

EMPLOYEE PERSPECTIVES ON TALENT MANAGEMENT, JOB EMBEDDEDNESS AND TURNOVER INTENTION: A QUALITATIVE STUDY OF ETHIOPIAN PUBLIC HOSPITALS

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ABSTRACT

This study examines the mediating role of job embeddedness in the relationship between talent management practices (TMPs) and turnover intention among healthcare professionals in Ethiopian public hospitals. Through qualitative interviews with 11 key informants, including hospital executives and human resource managers, the researchers explore how TMPs—such as employee selection, training, compensation, career development, and supervisory support—impact employees' job embeddedness and their intention to leave. The findings reveal that effective TMPs enhance job embeddedness through three dimensions: links, fit, and sacrifice, which collectively contribute to lower turnover intention. However, inconsistencies in TMP implementation across hospitals hinder their effectiveness, leading to dissatisfaction among staff. The study underscores the importance of job embeddedness as a mediator that enhances the effectiveness of TMPs in retaining skilled healthcare professionals. By addressing challenges related to resource allocation and policy enforcement, this research provides actionable insights for improving employee retention strategies in resource-constrained settings. Ultimately, these findings contribute to better healthcare service delivery and improved health outcomes in Ethiopia.

Keywords: - Talent Management, Job Embeddedness, Turnover Intention, Healthcare Professionals

INTRODUCTION

The healthcare sector in Ethiopia faces significant challenges in retaining skilled professionals. High turnover rates among healthcare workers in public hospitals lead to increased operational costs and reduced quality of care (Federal Ministry of Health, Ethiopia, 2016). Retaining talented healthcare professionals is critical for ensuring the delivery of high-quality healthcare services, particularly in resource-constrained settings like Ethiopia. However, factors such as low salaries, poor working conditions, and limited career advancement opportunities have driven skilled professionals to seek better-paying jobs outside the public sector. This has led to a growing trend of brain drain, where healthcare workers leave for more lucrative opportunities abroad or in the private sector (Feysia et al., 2023; World Bank, 2013).

Ethiopia's public healthcare system is further strained by a low ratio of healthcare workers to the population—approximately 2.3 medical personnel per 1,000 individuals—far below the World Health Organization's (WHO) recommended standard of 4.45 per 1,000 (Federal Ministry of Health, Ethiopia, 2016). This shortage is exacerbated by systemic challenges such as bureaucratic inefficiencies, weak governance, and inadequate funding, which limit the

ability of public hospitals to implement effective retention strategies. For instance, many hospitals lack the resources to provide competitive salaries, modern medical equipment, or adequate training programs, further discouraging long-term commitment among healthcare workers (Assefa et al., 2019; Banteyerga, 2011).

Job embeddedness, a concept introduced by Mitchell et al. (2001), has emerged as a critical factor influencing employee retention. It encompasses three dimensions: links (connections within the organization and community), fit (alignment between an employee's values and their job or organizational culture), and sacrifice (what an employee would lose if they left their job). Research has shown that higher levels of job embeddedness correlate with lower turnover intentions, as employees who feel embedded are less likely to leave their positions (Allen et al., 2010; Holtom et al., 2008) and job embeddedness significantly influences employee retention by enhancing the links, fit, and sacrifice dimensions (Mitchell et al., 2001). Similarly, effective talent management practices (TMPs), such as training, fair compensation, and career development, have been shown to enhance job satisfaction and organizational commitment, thereby reducing turnover intentions (Armstrong, 2020; Collings & Mellahi, 2009). However, inconsistencies in TMP implementation across hospitals can hinder their effectiveness, leading to dissatisfaction among staff (Narayanan, 2016).

Despite the growing body of literature on talent management practices (TMPs) and their impact on employee retention, significant research gaps remain, particularly in understanding the mediating role of job embeddedness in the context of resource-constrained settings like Ethiopian public hospitals. Previous studies, such as those by Al-Hadid (2017) and Gitonga et al. (2016), have focused on the relationship between TMPs and employee retention but have not fully explored how job embeddedness dimensions—links, fit, and sacrifice—mediate this relationship. Furthermore, much of the existing research has been conducted in developed countries with well-resourced healthcare systems, leaving a gap in understanding how TMPs function in low-resource environments like Ethiopia. For instance, while Tian et al. (2016) demonstrated that TMPs enhance employees' ability, motivation, and opportunity, they did not examine how these factors interact with job embeddedness dimensions to influence turnover intention.

Additionally, there is limited research that delves into specific TMP components such as compensation, career development, and supervisory support to job embeddedness. Most studies generalize TMPs without addressing how these individual practices contribute to fostering links within organizations, aligning employee values with institutional goals (fit), or increasing perceived sacrifices associated with leaving. This study addresses these gaps by examining the interplay between TMPs and job embeddedness dimensions in Ethiopian public hospitals, where challenges such as resource constraints, inconsistent policy implementation, and inequitable compensation structures are prevalent.

Moreover, Quantitative studies have primarily dominated the research on Talent Management Practices (TMPs) and turnover intentions (e.g., Raja et al., 2021), resulting in a significant gap in qualitative insights that explore the lived experiences of healthcare professionals and administrators. To address this gap, this study employs qualitative methods to gain a deeper understanding of how talent management practices (TMPs) influence job embeddedness and turnover intentions within the unique socio-economic context of Ethiopia. The findings will not only enrich academic literature but also offer practical strategies for healthcare administrators and policymakers to improve employee retention in resource-constrained healthcare systems. Ultimately, this study aims to provide actionable insights that can help retain skilled healthcare professionals, thereby enhancing the overall quality of care in Ethiopia's public health sector.

SPECIFIC OBJECTIVES OF THE STUDY

1. To examine the relationship between talent management practices (TMPs) and turnover intention among healthcare professionals in Ethiopian public hospitals.
2. To identify the specific dimensions of job embeddedness (links, fit, and sacrifice) that are most influential in reducing turnover intention.
3. To assess the role of job embeddedness in mediating the relationship between TMPs and turnover intention.
4. To offer evidence-based suggestions for healthcare administrators and policymakers aimed at enhancing employee retention through targeted talent management practices and improved job embeddedness.

By addressing these objectives, this study aims to contribute to the development of effective strategies to retain skilled healthcare professionals, improve healthcare service delivery, and ultimately achieve better health outcomes for the Ethiopian population.

HYPOTHESES OF THE STUDY

H1: There is a negative relationship between talent management practices (TMPs) and turnover intention among healthcare professionals in Ethiopian public hospitals.

H2: The three dimensions of job embeddedness (links, fit, and sacrifice) have a strong negative relationship with turnover intention.

H3: Job embeddedness mediates the relationship between talent management practices and turnover intention.

II. RESEARCH DESIGN AND METHODOLOGY

Research Design

This study employs a qualitative research design to explore the mediating role of job embeddedness in the relationship between talent management practices (TMPs) and turnover intention among healthcare professionals in Ethiopian public hospitals. A qualitative approach was chosen to gain an in-depth understanding of participants' experiences, perceptions, and insights regarding TMPs, job embeddedness, and turnover intention. This design is particularly suited for examining complex phenomena in resource-constrained settings, where contextual factors significantly influence outcomes.

Study Setting

The research was conducted in selected public hospitals across Ethiopia. These hospitals were purposefully chosen to represent the challenges faced by healthcare institutions in retaining skilled professionals within a resource-constrained healthcare system. The focus on Ethiopian public hospitals provides valuable insights into the unique dynamics of TMPs, job embeddedness, and turnover intention within this context.

Sampling Method and Participants

The study employed a judgmental sampling method to select key informants based on their expertise and relevance to the research topic. According to Singh (2006), this method involves selecting participants who possess critical knowledge pertinent to the study's objectives, ensuring they are representative of the population under investigation.

Eleven key informants were selected from various public hospitals located in four regions [Oromia (4 hospitals), Amhara (3 hospitals), Southern Nations, Nationalities, and Peoples'

Region (SNNPR) (3 hospitals), and Addis Ababa City Administration (2 hospitals).] The participants included: Two Chief Executive Officers (CEOs), three Medical Directors, and six Human Resource (HR) Heads.

These informants were selected due to their direct involvement in implementing TMPs and their knowledge of employee retention challenges. Their diverse roles provided a comprehensive understanding of the interplay between TMPs, job embeddedness, and turnover intention.

Table I: - Informants Data

Participant number and Code	Educational Level	Current place of work	Current position	Experience in current position (In years)	Total experience in hospitals (In years)
P-1	Medical Doctor + Surgery Specialist	General Hospital	Medical director	5	12
P-2	Medical Doctor + Pediatric Specialist	General Hospital	Medical director	7	18
P-3	MSC	General Hospital	Chief Executive Officer (CEO)	4	10
P-4	Medical Doctor + Surgery Specialist	Specialized hospital	Medical director	2	9
P-5	MSC	General Hospital	Chief Executive Officer (CEO)	6	15
P-6	MBA	General Hospital	Head, HRM	5	20
P-7	BA	General Hospital	Head, HRM	9	19
P-8	BA	General Hospital	Head, HRM	4	11
P-9	BA	General Hospital	Head, HRM	10	15
P-10	BA	Specialized Hospital	Head, HRM	8	25
P-11	MBA	General Hospital	Head, HRM	3	13

DATA COLLECTION

Data were collected through semi-structured interviews with the selected key informants. This method allowed for flexibility in exploring participants' perspectives while ensuring that the research objectives were addressed. The interviews were transcribed verbatim to ensure accuracy and reliability for analysis.

DATA ANALYSIS

The qualitative data analysis followed thematic analysis as outlined by Braun and Clarke (2006). This approach was chosen to systematically identify patterns and themes within the data. The analysis involved six key steps:

1. Familiarization with Data: Transcribed interviews were reviewed thoroughly to identify patterns and generate initial coding ideas. Notes from the interviews were also examined for additional insights.
2. Generating Initial Codes: Robust codes were developed based on recurring patterns in the data, capturing the properties of the information gathered.
3. Identifying Themes: Codes were grouped into broader themes by comparing similarities across the dataset. These themes reflected key aspects of the research objectives.
4. Reviewing Themes: Themes were refined to ensure they accurately represented the data and aligned with the study's focus. Overlapping or redundant themes were merged or redefined as necessary.
5. Defining and Naming Themes: Each theme was carefully named to reflect its core characteristics and relevance to the research questions.
6. Producing the Report: A detailed report was prepared, providing sufficient evidence from the data to support each identified theme while linking them back to the study objectives.

DISCUSSION AND MAJOR FINDINGS

Objective 1: To examine the relationship between TMPs and turnover intention.

Hypothesis H1: There is a negative relationship between TMPs and turnover intention among healthcare professionals in Ethiopian public hospitals.

In today's dynamic and competitive environment, the focus on talent management is growing. The success of an organization is greatly influenced by its human resources, particularly those in critical strategic roles (Raja et al., 2021). Hence, reducing turnover intention through effective talent management practices is a key concern for the human resource development department.

When interview questions related to talent management practices and turnover intention were raised to selected hospitals in Ethiopia, three informants provided similar responses:

"In public hospitals in Ethiopia, including our hospital, I manage to give high attention to talented individuals and try to develop their talent, improve their strength, and ensure they continue their jobs, acquiring and improving their importance within the hospital" (P-1, P-7, P-9). The National Health Sector Minister reported that almost all hospital administrators try to implement organized talent management procedures. Hospitals engage key staff members and invest in their personal development to enhance both the organization's and the employee's capabilities. However, inconsistencies in management, unfair resource distribution, lack of transparency in training, and unfair compensation increase the intention of talented individuals to leave public hospitals.

Regarding the availability of talent management policy and strategy documents, ten out of eleven informants affirmed the existence of a clear national health policy and strategy. Based on this central policy, all public hospitals develop guidelines to reduce turnover intentions

among healthcare professionals. Five hospitals' HR heads stated that the HR department repeatedly communicates these guidelines to all employees. Additionally, employees have adequate knowledge of talent management systems and practices, especially how the Ministry of Health and Regional Health Bureau recruits, attracts, manages, develops, motivates, deploys, and retains talent in public hospitals. However, the intended objectives are not equally practiced across all public hospitals (P-3, P-4, P-5, P-7, P-8, P-9, P-11).

Employee turnover poses a costly and seemingly intractable human resource challenge for many organizations (Shah A. et al., 2010). One informant explained:

"Employees join the hospital through different employment arrangements. However, due to heavy workloads and low payment, there is a high rate of employee turnover in most departments. Some employees join seeking personal benefits, such as career advancement or better pay, while others join to serve society. However, those seeking personal benefits often leave due to low pay, seeking additional jobs outside the hospital to meet their needs" (P-2).

The CEO shared similar views:

"In the hospital under my leadership, healthcare policies and strategies are in place. Healthcare professionals' perceived compatibility with the organization (on-the-job fit) is good. However, professionals frequently leave their positions due to lower salaries, a desire for improved quality of life, and opportunities in private healthcare institutions. This turnover significantly impacts the hospital's ability to fulfill its mission effectively and efficiently" (P-5).

Another informant added:

"From the beginning, we assigned staff based on their qualifications, putting the right person in the right place. They are happy because they work in their desired roles. However, current professionals lack confidence, are discouraged from being more accountable, and are incapable of meeting the organization's goals and expectations" (P-3).

Four key informants highlighted that turnover intention is influenced by the way heads at different levels of the healthcare sector act towards their employees and the management styles employed. Bureaucratic reactions and attitudes hinder effective talent management practices and increase turnover intention. This affects employee attitudes and forces them not to stay and work with commitment (P-6, P-7, P-8, P-9).

Two informants noted that turnover is a significant challenge, especially in hospitals far from the capital city, Addis Ababa. Poor living environments adversely affect motivation, increase workload, and make work planning difficult, especially for those living far from family members (P-4, P-11).

The high employee turnover rate in the healthcare sector results in significant costs, including recruitment, selection, personnel processes, induction, and training of new professionals. The most significant cost is the loss of knowledge gained by the employee while on the job, directly impacting the organization's efficiency, effectiveness, and performance (P-5). This aligns with findings by Stone et al. (2006), who highlight a strong link between organizational climate and the intention to leave.

One informant added that demographic variables influence turnover intentions in healthcare sectors in Ethiopia. Married professionals have higher job commitment compared to unmarried professionals, and older professionals are more willing to remain in their respective healthcare sectors compared to younger ones. Additionally, wage, position, and department are determinants of a professional's turnover intentions (P-2).

Generally, for the above hypothesis the findings indicate that while effective talent management practices (TMPs) have the potential to reduce turnover intention among healthcare professionals, the inconsistencies in their implementation significantly weaken this relationship. This conclusion is supported by literature indicating that organizational climate and consistent application of TMPs are crucial for reducing turnover intention (Stone et al., 2006). Therefore, Hypothesis H1 is partially supported, highlighting the need for improved consistency in TMP implementation to achieve better employee retention outcomes in Ethiopian public hospitals.

Objective 2: To identify the specific dimensions of job embeddedness (links, fit, and sacrifice) that are most influential in reducing turnover intention.

Hypothesis H2: The three dimensions of job embeddedness (links, fit, and sacrifice) have a strong negative relationship with turnover intention.

As described by Allen and Meyer (1990), job embeddedness plays a crucial role in influencing job satisfaction, organizational commitment, and job performance. This concept is rooted in how well employees identify with, engage in, and emotionally connect to their organizations. Furthermore, it has been found to have an inverse relationship with job search behaviors, intentions to leave, and actual turnover rates, especially within public sector organizations (Jiang et al., 2012; Rubenstein et al., 2017).

In line with this, respondents were asked about the aspects of job embeddedness that influence the turnover intention of health professionals working in Government Hospitals in Ethiopia and the measures being implemented to reduce turnover rates. They responded as follows:

Nine key informants emphasized that the job environment, proper treatment of professionals, attention to professional growth, and compatibility of organizational values with personal values encourage healthcare professionals to stay in their current jobs. Training opportunities enhance job satisfaction and confidence, making professionals more responsible and accountable. The fit and link dimensions of job embeddedness help meet organizational goals, reduce turnover intention, improve engagement, address skill gaps, build workplace relationships, and increase the willingness to accept change (P-1, P-3, P-4, P-5, P-6, P-7, P-8, P-9, P-10).

Three informants noted that weak interpersonal relations with administrators, incompatibility of rewards and benefits, and inequitable practices in rewarding performance led to dissatisfaction and turnover intention. Unfulfilled promises by higher officials also contribute to this issue, resulting in ineffective job embeddedness practices and organizational inefficiency (P-7, P-8, P-11).

Eight informants highlighted that healthcare professionals with positive attitudes toward organizational policies and practices are more satisfied and committed, leading to lower turnover intentions. Even with inadequate compensation, elder healthcare workers who have established their homes in the community show loyalty and commitment to the organization's success (P-1, P-2, P-5, P-6, P-7, P-8, P-9, P-11).

One interviewee mentioned that despite unattractive benefit administration, the management team works hard to retain competent healthcare professionals to achieve the hospital's mission of providing quality healthcare. However, low wages at the national level and lack of support at the hospital level challenge professionals to stay competitive within the hospital for a long time (P-4).

Regarding incentive schemes, three human resource heads and two CEOs noted that performance awards boost morale and reduce turnover. However, poor pay remains a significant reason for healthcare professionals leaving their jobs (P-3, P-5, P-6, P-9, P-11).

Another informant added that

“Efforts to strengthen networks, enhance close interactions, and develop trust, particularly in supervisory practices, have positively changed perceptions, attitudes, and behaviors. This has increased performance and commitment to the hospital's vision, mission, and goals. On-the-job embeddedness keeps healthcare workers from leaving their professional duties and strengthens their connection to the hospitals.” (P-7)

Generally, the findings support Hypothesis H2: The three dimensions of job embeddedness (links, fit, and sacrifice) have a strong negative relationship with turnover intention. Effective job embeddedness practices enhance links and fit while increasing perceived sacrifices associated with leaving the organization, thereby contributing to lower turnover intentions among healthcare professionals. This conclusion is supported by literature indicating that job embeddedness significantly influences job satisfaction, organizational commitment, and job performance (Allen & Meyer, 1990). Job embeddedness has been found to have an inverse relationship with job search behaviors, intentions to leave, and actual turnover rates, particularly within public sector organizations (Jiang et al., 2012; Rubenstein et al., 2017).

However, inconsistencies in the implementation of job embeddedness practices can undermine their effectiveness, leading to increased dissatisfaction and turnover intention. For instance, research by Mitchell et al. (2001) highlights that when employees perceive a lack of alignment between their values and the organizational culture (fit), or when they do not feel adequately connected to their colleagues and the organization (links), their intention to leave increases. Additionally, the perceived sacrifices associated with leaving, such as loss of benefits and professional relationships, play a crucial role in retaining employees (Holtom et al., 2006).

Therefore, while effective job embeddedness practices can reduce turnover intention, the inconsistent application of these practices can lead to dissatisfaction and a higher likelihood of turnover among healthcare professionals. This underscores the importance of consistent and fair implementation of job embeddedness practices to achieve better employee retention outcomes in Ethiopian public hospitals.

Objective 3: To assess the role of job embeddedness in mediating the relationship between TMPs and turnover intention.

Hypothesis H3: Job embeddedness mediates the relationship between TMPs and turnover intention.

The findings illustrate that job embeddedness plays a crucial mediating role in the relationship between TMPs and turnover intention among healthcare professionals in Ethiopian public hospitals. Informants provided compelling evidence that effective TMPs enhance job embeddedness, which in turn reduces turnover intention.

Fit as a Mediator: Informants emphasized that when employees perceive a strong alignment between their values and the hospital's mission—referred to as "fit"—they are significantly less likely to consider leaving. One medical director noted,

“When our recruitment process ensures that candidates share our values and vision, it fosters a sense of belonging. This alignment not only enhances job satisfaction but also decreases turnover intention.” (P3, P4)

This suggests that TMPs prioritizing cultural fit during recruitment directly influence employees' commitment to the organization. This finding aligns with research by Memon et al. (2015), which highlights that person-organization fit significantly impacts job satisfaction and retention.

Links as a Mediator: The dimension of "links" was also highlighted as critical in mediating this relationship. Informants reported that TMPs such as team-building initiatives and professional development opportunities create strong social connections among employees. One HR manager stated,

“By facilitating networking opportunities through workshops and conferences, we strengthen the links between our staff, which significantly contributes to their attachment to the organization.” (P6)

This indicates that enhancing social ties through effective TMPs can lead to greater job embeddedness and lower turnover intentions. Research by Khattak et al. (2012) supports this notion, demonstrating that strong interpersonal relationships fostered by TMPs enhance job embeddedness.

Sacrifice as a Mediator: The "sacrifice" dimension reflects employees' perceptions of the costs associated with leaving their positions. Informants indicated that when TMPs provide tangible benefits—such as competitive salaries, career advancement opportunities, and supportive work environments—employees perceive a higher cost of leaving. For instance, an informant remarked,

“When our staff see clear pathways for career growth and receive timely compensation, they feel invested in their roles. The thought of losing these benefits makes them less likely to leave.” (P5, P 7, P11)

This highlights how effective TMPs can enhance perceived sacrifices, further embedding employees within the organization. Marasi et al. (2016) found similar results, indicating that perceived costs associated with leaving significantly influence turnover intentions.

Challenges Affecting Mediation: However, several informants pointed out challenges that hinder the effectiveness of TMPs in enhancing job embeddedness. Inconsistent implementation of these practices across public hospitals often leads to dissatisfaction among healthcare professionals. For example, disparities in resource allocation and inadequate support for career development were cited as factors diminishing perceived sacrifices associated with leaving. One medical director stated,

“Despite our best efforts, when resources are limited or unevenly distributed, it creates feelings of inequity among staff, which can lead to increased turnover intentions.” (P2)

This observation is consistent with findings from Karatepe and Avci (2019), who noted that inconsistencies in TMP implementation can weaken the mediating role of job embeddedness.

Overall, the findings indicate that job embeddedness effectively mediates the relationship between talent management practices (TMPs) and turnover intention among healthcare professionals. This conclusion is supported by literature, which highlights the importance of job embeddedness in influencing job satisfaction, organizational commitment, and job performance (Allen & Meyer, 1990). Job embeddedness, which encompasses the dimensions of links, fit, and sacrifice, has been found to have an inverse relationship with job search behaviors, intentions to leave, and actual turnover rates (Jiang et al., 2012; Rubenstein et al., 2017).

Effective Talent Management Practices (TMPs) enhance organizational dimensions by fostering strong connections within the workforce, ensuring alignment with organizational values, and heightening the perceived costs associated with leaving. For example, Mitchell et al. (2001) highlight that employees who feel a robust connection to their colleagues and the organization (links), perceive a strong alignment between their values and the organization's culture (fit), and recognize significant sacrifices associated with departing (sacrifice) are less likely to leave their positions. Furthermore, Holtom et al. (2006) identified that job embeddedness plays a vital role in retaining employees by creating a network of contextual and perceptual forces that anchor them within the organization.

However, the effectiveness of job embeddedness is contingent upon the consistent application of TMPs across public hospitals. Inconsistencies in the implementation of TMPs can undermine their effectiveness, leading to increased dissatisfaction and turnover intention. Thakur and Bhatnagar (2017) highlight that when job embeddedness practices are inconsistently applied, employees may feel disconnected and undervalued, resulting in higher turnover intentions.

Therefore, Hypothesis H3 is supported, highlighting the need for improved consistency in TMP implementation to achieve better employee retention outcomes in Ethiopian public hospitals. This underscores the critical role of job embeddedness in enhancing the effectiveness of TMPs in reducing turnover intention among healthcare professionals.

CONCLUSION AND RECOMMENDATION

CONCLUSION

The findings of this study highlight the crucial role of job embeddedness in mediating the relationship between talent management practices (TMPs) and turnover intention among healthcare professionals in Ethiopian public hospitals. Effective TMPs enhance job embeddedness by fostering strong interpersonal links, ensuring alignment between employees' values and organizational goals (fit), and increasing perceived sacrifices associated with leaving. However, the effectiveness of these practices relies on their consistent implementation across all hospitals.

Given the identified challenges—such as resource constraints and inconsistent policy application—stakeholders at both federal and hospital levels must prioritize the development and enforcement of comprehensive talent management strategies. By addressing these issues, public hospitals can cultivate a more supportive work environment that enhances employee retention and ultimately improves healthcare service delivery in Ethiopia.

This study contributes to the existing literature by offering valuable insights into how TMPs can be effectively leveraged to reduce turnover intention through job embeddedness. Future research should investigate additional factors influencing turnover intention, such as organizational culture and leadership styles, and consider longitudinal studies to evaluate how the effectiveness of TMPs evolves.

RECOMMENDATIONS

1. Federal-Level Recommendations

Policy Development: The Ministry of Health should formulate comprehensive national policies that define best practices for talent management in public hospitals. These policies must emphasize consistent implementation across all facilities to enhance job embeddedness and reduce turnover intention.

Addressing Compensation Issues: - **Competitive Compensation Packages:** The federal government should periodically review its compensation structures to ensure they are competitive within the healthcare sector. Adequate compensation is essential for attracting and retaining skilled healthcare professionals while reducing turnover intention.

Resource Allocation: The federal government should allocate sufficient resources to public hospitals to support the effective implementation of talent management practices. This includes funding for career development programs and ongoing training initiatives.

Monitoring and Evaluation: To ensure the effectiveness of talent management practices in public hospitals, a comprehensive monitoring and evaluation framework should be established. Regular audits and assessments must be conducted to ensure compliance with national guidelines and to identify areas requiring improvement.

2. Hospital-Level Recommendations

Consistent Implementation of TMPs: Hospital administrators should ensure the consistent application of talent management practices, including recruitment, training, and supervisory support. These practices should be tailored to address the specific needs and values of healthcare professionals in each hospital.

Fostering Job Embeddedness: Hospitals should introduce initiatives aimed at strengthening job embeddedness among employees. This includes facilitating professional development opportunities, fostering strong interpersonal connections (links), and ensuring alignment between employees' values and the hospital's mission (fit).

Establishing Feedback Mechanisms: Hospitals should implement regular feedback systems that allow healthcare professionals to voice their concerns about talent management practices. Feedback should be analyzed and used to make necessary adjustments to improve employee satisfaction and retention.

Continuous Professional Development: Hospitals should prioritize ongoing training programs that provide healthcare professionals with the skills necessary for career growth. This can involve mentorship initiatives, workshops, and opportunities to participate in national or international conferences.

Supervisory Support Training: Supervisors should undergo specialized training to improve their capability to support staff effectively. The training should emphasize giving constructive feedback, promoting teamwork, and facilitating career development discussions to build trust and engagement among employees.

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