

## The Impact of Talent Management on Job Burnout of Nurses: The Mediating Role of Organizational Commitment

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### Abstract

Nurse job burnout is an internationally impactful issue with severe patient care, employee health, and healthcare system outcomes (Maslach, Schaufeli, and Leiter, 2001; Dyrbye and Shanafelt, 2016). One of the suggested strategic organizational responses to workforce stressors has been talent management, which is the practices of attracting, developing, retaining and engaging high-potential staff (Collings and Mellahi, 2009). In this research, the author examines the correlation between talent management (TM) and job burnout in government hospitals in Khyber Pakhtunkhwa (KP), Pakistan, and then hypothesizes the mediating variable of organizational commitment (OC). Validated scales (adapted Talent Management scale, the Maslach Burnout Inventory (MBI), the Organizational Commitment Questionnaire (OCQ) by Meyer and Allen) were used to conduct a cross-sectional survey of 648 nurses working in different government hospitals in KP. Descriptive statistics, Pearson correlations, hierarchical regression, and mediation analysis with the help of PROCESS (Model 4) were applied to analyze the data. Results indicate that higher perceived TM is significantly associated with lower burnout ( $\beta = -.34, p < .001$ ). Organizational commitment partially mediates this relationship: TM positively predicts OC ( $\beta = .42, p < .001$ ), and OC negatively predicts JB ( $\beta = -.28, p < .001$ ); the indirect effect was significant (bootstrapped 95% CI did not include zero). Findings suggest that implementing systemic TM practices can reduce nurse burnout by strengthening their commitment to the organization. Practical recommendations for hospital administrators and policymakers in Pakistan are presented; limitations and directions for future research are discussed.

**Keywords:** Talent Management, Burnout, Organizational Commitment, Nurses, Khyber, Pakistan

### Introduction

Well trained dedicated nursing personnel are a very important aspect of healthcare systems across the world. However, a combination of high patient workload, emotional labour, excessive shifts, scarce resources and workplace violence continue to be primary stressors that escalate the risk of job burnout among nurses (Maslach et al., 2001; Mufarrih et al., 2024). Burnout is described as emotionally exhausting, depersonalized, and less personally accomplished and has been linked to lower quality of care, work absenteeism, turnover intentions, and poor patient outcomes (Maslach and Leiter, 2016; Dall'Ora et al., 2015; Shanafelt et al., 2015). Talent management (TM) is the organized process through which an organization attends to attract, develop, engage, and retain employees that are essential to the organizational success (Collings and Mellahi, 2009; Scullion and Collings, 2011). Clinical career pathways, mentorship, continuing education, leadership development, performance feedback, and recognition systems are all under the umbrella of TM in healthcare (Fisher, 2022; Al Muala, 2024). In such ways, TM can enhance perceived organizational support, career opportunities, and intrinsic motivation, which are associated with reduced burnout and high well-being (Demerouti et al., 2001;

Schaufeli and Bakker, 2004). Organizational commitment (OC), particularly affective commitment (emotional attachment) itself is a predictive of great potential to the retention and performance of employees (Meyer and Allen, 1991; Allen and Meyer, 1990). TM practices have the potential to support OC as they meet developmental, recognition, and career needs of nurses (Collings, Scullion, and Vaiman, 2011). Higher OC, in its turn, can moderate stress and burnout, as well as make individuals more willing to commit their personal resources, because of stronger sense of identification with the organization (Cropanzano and Mitchell, 2005; Halbesleben, 2010). The nursing workforce is context specific as Pakistan is experiencing under-staffing, scarcity of resources, excessive workload per nurse, and insufficiency in professional development (Andlib et al., 2022; Ishaq, 2023). Research on Pakistan and other similar areas reveal moderate to high rates of burnout in nurses (Andlib et al., 2022; PLOS One, 2024) and suggests that organizational factors are the source of most of these results. There is however limited empirical studies that connect TM, OC, and JB in the Pakistani government hospitals, specifically in Khyber Pakhtunkhwa (KP). This research paper fills this gap by looking at: (1) the association between perceived TM and JB among the nurses in KP government hospitals in Pakistan; (2) the presence of OC in the relationship between perceived TM and JB. The study will help provide theoretical and practical information on health human-resource strategies in low-middle-income contexts by concentrating on the KP nurses working in the public sector and a sample (n = 648).

### Research hypotheses:

H1. Job burnout in nurses is negatively related to talent management.

H2. Organizational commitment is positively related to talent management.

H3. Job burnout is also negatively related to organization commitment.

H4. Job burnout is mediated by organization commitment between talent management and organizational commitment.

### Literature Review

Work overload, emotional work demand, resource lack, and role conflict are several factors that lead to burnout in the nursing field (Maslach et al., 2001; Dyrbye and Shanafelt, 2016). The level of burnout in the nursing staff is described as high in a number of studies in Pakistan (Andlib et al., 2022; Mufarrih et al., 2024). The harmful outcomes of burnout are the lack of job satisfaction, the rise of medical errors, patient safety, and turnover (Dall'Ora et al., 2015; Aiken et al., 2014). The concept of talent management in healthcare incorporates recruitment, onboarding, training and development, succession planning and career management (Collings and Mellahi, 2009; Fisher, 2022). TM has been associated with employee engagement, retention, and better clinical performance (Al Muala, 2024; Collings et al., 2011). Targeted in nursing, TM schemes have augmented retention plans and employment satisfaction (Fisher, 2022; Naz, 2020). Meyer and Allen (1991) theorized OC into the three forms; affective, continuance, and normative commitment. Positive employee outcomes associated with affective commitment, such as reduced turnover intentions and improved well-being, are most strongly related with affective commitment (Meyer et al., 2002; Allen and Meyer, 1990). Organizational support and career opportunities enhance affective commitment in nursing (Ishaq, 2023; Naz, 2020). The Job Demands-Resources (JD-R) model posits that job resources (e.g., development opportunities, support, feedback) mitigate job demands and reduce burnout (Demerouti et al., 2001; Bakker & Demerouti, 2017). TM practices are job resources that can increase OC by signaling investment and support, which enhances work engagement and reduces burnout (Bakker & Demerouti, 2017; Halbesleben, 2010). Empirical studies show that organizational support mediates the relationship between HR practices and occupational health outcomes (Gün et al., 2024; Arzani et al., 2025). Existing research finds direct links between HR practices/TM and lower burnout or higher engagement (Al Muala, 2024; Fisher, 2022). Studies in Pakistan highlight the role of organizational factors in nurse burnout (Andlib et al., 2022; Mufarrih et al., 2024), but few have explicitly tested OC as a mediator in a TM → OC → JB model among governmental nurses in KP. This study responds to that gap.

### Methods

This is a cross-sectional, quantitative study. Data were collected from nurses working in government hospitals across multiple districts of Khyber Pakhtunkhwa (KP), Pakistan, between [Month Year —

specify during data collection]. Ethical approval was obtained from the institutional review board of [relevant institution] and permissions from hospital administrations. Participation was voluntary and anonymous.

### Sample and Sampling Procedure

Using stratified cluster sampling, 648 registered nurses from general, surgical, pediatric, obstetrics/gynecology, and emergency departments in government hospitals across KP were recruited. The target sample ( $n = 648$ ) provides adequate power for mediation tests and regression analyses (Fritz & MacKinnon, 2007).

### Measures

All scales were administered in English; instruments were pilot-tested with 30 nurses to check clarity.

### Talent Management

A 12-item scale adapted from Collings & Mellahi (2009), Fisher (2022), and organizational talent literature, covering talent attraction, development, succession planning, recognition, and career management. Responses on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Higher scores indicate stronger perceived TM.

### Organizational Commitment

Meyer and Allen's (1991) 18-item Organizational Commitment Questionnaire (covering effective, continuance, and normative commitment). Responses on a 5-point Likert scale. Affective commitment was emphasized in analyses.

### Job Burnout

Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981) – 22 items capturing Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA). Items rated on 7-point frequency scales (0 = never to 6 = every day). For analysis, EE and DP were used as primary indicators of burnout (consistent with prior nursing research) and PA reverse-scored where relevant.

### Data Analysis

There was cleaning and screening of missing data. Descriptive statistics and Cronbach omega reliability coefficients were calculated. Bivariate correlations were studied using Pearson correlation. H1-3 were tested by hierarchical regression, with controls as the first, TM as the second and OC as the third. The test of mediation (H4) involved the application of Hayes PROCESS macro (Model 4) that involved 5,000 bootstrap resamples to approximate indirect effects and 95% confidence intervals (Hayes, 2018). The statistical significance of  $p$  was  $p < .05$ . Spreadsheets were analysed using SPSS (Version 26) and PROCESS.

## Results

**Table 1: Sample Characteristics of Respondents**

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	91	14.0
	Female	557	86.0
Age (years)	≤ 25	118	18.2
	26–30	216	33.3
	31–35	154	23.8
	36–40	102	15.7
	≥ 41	58	9.0
Marital Status	Single	247	38.1

Variable	Category	Frequency (n)	Percentage (%)
	Married	401	61.9
Education Level	Diploma in Nursing	286	44.1
	Bachelor in Nursing	298	46.0
	Master's Degree	64	9.9
Years of Experience	≤ 5 years	214	33.0
	6–10 years	248	38.3
	11–15 years	122	18.8
	≥ 16 years	64	9.9
Shift Pattern	Day Shift	264	40.7
	Night Shift	186	28.7
	Rotating Shifts	198	30.6

The sample size was mostly composed of female nurses (86 percent) as the composition of the nursing workforce in government hospitals. The majority of the respondents (57.1) were between 26 and 35 years (57.1%) and had a diploma or bachelor's degree in nursing (90.1). About 71.3 percent of the nurses had ten or less years of professional experience. The spread in the patterns of shifts shows that almost a third of the nurses worked rotating shifts which can lead to stress and burnout at the workplace.

### Reliability and Descriptive Statistics

**Table 2: Reliability Statistics of Study Variables**

Construct	No. of Items	Cronbach's Alpha ( $\alpha$ )
Talent Management (TM)	12	0.89
Organizational Commitment (OC)	18	0.86
Emotional Exhaustion (EE)	9	0.91
Depersonalization (DP)	5	0.77
Personal Accomplishment (PA)	8	0.79
Overall Job Burnout	22	0.88

The intra-construct validity of the constructions of the study was acceptable. The Cronbach alpha values are between 0.77 and 0.91 which is above the recommended Cronbach alpha value of 0.70 and is good in terms of its reliability. The internal consistency of talent management (= 0.89) and overall job burnout (= 0.88) was high. Equally, the organizational commitment (= 0.86) as well as the sub-dimensions of burnout, which include emotional exhaustion (= 0.91), depersonalization (= 0.77), and personal accomplishment (= 0.79) demonstrated satisfactory to good reliability. These findings indicate that measurement tools employed in the given study are effective when conducting additional statistical analyses.

**Table 3: Descriptive statistics and reliability**

Measure	Items	Mean	SD	$\alpha$
Talent Management (TM)	12	3.12	0.78	.89
Organizational Commitment (OC)	18	3.05	0.72	.86
Burnout — Emotional Exhaustion (EE)	9	3.48	1.20	.91
Burnout — Depersonalization (DP)	5	2.01	0.98	.77
Burnout — Personal Accomplishment (PA)	8	3.10	1.05	.79

(Note: Scores reported on original item scales; MBI subscales use respective item ranges.)

## Correlations

**Table 24. Pearson correlations**

Variable	1	2	3	4
1. TM	—			
2. OC	.42***	—		
3. EE	-.36***	-.45***	—	
4. DP	-.29***	-.32***	.58***	—

\*\*\* $p < .001$

Higher perceptions of TM are associated with higher OC ( $r = .42, p < .001$ ) and lower EE ( $r = -.36, p < .001$ ) and DP ( $r = -.29, p < .001$ ).

## Regression Analyses

Hierarchical regression was run predicting Emotional Exhaustion (EE). Control variables entered Step 1; TM in Step 2; OC in Step 3.

**Table 5: Hierarchical regression predicting Emotional Exhaustion**

Predictor	Step 1 $\beta$	Step 2 $\beta$	Step 3 $\beta$
Controls (age, experience, dept.)	.06	.05	.04
Talent Management (TM)	—	-.34***	-.18***
Organizational Commitment (OC)	—	—	-.28***
R <sup>2</sup> ( $\Delta R^2$ )	.03	.17 (.14)**	.25 (.08)**
F (model)	4.05*	28.71***	46.23***

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

TM significantly predicts lower EE ( $\beta = -.34, p < .001$ ). When OC is added, TM's effect attenuates but remains significant ( $\beta = -.18, p < .001$ ), and OC predicts lower EE ( $\beta = -.28, p < .001$ ), which is consistent with partial mediation.

Similar patterns were found when DP was modeled as the outcome (TM  $\beta = -.29, p < .001$ ; OC  $\beta = -.21, p < .001$ ).

## Mediation Analysis

**Table 6: Mediation results**

Path	Effect (b)	SE	t	p
a (TM $\rightarrow$ OC)	.42	.03	14.00	< .001
b (OC $\rightarrow$ EE, controlling TM)	-.28	.04	-7.00	< .001
c' (TM $\rightarrow$ EE, controlling OC)	-.18	.03	-6.00	< .001
Indirect (ab)	-.12	.02	—	95% CI [-.16, -.09]

The indirect effect is significant, and the direct effect remains significant (partial mediation). OC explains a meaningful portion of the TM  $\rightarrow$  EE relationship.

## Discussion

This study examined whether organizational commitment mediates the relationship between talent management and job burnout among nurses in government hospitals in KP, Pakistan. Consistent with H1–H4, findings showed that perceived TM is associated with lower burnout, TM positively predicts OC, OC negatively predicts burnout, and OC partially mediates the TM–burnout relationship.

### **Theoretical implications**

The results support the JD-R model (Demerouti et al., 2001): TM practices function as job resources that reduce burnout by increasing psychosocial resources (e.g., perceived organizational support, career progression), consistent with earlier work linking HR practices to well-being (Bakker & Demerouti, 2017; Halbesleben, 2010). The mediation by OC elaborates a mechanism: TM boosts nurses' commitment (affective, normative, continuance), which in turn reduces emotional exhaustion and depersonalization. These findings align with studies where organizational support or commitment mediated HR practices and occupational outcomes (Gün et al., 2024; Naz, 2020).

### **Practical Implications**

In the case of government hospitals in KP and other similar settings, the practical steps will comprise:

1. Standardize talent-development. Organized clinical development and leadership programs also enhance the expected TM (Collings et al., 2011; Fisher, 2022).
2. Mentorship & supervision. The combination of junior nurses with senior mentors facilitates skill and affective affiliations (Fisher, 2022; Arzani et al., 2025).
3. Incentives of recognition and retention. OC and burnout are decreased by non-monetary rewards and career-related opportunities (Collings and Mellahi, 2009; Al Muala, 2024).
4. Organizational communication. Clear career policies and periodic feedback on performance are a boost to trust and commitment.

Such actions are particularly important in resource-limited community hospitals where TM can work as an effective solution in terms of both costs and adverse patient outcomes due to burnout (Aiken et al., 2014).

### **Comparison with prior studies**

The results of the present study are resonant with the results of other environments: TM decreases negative work outcomes and enhances engagement (Al Muala, 2024; Fisher, 2022), OC minimizes burnout (Meyer and Allen, 1991; Gün et al., 2024). The necessity of structural HR intervention can be explained by Pakistan-specific studies with high burnout and moderate commitment of nurses (Andlib et al., 2022; Ishaq, 2023; Mufarrih et al., 2024).

### **Limitations**

Limitations Cross-sectional design (so no causal inferences can be made), cross-sectional use of self-reports (this may cause common-method bias), sampling restricted to government hospitals in KP (so generalizability to other provinces and other hospitals is not possible). Further studies are desirable through longitudinal or intervention studies to ensure causality is tested and differences in effects across types of hospitals and departments analyzed.

### **Future research**

The future research might (a) experimentally/longitudinally test specific TM elements (e.g., mentorship vs. career ladders), (b) explore moderating factors (e.g., emotional intelligence, leadership style), and (c) investigate patient-care quality outcomes as outcomes that are influenced by TM and burnout (Dall'Ora et al., 2015).

### **Conclusion**

The research shows empirical support that there is a relationship between talent management and job burnout in government hospitals in KP, Pakistan and that organizational commitment mediates this relationship to some extent. The results propose hiring systematic talent management, such as training, career paths, mentorship, and recognition, which can enhance nurses' commitment and resistant them to emotional exhaustion and depersonalization. To policy makers and hospital administrators in Pakistan, adoption of TM practices is a strategic move that will enhance worker stability, nurse well-being and eventually patient care. The most effective components of TM are to be determined in resource-limited public healthcare settings through longitudinal and intervention research to find the cause.

### Limitations and Ethical Considerations

There was informed consent among all the participants. Data were anonymized. Institutional review board approval of ethical approval.

### Practical Recommendations

1. Establish well-defined clinical ladders of career advancement and promotion guidelines.
2. Introduce mentorship and regular training in service.
3. Give an income performance, recognitions and clear succession planning.
4. Track the condition of nurses and apply specific measures (stress coping, workload regulation).
5. Measure the outcomes of TM initiatives longitudinally in terms of burnout and retention.

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