

# THE EFFECT OF TALENT MANAGEMENT, LEADERSHIP STYLE AND HEALTHCARE EMPLOYEE ENGAGEMENT ON ORGANIZATIONAL PERFORMANCE IN OMAN GOVERNMENT HOSPITALS

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**Abstract:** *Oman's medical environment. Furthermore, the significance of this study—which focuses on healthcare professionals' involvement as a mediator between talent management and hospital performance—is underscored by the need for additional research on talent management and retention in healthcare settings. By examining the connection between leadership, talent management, and hospital performance in Omani public hospitals, the study seeks to close a gap in the literature. The goal of the research is to gain a thorough understanding of the variables influencing the participation of healthcare workers and how those aspects affect the operation of Omani government hospitals. The report highlights the value of talent management and HEE for guaranteeing sustainability and improving hospital performance. The study's measurement scale proved to be valid and dependable, which made it useful for assessing Omani hospitals' talent management procedures. A useful foundation for comprehending the connection between talent management, HEE, and hospital performance is offered by the study's structural model. Furthermore, this study highlights how important the resource-based view theory is for understanding the connection between talent management and healthcare professionals hospital performance and engagement using a single model. The study demonstrates how talent management affects hospital performance and contributes to the expanding body of research on talent management in hospitals, particularly in Oman. The study highlights the importance of talent management frameworks in determining healthcare professionals engagement in hospitals, which is critical for enhancing hospital performance. This research has several practical outcomes for hospital managers, highlighting the potential challenges and pitfalls associated with HEE and talent management. The study's findings can have significant economic implications for Oman's healthcare sector by improving the efficiency and effectiveness of hospital operations and promoting better patient outcomes. This research's theoretical, methodological, and managerial contributions provide valuable insights that can inform future studies on talent management and healthcare performance.*

**Keywords:** *Talent management, Healthcare Employee engagement, Leadership style, Organizational Performance.*

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## **Introduction**

Any organization's effectiveness is gauged by its ability to provide particular results that describe the movement of operational skills used inside the organisation (Zeb et al., 2021). According to Widinto et al. (2021) organisational performance has also been defined as a control dictionary outcome in relation to future outputs measured along the organization's goals and objectives. According to academics, organisational effectiveness is also determined by how motivated upper management is to provide staff members with opportunity to participate in activities (Oyewobi 2021). It has also been defined as the result of the organization's overall operations, which combine organisational and individual aims to produce desired results while maintaining the emphasis on identifying key personnel for critical responsibilities (Hilton, 2021). Conversely, however, organisational performance is the end product or results of an organisation that are ultimately a result of strategy, marketing, operations, and human resources. These can be combined and evaluated in relation to the intended outcomes (Tomal and Jones, 2015; Richard et al., 2009, Venkatraman & Ramanujam, 1986). As such, it encompasses the following three domains of an organization's results: shareholder returns, product market success, and financial performance (Richard et al., 2009; Gavrea et al., 2011).

## **Overview of Omani Healthcare Sector**

Oman, a country covering 309,500 square kilometres, is the third largest in the Middle Eastern peninsula. It follows Yemen and Saudi Arabia. Oman is a topographically desert country with parched riverbeds and mountainous areas with expansive fields stretching across the landscape. The need for imported drugs has increased due to growing requirements, extensive public administrations, and population growth (Al-Farsi & Al-Balushi, 2018). The Omani legislature is keen to reduce the cost of healthcare and has dispersed improvement plans that involve raising the bar for private sector collaboration (Almukhaini et al., 2016).

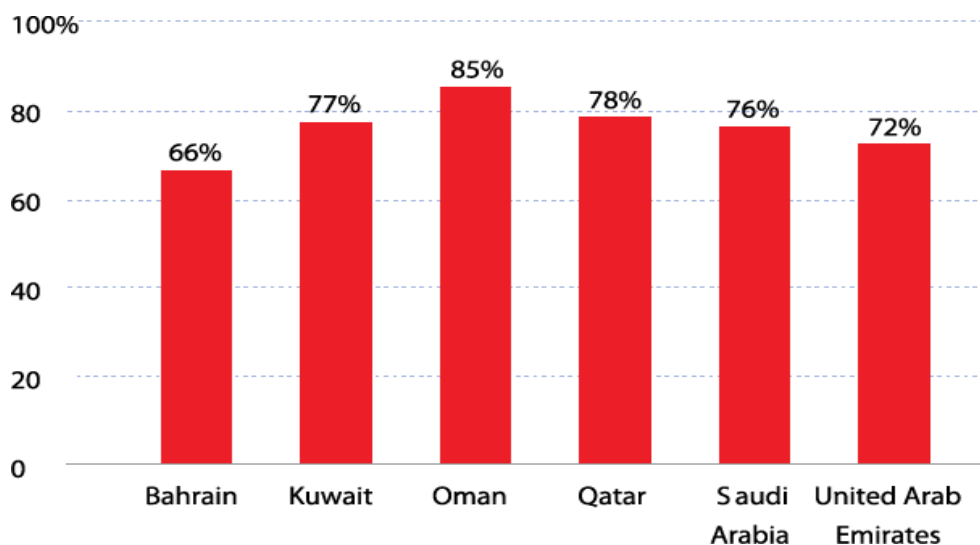
## **Omani Healthcare Industry Structure**

The healthcare sector is made up of workers and services that ensure that patients receive treatment and a prognosis for their conditions, as well as rehabilitation services, preventive care, and palliative care. The procedure involves the diagnosis and treatment of patients by professionals in the healthcare system, including technicians, chemists, and specialists. This 'Omanization' process consists of a series of labour laws requiring Omani businesses and government services to replace foreign representatives with Omani citizens and outsiders with trained Omani citizens who are essentially as fit as could be expected.

## **Market Overview**

Oman's healthcare market is undoubtedly expected to reach US\$ 4.3 billion by 2020, with a compound annual growth rate of 12.9 percent between 2016 and 2020. The Arabic countries' utilisation of public healthcare is displayed in Figure 1 Public Healthcare Spending is shown in Figure 1. World Bank (2020) is the source. Oman's oil and gas sector, which generates over 84% of the country's annual government revenue, is a major influence on the country's economy. The country has been experiencing a budget deficit since 2014 due to rising living expenses, which amounted to US\$ 6.2 billion in the first half of 2017. As a result, the administration has implemented steps to cut costs and successfully look for a financial

expansion programme. The country's rapid population growth, with a compound annual growth rate of 5.2 %, which fell between 2009 and 2014, has put pressure on the public healthcare system. Oman has a sizable community of approximately 2 million people living in exile, out of a total population of 4.4 million in 2016. While foreigners pay for healthcare treatments out of pocket, citizens have access to free public healthcare. Increased population density and chronic illnesses like cancer and diabetes have placed a tremendous strain on the country's public healthcare system. This has resulted in a change in the work environments of specialists and a growing preference for the private sector, necessitating further advancements in the public sector in the areas of framework, human resources, and healthcare services.



**Figure 1 Public Healthcare Expenditure (% of total expenditure). Source: World Bank (2020)**

The Oman healthcare industry has also faced a shortage of licenced medical professionals. This is on top of the public infrastructure shortfall. It has been determined that there is a need to send 50 medical students overseas each year in order to acquire equivalent training and experience. The enhancement of technological proficiency has also been identified as a significant issue. This will soon lower expenses and boost the effectiveness of the healthcare delivery system. It has been determined that partnerships with outside parties, such as Western universities, are essential for importing and training people to support the regional healthcare system.

### **Difficulties of Working during COVID-19**

The COVID-19 pandemic in Oman ushered in a period of unprecedented challenges, particularly for the dedicated cadre of nurses who assumed a pivotal and multifaceted role in the nation's response efforts. Additionally, language barriers with non-Omani nationals added an additional layer of complexity to an already intricate set of circumstances. These tasks, for which they had little to no prior experience, added an additional layer of complexity to an already overburdened healthcare system

### **Objectives**

By examining the connection between leadership, talent management, and hospital performance in Omani public hospitals, the study seeks to close a gap in the literature. The goal of the research is to have a thorough understanding of the variables influencing healthcare workers' engagement and how it affects Omani government hospitals' performance.

### **Problem statement**

This research addresses the imperative of enhancing performance within the healthcare sector, particularly concerning the proficient healthcare workforce and the strategic implementation of talent management practices. The construct of talent management has been thoroughly examined in the scholarly and practical literature, yet its interpretations vary across sources. Central to the comprehension of talent management is a fundamental understanding of the concept of talent itself. It entails harnessing this talent effectively within specific contexts to optimize productivity and outcomes. These outcomes materialize as a competitive advantage within the industry, facilitating the successful adoption of sustainable practices, and fostering a continuous trajectory of organizational performance.

Nevertheless, this investigation delves into the evident deficiency of robust talent management endeavors within the Omani healthcare sector, and endeavors to comprehend why these initiatives fail to align with the strategic objectives and policies of healthcare organizations. Noteworthy researchers such as Schrueder & Noorman (2019) underscore that organizations neglecting the retention of top-tier talent confront detrimental consequences for their overall organizational performance. Such organizations peril their endurance and viability in the industry by not allocating adequate resources towards attracting suitable talent. Literature has repeatedly emphasized the pivotal role of leadership style development in enhancing organizational performance, yet the identification and selection of competent individuals for these positions remains a challenge due to the dearth of comprehensive initiatives aimed at recognizing potential candidates.

The limitations faced by these public facilities encompass bed shortages, critical care unit deficits, and an insufficiently trained workforce to address emergency scenarios. Even when a complete team of healthcare professional, including doctors, nurses, and technicians, is available, the journey toward enhanced healthcare services demands prolonged efforts extending over several years.

The transformation of Oman's healthcare system from reliance on external resources to nurturing local talent has been a gradual progression. The potential augmentation was estimated at 72 percent in 2019, as measured by the number of physicians available to serve a certain percentage of the population. This amplification necessitated proportionate growth in healthcare practitioners to accommodate the expanding population and accommodate various categories of healthcare facilities and subspecialties. Challenges emerge when considering specific outputs, primarily financial constraints. Contemporary studies underscore the inadequacy of staffing and misallocation of resources as significant impediments to the sluggish growth hindering healthcare sector advancement.

Oman's allocation of GDP to the healthcare sector is notably modest when contrasted with neighboring nations. Decades of trial and error in healthcare strategies, characterized by inadequate policy formulation, inattention to precise developmental planning, and insufficiency of financial resources, have collectively contributed to the gradual progress of the healthcare sector. Within Oman, the healthcare sector has witnessed a declining labor pool and a notable surge in job turnover, which undermines the industry's stability. Healthcare professional are increasingly drawn to prominent international destinations, where opportunities for professional growth and diverse employment prospects abound. Since the 1970s, a substantial proportion of Omani medical graduates have migrated to the

United States and Europe. Presently, nearly 40% of Omani medical graduates from the past three decades are employed as nurses and physicians in Western nations (Martin, 2007). The human resource management practices within healthcare organizations appear antiquated, posing a significant threat to the system if left unaddressed (Sellgren et al., 2007). The turnover rate among healthcare workers has escalated to levels beyond precedent, approximately twice the average for other industries in the country. This escalating issue incurs substantial financial losses for the healthcare sector each year, posing a direct challenge to the long-term sustainability of the healthcare system (George et al., 2007).

Oman possesses a relatively small yet burgeoning population, primarily consisting of a youthful demographic. With a rapid population increase, predominantly among individuals of reproductive age (Maben et al., 2010), providing services to this dynamic populace with intricate healthcare requirements becomes exceedingly challenging.

## Literature Review

### Talent Management Dimensions

#### Attracting Talent

The process of acquiring talent necessitates careful planning and strategy since it assures corporate alignment, assesses workforce objectives, demands knowledge of labour markets, and takes into account global factors. To ensure that it hires people that fit its strategic needs, the healthcare system needs to reevaluate its hiring practices. For employees designated as valuable talent, action-based learning through challenging tasks, coaching, and mentoring are required. This also includes hiring procedures such as expert sourcing, selection, and employment, according to Mihailova and Ott (2019b). Workers who are categorised as "talent under observation" must undergo periodic evaluations, have their work fitness assessed, have continual training and development, and have their job needs clearly defined. Workers that are deemed to be incompatible talent should be considered since they may not be a good fit for the firm.

#### Talent Motivation

Reward frameworks are systems that offer both monetary and non-monetary prizes. They show employees that their contributions to the organization's success are appreciated. It is a fact that employees nowadays are less devoted to their employers than they were in the past, nonetheless this, which begs the question of whether a distinctive characteristic is required to appraise an employee's commitment. These authors believed that psychological factors are shared by both motivation and talent management, which leads to the worth of individuals.

Thus, talent management may be impacted by employee motivation. Furthermore, this approach results in the continuous learning of skilled employees, with the aim of retaining them for an extended period of time. The degree of motivation of employees can be determined. Advancement within organizations. Motivating employees to perform as well as attracting and keeping talented individuals is a major responsibility placed on organizational leaders in the twenty-first century. In order to retain talent inside their firms the development of motivational strategies requires close coordination between organisational leaders and people resources (Ali Shah & Beh, 2016). Employees in human resources, who are seen as crucial critical resource in businesses, can help individuals understand their full potential and



offer tools that will encourage employees to feel highly motivated and that they play a significant part in achieving organizational objectives.

### **Talent Development**

Examinations of personnel records Talent uses employee data as a foundation for determining the most promising individuals and how best to support their career development. It can also be used as a tool for risk assessments, indicating areas where losing skilled employees is likely and recommending actions to keep them on board (Garavn & L. 2021). A talent's attendant duty increases as it develops. Talent management fills in the part that needs human interaction. According to research by Michailova and ott (2019), he was not only unwanted but also unable to take advantage of opportunities for monitoring or career advancement in the health care field. The practice of retaining talented individuals is known as talent engagement actively involved with a company's operations and work.

### **Talent Retention**

According to Tlaiss (2021), a corporation must find a means to prevent its most skilled employees from leaving through the back door in order to claim that its costs are commensurate with the capabilities of its staff.

A other study claims that 37% of the total is made up of church-based medical facilities affiliated with the Malaysian Christian Health Association (Ogiboba, Cheppon Gibril, Baghis, Gaskin, & Rank, 2021). Talent is severely hampered by the poor working conditions and services provided in the UK. Buble and others (2014) felt that despite the challenges of maintaining employees' motivation, there is hope.

They believed that giving employees credit for their efforts would motivate them to put in more effort. Santhoshkumar and Rajasekar (2012) state that human resources employees mentioned that one of the main difficulties in labor management is the competition for outstanding talent. Certainly, theories of motivation can assist managers in supporting HR-led talent management programs and efforts to retain highly competent employees. According to Kehinde (2012), HR managers ought to be in charge of particular aspects of talent management. According to this researcher, HR staff members should start by locating talent resources.

### **Leadership in Hospital Setting**

According to Salvation (2019), a pioneer is a someone who takes the initiative to mentor others and hold them accountable for their efforts toward a goal. Six out of ten workers arrived 10 to 20 minutes later than anticipated, according to the findings of an introductory report on the ten representatives' perception technique (Daly, Jackson, Mannix, Davidson, & Hutchinson, 2014). Four representatives arrived on time or ahead of schedule. Dickinson, Ham, Snelling, and Spurgeon (2013) conducted a thorough analysis of medical leadership models and found that there were variations in among case studies, clinical or medical leadership locations.

Transformational Leadership: According to (Warrick, 2017), In 1978, James Macgregor Burns was the first to characterise transformational leadership as a type of leadership style. A leader can help their team members grow to the point where they are more productive and do better work because of the environment they foster.. Employees are considered as equal team members and participate in decision-making (Yilmaz & Flouris, 2017). Employees can

develop to the highest levels of skill development and self-actualization through the relationships that a leader fosters with them (Hoch, Bommer, Dulebohn & Wu, 2016). Employees can support and follow a vision articulated by a transformative leader for the organization. The transformational leader is able to convey the requirements and path for a new procedure or modification and receives the expert's support.

**Participative Leadership :** According to Aslam and Haroon (2017), employee commitment to the organization's operations is correlated with participatory management. The latter is a crucial factor since employees' sense of commitment and attachment to their companies increases output and reduces the likelihood of employee turnover. Employees that are dedicated and connected to their work are intensely focused on it. In order to comprehend how active leadership affects organizational commitment, Garfield and Hagen (2019) suggested that the former be understood in terms of employees' dedication to their companies and making sure that their aims and objectives line up with those of the business. Yukl and associates (2019) Since affective commitment encompasses an employee's sense of emotional attachment and belonging, it is essential to their respective organizations. According to the hypothesis put forth According to Aslam and Haroon (2017), there is a mediocre correlation between training consistency and employee engagement to their companies. Promoting stakeholder participation at all organizational levels requires the active participation of employees through participation in management.

### **Laissez-faire leadership**

Laissez-Faire leadership defers to group members in making decisions and provides little to no direction. Although this approach can work well when group members possess a high level of competence in a particular field, it frequently results in unclear responsibilities and low enthusiasm. This leadership style is best when group members are highly skilled, motivated, and capable of working autonomously. The leader is still available to members for consultation and assistance (Chaudhry & Javed, 2012:259).

### **The Concept of Employee engagement**

Studies show that an employee's engagement with the organization starts with his or her initial appointment (Kowalewski & Ruschoff, 2019). For employees to perform well at work, leaders must encourage their commitment and involvement (Yucel et al., 2021). According to some authors (Tetteh et al., 2021), managers and employees who have responsibility for accomplishing organizational goals and objectives should be included in the process. As one of the components that enhances their presentation and duty to achieve authoritative goals, associations should maintain and bolster the prosperity of their representatives. (Schuetz and associates, 2021). They argued that employees who shown a strong, open independence toward their employee development and experience would be more likely to remain committed to their roles and align with authoritative goals. An other viewpoint on the same subject would involve interpersonal components, such as the connections between leaders and employees inside firms. Employees experience ascent through leadership, and they feel inspired and driven by sincere and open communication, which gives them a sense of drive. Employee engagement, according to Farndale and Murrer (2015), is when employees connect with their body, mind, and expressiveness while completing daily activities. Using PJJ as a mediating variable, the study questions fit together to assist identify the relationship between 42 employees' work satisfaction and engagement at a hospital in the upper Midwest of Chicago. & Kahn's (1990) theoretical framework centers on the notion that individuals participate in work role performances to varying degrees on a physical, cognitive, and

emotional level. He also investigates the circumstances at work in which individuals directly interact or Expressing and using who they are, as well as disengaging or withdrawing and defending themselves.

## **Dimensions of Engagement**

### **Job Specifications**

According to Biswas and Soumendu (2009), employees are able to connect their work with the organization's vision and goals because of its strong, clear, and straightforward organizational culture.

Collaboration is defined as "seeking the views of employees or employee representatives" and is characterised by employers actively promoting employee participation, listening to employee thoughts, and acting upon them when appropriate. They make a distinction between the value of individual and group voices in terms of engagement (Gruman, Jamie & Saks, 2020).

### **Supervisor Support**

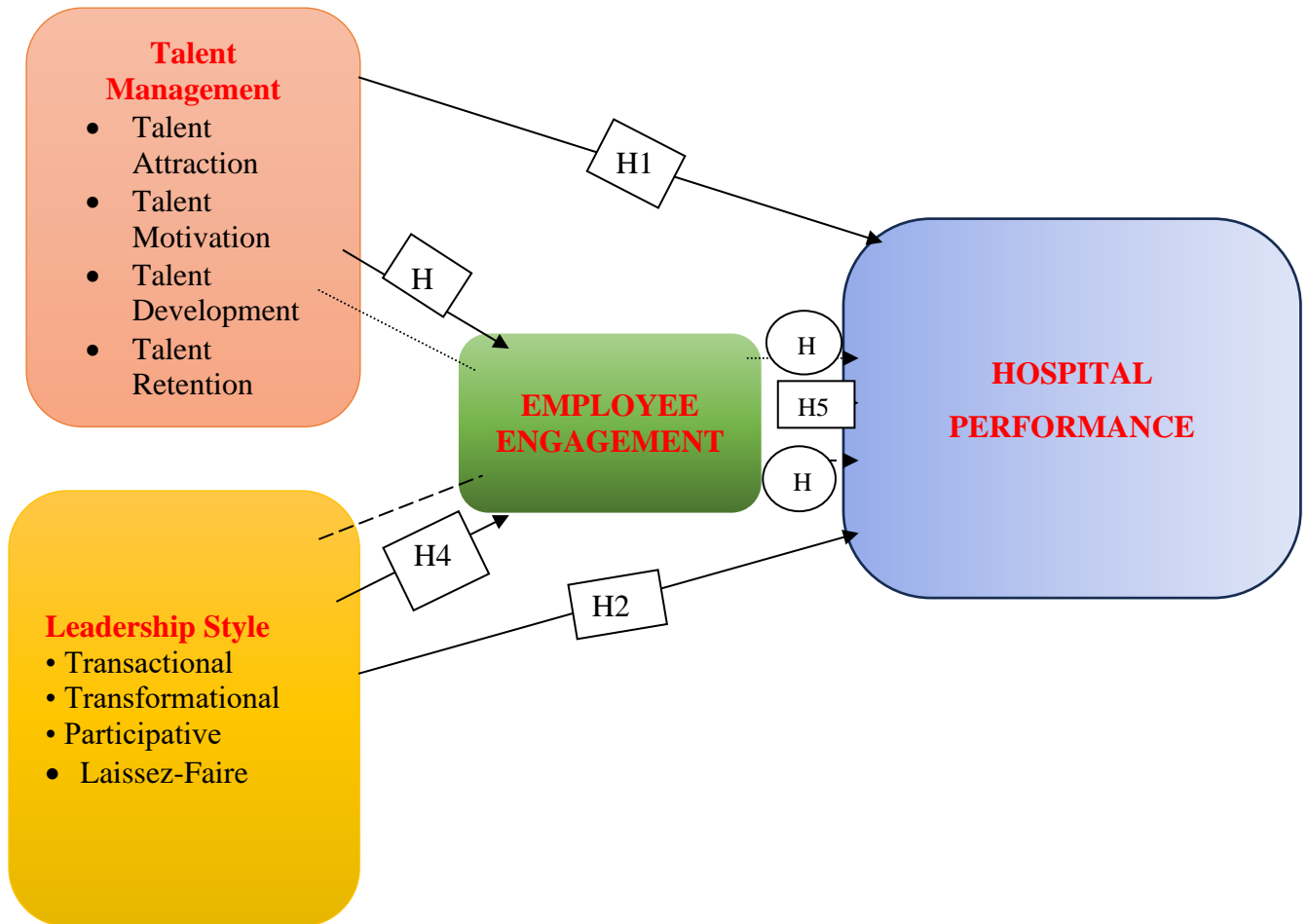
Rather than limiting or controlling individuals, it gives them the tools and authority to "treat their employees as individuals, with justice and respect, and a care for the employee's well-being." They stress how crucial it is to get along well with your line manager at work.

### **Organizational assistance**

Employees think the company upholds its values and that stated behavioral standards are adhered to, which fosters trust and a feeling of integrity. Experts make generalizations regarding the extent to which the company appreciates their contributions and is concerned about their welfare (Tetteh et al., 2021). These ideas serve as a foundation for how individuals perceive organisational processes and alter their conduct.

Study's proposed framework: A conceptual framework explores the relationship between the independent and the dependent variables. An independent variable is the presumed cause of changes in the dependent variable (Kothari, 2004). This conceptual framework illustrates the perceived link between the independent variables (talent management and leadership) and the dependent variable (hospital performance). The variables considered to affect the Omani Government Hospitals' performance in this study are organisational guidelines, patient safety, care that is patient-centered, and healthcare quality. Talent recruitment, talent motivation, talent development, and talent retention are the constituent elements that comprise the independent variable talent management. Leadership is an additional independent variable. When these factors are combined, they will demonstrate how important it is for hospitals to have the appropriate people in the right places at the right times in order to gain a competitive edge. Furthermore, having skilled and motivated healthcare staff is crucial to hospitals' performance. professionals





**Figure 2: Conceptual Framework**

### Methodology

The research process, including the research philosophy, research design, research methodology, nature of the study, population, participants, sampling size, sampling procedure, and data collection method, is covered in detail in Chapter 3 of the research study. Research positivism, which emphasises the use of a logical approach and hypothesis verification using empirical evidence, is the research philosophy that was chosen for this study. In accordance with positivist principles, the researcher will gather objective data through observable and quantifiable techniques. The performance of Omani government hospitals was assessed by a survey that served as the foundation for the research design. Data is gathered from healthcare professionals, such as staff nurses and hospital management, using a self-administered questionnaire. In this study, a quantitative method is used to statistically analyse data and test hypotheses. To assess the quantitative data that has been gathered, statistical analysis is performed using the Statistical Package for the Social Sciences. There were 700 distributed questionnaires, 400 useable questionnaires received, and a response rate. Google Forms is used in conjunction with in-person visits to distribute the questionnaire in order to collect data. The tool for measuring components is taken from earlier talent management studies (Mukweyi, 2016). Additionally, the earlier research (Bulkapuram, Wundavalli, Avula, & K, 2015) is used to assess the engagement of healthcare professionals. The leadership assessment tool is derived from (Johansen, Morgen, Sowa & Jessica, 2019). The hospital performance measurement tool was taken from a prior study by Dahlan, Keshk, and Dorgham (2018).

## Results

### Normality

Both Skewness and Kurtosis were computed to scrutinize normality. A perfect normal distribution would exhibit Skewness and Kurtosis values of precisely zero, as outlined by Pallant (2016). Nonetheless, Hair et al. (2013) suggest that Skewness and Kurtosis values should ideally fall within the range of less than  $\pm 2$  to be deemed approximately normal. In the current study, the researcher adhered to the guideline advocated by Hair et al. (2013).

**Table 1:Skewness and kurtosis for all constructs**

Variables	Dimensions	Code	Skewness	Kurtosis
Talent Management	Talent Attraction	TM_A	-.323	-.353
	Talent Motivation	TM_B	-.074	-.715
	Talent Development	TM_C	-.358	-.514
	Talent Retention	TM_D	-.269	-.631
Leadership Style	Transactional Leadership	LS_A	-.173	-.218
	Transformational Leadership	LS_B	-.181	.186
	Participative Leadership	LS_C	.032	-.069
	Laissez-Faire Leadership	LS_D	-.171	.089
Employee engagement	Vigor	EE_A	-.035	-.075
	Dedication	EE_B	.028	-.154
	Absorption	EE_C	-.286	-.525
Hospital Performance	Organizational policies	HP_A	-.064	-.248
	Patient-centered care	HP_B	-.160	-.463
	Patient safety	HP_C	-.042	-.457
	Quality of Health care	HP_D	-.100	-.293

### Construct Reliability (Cronbach's Alpha and Composite Reliability)

In the present study, as duly presented in Table 2., the Cronbach's alpha values span from 0.862 to 0.965, while the composite reliability values range from 0.870 to 0.965. These values unquestionably satisfy the prescribed criteria for acceptability and robustness, rendering them eligible for further in-depth analysis. Consequently, the measurement model's reliability stands firmly established, serving as a foundational pillar before embarking on the rigorous examination of the hypothesized relationships delineated within the study.

**Table 2: Construct Reliability (Cronbach's Alpha and Composite Reliability)**

Variables	Dimensions	Code	Cronbach 's Alpha (>0.7)	Composite Reliability (>0.7)
Employee engagement	Vigor	EE1	0.926	0.928
	Dedication	EE2	0.965	0.965
	Absorption	EE3	0.96	0.961
Hospital Performance	Organizational policies	HP1	0.944	0.944
	Patient-centered care	HP2	0.915	0.925
	Patient safety	HP3	0.912	0.918
	Quality of Health care	HP4	0.862	0.87

Leadership Style	Transactional Leadership	LS1	0.888	0.946
	Transformational Leadership	LS2	0.957	0.958
	Participative Leadership	LS3	0.96	0.96
Leadership Style	Laissez-Faire Leadership	LS4	0.946	0.948
Talent Management	Talent Attraction	TM1	0.896	0.907
	Talent Motivation	TM2	0.927	0.929
	Talent Development	TM3	0.943	0.944
	Talent Retention	TM4	0.925	0.926

### Direct Hypotheses Testing

In summary, the analysis provides robust statistical support for all five hypotheses, emphasizing the presence of substantive and statistically significant relationships between the specified variables. These findings contribute empirical evidence to support these relationships within the research context. Further research may explore nuanced factors to deepen our understanding of these relationships in future endeavors.

**Table 3: Summary of the Direct Effect**

Hypo	Relationship	Std Beta	Std Error	t-value	p-value	Decision
H1	TM -> HP	0.296	0.047	6.281	0.000	Supported
H2	LS -> HP	0.269	0.052	5.151	0.010	Supported
H3	TM -> EE	0.287	0.05	5.69	0.000	Supported
H4	LS -> EE	0.305	0.049	6.24	0.000	Supported
H5	EE -> HP	0.195	0.048	4.033	0.000	Supported

### Coefficient of Determination: R<sup>2</sup> Value

The coefficient of determination is a critical metric that highlights the proportion of variability in the endogenous constructs explained by the exogenous constructs within the structural model. R<sup>2</sup> values attain a sufficient threshold, ensuring the model possesses a minimum level of explanatory power.

In earlier studies, various cutoff points for acceptable R<sup>2</sup> values have been proposed, ranging from 0.10 to 0.26 (Hair et al., 2017; Urbach & Ahlemann, 2010). In the current investigation, the R<sup>2</sup> values obtained are 0.243 for healthcare professionals engagement in Omani government hospitals and 0.349 for the performance of Omani government hospitals, as displayed in Table . These values indicate that the model has achieved an explanatory capability meeting the acceptable threshold for both constructs.

**Table 4: R<sup>2</sup> of Endogenous Latent Variables**

Endogenous Construct	R <sup>2</sup>	level of R <sup>2</sup> value based on Cohen (1988)
Employees' Engagement	0.243	Large
Hospital Performance	0.349	Large

### Predictive Relevance (Blindfolding) $Q^2$

To appraise the predictive efficacy of the proposed model, Fornell and Cha (1994) and Hair et al. (2022) propose that the  $Q^2$  value should exceed zero.  $Q^2$  values of 0.35, 0.15, and 0.02 signify substantial, moderate, and modest predictive capacity, respectively. In the current investigation,  $Q^2$  values of 0.178 were attained for healthcare professionals engagement of Omani government hospitals. For the performance of Omani government hospitals, the corresponding  $Q^2$  values were 0.206, as presented in Table

**Table 5: Predictive relevance (Blindfolding)  $Q^2$**

Constructs	$Q^2$	Predictive Relevance
Employees' Engagement	0.178	Yes
Hospital Performance	0.206	Yes

### Mediation Effect Analysis

In the present study, the parallel multiple mediation method proposed by Preacher and Hayes (2004, 2008) via bootstrapping with 1,000 resamples was employed to test the mediation effect. This approach was chosen to minimize parameter bias due to omitted variables and to control for potential inter-correlations among the mediators in the structural model.

The results of the mediation analysis via bootstrapping are presented in Table 4.6, revealing that healthcare professionals engagement mediates the relationships as follows:

1. Hypothesis 6: The relationship between talent management and the performance of Omani government hospitals is significantly mediated by the involvement of healthcare professionals.
2. Hypothesis 7: The relationship between leadership style and the performance of Omani government hospitals is mediated by the involvement of healthcare professionals.

Both Hypothesis 6 and Hypothesis 7 were supported by the analysis, consistent with prior research (Hossain, Rashid, & Saifuddin, 2021; Sobaih, Geng, & Guo, 2022).

**Table 6: Summary of the Indirect Effect**

Hypo	Relationship	Std Beta	Std Error	t-value	p-value	Decision
H6	LS -> EE -> HP	0.059	0.018	3.281	0.001	Supported
H7	TM -> EE -> HP	0.056	0.017	3.335	0.001	Supported

### Recommendation

It is appropriate to conduct research in these areas because they are economic drivers. Larger businesses may do assessments in the future as they typically have sophisticated talent management. Studies can also think about focusing on hospitals in other Arab countries. Ultimately, aside from leadership, additional mediating factors such as ecological significance, kind of location, social context, firm age, task characteristics, and organisational structure may help to observe how hospital performance is enhanced.

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