



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 8.4
IJAR 2022; 8(10): 27-30
www.allresearchjournal.com
Received: 22-06-2022
Accepted: 26-07-2022

The author's details are given below in the reference section

The reasons for health practitioners dropping out of administrative work and its impact on work performance in health facilities in the city of Mecca

Yousef M Asiri, Bader J Albushre, Fahad A Albishri, Maram R Albjali, Manal A Allehaibi, Haifaa S Alhejaili, Hanaa S Alhejaili, Saud H Alsakhri, Abdullah M Alzahrani, Waleed A Alsubhi, Mohammed A Alsubhi, Mohammed M Altuwirqi, Yaser O Bresale, Ghali A Kably, Eyad A Moazin, Mohammad A Alansari, Emran H Fallatah, Abdulaziz H Almalki, Khalid A Alaidarous, Areej M Alharthi, Zahid M Serdar, Faisal A Assiri, Saeed H Alqurashe, Abdullah H Almalki, Ahmed A Maghrabi, Mohammed H Alfahmi, Khalid A Almalki, Sultan A Alwafi, Ahmad A Alkhdedi, Naif M Almehmadi, Abdulrahman M Alshmrani, Waleed M Almahaily, Yaser H Sindi, Ammar H Alharbi, Bassam G Althagfiy, Abdulrahman T Alhashmi, Yahya A Allugmani, Aziz M Alqarni and Faisal J Alloqmani

DOI: <https://doi.org/10.22271/allresearch.2022.v8.i10a.10184>

Abstract

The study aims to know the reasons for the dropout of health practitioners (technicians, specialists, and doctors) of all categories to practice administrative work instead of their official work, whether by commissioning or through study (specialization), and the extent to which work is affected by health facilities in the city of Mecca. An electronic questionnaire was distributed to all categories of health practitioners (technicians, specialists, doctors) of both sexes, through the use of social media (WhatsApp), for ease of obtaining data and secondly to avoid overcrowding as the Corona Virus pandemic is not yet completely over. And responses were obtained from 550 people to this questionnaire only.

Keywords: Health practitioner

1. Introduction

At the present time, organizations live in an era characterized by renewal and the search for more efficiency and creativity. The modern world today has witnessed rapid and successive development and changes in all sectors. Human resources in the workplace are considered the cornerstone of the administrative process due to the importance of its effectiveness in accomplishing its mission, which depends to a large extent on its human resources and the enjoyment of its members. The skills and capabilities, and what are the plans, motives, and aspirations they take, so establishments generally depend in achieving their basic objectives on the quality of their workforce, and their optimal and effective use of these forces.

The role of human resource strategies is designed to expand the perceptions of the individual and create more options available, which leads to improving employees' skills and building their knowledge, as well as providing opportunities for creativity and self-esteem, moreover, it aims to ensure the human rights of the employee and positive participation in the field of work and life together.

The administration finds itself from time to time facing challenges that impose regulations, principles, and methods of dispensation that were previously used in the field of development and improvement. The human element is one of the main components of the workplace that must be maintained and developed in order to seek the best for it, thus helping to achieve its goals. Any facility may not operate efficiently and effectively without paying sufficient attention to human resources, and instead of efforts, money, and time to choose the best, tasks can only be carried out by empowering employees and providing appropriate training

Corresponding Author:
Yousef M Asiri
Ministry of Health, Makkah,
Saudi Arabia

in addition to giving them more incentives and greater delegations of powers as well as participation in decision-making. The lack of cadres in administrative work (directors of health centers, heads of departments, and directors of hospitals) led the Ministry of Health to assign health practitioners to administrative work,^[5]. A health practitioner is a person who provides preventive, curative, promotional, or rehabilitative health care services in an organized manner to individuals, families, or communities. A health professional (also known as a health worker) may be in medicine, surgery, physical therapy, midwifery (obstetrics), dentistry, nursing, pharmacy, or allied health professions. Health practitioners can be public and social health professionals^[6-8]. Development plans. Saudi Arabia contributed to the successive, especially in the stages of completion of a network of health services to the demand for health workforce rise in national health workforce has been unable to keep up, leading to the need to engage large numbers of foreign to manage the network and operation of the health workforce. The health workforce is one of the main resources for the health care system involved in the provision of various types of needed healthcare to meet the needs of the population's health services. These include powers of those persons employed in the personal care services, and public health services, such as medical doctors, dentists, pharmacists, nurses, specialists, technicians, and assistants, in medical imaging, medical tests, nutrition, and physical therapy, occupational therapy, optics, environmental health, dental care, medical devices and biotechnology and administrative below we show the health workforce categories in public health (1) (Figure no.1)

Table 1: Classification of the workforce (health practitioners) in public health

Women	Men	Category
610	576	Nurse
28	51	Laboratory
6	53	X-ray
339	430	Doctor
983	1110	Total

The Ministry of Health stressed to its directorates in various regions of the Kingdom the necessity of preventing the issuance of a decision assigning any of those covered by the list of health jobs with administrative work that differs from the nature of the job on which it is installed. He stressed the need to return technicians to their technical jobs, and a committee was formed to count all technicians who carry out administrative work in preparation for their return to their technical work in line with the ministry's directives and policy based on the importance of technicians working in their assigned jobs to fill the resulting shortage in the technical workforce^[9].

2. Material and Methods

This study was launched in (the city of Mecca in the kingdom of Saudi Arabia), and began writing the research and then writing the questionnaire in April 2022, and the study ended with data collection in August 2022. The researcher used the descriptive analytical approach that uses a quantitative or qualitative description of the social phenomenon, and (The reasons for health practitioners dropping out of administrative work and its impact on work

performance in health facilities in the city of Mecca). This type of study is characterized by analysis, reason, objectivity, and reality, as it is concerned with individuals and societies, as it studies the variables and their effects on the health of the individual, society, and consumers the spread of diseases and their relationship to demographic variables such as age, gender, nationality, and marital status. Status, occupation (2), and use of the Office Group 2010 histogram for Excel to rank the results by dragging them on the statistical software^[3].

3. Results and Discussion

A questionnaire is an important and useful tool for collecting a huge amount of data however, researchers were not able to personally interview participants on the online survey, due to social distancing regulations at the time to prevent infection between participants and researchers and vice versa (Not coronavirus participation completely disappearing from society). He only answered the questionnaire electronically, because the questionnaire consisted of thirteen questions, all of which were closed. The online approach has also been used to generate valid samples in similar studies in Saudi Arabia and elsewhere^[4]. The questionnaire consisted of ten closed questions defined by answers Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, the first question was about me being dissatisfied with my situation in the same field of specialization in the health facility. 34.9% strongly agreed, 32.7% agreed, 14.2% were neutral, 12.8% disagree, and 5.4% disagree strongly. The second question, I was wronged by my superiors when I worked in my field of specialization to accept administrative work. 51.2% strongly agreed, 29, 5% agreed, 8% were neutral, 8% disagree, and 3.3% strongly disagree. The third question, one of the reasons why I switched to administrative work, is that I am currently studying a specialty far from my current specialization, which I was appointed to. 30, 8% strongly agreed, 29% agreed, 16, 1% were neutral, 16, 5% disagree, and 7.5% strongly disagree. The fourth question, I do not have job satisfaction or job security with my current job. 13, 2% strongly agreed, 14, 6% agreed, 15, 3% were neutral, 32, 7% disagree, and 24.2% strongly disagree. The fifth question, the feeling of underestimating my value in the eyes of others led to my conversion to administrative work. 28, 1% strongly agreed, 25, 9% agreed, 18% were neutral, 19, 1% disagree, and 9% strongly disagree. The sixth question, the ease of administrative work compared to working in a specialized field, led me to switch to administrative work. 23, 6% strongly agreed, 21, 8% agreed, 26,8% were neutral, 20,4% disagree, and 7.5% strongly disagree. In the seventh question, the decrease in the number of working hours for administrators led me to switch to administrative work. 27, 4% strongly agreed, 27, 1% agreed, 17% were neutral, 18, 1% disagree, and 10, 5% strongly disagree. The eighth question, the absence of physical stress in administrative work contributed to my approach to administrative work. 23, 1% strongly agreed, 25, 6% agreed, 22, 8% were neutral, 21% disagree, and 7.5% strongly disagree. The ninth question, the favoritism of my superiors to the categories of administrators contributed to leaving early and attending late to accept administrative work. 37, 2% strongly agreed, 35, 6% agreed, 11% were neutral, 8,9% disagree, and 7.5% strongly disagree. The tenth question *is*if you had other reasons that encouraged you to work in administration

instead of doing health work. Please answer yes, or no. With the mention of these reasons. Of those who answered yes 49%, while 51% did not, and the answers of those who answered yes were that there are no incentives or allowances such as infection allowance, administrative work

needs technicians, health status, leadership sense among some, need for supervisory work for technicians, adding new experiences, Wasta, the implementation of quality programs need technicians.

Table 2: Opinions and attitudes of health practitioners about administrative work

Questions	S. Agree	Agree	Neutral	Disagree	S. disagree
I am not satisfied with my situation in the same field of specialization in the health facility	34.9%	32.7%	14.2%	12.8%	5.4%
I was wronged by my superiors when I worked in my field of specialization to accept administrative work	51.2%	29.5%	8%	8%	3.3%
One of the reasons for switching to administrative work is that I am currently studying a specialty far from my current specialization, which I was appointed to	30.8%	29%	16.1%	16.5%	7.5%
I do not have job satisfaction or job security with my current job	13.2%	14.6%	15.3%	32.7%	24.2%
The feeling of underestimating my value in the eyes of others led me to turn to administrative work	28.1%	25.9%	18%	19.1%	9%
The ease of administrative work compared to working in a specialized field, led to my transformation into administrative work	23.6%	21.8%	26.8%	20.4%	7.5%
The decrease in the number of working hours for administrators led to my shift to administrative work	27.4%	27.1%	17%	18.1%	10.5%
The absence of physical stress in administrative work contributed to my orientation to administrative work	23.1%	25.6%	22.8%	21%	7.5%
The favoritism of my superiors to the categories of administrators contributed to leaving early and attending late to accept administrative work	37.4%	35.2%	11%	8.9%	7.5%

4. Conclusion

The Ministry of Health regulated the work of costs for health practitioners for administrative work according to the directives of the Anti-Corruption Commission in Saudi Arabia, where it discussed with it the lack of specialists to work as managers in hospitals and managers of health centers, medical records, and new sections such as patient experience, due to the lack of specialized cadres. This study concluded the following results: The Ministry of Health found that there is a shortage of health cadres in health facilities, despite the presence of specialists in the field of hospital managers, but they are not sufficient in number to fill these positions, so it bridged this gap through some other technical groups, as well as technical groups with sufficient experience such as working in inventory control and experience Patient, health economics, medical records and thus these technical categories are closer to these works than other administrators. Among the important reasons for health practitioners to drop out of administrative work is job dissatisfaction, as some other technical groups do not have other incentives or allowances, such as dental technicians, as well as other incentives and bonuses, especially self-employment employees.

5. Acknowledgment

To begin with, I would like to Praise God and thank Dr. Anas S. Dablood, from Umm Al-Qura University, Mecca, Saudi Arabia. And the researchers who make the project comes to light.

6. References

1. Alahmadi, Talal Bin Aed. Healthcare Management, Institute of Public Administration, King Fahd National Library in Riyadh, the second edition; c2004.
2. Alserahy, Hassan Awad, *et al.* The thinking and scientific research, Scientific Publishing Center, King Abdul-Aziz University in Jeddah, the first edition; c2008.

3. Zoghbi, Muhammad AL, Talvah Abas AL. Statistical system understanding and analysis of statistical data, first edition, Jordan- Amman; c2000.
4. Kadasah NA, Chirwa GC, *et al.* Knowledge, Attitude and Practice Toward COVID-19 Among the Public in the Kingdom of Saudi Arabia: A Cross-Sectional Study. *Front. Public Health.* 2020;8:217.
5. www.marhb.com (Accessed on 12 September 2022).
6. <https://ar.wikipedia.org> (Accessed on 12 September 2022)
7. Health practitioner information on thes.bncf.firenze.sbn.it, Archived from the original on May 12, 2021. (Accessed on 12 September 2022).
8. Health Practitioner Information on aleph.nkp.cz", aleph.nkp.cz, Archived from the original on December 15, 2019. (Accessed on 12 September 2022).
9. www.alrayadh.com.sa February 16, 2010 AD (Accessed on 12 September 2022)

Author's details

Yousef M Asiri

Ministry of Health, Makkah, Saudi Arabia

Bader J Albushre

Ministry of Health, Makkah, Saudi Arabia

Fahad A Albishri

Ministry of Health, Makkah, Saudi Arabia

Maram R Albjali

Ministry of Health, Makkah, Saudi Arabia

Manal A Allehaibi

Ministry of Health, Makkah, Saudi Arabia

Haifaa S Alhejailli

Ministry of Health, Makkah, Saudi Arabia

Hanaa S Alhejaili
Ministry of Health, Makkah, Saudi Arabia

Saud H Alsakhri
Ministry of Health, Makkah, Saudi Arabia

Abdullah M Alzahrani
Ministry of Health, Makkah, Saudi Arabia

Waleed A Alsubhi
Ministry of Health, Makkah, Saudi Arabia

Mohammed A Alsubhi
Ministry of Health, Makkah, Saudi Arabia

Mohammed M Altuwirqi
Ministry of Health, Makkah, Saudi Arabia

Yaser O Bresale
Ministry of Health, Makkah, Saudi Arabia

Ghali A Kably
Ministry of Health, Makkah, Saudi Arabia

Eyad A Moazin
Ministry of Health, Makkah, Saudi Arabia

Mohammad A Alansari
Ministry of Health, Makkah, Saudi Arabia

Emran H Fallatah
Ministry of Health, Makkah, Saudi Arabia

Abdulaziz H Almalki
Ministry of Health, Makkah, Saudi Arabia

Khalid A Alaidarous
Ministry of Health, Makkah, Saudi Arabia

Areej M Alharthi
Ministry of Health, Makkah, Saudi Arabia

Zahid M Serdar
Ministry of Health, Makkah, Saudi Arabia

Faisal A Assiri
Ministry of Health, Makkah, Saudi Arabia

Saeed H Alqurashe
Ministry of Health, Makkah, Saudi Arabia

Abdullah H Almalki
Ministry of Health, Makkah, Saudi Arabia

Ahmed A Maghrabi
Ministry of Health, Makkah, Saudi Arabia

Mohammed H Alfahmi
Ministry of Health, Makkah, Saudi Arabia

Khalid A Almalki
Ministry of Health, Makkah, Saudi Arabia

Sultan A Alwafi
Ministry of Health, Makkah, Saudi Arabia

Ahmad A Alkhdedi
Ministry of Health, Makkah, Saudi Arabia

Naif M Almehmadi
Ministry of Health, Makkah, Saudi Arabia

Abdulrahman M Alshmrani
Ministry of Health, Makkah, Saudi Arabia

Waleed M Almahaily
Ministry of Health, Makkah, Saudi Arabia
Ministry of Health, Makkah, Saudi Arabia

Yaser H Sindi
Ministry of Health, Makkah, Saudi Arabia

Ammar H Alharbi
Ministry of Health, Makkah, Saudi Arabia

Bassam G Althagfiy
Ministry of Health, Makkah, Saudi Arabia

Abdulrahman T Alhashmi
Ministry of Health, Makkah, Saudi Arabia

Yahya A Allugmani
Ministry of Health, Makkah, Saudi Arabia

Aziz M Alqarni
Ministry of Health, Makkah, Saudi Arabia

Faisal J Alloqmani
Ministry of Health, Makkah, Saudi Arabia