. Surveys are used to gather specific and factual data that characterize an existing occurrence. A systematic questionnaire

survey was conducted on a few hospital nurses in Tamil Nadu which accreditation by NABH (National Accreditation Board of Hospitals). A total of 161 responders were chosen from the few hospital nurses in Tamil Nadu which accreditation by NABH (National Accreditation Board of Hospitals). The present study used appropriate primary and secondary data to attain its goals. 161 data were collected from a few hospital nurses in Tamil Nadu with accreditation of NABH (National Accreditation Board of Hospitals). The collection included books, periodicals, journals, newspapers, websites, and other secondary data sources. These types of sources were used in developing

scientific instruments (questionnaires) for primary data collection. Using the statistical method known as intentional sampling, 161 nurses from a few hospitals nurses in Tamil Nadu which accreditation by NABH (National Accreditation Board of Hospitals). Furthermore, the researcher gathered questionnaire information from a few hospitals nurses in Tamil Nadu which accreditation of NABH (National Accreditation Board of Hospital). The

3.1. TOOLS USED FOR ANALYSIS:

3.1.1. STATISTICAL ANALYSIS:

Correlation coefficients were developed to investigate the links between professional advancement, personal

research collected both primary and secondary data. A standardized questionnaire was used to accomplish this. Secondary data from easily accessible sources, such as yearly reports and hospitals in Tamil Nadu, were used to get general information on the selected nurses at a few hospitals nurses in Tamil Nadu which accreditation by NABH (National Accreditation Board of Hospitals). The final survey consists of thirteen components.

characteristics, and employee retention. To evaluate the study's assumptions, several regression analyses were utilized.

TABLE-1

VARIABLES	FREQ	PERCENTAGE
Age		
Below 25	84	52.2
(26-35)	52	32.3
(36-45)	13	8.1
Above 45.	12	7.5
Gender		
Male	11	6.8
Female	150	93.2
Marital Status		
Single	76	47.2
Married	85	52.8
Educational Qualification		
Certificate	9	5.6

3.1.2. HYPOTHESIS:

H0-Talent Acquisition Increases Employee Shortage among Nurses.

Diploma	76	47.2
UG	68	42.2
PG	8	5
Experience		
Below 1yr	55	34.2
2-5yrs	47	29.2
5-10yrs	30	18.6
Above 10yrs	29	18
Income (Salary) / PA		
Bel 4L	126	78.3
4.1L-8L	17	10.6
8.1L-12L	11	6.8
12.1L-16L	3	1.9
Above 16L.	4	2.5

H1- Talent Acquisition Increases Competition for Talent among Nurses.

H2- Talent Acquisition Increases Demographic Trends among Nurses.

H3- Talent Acquisition Increases Technological Advancements among Nurses.

H4- Talent Acquisition Increases Career Advancement Opportunities Workload and Burnout among Nurses.

H5- Talent Acquisition Increases Flexible Work Arrangements among Nurses.

H6- Talent Acquisition Increases Educational Partnerships among Nurses.

H7- Talent Acquisition Increases Diversity and Inclusion among Nurses.

H8- Talent Acquisition Increases Employee Recognition Programs among Nurses.

H9- Talent Acquisition Increases Legal and Regulatory Considerations among Nurses.

H10- Talent Acquisition Increases Pandemic Response and Preparedness among Nurses.

H11- Talent Acquisition Increases Workload and Burnout among Nurses.

3.1.3. FACTOR ANALYSIS:

TABLE-2

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.873
Bartlett's Test of Sphericity	Approx. Chi-Square	5773.437
	Df	1225
	Sig.	.000

Kaiser, Meyer, and Olkin's (KMO) sample Adequacy is a statistic used to determine how appropriate the value distribution is for FA. A score of >0.9 is regarded as great, >0.8 is respectable, >0.7 is considered good, >0.6 is considered ordinary, >0.5 is considered horrible, and 0.5 is considered dreadful. FA would be meaningless in the absence of an identity matrix. The data are multivariate normal and adequate for FA with a significance level of 0.05 since they do not create an identity

matrix. **Table 2** shows that the data generated a sample adequacy value of 0.873, indicating an average. Bartlett's test of sphericity is used to determine the multivariate normality of a set of distributions. It also determines whether or not the FA's correlation matrix is an identity matrix. FA would be meaningless in the absence of an identity matrix. Data with a significance level of 0.05 , according to **George and Mallory (2003)**, do not form an identity matrix, making them multivariate

normally distributed, and suitable for FA. The study's data was given a significance

value of 0.000, suggesting that FA may use the information.

Table-3

Comp	Total Variance Explained								
	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	17.738	35.475	35.475	17.738	35.475	35.475	7.677	15.353	15.353
2	3.954	7.908	43.383	3.954	7.908	43.383	5.754	11.507	26.860
3	3.151	6.302	49.685	3.151	6.302	49.685	5.068	10.136	36.996
4	1.866	3.732	53.416	1.866	3.732	53.416	3.657	7.315	44.311
5	1.537	3.073	56.490	1.537	3.073	56.490	3.045	6.090	50.401
6	1.421	2.842	59.331	1.421	2.842	59.331	3.013	6.026	56.427
7	1.364	2.728	62.059	1.364	2.728	62.059	1.942	3.884	60.311
8	1.228	2.456	64.515	1.228	2.456	64.515	1.663	3.326	63.637
9	1.097	2.195	66.710	1.097	2.195	66.710	1.466	2.933	66.569
10	1.051	2.103	68.812	1.051	2.103	68.812	1.122	2.243	68.812
11	.990	1.980	70.792						
12	.904	1.809	72.601						
13	.885	1.769	74.371						
14	.837	1.673	76.044						
15	.758	1.516	77.560						
16	.723	1.445	79.005						
17	.672	1.345	80.350						
18	.633	1.266	81.616						
19	.628	1.256	82.872						
20	.579	1.157	84.030						
21	.555	1.110	85.139						
22	.547	1.095	86.234						
23	.514	1.027	87.262						
24	.499	.998	88.260						
25	.444	.888	89.148						
26	.419	.837	89.986						
27	.407	.813	90.799						
28	.362	.724	91.522						
29	.351	.702	92.225						
30	.343	.687	92.912						
31	.312	.623	93.535						

32	.296	.592	94.127								
33	.276	.551	94.678								
34	.269	.538	95.217								
35	.254	.507	95.724								
36	.239	.479	96.203								
37	.223	.445	96.648								
38	.210	.419	97.067								
39	.202	.403	97.471								
40	.182	.365	97.835								
41	.155	.310	98.146								
42	.140	.280	98.426								
43	.138	.276	98.702								
44	.128	.255	98.957								
45	.111	.222	99.179								
46	.103	.207	99.386								
47	.094	.188	99.573								
48	.081	.163	99.736								
49	.077	.154	99.891								
50	.055	.109	100.000								

Table 3: shows that from the initial twelve characteristics, Principal Component Analysis (PCA) with varimax rotation was employed to retrieve nine characteristics with Eigenvalues of one. These thirteen factors accounted for 68.812 percent of the total variance. **Table 4** displays the FA findings. The factor loadings ranged from 0.792 to 504. The more features a test

represents or measures, the higher the factor loading. The titles of each set of traits are determined by which attribute has the largest loading, for example, risk-taking in group I. Furthermore, in the current investigation, variables with substantial loadings of 0.50 and above were used to interpret characteristics.

Table 4

Rotated Component Matrix											
	Component										
	1	2	3	4	5	6	7	8	9	10	
22. I believe the hospital leadership and administration communicate the available recognition and rewards programs.	.792										
24. I received recognition and appreciation for my work and contributions.	.769										
23. I feel that my opinions and ideas are valued and taken into consideration by my supervisors and colleagues.	.726										
16. I can take advantage of paid time off (PTO) or vacation leave when needed.	.710										

21. I would suggest for the recognition and rewards programs to better support employee retention among nurses.	.705								
27. In my workplace I have witnessed instances where the hospital has taken steps to address work-related stress and burnout among nurses.	.695								
20. I believe that the current recognition and rewards programs effectively motivate and retain nurses.	.693								
28. I provided with regular opportunities to provide feedback on your work environment, policies, and procedures.	.679								
19. I feel that the current recognition and rewards programs are fair and equitable.	.678								
25. In my workplace provide opportunities for employees to provide feedback and suggestions for improvement.	.666								
26. In my working place have effective communication channels and mechanisms used within the hospital to disseminate information and keep employees informed.	.661								
17. In my working place consider recognition and rewards in your overall job satisfaction and motivation.	.617								
3. I am content with the benefits offered by the working place.	.751								
15. In my working place provide flexible scheduling options that accommodate personal needs.	.667								
14. My experience with excessive overtime or work beyond my scheduled hours.	.634								
5. I have opportunities for salary advancement or raises based on performance and experience.	.613								
4. I believe salary reviews should occur to ensure competitive compensation.	.609								
6. I am satisfied with the career development opportunities provided by the workplace.	.600								
10. I am satisfied with the promotion process and transparency within the workplace.	.574								
8. I received all guidance or support from the workplace regarding career advancement regularly.	.556								
12. I agree with the current work-life balance initiatives offered by the workplace.	.532								
13. I feel that my workload is manageable and allows for a healthy work-life balance.	.531								
7. I have clarity of career advancement opportunities within the workplace.	.523								
37. In my workplace provided with regular updates on your performance and feedback on areas of improvement.		.754							
38. In my workplace there is a very high impact of transparent communication on my job satisfaction and commitment to staying with the hospital.		.708							
39. I feel that the hospital recognizes the importance of work-life balance for nurses.		.674							

40. I am aware of any specific policies or initiatives implemented by the hospital to promote and support work-life balance for nurses.		.598						
31. In my workplace place excellent communication channels within the hospital, such as meetings, emails, and other forms of communication.		.568						
9. I get support and guidance provided by the workplace in my career advancement.		.524						
18. I am satisfied with the current recognition and rewards programs offered by the workplace.		.510						
30. In my workplace I am involved in any decision-making processes that directly impact my work as a nurse.		.504						
34. I feel well-informed about the hospital's overall goals, objectives, and strategic direction.		.722						
32. I provided with clear expectations and goals for your role as a nurse		.721						
36. I have opportunities to provide feedback, and suggestions, or voice concerns about work-related matters.		.641						
33. The transparent communication within the working place by Excellent		.634						
35. In my working place provided with clear and timely communication regarding changes in policies, procedures, or practices that affect my work.		.582						
44. I am satisfied with the range of wellness programs offered by the hospital.		.771						
42. I believe employee wellness programs are for overall job satisfaction and employee retention Very important.		.724						
45. In my workplace very effective wellness programs promote physical health and well-being among nurses.	.513	.525						
46. I ultimately made my decision to stay with the hospital.								
43. I participated in any of the wellness programs offered by the hospital.								
48. I had opportunities for career advancement within the hospital.			.769					
49. I am satisfied with my compensation and benefits package.			.704					
50. I had access to mentorship or support programs during my time at the hospital.			.626					
47. I am satisfied with the support and resources provided by the hospital to perform my job effectively.								
1. I am satisfied with my current salary as a nurse at this working place.				.728				
2. I happy with my overall compensation package.				.643				
11. I am satisfied with my career development and advancement in influencing my decision to stay or leave my workplace.					.719			
41. I feel that your supervisors and colleagues are supportive of your work-life balance efforts.								
29. I feel comfortable sharing my ideas, concerns, or suggestions with your supervisors or management.						.699		

4. FINDINGS.

Growing Demand for Healthcare Services as the population ages, there is a greater demand for nursing personnel. Understanding the preferences and motivations of the next generation of nurses joining the workforce. Incorporating technology into healthcare delivery and patient care, necessitates technical skills in nurses. The use of electronic health records and other digital technologies has an influence on workflow. To recruit and retain nursing talent, and create a good and supportive workplace culture. Providing a safe and healthy workplace. Collaboration with nursing schools and educational institutions to provide a qualified nursing pipeline. Continuous training and development programs are in place to keep nurses up to speed on the most recent medical practices. Creating tailored recruiting efforts emphasizing the hospital's ideals, perks, and possibilities for advancement. Reaching out to potential candidates using social media and other channels.

5. CONCLUSION.

This study on factors of strategies and challenges in talent acquisition for hospital nurses: navigating recruitment, retention, and career development in the hospital settings. The study determined the main elements of operating nurse talent acquisition in hospital settings. It analyzed the efficiency of various hospital recruitment strategies. It is a descriptive research. Surveys are used to gather specific and factual data that

characterize an existing occurrence. A systematic questionnaire survey was conducted in a few hospitals in Tamil Nadu. A total of 161 responders were chosen from the few hospital nurses in Tamil Nadu which accreditation by NABH (National Accreditation Board of Hospitals). The data generated a sample adequacy value of 0.873, indicating an average. Principal Component Analysis (PCA) with varimax rotation was employed to retrieve nine characteristics with Eigenvalues of one. These thirteen factors accounted for 68.812 percent of the total variance. the Factor Analysis findings, the factor loadings ranged from 0.792 to 504. The more features a test represents or measures, the higher the factor loading. Growing Demand for Healthcare Services As the population ages, there is a greater demand for nursing personnel. Understanding the preferences and motivations of the next generation of nurses joining the workforce. Incorporating technology into healthcare delivery and patient care necessitates technical skills in nurses. Employees that are engaged are more likely to stay with a company. Create initiatives for involvement, request input, and include nurses in decision-making processes. Healthcare providers place a premium on their patients' health and well-being. To promote general well-being, provide wellness programs, mental health assistance, and access to fitness facilities.

Reference:

1. Backhaus, K. & Tikoo, S. (2004) Conceptualizing and researching employer branding. *Career Development International* 9:5, 501-517.

2. Bae, S. H. (2022). Noneconomic and economic impacts of nurse turnover in hospitals: A systematic review. *International Nursing Review*, 69(3), 392–404. <https://doi.org/10.1111/inr.12769>
3. Bergeron, C. (2004) Build a talent strategy to achieve your desired business results. *Handbook of Business Strategy* 5:1, 133-139.
4. Beserra, E. P., Gubert, F. D. A., Martins, M. C., Vasconcelos, V. M., Figueiredo, G. A. de, Silva, L. A. da, & Lima, M. A. de. (2018). Conflict management in nurse training. *Revista de Enfermagem UFPE on Line*, 12(10), 2891. <https://doi.org/10.5205/1981-8963-v12i10a236080p2891-2896-2018>
5. Bush, S., Michalek, D., & Francis, L. (2021). Perceived Leadership Styles, Outcomes of Leadership, and Self-Efficacy Among Nurse Leaders: A Hospital-Based Survey to Inform Leadership Development at a US Regional Medical Center. *Nurse Leader*, 19(4), 390–394. <https://doi.org/10.1016/j.mnl.2020.07.010>
6. Collings, C. (2006). The interactive effects of recruitment practices and product awareness on job seekers' employer knowledge and application behaviors. Cornell University, School of Industrial and Labor Relations, Center for Advanced Human Resource Studies. 1-36.
7. Dewanto, A., & Wardhani, V. (2018). Nurse turnover and perceived causes and consequences: A preliminary study at private hospitals in Indonesia. *BMC Nursing*, 17(Suppl 2), 1–7. <https://doi.org/10.1186/s12912-018-0317-8>
8. Drennan, V. M., Halter, M., Gale, J., & Harris, R. (2016). Retaining nurses in metropolitan areas: insights from senior nurse and human resource managers. *Journal of Nursing Management*, 24(8), 1041–1048. <https://doi.org/10.1111/jonm.12402>
9. Efendi, F., Kurniati, A., Bushy, A., & Gunawan, J. (2019). Concept analysis of nurse retention. *Nursing and Health Sciences*, 21(4), 422–427. <https://doi.org/10.1111/nhs.12629>
10. Eriksen, Bo H. (2012) *Dancing With the Stars: How Talent Shapes Firm Performance*. University of Southern Denmark. 1-42.
11. Gribben, L., & Semple, C. J. (2021). Factors contributing to burnout and work-life balance in adult oncology nursing: An integrative review. *European Journal of Oncology Nursing*, 50(December 2020), 101887. <https://doi.org/10.1016/j.ejon.2020.101887>
12. Groysberg, B. (2010) *Chasing stars. The Myth of Talent and the Portability Performace*. Princeton University Press. 50:3, 445-447.
13. Holland, P., Tham, T. L., Sheehan, C., & Cooper, B. (2019). The impact of perceived workload on nurse satisfaction with work-life balance and intention to leave the occupation. *Applied Nursing Research*, 49, 70–76. <https://doi.org/10.1016/j.apnr.2019.06.001>
14. Hussain, M., Afzal, M., & Gilani, S. A. (2019). Impact of Professional Stress and Career Development on Organizational Commitment Among Nurses. *Journal of Health, Medicine and Nursing*, January. <https://doi.org/10.7176/jhmn/62-09>

15. Joyce, W. & Slocum, J. (2012) Top management talent, strategic capabilities, and firm performance. *Organizational Dynamics* 41, 183-93.
16. Lane, K. & Pollner, F. (2008) How to address China's growing talent shortage. *The McKinsey Quarterly* 3, 33-40.
17. Lengnick-Hall, M. & Lengnick-Hall, C. (2012) *Human Resource Management in the Knowledge Economy: New Challenges, New Roles, New Capabilities*. Berrett-Koehler Publishers. 1-203.
18. Lobo, V. M., Fisher, A., Baumann, A., & Akhtar-Danesh, N. (2012). Effective retention strategies for midcareer critical care nurses: A Q-method study. *Nursing Research*, 61(4), 300–308. <https://doi.org/10.1097/NNR.0b013e31825b69b1>
19. Marufu, T. C., Collins, A., Vargas, L., Gillespie, L., & Almghairbi, D. (2021). Factors Influencing retention among hospital nurses. *British Journal of Nursing*, 30(5), 302–308.
20. Michaels, E., Handfield-Jones, H. & Axelrod, B. (2001) *The War for Talent*. Harvard Business School Press. Boston, Massachusetts. 1-240.
21. Mills, J., Chamberlain-Salaun, J., Harrison, H., Yates, K., & O'Shea, A. (2016). Retaining early career registered nurses: A case study. *BMC Nursing*, 15(1), 1–6. <https://doi.org/10.1186/s12912-016-0177-z>
22. Mitosis, K. D., Lamnisos, D., & Talias, M. A. (2021). Talent management in healthcare: A systematic qualitative review. *Sustainability (Switzerland)*, 13(8), 1–20. <https://doi.org/10.3390/su13084469>
23. Mooring, Q. E. (2016). Recruitment, advising, and retention programs - Challenges and solutions to the international problem of poor nursing student retention: A narrative literature review. *Nurse Education Today*, 40, 204–208. <https://doi.org/10.1016/j.nedt.2016.03.003>
24. Norman, K. M. (2015). The image of community nursing: Implications for future student nurse recruitment. *British Journal of Community Nursing*, 20(1), 12–18. <https://doi.org/10.12968/bjcn.2015.20.1.12>
25. Pertiwi, B., & Hariyati, R. T. S. (2019). The impacts of career ladder system for nurses in hospital. *Enfermeria Clinica*, 29(September), 106–110. <https://doi.org/10.1016/j.enfcli.2019.04.016>
26. Sahay, P. (2014) Design thinking in talent acquisition: a practitioner's perspective. *Strategic HR Review* 13:4, 170-180.
27. Saputri, E., Pasinringi, S. A., & Ake, J. (2021). the Relationship Between Career Ladder and Nurse's Job Satisfaction At a Hospital. *Indonesian Journal of Health Administration*, 9(1), 55–66. <https://doi.org/10.20473/jaki.v9i1.2021.55-66>
28. Schuler, R., Jackson, S. & Tarique, I. (2010) Global talent management and global talent challenges: Strategic opportunities for IHRM. *Journal of World Business* 46, 506–516.
29. Slagle, D. R. (2013). Recruitment and retention strategies for hospital laboratory personnel in urban and rural settings. *Clinical Laboratory Science : Journal of the American Society for Medical Technology*, 26(1), 10–14. <https://doi.org/10.29074/ascls.26.1.10>

30. Smeltzer, S. C., Sharts-Hopko, N. C., Cantrell, M. A., Heverly, M. A., Jenkinson, A., & Nthenge, S. (2015). Work-life balance of nursing faculty in research- and practice-focused doctoral programs. *Nursing Outlook*, 63(6), 621–631. <https://doi.org/10.1016/j.outlook.2015.04.008>

31. Stokesbury, K. D. E. (2012). Stock Definition and Recruitment: Implications for the U.S. Sea Scallop (*Placopecten magellanicus*) Fishery from 2003 to 2011. *Reviews in Fisheries Science*, 20(3), 154–164. <https://doi.org/10.1080/10641262.2012.695816>

32. Surdam, J., Daly, B., Fulton, S., Margevicius, S., Schluchter, M., Flocke, S., Manne, S., & Meropol, N. J. (2020). Recruitment Strategies for Nurse Enrollment in an Online Study. *Nursing Research*, 69(1), 69–73. <https://doi.org/10.1097/NNR.0000000000000393>

33. The Role of Human Resource Management in Talent Acquisition and Retention in the Healthcare Sector. (2023). *Journal of Informatics Education and Research*, 3(2), 1573–1581. <https://doi.org/10.52783/jier.v3i2.279>

34. Twigg, D., & McCullough, K. (2014). Nurse retention: A review of strategies to create and enhance positive practice environments in clinical settings. *International Journal of Nursing Studies*, 51(1), 85–92. <https://doi.org/10.1016/j.ijnurstu.2013.05.015>

35. Uggerslev, K., Fassina, N. & Kraichy, D. (2012) Recruiting through the stages: a meta-analytic test of predictors of applicant attraction at different stages of the recruiting process. *Personnel Psychology* 65, 597–660.

36. Van Duren, E., D'Amico, J., & Knoth, K. (2015). Lean talent acquisition: one team's journey of improvement. *Strategic HR Review*, 14(5), 188–193. <https://doi.org/10.1108/shr-07-2015-0056>

37. Varma, M. M., Kelling, A. S., & Goswami, S. (2016). Enhancing healthcare quality by promoting work-life balance among nursing staff. *Journal of Hospital Administration*, 5(6), 58. <https://doi.org/10.5430/jha.v5n6p58>

38. Venkatesh, A. N. (2017). Integrated Talent Management Framework for Healthier Healthcare Performance – A Strategic Approach. *American International Journal of Research in Humanities, Arts and Social Sciences*, 19(1), 46–54. <https://ssrn.com/abstract=3060127>

39. Walford-Wright, G., & Scott-Jackson, W. (2018). Talent Rising; people analytics and technology driving talent acquisition strategy. *Strategic HR Review*, 17(5), 226–233. <https://doi.org/10.1108/shr-08-2018-0071>

40. Yoon, C. (2014). *済無No Title No Title No Title*. Paper Knowledge. Toward a Media History of Documents, 2021(2), 14–43.