

## **Talent Management Practices in Enhancing Employee Quality Service Delivery: A Study of Rural Public Health Facilities in Tanzania**

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### **Abstract**

*This paper examines talent management practices in enhancing employee quality service delivery in rural public health facilities in Tanzania. Guided by Social Exchange Theory and the SERVQUAL model, it focuses on three dimensions of talent management, including compensation, training and development, and succession planning to determine their contribution to service quality. A cross-sectional research design was adopted, targeting 285 healthcare workers in 63 rural health centers and dispensaries in Mtwara Region. Data were collected through structured questionnaires and analysed using IBM SPSS and Partial Least Squares Structural Equation Modeling (PLS-SEM). The findings reveal that all three talent management practices have a statistically significant positive effect on employee quality service delivery. Among them, compensation emerged as the strongest predictor, followed by training and development, with succession planning having a smaller but meaningful impact. The study concludes that effective talent management practices, particularly fair compensation, continuous skill development, and structured succession planning enhance healthcare workers' motivation and capacity to deliver quality services. It is recommended that health administrators and policymakers in Tanzania prioritize these practices to improve employee performance and healthcare service outcomes in rural areas. Ethical clearance was obtained prior to the study.*

**Keywords:** Talent management, compensation, training and development, succession planning, quality service delivery

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## 1.0 INTRODUCTION

Quality healthcare service delivery is globally the cornerstone for achieving Universal Health Coverage (UHC) and Sustainable Development Goals (SDG) 3, which prioritizes equitable access to health and well-being (WHO, 2021). However, in many low- and middle-income countries (LMICs), chronic shortages of skilled healthcare workers undermine these aspirations, particularly in rural areas where half the global population lacks access to essential services (Alegre et al., 2024; WHO, 2020; Global Health Workforce Alliance, 2020). The quality of care provided in these settings intimately linked to employee performance, which depends on effective talent management strategies such as fair compensation, on-going training, and structured succession planning, aimed at attracting, developing, and retaining skilled personnel (Chikere & Nwoka, 2021; Kolachina et al., 2024; Mwamkuu et al., 2024).

Empirical evidence underscores the transformative potential of talent management in LMICs. For example, in rural India, improved compensation and skills development reduced diagnostic errors and enhanced patient adherence (Rao et al., 2021). In Nigeria, Akpan et al., (2023) found that regular training and clear career progression opportunities enhanced clinical performance, while in Uganda, Nalwadda et al., (2023) demonstrated that integrating mentorship with performance-based incentives improved adherence to care protocols. Similarly, Mbindyo et al., (2023) in Kenya reported that structured leadership programs and hardship allowances enhanced service responsiveness and reduced staff turnover. Collectively, these studies demonstrate that strategic talent management practices are critical for improving service quality in resource-constrained settings.

Despite these successes, Tanzania's rural healthcare system faces persistent workforce challenges: only 25% of doctors and 55% of nurses serve rural populations (Sirili et al., 2021), with vacancy rates exceeding 60% for critical roles (Ministry of Health, 2021). Healthcare workers report insufficient compensation (68%), limited access to training (54%), and unclear career pathways (72%), contributing to burnout and high attrition rates (Human Resource for Health–Tanzania, 2023). As a result, maternal mortality rates in rural areas remain three times higher than in urban settings (THMIS, 2022), reflecting systemic failures in service delivery.

Although initiatives such as the Health Sector Strategic Plan V (2021–2026) and Direct Health Facility Financing (DHFF) system aim to address these challenges (United Republic of Tanzania, 2020), rural facilities remain plagued by workforce deficiencies. Poorly designed compensation structures and gaps in succession planning disrupt care continuity and erode patient trust (Msacky, 2024; Msafiri & Katera, 2020). Moreover, existing talent management research in Tanzania has predominantly focused on sectors such as education, banking, and local government (Mashala & Kisumbe, 2020; Msava & Ngirwa, 2023; Sikawa, 2020), with limited attention to the unique challenges faced by the healthcare sector. This gap leaves policymakers without the context-specific evidence necessary to align talent management practices with SDG 3 targets, perpetuating disparities in rural healthcare outcomes (URT, 2020).

This study seeks to address these gaps by applying Social Exchange Theory (SET) (Blau, 1964), and the SERVQUAL model (Parasuraman et al., 1988) to examine how talent management practices specifically training and development, compensation, and succession planning, collectively influence employee service quality dimensions (reliability, responsiveness, assurance, empathy, tangibility) in rural Tanzania. Using Partial Least Squares Structural Equation Modeling (PLS-SEM), the study quantifies talent management impact on service delivery, offering empirical insights to inform workforce policies aligned with SDG 3. By doing so, it offers actionable recommendations for retaining motivated staff and improving healthcare outcomes in underserved regions.

## 2.0 LITERATURE REVIEW

This section presents the theoretical and empirical foundations of the study. The theoretical review discusses the concepts underpinning the research, while the empirical review examines key studies on the relationship between talent management and employee service quality.

### 2.1 *Theoretical Literature Review*

The study integrates Social Exchange Theory (SET) and the SERVQUAL model to examine how talent management practices enhance healthcare service quality in rural Tanzania.

#### 2.1.1 *Social Exchange Theory (SET)*

Social Exchange Theory (SET), developed by Blau, (1964) and later expanded to the organizational context by Cropanzano and Mitchell, (2005), posits that employees reciprocate organizational investments, such as fair compensation, training, and relational support, including mentorship and recognition with heightened commitment and performance. In healthcare, SET has been applied across diverse settings. For example, Asante et al., (2021) in Ghana linked fair pay to nurses' affective commitment, while Makki et al., (2022) in Saudi Arabia found that career development initiatives improved nurse performance. In Tanzania, Prosper et al., (2025) demonstrated that investments in training enhanced service quality, with healthcare personnel reciprocating through improved work engagement. Collectively, these studies highlight SET's relevance for understanding the reciprocal nature of talent management and performance in healthcare.

SET is particularly relevant in resource-constrained rural Tanzanian healthcare settings, where effective talent management practices such as training and development, fair compensation, and succession planning are perceived as organizational support. Employees view these investments as valuable resources, fostering a sense of obligation to reciprocate through improved commitment and service quality (Akor et al., 2023; Kusi et al., 2023; Mbindyo et al., 2023). However, SET's limitations must also be acknowledged. Its Western origins may overlook cultural nuances, such as communal reciprocity norms prevalent in Tanzania, and systemic constraints like resource scarcity may limit employees' ability to reciprocate, even when motivated. Despite these challenges, SET provides a valuable framework for understanding how talent management practices influence employee outcomes in rural healthcare facilities.

#### 2.1.2 *SERVQUAL Model*

The SERVQUAL model, developed by Parasuraman et al., (1988), is a widely recognized framework for assessing service quality through five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. It measures the gap between customer expectations and perceptions, providing a systematic tool to evaluate service quality from the user's perspective. Originally designed for customer service industries, SERVQUAL has been adapted to healthcare to assess both patient satisfaction and employee performance (Fiakpa et al., 2022; Sharifi et al., 2021). For example, Blštáková and Palenčárová (2021) used SERVQUAL to link staff competence (assurance) to patient satisfaction in Slovak hospitals.

Recent studies have extended SERVQUAL to explore how talent management practices shape employee-driven service quality. Research by Chiloane and Barkhuizen (2017), Fida et al., (2020), Schaufeli and De Witte, (2023), Susiarty, (2019), and Wangechi et al., (2020) demonstrates that talent management practices such as training and development, fair compensation, and succession planning positively influence SERVQUAL dimensions. For example, structured training enhances reliability (consistent service delivery), while fair compensation fosters empathy (staff commitment to patient needs).

By integrating SERVQUAL and SET, this study addresses gaps in the literature. While SET explains the motivational mechanisms driving employee behavior, SERVQUAL operationalizes the outcomes in measurable service quality dimensions. Together, they provide

a robust framework for examining how talent management practices shape service quality in resource-constrained rural healthcare settings.

## 2.2 *Empirical Literature Review*

Talent management practices have been widely studied in various sectors, demonstrating their impact on employee performance outcomes. This section reviews key empirical studies relevant to the current research.

### 2.2.1 *Training and Development on Employee Quality Service Delivery*

Training and development are widely recognized as critical components of talent management that contribute to building employee capacity and enhance effective service delivery (Nama et al., 2022). Through training, healthcare professionals acquire the necessary knowledge, skills, and competencies to perform their duties effectively, thereby improving service quality (Gracia-Pérez & Gil-Lacruz, 2018). For example, Alharbi and Aloyuni, (2023) explored the role of training and development in enhancing healthcare service quality in Qassim hospitals, Saudi Arabia. Their findings showed a statistically significant positive relationship between employee training and the service quality, emphasizing the importance of continuous and structured training programs. They recommended appointing competent managers to oversee training efforts and maintain service standards.

In Guinea, Witter et al., (2021) conducted a labour market survey to identify strategies for attracting and retaining health workers in rural areas of a fragile state. The study found that limited training opportunities discouraged rural postings, while factors such as career development incentives, improved infrastructure, recruitment from rural areas, and rural exposure during training enhanced retention. The authors recommended linking rural service with specialization opportunities and integrating incentive packages with broader reforms in training and staff management.

Akpan et al., (2023) examined how structured training and career progression affect clinical performance in rural Nigeria. Using a mixed-methods approach with a sample size of 250 clinician surveys and 15 administrator interviews, the study found that healthcare workers with regular training and clear career paths showed 25% higher clinical performance scores, driven by mentorship and merit-based promotions. The authors advocate for decentralized training systems and transparent career advancement to improve retention and care quality in rural settings.

In the Tanzanian context, Prosper et al., (2025) examined the influence of training and development on work engagement and service quality among healthcare workers in rural public health facilities. Using a cross-sectional survey of 285 respondents from 63 healthcare facilities and analysed the data using PLS-SEM, the study found that training and development significantly improve service quality. This study highlighted how training enhances service delivery in resource-constrained rural environments. Additionally, Mwansisya et al., (2022) used a quasi-experimental design to assess the impact of training on self-reported performance in reproductive, maternal, and newborn health (RMNH) service delivery in Tanzania. Analysing data from 216 participants, the study revealed significant improvements in performance post-intervention. The authors emphasized the importance of conducting Training Needs Assessments (TNA) to guide targeted training and mentorship for enhancing RMNH service delivery.

*H1: Training and development have a positive and significant effect on employee quality service delivery.*

### 2.2.2 *Compensation on Employee Quality Service Delivery*

Compensation, encompassing both financial and non-financial rewards, plays a crucial role in motivating employees to deliver high-quality services (Akor et al., 2023 & Herdianto,

2025). Adequate compensation has been found to enhance employee satisfaction, reduce turnover, and promote commitment to organizational goals, ultimately enhancing service quality (Athamneh, 2024, Sikawa, 2020).

Athamneh, (2024) examined how HR practices, including compensation and training, affect job satisfaction and burnout among healthcare professionals in Jordan's public sector. Using data from 600 respondents, the study revealed that effective compensation and benefits reduced burnout and improved job satisfaction. However, a major limitation of the study was the absence of a clearly defined theoretical framework, which the current study addresses.

Akor et al., (2023) investigated the relationship between talent management practices particularly compensation and health service quality in rural Sub-Saharan Africa. Through a combination of surveys and interviews with 412 healthcare workers, and data analysed using SEM and thematic analysis, the study found that fair compensation significantly improved employee motivation and service delivery. The authors recommended adopting comprehensive talent management strategies to address persistent workforce challenges.

In Zimbabwe, Nkala et al., (2021) explore talent management practices, including compensation and succession planning in the public health sector. Although succession planning positively influenced employee engagement, the study found that compensation alone did not significantly impact engagement levels. This suggests that financial rewards may be insufficient on their own to motivate health workers, and be complemented by non-financial incentives to boost employee performance and service quality.

Kisumbe and Mashala (2020) assessed how various human resource practices, such as compensation, training, HR planning, performance appraisal, and supervision impact job satisfaction within decentralized health services in Tanzania's Shinyanga region. Using an explanatory design and a mixed-methods approach with 287 participants, the study found that employees who perceived their compensation as adequate reported higher levels of job satisfaction.

*H2: Compensation has a positive and significant effect on employee quality service delivery.*

### *2.2.3 Succession Planning on Employee Quality Service Delivery*

Succession planning is a strategic process that ensures the continuity of critical roles through the identification and preparation of potential leaders (Kim et al., 2022). While often overlooked in the public health sector, especially in rural areas, succession planning can enhance employee morale, sense of security, and long-term commitment to the organization (Mabhandu & Masukume, 2025). Globally, studies highlight its transformative potential. For instance, Rothwell (2016) examined succession planning in healthcare institutions in North America and Europe and found that organizations prioritizing leadership development and mentorship programs experienced improved service quality through consistent leadership pipelines. Similarly, Kim et al. (2022) explored developmental tools like mentoring and job rotations in succession planning programs. Using mixed-methods data from over 500 healthcare employees, the study found that these initiatives boosted engagement, skill development, and service quality, emphasizing the need for structured development in succession strategies.

In Sub-Saharan Africa, evidence underscores both benefits and challenges. Smith et al. (2021) studied succession planning and leadership development in healthcare delivery to 400 healthcare professionals across rural and urban settings, and found that succession planning and mentorship significantly improved service delivery. However, limited resources and unstructured leadership pathways hindered progress, particularly in rural facilities. Mwamkuu et al., (2024) explored the relationship between succession planning practices and service delivery in the health sector of Taita Taveta Country, Kenya. Using descriptive research design, the researchers collected cross-sectional data from 78 managerial staff through structured



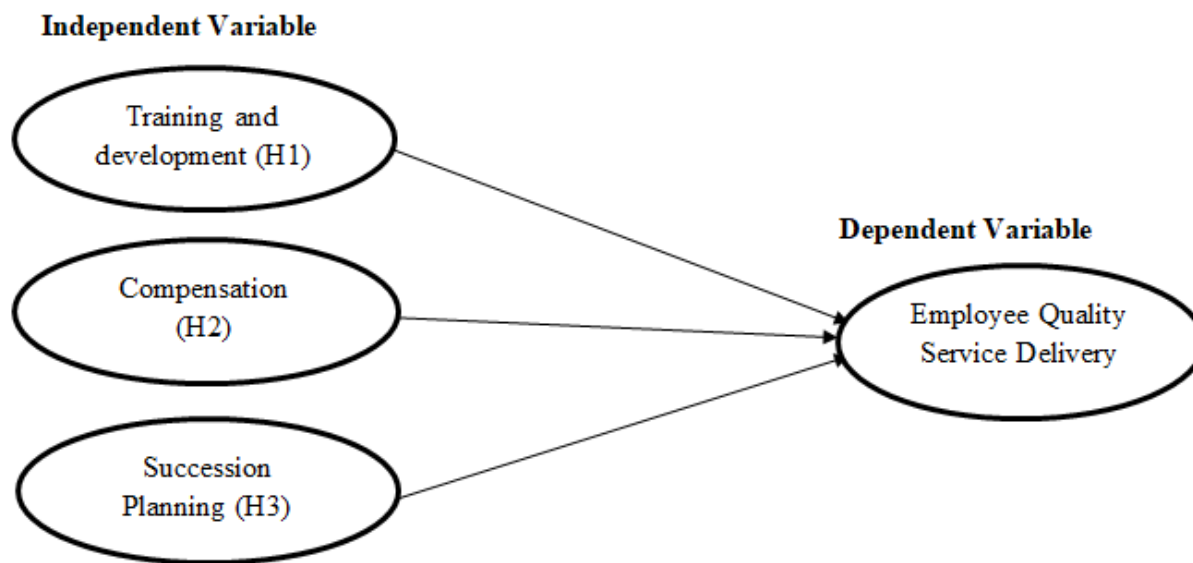
questionnaires. The findings revealed a significant positive relationship between succession planning and service delivery, advocating for formal mechanisms to ensure leadership continuity.

Jones et al., (2022) studied 400 healthcare professionals in Sub-Saharan Africa and reported that structured succession planning enhanced service delivery when combined with leadership development initiatives. However, resource constraints and unstructured leadership pathways hindered progress, particularly in rural areas. Likewise, challenges persist in resource-constrained contexts. Nguyen et al., (2022) examined the challenges and strategies for effective succession planning in resource-constraint organizations across Southeast Asia. Using a mixed-method, cross-sectional design, they collected data from 300 employees through structured questionnaires and semi-structured interviews. The study identified key challenges, including inadequate successor identification, unclear succession policies, and limited resources. These findings align with Jones et al., (2022), who reported that resource constraints and unstructured pathways weakened succession planning's impact in Sub-Saharan Africa, despite its potential to strengthen leadership pipelines.

*H3: Succession planning has a positive and significant effect on employee quality service delivery.*

### 2.3 Conceptual Framework

The conceptual framework of this study illustrates the relationship between talent management practices (compensation, training and development, succession planning) as independent variables, and employee quality service delivery (measured by SERVQUAL dimensions: reliability, responsiveness, assurance, empathy, tangibles) as the dependent variable in rural Tanzania's public health facilities.



**Figure 1:** Conceptual Framework

## 3.0 METHODOLOGY

### 3.1 Research Philosophy, Approach, and Design

This study was guided by a positivist research philosophy, which emphasizes objective reality, measurable data, and theory testing through empirical observation (Park et al., 2020). Consistent with this philosophical stance, the study adopted a deductive research approach, where hypotheses were developed based on existing theories and tested using empirical data

(Saunders et al., 2019). To achieve its objectives, a cross-sectional survey design was employed to examine the causal relationships between talent management practices (training and development, compensation, and succession planning) and employee quality service delivery in rural public health facilities. As Thomas et al., (2020) note, this design is appropriate for collecting data at a single point in time, allowing for the testing of hypotheses and the analysis of variable relationships in real-world contexts.

### 3.2 *Study Area and Population*

The study was conducted in Tanzania's Mtwara region, selected for its known challenges in healthcare quality, especially in rural areas (Gage et al., 2020). The target population included 992 healthcare workers such as medical officers, nurses, and pharmacists working in rural health centres and dispensaries across five district councils, based on data from regional health authorities (RMO-Mtwara, 2023/2024).

### 3.3 *Sampling Techniques and Sample size*

The study applied a multi-stage sampling technique to ensure a representative and manageable sample from a large and dispersed population. First, all five rural District Councils in Mtwara were included. From the 170 rural public health facilities within these districts, 63 were selected using Yamane's (1967) formula with a 10% margin of error. Finally, 285 healthcare workers were randomly chosen from these facilities, with proportional representation across professional groups and districts to enhance diversity and reduce selection bias.

### 3.4 *Data Collection and Analysis*

Primary data were collected from healthcare workers in rural public health facilities in Mtwara region using a self-administered structured questionnaire. The method was chosen for its efficiency in reaching a dispersed sample and its ability to collect reliable data (Saunders et al., 2019). The questionnaire was developed based on theoretical frameworks and previous studies, with talent management practices (training and development, compensation, succession planning) measured using items adapted from Kim et al., (2022), Rothwell, (2016), Sikawa, (2020), and Wangechi et al. (2020). Quality service delivery was measured using SERVQUAL dimensions adapted from Parasuraman et al., (1988). All items used a 5-point Likert scale. Data were analysed using descriptive statistics in IBM SPSS Version 25 and Partial Least Squares Structural Equation Modeling in SmartPLS Version 3.

### 3.5 *Model Evaluation*

The study employed a reflective measurement model, which was assessed for reliability and validity using the recommended PLS-SEM guidelines. Internal consistency reliability was assessed using Composite Reliability (CR) and Cronbach's alpha, with acceptable thresholds of 0.70 or higher to indicate consistency in the constructs (Hair et al., 2021). Convergent validity was examined using Average Variance Extracted (AVE), where values above 0.50 were considered acceptable (Purwanto et al., 2021). Discriminant validity was established through the Heterotrait-Monotrait (HTMT) ratio, with acceptable values below 0.90 indicating distinctiveness between constructs (Henseler et al., 2015). To ensure there were no issues with collinearity, Variance Inflation Factor (VIF) values were also examined, with acceptable thresholds being below 3.3 (Hair et al., 2021).

The structural model was assessed by examining path coefficients for magnitude and significance, while R-squared ( $R^2$ ) values were used to evaluate the model's explanatory power.  $R^2$  values of 0.25, 0.50, and 0.75 were interpreted as weak, moderate, and substantial, respectively (Hair et al., 2021). Effect sizes ( $f^2$ ) were examined to assess the impact of individual constructs, with thresholds of 0.02 (small), 0.15 (medium), and 0.35 (large) based on Cohen's (1988) guidelines. Furthermore, the predictive relevance ( $Q^2$ ) of the model was evaluated using

the blindfolding procedure, with values greater than zero indicating adequate predictive relevance (Hair et al., 2019). These criteria ensured a thorough model evaluation.

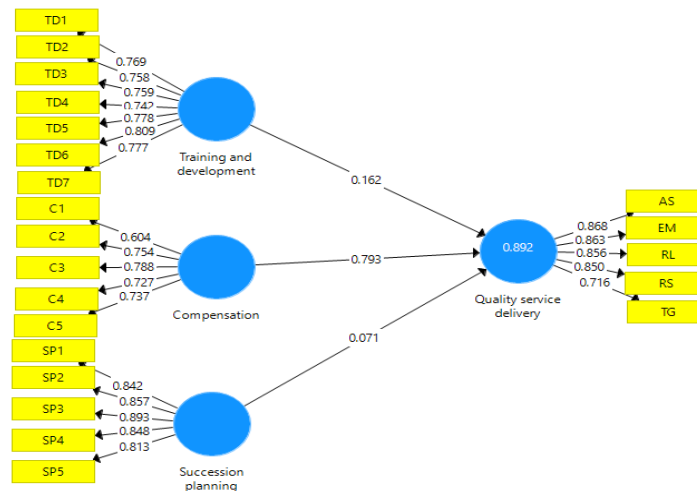
## 4.0 RESULTS

### 4.1 Response Rate

A total of 335 questionnaires were distributed to healthcare personnel in rural public health facilities across Mtwara region. Out of these, 281 were completed and returned, yielding a response rate of 84%, which minimizes the risk of non-response bias and enhances the reliability of the findings. This exceeds the 67% threshold commonly considered acceptable in health sciences research (Wilson et al., 2024), indicating strong participant engagement.

### 4.2 Measurement Model Evaluation

The measurement model was evaluated using PLS-SEM, as shown in figure 2. All constructs were specified as reflective. The model includes three independent variables: training and development, compensation, and succession planning, and one dependent variable: employee quality service delivery.



**Figure 2: PLS-SEM measurement model showing constructs and indicators**

Note: AS = Assurance, EM = Empathy, RL = Reliability, RS = Responsiveness, TG = Tangibles.

#### 4.2.1 Construct Reliability and Validity Evaluation

Table 1 show that all constructs met the recommended reliability and convergent validity thresholds. Compensation had a Cronbach's Alpha of 0.772, Composite Reliability (CR) of 0.846, and AVE of 0.525. Succession Planning had the highest reliability ( $\alpha = 0.905$ , CR = 0.929, AVE = 0.724), while Training and Development ( $\alpha = 0.889$ , CR = 0.911, AVE = 0.594) and Quality Service Delivery ( $\alpha = 0.888$ , CR = 0.918, AVE = 0.693) also met all criteria. These results confirm the constructs are reliable and valid for structural analysis.



*Table 1: Construct Reliability and Validity*

| <b>Constructs</b>        | <b>Cronbach's Alpha</b> | <b>rho_A</b> | <b>Composite Reliability</b> | <b>Average Variance Extracted (AVE)</b> |
|--------------------------|-------------------------|--------------|------------------------------|---|
| Compensation             | 0.772                   | 0.781        | 0.846                        | 0.525                                   |
| Quality Service delivery | 0.888                   | 0.893        | 0.918                        | 0.693                                   |
| Succession planning      | 0.905                   | 0.915        | 0.929                        | 0.724                                   |
| Training and development | 0.889                   | 0.902        | 0.911                        | 0.594                                   |

#### 4.2.2 Discriminant Validity Evaluation

Discriminant validity was confirmed in Table 2 using the Heterotrait-Monotrait (HTMT) ratio, with all values below the 0.90 threshold recommended for distinct constructs (Henseler et al., 2015). For instance, the HTMT between Compensation and Quality Service Delivery was 0.887, while other pairs, such as Compensation and Succession Planning (0.474), were well below the threshold, indicating no construct overlap.

*Table 2: Discriminant Validity Evaluation Using Heterotrait Monotrait (HTMT) Ratio*

| <b>Constructs</b>        | <b>Compensation</b> | <b>Quality Service Delivery</b> | <b>Succession Planning</b> | <b>Training and Development</b> |
|--------------------------|---------------------|---------------------------------|----------------------------|---------------------------------|
| Compensation             | -                   |                                 |                            |                                 |
| Quality service delivery | 0.887               | -                               |                            |                                 |
| Succession planning      | 0.474               | 0.530                           | -                          |                                 |
| Training and development | 0.779               | 0.796                           | 0.617                      | -                               |

#### 4.3 Structural Model Evaluation

The structural model was evaluated to test the hypothesized relationships among the latent constructs. Key criteria included the assessment of collinearity, path coefficients, coefficient of determination ( $R^2$ ), effect size ( $f^2$ ), predictive relevance ( $Q^2$ ), and the significance of relationships using bootstrapping (Hair et al., 2021; Sarstedt et al., 2021).

##### 4.3.1 Collinearity Assessment

Collinearity was assessed using the Variance Inflation Factor (VIF). All VIF values ranged from 1.312 to 3.943, well below the threshold of 5, indicating no multicollinearity issues (Hair et al., 2017). This suggests the indicators are sufficiently independent.

##### 4.3.2 Coefficient of Determination ( $R^2$ ) Assessment

As shown in Table 3, the  $R^2$  value for quality service delivery is 0.892, meaning that 89.2% of its variance is explained by training and development, compensation, and succession planning. The adjusted  $R^2$  (0.891) confirms the model's strong explanatory power in predicting service quality outcomes in rural public health facilities.

*Table 3: Coefficient Determination ( $R^2$ )*

| <b>Construct</b>         | <b>R Square</b> | <b>R Square Adjusted</b> |
|--------------------------|-----------------|--------------------------|
| Quality service delivery | 0.892           | 0.891                    |

#### 4.3.3 Effect size ( $f^2$ ) Assessment

Based on Cohen's (1988) guidelines, Table 4 shows that compensation has a very large effect on quality service delivery ( $f^2 = 3.163$ ), making it the most influential predictor. Training and development has a small but notable effect ( $f^2 = 0.108$ ), while succession planning has a small effect ( $f^2 = 0.031$ ). These findings highlight compensation as the key driver of service quality.

Table 4: Effect sizes ( $f^2$ )

| Constructs               | $f^2$ Value | Interpretation    |
|--------------------------|-------------|-------------------|
| Compensation             | 3.163       | Very large effect |
| Succession planning      | 0.031       | Small effect      |
| Training and development | 0.108       | Small effect      |

#### 4.3.4 Predictive Relevance ( $Q^2$ ) Assessment

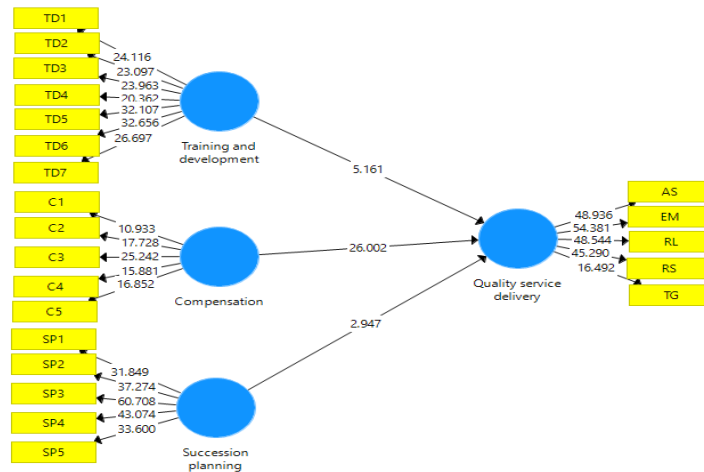
The predictive relevance of the model was assessed using the blindfolding procedure to compute the cross-validated redundancy measure ( $Q^2$ ). As shown in Table 5, the  $Q^2$  value for quality service delivery was 0.611, exceeding the threshold of 0.35, indicating strong predictive relevance (Hair et al., 2019).  $Q^2$  values were not computed for exogenous constructs (compensation, succession planning, and training and development).

Table 5: Predictive Relevance ( $Q^2$ )

| Constructs               | SSO      | SSE      | $Q^2 (=1 - \text{SSE}/\text{SSO})$ |
|--------------------------|----------|----------|------------------------------------|
| Compensation             | 1405.000 | 1405.000 | -                                  |
| Quality service delivery | 1405.000 | 547.092  | 0.611                              |
| Succession planning      | 1405.000 | 1405.000 | -                                  |
| Training and development | 1967.000 | 1967.000 | -                                  |

#### 4.3.5 Hypothesis Testing

A bootstrapping technique with 5000 subsamples was applied in PLS-SEM to test the hypotheses. As presented in Table 6, all three talent management practices such as training and development, compensation, and succession planning have a significant positive influence on employee quality service delivery in rural public health facilities.



**Figure 3: PLS-SEM structural model showing path coefficients and relationships**

**Table 6: Hypothesis Testing Results**

| Hypothesis | Path  | Original Sample $\beta$ | t-Value | p-Value | Decision  |
|------------|---|-------------------------|---------|---------|-----------|
| H1         | Training -> Quality service delivery            | 0.162                   | 5.161   | 0.000   | Supported |
| H2         | Compensation -> Quality service delivery        | 0.793                   | 26.002  | 0.000   | Supported |
| H3         | Succession planning -> Quality service delivery | 0.071                   | 2.947   | 0.003   | Supported |

The path analysis results indicate that training and development, compensation, and succession planning each have a significant positive impact on employee quality service delivery, as indicated by p-values < 0.05 and t-values > 1.96. These results meet the recommended thresholds and support all study hypotheses (Hair et al., 2021).

## 5.0 DISCUSSION

### 5.1 Effect of Training and Development on Employee Quality Service Delivery

The findings confirm that training and development positively and significantly enhance employee quality service delivery in Tanzania's rural public health facilities ( $\beta = 0.162$ ,  $t = 5.161$ ,  $p\text{-value} = 0.000$ ). This supports the hypothesis that investment in skill development leads to improved healthcare outcomes. According to Social Exchange Theory, employees reciprocate organizational investments in their skills with improved performance (Cropanzano & Mitchell, 2005; Akor et al., 2023). Training strengthens clinical competence, enabling healthcare workers to meet SERVQUAL's assurance (knowledge and courtesy) and reliability (dependable service) dimensions. These results are supported by studies from Saudi Arabia (Alharbi & Aloyuni, 2023), Spain (Gracia-Pérez & Gil-Lacruz, 2018), and sub-Saharan Africa (Witter et al., 2021; Akpan et al., 2023), which highlight the role of structured training in reducing errors and enhancing service quality despite logistical challenges. In Tanzania, similar findings by Prosper et al., (2025) and Mwansisya, (2022) emphasize training's strategic importance in improving rural healthcare delivery. However, the moderate effect size suggests that training's impact depends on supportive infrastructure and resources, as noted by Giovannelli et al., (2024), indicating the need for policymakers to address systemic barriers for training to be fully effective.

### 5.2 *Effect of Compensation on Employee Quality Service Delivery*

Compensation was found to have the strongest positive influence on quality service delivery, with a path coefficient of 0.793, a t-statistic of 26.002, and a p-value of 0.000, emphasizing that fair and competitive compensation pay is crucial for motivating healthcare workers. Consistent with social exchange theory, perceived fairness in compensation fosters employee loyalty and enhances service quality, aligning with SERVQUAL's reliability and responsiveness dimensions. In resource-limited rural settings marked by financial instability and delayed salaries, adequate compensation reduces burnout and turnover. This supports findings by Akor et al., (2023) in Sub-Saharan Africa and Kisumbe and Mashala, (2020) in Tanzania, who linked fair pay to higher motivation, job satisfaction, and empathetic care (SERVQUAL's empathy dimension). The high path coefficient underscores compensation's critical role in low-resource contexts; however, Nkala et al., (2021) caution that financial rewards alone are insufficient without non-monetary incentives such as recognition and career development. Therefore, Tanzania's health sector should couple compensation reforms with systemic improvements like timely salary payments and promotion clarity to sustain quality service delivery.

### 5.3 *Effect of Succession Planning on Employee Quality Service Delivery*

Succession planning has a modest but significant positive effect on employee quality service delivery with a path coefficient of 0.071, a t-statistic of 2.947, and a p of 0.003. According to social exchange theory, it reflects organizational support and encourages reciprocal commitment. In rural settings with leadership gaps, staff shortages, and high turnover, succession planning ensures continuity of services, supporting SERVQUAL's reliability, assurance, and empathy dimensions by maintaining skilled personnel during transitions. Empirical studies from Kenya (Mwamkuu et al., 2024), Sub-Saharan Africa (Smith et al., 2021; Kim et al., 2022), and other regions (Rothwell, 2016) show that mentoring, job rotation, and leadership development within succession frameworks improve engagement and service quality. However, the low path coefficient suggests succession planning is still underdeveloped in Tanzania due to limited capacity, short-term priorities, and cultural resistance, mirroring challenges identified in Africa and Asia (Jones et al., 2022; Nguyen et al., 2022). To enhance its impact, succession planning should be integrated into broader talent management strategies, including leadership development and mentorship, while addressing funding and organizational barriers to establish sustainable leadership pipelines and improve service delivery outcomes.

## 6.0 CONCLUSION AND RECOMMENDATIONS

This study confirmed that talent management practices positively impact employee quality service delivery in rural public health facilities in Mtwara, Tanzania. Compensation emerged as the most influential factor, highlighting the importance of fair and competitive pay in motivating healthcare workers. Training and development significantly enhance employee skills and service quality, while succession planning, though less influential, supports leadership continuity and career growth. These findings underscore the need for strategic investment in compensation, continuous training, and succession planning to improve healthcare outcomes in rural settings.

The researchers recommend reinforcing compensation structures in rural public health facilities by introducing performance-based incentives and ensuring regular salary adjustments to enhance motivation and retention. Continuous, targeted training programs should be implemented to equip healthcare workers with the competencies necessary for effective service delivery. Additionally, succession planning should be integrated into human resource management to ensure leadership continuity and clear career growth pathways. Finally, health administrators are encouraged to adopt a comprehensive talent management strategy combining compensation, development, and succession planning, with regular evaluation to monitor its impact on healthcare service quality.

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