



RESEARCH ARTICLE

TIME-MANAGEMENT CHALLENGES AMONG ALLIED HEALTH PROFESSIONALS AT ATERTIARY HOSPITAL IN RIYADH CITY

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ABSTRACT

Objective: Time management (TM) is important for allied health professionals (AHPs), as it affects patient safety and the quality of provided services. This study was conducted to identify obstacles to the ability of AHPs to manage their time effectively and to determine the tools they use to organize their work.

Methodology: A descriptive quantitative design study design was used and a convenience sample of 297 AHPs at a tertiary hospital in Riyadh was studied. A total of 251 self-administered questionnaires were returned, which represented a response rate of 84.5%.

Result: The questionnaire included 5 items on demographic characteristics, 22 items on the obstacles to effective TM, and seven items regarding the tools used to organize work time. The majority of participants were male (63.3%), 29.1% were aged 26–30 years, 29.5% had a bachelor's degree, 49% had more than 7 years of experience, and 76.9% were in subordinate positions.

Conclusion: This study identified 22 obstacles to the ability of AHPs to organize their time; the primary ones were poorly organized work, and undefined goals and priorities. On the other hand, the most common tools for managing time effectively were through emails and mobile phones.

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INTRODUCTION

Time is the key resource for all the organizational processes, and is necessary in health care professionals as it affects patient safety and the quality of the services provided. Effective TM helps to improve the quality of work (Macan, 2010; Ziapour et al., 2015; Nieuwenhuizen et al., 2014; Scott, 2005 and Wang, 2011), and same is true for AHPs. Most healthcare organizations attempt to increase their employee's TM skills and abilities. Indeed, numerous handbooks on TM have been published and several factors, such as planning skills, organizational behavior, and administrative guidance, have been known to affect TM (Macan, 2010; Ziapour, 2015). Qteat (Qteat, 2014), studied the factors influencing TM among nursing managers and revealed administrative and organizational obstacles as major factors that affect the TM skills of nurses. Similarly Ahmed (Ahmed, 2012) showed that some factors such as leaving tasks uncompleted, telephone conversations that interrupt work performance affect TM. In contrast, Westbrook (Westbrook, 2013), study revealed that TM of physicians was not affected by disruption.

Despite the fact that TM is important for physicians, interruptions continue to be considered as a major time waster. In addition, some researchers tried to find solutions for TM problems, such as Gordon (Gordon, 2014), who attempted to identify TM techniques for physicians. In the same way, Jones (Jones, 2012), aimed to increase cognitive space for daily activities including prioritizing patient care using categories and re-prioritizing as events unfold throughout the day, proper estimation of the time needed for each task and the amount of time spent on different tasks including allowing time for unscheduled activities or errors. Other studies have reported the common traits of time wasters that result in time management failure (Driscoll 2005 and Wetmore, 2005). Indeed, most staff members and managers complained that time shortages make tasks difficult to complete, which is reflected in the saying that "time flies" (Hawkins). This raises questions about the nature of TM challenges or time wasters. According to Driscoll (2013), time wasters include unnecessary emails, interrupting oneself, preparing lengthy presentations, spending time on social media, and not prioritizing tasks. Wetmore (Wetmore, 2005), cited the following as time wasters: poor planning, procrastination, interruptions, failure to delegate, and attending meetings that consume time by focusing on minor issues.

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In fact, literature revealed that although TM is necessary for all workers in industries and hospitals, it is a major issue in healthcare because patients' life is at stake and the quality of care is the priority. Despite numerous studies concerning obstacles of TM among nurses and physicians, no relevant research has been conducted among AHPs, even though they are the cornerstone of health care in hospitals, and efficient TM obstacles is a major concern with them. Accordingly, this research fills the gap in our knowledge in an attempt to identify the TM challenges facing AHPs in healthcare organization. Specifically, the intention of this study is to provide a stepping stone towards the formulation of guidelines for the avoidance of TM challenges at the work place by AHPs in an attempt to increase organizational efficiency. Moreover, it aims to identify the tools used to organize their work hours and provide a foundation for additional research about TM in healthcare organizations, to enrich the body of the scientific literature.

MATERIALS AND METHODS

Research Design

A descriptive quantitative survey approach was used to identify the TM challenges encountered by AHPs, at a tertiary hospital in Riyadh and determine the tools used by them to manage their work.

The following scale was employed: used always = 4; used sometimes = 3; used rarely = 2; and not used = 1.

Validity of the Instrument: The instrument was evaluated and approved by professional experts in the field. A pilot test of the instrument was carried out on 50 participants of AHPs. The results indicated that Pearson correlation coefficients between the items of the factors challenging AHPs to manage their time effectively are valid at a significance level of .05 or 0.01 as shown in Table (1). In addition, the Pearson correlation coefficients between the items of the tools that are used to organize and manage work's time indicate that items are valid at a significance level of 0.01 as shown in the Table (2).

Reliability of the Instrument: Table (3) shows the result of the pilot test of the study instrument indicating that Cronbach's alpha was 0.87 for items in the first instrument, addressing the obstacles encountered by AHPs and it was 0.68 for the second instrument determining the tools used mostly by AHPs to organize and manage their work. These results indicated that the instrument is reliable.

Data Analysis: After collection, the data was refined, entered, and analyzed using the Statistical Package for Social Science program (version 11, SPSS, IBM, USA) to calculate descriptive and inferential statistics.

Table 1. The correlation coefficients of the items depicting factors challenging AHPs to manage their time effectively (Pilot Sample: n=50)

No.	Factors	correlation coefficient
1	Telephone and mobile calls	0.3126*
2	Sudden Visits without appointment	0.2799*
3	Unavailability of well-organized work	0.6375**
4	Undefined of goals and Priorities for achievement	0.5843**
5	Undefined of work achievement deadlines	0.5508**
6	Long meetings	0.3914**
7	Doing more than one tasks at same time	0.5575**
8	Make sure to see all details of work	0.3000*
9	Unavailability of required information	0.6175**
10	Delays and procrastinates affairs	0.6884**
11	Interested in the little value of routine issues and procedures	0.2861*
12	Unsaved files and paperwork in their right place	0.5499**
13	Reading newspapers, magazines and browse personal e-mail during workhours	0.6783**
14	Break for drinking tea/coffee	0.4436**
15	Lack of advanced planning of work	0.5812**
16	Coming late to work in morning	0.5567**
17	Leaving workplace earlier than it should be	0.6728**
18	Lack of effective communication/coordination	0.5626**
19	Courtesies, and the inability to say "NO."	0.4476**
20	Look after family and friends needs during working hours	0.5867**
21	Drop some tasks before it finish and start new task	0.7051**
22	The presence of untrained staff	0.6270**

Correlation is significant at the 0.05 level (2- tailed) ** Correlation is significant at the 0.01 level (2- tailed)

A self-administered questionnaire was used among 297 participants who almost represented one-third of the AHP population at KFMC using convenience sampling technique. The questionnaire used was developed by Al Khalaf and modified according to appropriateness for the present study by adding data about demographic variables (age, gender, years of experience, education, position) in the study. Twenty-two items were listed to determine the most common challenges encountered by AHPs in their attempts to manage their time. Items were rated on a four-point Likert scale as per the degree of interference in TM: strongly interferes = 4; moderately interferes = 3; somewhat interferes = 2; and does not interfere = 1. The last section consists of seven items regarding the tools used mostly to help AHPs manage their time effectively.

Frequencies were used to present the distribution of study variables. Means and standard deviations (SDs) were computed. Cronbach's alpha was used to measure the questionnaires reliability, and Pearson correlation coefficient was used to identify relationships between variables. To simplify the analysis, the first question relied on a four-point Likert scale (strongly interferes = 4; moderately interferes = 3; somewhat interferes = 2; and does not interfere = 1) (Table (3)).

The results were categorized into four equal levels according to the following equation:

$$\text{Interval length} = (4-1) \div 4 = 0.75$$

Table 2. The correlation coefficients of the items showing the tools that are used by worker's to organize and manage time (Pilot Sample: n=50)

Tools	The correlation coefficient	Tools	The correlation coefficient
Mobile phone	0.3928**	Electronic note	0.5841**
Secretary	0.6839**	Diary list	0.6291**
E-mail	0.6588**	Memory	0.4964**
Hand note	0.6477**		

** Correlation is significant at the 0.01 level (2- tailed)

Table 3. Cronbach's Alpha and Interval Length

Factor	No. of Items	Alpha
The factors challenging the employees to manage their time effectively	22	0.87
The degree of dependence on the Tools to organize and manage working time	7	0.68
Description	Mean ranges	
Strongly interferes	3.26–4.00	
Moderately interferes	2.51–3.25	
Somewhat interferes	1.76–2.50	
Does not interfere	1.00–1.75	

Table 4. Demographic data

Items	Number	Percent
Gender	Male	159
	Female	92
Age (years)	≤25	54
	26–30	73
	31–35	58
	36–40	32
	>40	34
Education	Diploma	74
	Bachelors	146
	Postgraduate	31
Position	Upper and middle management	20
	Supervisor	38
	Subordinate	193
Experience in years	≤3	85
	4–7	43
	≥8	123

RESULTS

The sample consisted of 63.3% males and 37.0% females. Most of the AHPs were 26 to 30 years of age (29.1%), followed by 23.1% aged 31-35 years and 21.5% aged younger than 25 years. Additionally, 13.5% were aged older than 40 years, and 13.0% were aged 31-40 years. Regarding education, more than 58.2% had a bachelor's degree, 29.5% had a diploma, and 12.4% had a postgraduate degree. 8% were in upper or middle management level employees, 15.1% were in supervisory positions, and 77.0% were in subordinate positions. Almost half (49.0%) had more than 7 years of work experience, 33.9% had less than 4 years, and 17.1% had 4 - 7 years of work experience at KFMC. Table (5) presents the ranking of obstacles to TM by AHPs from the most to the least common. Overall mean was 3.0, which indicates the factors moderately affecting TM of AHPs. Less than 10 percent of participants agreed that these factors did not interfere with their TM. Nevertheless, there are factors intensely affecting TM of AHPs; around 50 percent of participants agreed that unavailability of required information, poor work organization, and undefined goals and priorities are the most important factors hindering AHPs to manage their time effectively. The mean score of each factor is above 3.3, which means each factor has a significant effect on TM of AHPs. In contrast, the mean score for tea or coffee breaks factor was 2.1 which mean that these weakly interfere with TM of AHPs.

Moreover, the rest of the factors were also found to hinder TM moderately, such as long meetings, undefined deadlines, multitasking, lack of advance planning, arriving late to work and leaving early. Table (6) presents the tools most frequently used by AHPs to organize their work time, from most to least common. Mean for all items is 3.0, indicating that items moderately contributed in TM. More than half of the participants used email, while mobile phones were used on an average of 3.12 ± 0.89 . AHP's relied on memory use on an average of 3.08 ± 1.04 followed by diary list, hand notes, electronic notes, and secretary all of which had a SD higher than 1 and mean less than 2.8.

DISCUSSION

There are many factors affecting TM of AHPs. The unavailability of required information was the most common challenge encountered by AHPs in an attempt to manage their time. Sheng (2014), agreed that lack of information had a negative impact on TM, and McKnight (2006), confirmed that information acquisition is one of the most important problems facing employees, with 71% of wasted time due to inaccurate information, resulting in a lower work pace and greater time consumption. Moreover, information searches waste considerable time which could be used to perform more important tasks since it leads workers to shift from one task to another before finishing the first (Ahmad, 2012).

Table 5. Obstacles to effective TM by AHPs

SN	Factor		Strongly interferes	Moderately interferes	Moderately interferes	Does not interfere	Mean	SD	Rank
9	Unavailability of required information	Freq.	130	85	29	7	3.35	0.79	1
		%	51.8	33.9	11.6	2.8			
3	Poorly organized work	Freq.	130	83	27	11	3.32	0.84	2
		%	51.8	33.1	10.8	4.4			
4	Undefined goals and priorities	Freq.	116	100	21	14	3.27	0.84	3
		%	46.2	39.8	8.4	5.6			
10	Delays and procrastination	Freq.	114	91	39	7	3.24	0.82	4
		%	45.4	36.3	15.5	2.8			
6	Long meetings	Freq.	122	78	39	12	3.24	0.88	4
		%	48.6	31.1	15.5	4.8			
5	Undefined deadlines	Freq.	102	109	29	11	3.20	0.81	6
		%	40.6	43.4	11.6	4.4			
12	Filing unsaved files and paperwork in their appropriate place	Freq.	120	79	33	19	3.20	0.94	6
		%	47.8	31.5	13.1	7.6			
18	Lack of effective communication/coordination	Freq.	104	92	44	11	3.15	0.86	8
		%	41.4	36.7	17.5	4.4			
2	Unexpected visits by people without appointments	Freq.	95	95	46	15	3.08	0.89	9
		%	37.8	37.8	18.3	6.0			
21	Stopping tasks before they are completed and starting a new task	Freq.	95	99	38	19	3.08	0.91	9
		%	37.8	39.4	15.1	7.6			
22	Untrained staff	Freq.	101	88	44	18	3.08	0.93	9
		%	40.2	35.1	17.5	7.2			
7	Multitasking	Freq.	103	86	38	24	3.07	0.97	12
		%	41.0	34.3	15.1	9.6			
19	Formalities and the inability to say "No."	Freq.	93	101	33	24	3.05	0.94	13
		%	37.1	40.2	13.1	9.6			
15	Lack of advance planning	Freq.	89	98	47	17	3.03	0.90	14
		%	35.5	39.0	18.7	6.8			
16	Arriving late to work in morning	Freq.	96	71	45	39	2.89	1.08	15
		%	38.2	28.3	17.9	15.5			
11	Spending time participating in routines and procedures with little value	Freq.	53	117	66	15	2.83	0.83	16
		%	21.1	46.6	26.3	6.0			
20	Attending to the needs of family and friends during working hours	Freq.	79	79	54	39	2.79	1.05	17
		%	31.5	31.5	21.5	15.5			
17	Leaving work before the workday ends	Freq.	80	68	63	40	2.75	1.07	18
		%	31.9	27.1	25.1	15.9			
1	Telephone and cell phone calls	Freq.	59	97	61	34	2.72	0.97	19
		%	23.5	38.6	24.3	13.5			
13	Reading newspapers and magazines and browsing personal email during work hours	Freq.	75	63	64	49	2.65	1.10	20
		%	29.9	25.1	25.5	19.5			
8	Attending to details	Freq.	43	95	66	47	2.53	0.98	21
		%	17.1	37.8	26.3	18.7			
14	Tea/coffee breaks	Freq.	32	50	91	78	2.14	1.00	22
		%	12.7	19.9	36.3	31.1			
Mean for total scores									2.98

Table 6. Tools used by AHPs to organize their work

Serial No.	Tools		Always	Often	Rarely	Never	Mean	SD	Rank
3	Email	Freq.	127	77	29	18	3.25	0.92	1
		%	50.6	30.7	11.6	7.2			
1	Mobile phones	Freq.	104	87	47	13	3.12	0.89	2
		%	41.4	34.7	18.7	5.2			
7	Memorization	Freq.	114	76	28	33	3.08	1.04	3
		%	45.4	30.3	11.2	13.1			
6	Lists	Freq.	90	67	51	43	2.81	1.10	4
		%	35.9	26.7	20.3	17.1			
4	Handwritten notes	Freq.	77	72	56	46	2.72	1.09	5
		%	30.7	28.7	22.3	18.3			
5	Electronic notes	Freq.	75	75	54	47	2.71	1.09	6
		%	29.9	29.9	21.5	18.7			
2	Secretaries	Freq.	45	78	59	69	2.39	1.07	7
		%	17.9	31.1	23.5	27.5			
Mean for total score							2.87		

Thus, Gordon (Gordon, 2014), recommended minimization of time-wasting activities. Nevertheless, this problem could also be the result of unsaved files, papers left in inappropriate places, lack of effective communication or coordination among employees or departments, or lack of the kind of advance planning that could help to prepare for tasks, especially meetings. Poorly organized work ranked as the second most common obstacle in effective TM. This reason is clearly as a result of the first, as the unavailability of information leads to poorly organized work, which, becomes one of the major causes for TM problems (Ahmad, 2011). These may be due to lack of specific corporate policies and procedures leading to frequent problems. Moreover, Jones (Jones, 2012), Weigl, (2014), and Westbrook, (2013), argued that unscheduled activities and interruptions by colleagues or patients unnecessarily visiting the emergency department increase the probability of chaos and work repetition, which are not conducive to TM. The top challenges faced by AHPs with respect to successful TM are organizational factors (2014).

Furthermore, delay and procrastination moderately interfered with TM. TM can be affected by stress and anxiety behaviors at the leadership level or during multidisciplinary decision-making processes, or lack of appropriate authority among senior level employees. In addition, long meetings, behaviors related to personal concerns (undefined deadlines, inappropriate paper work filing, checking personal email accounts and attending to the needs of family and friends during work hours, and arriving late and leaving early, reflect the inability of employees to effectively use TM skills due to personal reasons (2012). This is in concurrence with the findings by Qteat who concluded that TM problems do arise from personal obstacles too, but have less impact than organizational factors (2014).

Conclusion

Many factors challenge the ability of AHPs to organize their time. But, the most challenging are unavailability of required information, poorly organized work, and undefined goals and priorities. Yet, there are also tools that could help them manage their time more effectively. The importance of e-mail and smart phones as obstacles to TM among AHPs cannot be ignored however they can also help in effective TM with positive impact on outcome and quality of the services that the represent delivered to patients. All these can help AHP's to make a difference in organization.

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