

# **DEVELOPING HEALTHCARE COMPETENCIES, PERFORMANCE AND HUMAN POTENTIAL THROUGH INTERVENTION-RESEARCH**

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## **ABSTRACT:**

Organizations are affected by their employee's performance, especially in a healthcare context, where they have the power to hinder its operations. Socio-economic management is an intervention-research method, positioned within the management consulting research field, which focuses on the development of releasing untapped potential within organizations' existing human resources. Improving performance across the entire organization is achieved by tackling employees' lack of motivation by means of their active engagement in the healthcare organization's development process. This paper offers a case study of an ISEOR-sponsored intervention at an Eastern Mediterranean not-for-profit hospital in order to highlight how and why the methods, tools, and strategies of participatory action as proposed by the socio-economic approach foster active engagement of employees and improves performance.

**Keywords:** Intervention Research, Socio-economic management, Healthcare, Performance, Motivation, Energy, Competency, Job Enrichment

## **BACKGROUND**

The healthcare sector depends on the quality of services provided to patients, which in turn depends on the quality of employees' skills and performance. Indeed, every service provided at a hospital requires the professionalism and competence of staff. The healthcare sector in Lebanon is no exception. Market changes and increasing patient needs challenge the private sector to develop leadership initiatives and governance strategies to provide quality services and a competent professional community. This paper examines how the implementation of the socio-economic approach to management (SEAM) in a non-profit Lebanese hospital context will improve performance. SEAM draws on forty years of intervention research by international firms in more than thirty countries (Savall, Péron, & Zardet, 2014). The aim of a SEAM

intervention is two-fold: first, to help management mobilize internal actors and improve performance by investigating the role of participatory action research approach. Second, to develop a theory based on the generic contingency principle in order to translate local practices and concepts to different settings. The ISEOR research center is both the practical arm and main promoter of the method, thus far applied to over 1300 organizations. Using the principles of generic contingency and contradictory inter-subjectivity, SEAM researchers identify specific patterns in an organization's unique culture. Organizational developmental efforts serves as a mean to mobilize actors for institutional change by means of a concrete set of tools: performance contract performance, qualitative, quantitative, and financial and diagnostic worksheets that communicate the effectiveness of human capital and areas for improvement.

ICH has a long history of offering the Northern Lebanese community healthcare services. It was established in 1952 as a non-profit to provide free health services to citizens who cannot not afford private healthcare. There is high demand for the free and low cost services provided by the hospital due to a bad economy, and traditional and outdated management practices have had serious repercussions on both the quality of services and the hospital's finances. Depletion of hospital resources further hinders the delivery of quality services as it becomes more and more difficult to train employees and renovate infrastructure. In 2013, a new board set out with the primary goal of revitalizing the hospital, an opportune moment to introduce new practices in change management and improve assessment performance ratings.

A transformation process based on ISEOR's SEAM intervention initiatives is not a quick fix to current problems; rather it deals with the root causes of dysfunction and implements structural change both gradually and cyclically. This paper investigates the root causes of management deformities by mapping the current business processes of key managerial departments and simplifying them to improve economic performance and cut costs. The study examines the hospital management's internal business processes using interviews, observation, and review documents and analyses the hospital's financials and earnings to shed light on hidden costs and resource uses affecting hospital earnings.

## **HUMAN POTENTIAL DEVELOPMENT TO IMPROVE ORGANIZATIONAL PERFORMANCE**

Human potential became very important in the mid-1960s with advent of the new wave movement, which posited that the purpose of human existence is to learn about one's own qualities in order to evince them in one's daily activities (Savall et al., 2014). Human potential is related to the values of individualism, where individuals are encourage to progress. This is a key requirement is for employees to be proactive and use their own initiative (Buchanan & McCalman, 1989). This self-direction is grounded in many forces, such as a growing trend for organizations to become "flatter." Employees must manage themselves, and the high level of change within modern organizations means that employee responses must be flexible. Lasch (1991) acknowledges that there is a divide between the contemplative approach of new agers and the attempts at collective mobilization of human potential to ensure the survival and

development of organizations. High potential personnel have individual personal traits, e.g., curiosity, and versatility, that are crucial to the success or failure of the organization. Management must develop an effective and efficient way to mobilize this invaluable resource. This approach is a commitment-based management, where leaders have the qualities to mobilize actors and improve their skills. Experience with group decision-making, familiarity with problem-solving processes as well as conflict resolution and management approaches and good verbal skills all contribute to an enterprise's overall performance. (Kolodny & Stjernberg, 1986). Healthcare services especially require employees that can resolve conflict, coordinate activities, and communicate across traditional production boundaries (Buchanan & McCalman, 1989). The greater interdependence between traditionally separate processes over the past years necessitates a management strategy that recognizes that "the more people believe that the causes of performance are uncontrollable, the lower and more resistant to change will be their self-efficacy" (Dean & Snell, 1991; Gist & Mitchell, 1992). In other words, an employee who is more confident in their skills and value to the organization is more accepting of innovation.

#### *Empowering Organization Actors by Mobilizing Their Engagement*

Organizations implement change management practices to be more competitive. Consequences vary drastically between organizations with seemingly similar structures because employees' reactions to change are a key factor. Human resource potential can be conceptualized in five ways: well-being, stress levels, job motivation, empowerment and organizational loyalty (Tan, 2005). Organization actors in a good state of emotional and psychological well-being are more effective and efficient (Wanberg & Banas, 2000). Healthcare organizations need be even more especially focused on well-being – not only that of their patients, but also those who provide the services. Their clinical practices, organizational structure, information management systems, research, education, and professional development are inter-dependent, self-adjusting, and interacting systems. Organizations that seek the long-term benefits of corporate success, loyalty, productivity, and employee retention, must invest in employees' job satisfaction, motivation, and morale (Mahaney & Lederer, 2006). There is no doubt that managers who are able to improve employees' work motivation also improve both the quantity and quality of output (Reiche, 2008). Empowerment or employee participation is defined as the amount of influence an employee has on shared decisions that affect him or her (Caplan, Cobb, & French, 1975). Research demonstrates that individuals with some input into a proposed change are more supportive and accepting of the change (Wanberg & Banas, 2000).

#### *Fostering Organizational Collective Energy*

Francois Perroux (1974) examined economic agents as active, acting units capable of changing their environment rather than simply enduring it. In this paradigm, individual members of an organization contribute an endogenous energy to varying extents in their professional micro-space. This energy level expended fluctuates depending on the degree of compatibility between each individual's project and the collective strategy of the organization. The greater

the compatibility, the more the individual is committed to business practices that create value that can be distributed among the stakeholders. When compatibility is low, an individual is less involved in his/her professional activity and generates more dysfunctions as well as hidden costs born of ineffective interactions with others. These employees burn their excess energy in the extra-professional sphere.

Cappalletti and Baker (2010) state that SEAM explores levers that activate individual and collective energy to reduce passive or apathetic behaviors. This includes the process of negotiating and periodically renegotiating the commitment to produce more active, more effective, and more efficient behavior, i.e., to transform 'negative' energy into active energy. Because SEAM involves active engagement from diverse groups of organizational key stakeholders its piloting efforts affect the entire organization (Cai-Hillon & Bunch, 2012). The process explores the complex relationships within organizational systems and their actors to diagnose dysfunctions and develop hidden human potential..

Action research pioneer, Kurt Lewin, believed not only that the motivation to change was strongly related to action, but also that the process of change is best represented by a spiral, with each spinning circle encompassing planning, action and fact-finding about the result of an action (Lewin, 1947). The SEAM approach applies this insight by implementing of a participatory approach to simultaneous qualitative, quantitative, and financial analyses that focus on correcting organizational deformities and improving existing processes for the benefit of all stakeholders.

The Socio-economic management **transformation process** consists of four stages generating continuous improvement: diagnostic, incentivization, implementation, and evaluation (see Figure 1). Three techniques are implemented by intervener-researcher during the diagnostic phase. First, using formally semi-structured qualitative interviews conducted in person, followed by focus groups with individuals that have something in common, to provide combined perspectives and opinion about a certain matter. Second, by directly observing the work micro-space, in order to gain insight into the dynamics of a situation or frequency counts of target behaviors. Finally, through the analysis of documents in context of obtaining the necessary material crucial to the diagnosis, such as investigating financial number existing within the profit and loss statement, to calculate unitary cost of Hourly Contribution of Value Added on Variable Cost (HCVAVC), a performance indicator provided by SEAM.

$$\text{HCVAVC} = \frac{\text{Total Revenue} - \text{Variable Costs}}{\text{Total number of actual working hours}}$$

The **diagnostic** phase begins with both top level management and operational managers participating in an analysis of probable dysfunctions in the organization. These dysfunctions are broad in nature and covers the company as a whole. After individual interviews with top executives and operational managers, the intervener-researcher mobilizes middle- and lower-management. This first action established a common language for the dynamic of change.

Once intervener-researcher reaches an agreement with top management about the aims of the intervention and the parameters for the intervention, the next diagnostic steps involves identifying the appropriate training material and defining the scope of the project. Comprehensive interviews with internal actors,

direct observation, and financial analysis all play a role, but the interview itself serves as a catalyst to motivate employees to express their perceptions not only about current dysfunctions, but also which of those dysfunctions are most disruptive to their productivity and well-being. which matter to them most. Based on the recommendation of, a brief introduction about the method and purpose of the interview is usually sufficient to start the conversation, and the intervention-researcher should exercise silence and let interviewee express his or thoughts freely (Savall (2008). The role of the intervener-researcher is to record each statement to show interest in both relevant and irrelevant observations and complaints. Should an interviewee not immediately share the desired information, a semi-structured set of general dysfunctions can encourage the interviewee to focus (Savall & Zardet, 2008). At the end of the interview, the intervener-researcher provides a list of all probable dysfunctions identified by the interviewee reaffirms that although this information will be used in meetings with management, the feedback remains anonymous.

Reflecting back at the participant the information that he or she generated applies the **contradictory inter-subjectivity** principle. This allows consultants to accept different views without having to prove who is right or wrong, through the generation of the “mirror-effect” (Conbere & Heorhiadi, 2012). It becomes possible to compare how the various types of stakeholders share and differ. This approach also applies the **cognitive interactivity** principle that knowledge is nurtured through interaction. During the oral presentation of results, intervener-researcher captures an actor’s reaction in form of note taking, learns how to negotiate situations as opportunities to instruct by asking questions, and becomes a coinvestigator with actors to jointly explore ways of translating socio-problematics into economic language and costing (Boje & Rosile, 2003). The diagnostic phase of the intervention at ICH generated an inventory of 296 witness statements summarized into 96 key ideas. There were six major categories of dysfunctions evenly distributed.

Among the 96 key ideas, a subset of pivotal ideas were selected for discussion with top-level and senior management. These key ideas often contradict the beliefs of these stakeholders about how their organization functions (Savall & Zardet, 2008- P154). Thus, this is step applies both the mirror effect and inter-subjectivity principle again as a catalyst to energize the actors through their active participation in developing solutions for dysfunctions expressed by themselves as well as their colleagues and staff. Actors are now part of the decision-making process of the development strategy, while executives select the “basket” or focus of the implementation phase.

### *Monetization*

Hidden costs often reveal how employees exercise their informal power through dysfunctional behavior to management using quantitative numbers (Savall, 2003). These costs are high and not usually apparent in a typical accounting system. They can include such expenditures as costs related to client dissatisfaction and employee absenteeism as well as problems caused by miscommunication and unclear responsibilities or hierarchies (see Figure 2).

The SEAM approach to calculating hidden costs converts quantitative results into financial numbers to serve as an indicator for management to

measure performance of value created within a company (Savall & Zardet, 2015). SEAM measures what we refer to as the hourly contribution of value added on variable cost (HCVAVC), i.e., the economic value generated by one hour of work (Savall & Zardet, 2015). This indicator does not represent the cost of personnel, but the average value they produce (Cappelletti & Baker, 2010). HCVAVC can be conceived of as a “Nano GDP” (Savall & Zardet, 2008). The hidden cost assessment at ICH revealed that the human resources department generates on average 17,300 USD of hidden costs per person per year on average (see Figure 3). The potential to eliminate as much as 76,700 USD persuaded ICH management to implement an intervention project.

### *Project Design and Implementation*

Projects are a collaborative and participative effort between intervener-researcher and top and operational management to solve a certain subset of dysfunctions. One “basket” is the focus of a single project, and initiates a further diagnostic phase to identify the tools and resources required to implement change at the departmental level by means of the active involvement of department staff uncovering dysfunctions. Actors will try to alter their working conditions, work organization, better manage their time, collaborate, communicate, and cooperate, learn new skills and contribute not only to the strategic development process of their organization, but also their self-actualization at the professional level. Each project requires a team leader, with one major outline and a small set of accomplishable objectives based on the results of the diagnostic phase (see Figure 4). Plenary group meetings are divided into three stages: completing and updating the diagnostic, researching solutions, and coordinating the various solutions. During this stage a schedule is proposed. This joint effort between various organization stakeholders reveals to all involved parties their ability to coproduce and collaborate to both identify relevant and implement relevant solutions (Savall, Zardet, Péron, & Bonnet, 2012).

The Human Resource Department staff and the development of its organizational development skills was the focus of the ICH intervention to eliminate low value-added tasks, improve communication, cooperation and collaboration at the departmental level, develop new organizational and technical skills, and introduce a financial and moral reward system to the hospital employment contracts. The SEAM approach provides an organization with a well-defined, well-structured, highly practiced set of tools to foster human potential development in a specific context, namely Time Management Self-Assessment Grid, Competency Grid, Priority Action Plan, Strategic Piloting Book and Periodically Negotiable Activity Contract (PNAC) and finally Internal/External Strategic Action Plan, to acquire the data necessary for implementing these changes.

### *Time Management Self-Assessment Grid*

This tool helps staff evaluate their time spent on premises, broadens actors’ views of their daily activities, and identify opportunities for improved communication or automatization. The time management self-analysis sheet divides an employee’s activities into five categories: Current management,

Dysfunction prevention, Dysfunction regulation, Shift in function, and Strategic Piloting (see Figure 5). “Current management” encompasses daily or regularly performed tasks; “Dysfunction prevention” covers activities preventing identified dysfunctions. “Dysfunction regulations” includes any investigations into repetitive disturbances. “Shift-in-function” applies to tasks that are not that particular employees’ strategic responsibilities; finally “Strategic piloting” encompasses all decision-making activities, organizational and coordination tasks. Actors analyze and interpret their own grids to help them understand, evaluate and prioritize the urgency and significance of maintaining, discarding, shifting, or dedicating enough or less time to each task. The graphic representation of their time usage stimulates critical thinking and problem solving. The time management grid was introduced in a focus group session with the human resources department staff at ICH. Three out of five of the department’s staff volunteered to fill in the grid and were trained in how to analyze the grids.

Activities are analyzed according to the categories proposed by the ISEOR team based on whether a task is individual, involves other internal stakeholders, or involves external stakeholders (see Figure 6). For example, reading, writing, thinking, data entry, and managing documents are individual actions; whereas meetings, phone calls, appointments, and time spent in other departments involve other stakeholders (see Table 1).

### *Competency Grid Assessments*

This tool assist employees in acquiring and developing their skills at the workplace. It measures the potential of each team member with respect to all stakeholders and identifies ways to channel productive and creative collective energy. Evaluating an employee’s current skills and competencies can be delicate. Employees should not feel they are being compared to their peers or traditional performance appraisal metrics. Rather, the focus of the competency grid is to highlight what skills are required for an actor to achieve future goals. Competency grids gradually improve over time to become a fully-fledged system (see Figure 7).

The ISEOR Competency grid is a table with rows populated from a list of department staff. Columns are populated with the various operations carried out by department and organized into categories. The first category encompasses current technical, operational, and relationship operations; the second category is concerned with new competencies to support technological socio-organizational innovations for organizational sustainability. The body of the grid is populated with the competencies necessary for perfect productivity, but not possessed by individuals (Savall & Zardet, 2008 - p19). This portion of the grid is the main source of an organization’s inefficiencies. Figure 6 explains the symbols used to evaluate the differing levels of competencies.

The Competency grid was appreciated by the ICH human resources department participants and valued for its ability to identify the areas of improvement needed to implement competencies that require a level of training not yet acquired (see Table 2). They especially valued that their performance was not simplified into the percentage score used by many other appraisal assessment tools. Although the senior employees at ICH are fairly proficient in French,

younger employees favor English. This intervention chose to communicate with employees in their native language to avoid problems of translation and simplify the comprehensive dissemination of findings for other stakeholders.

By tracing the relationships between ICH objectives and the ability of its members to carry out multi-skill activities, intervener-researcher and contributing actors generated a training plan to improve employee performance and mobilize the human potential within the human resource department. This tool revealed the root-causes of many dysfunctions, e.g., work organization, integrated training, and time management.

### *Evaluation of results*

A financial study based on the micro-space operations conducted by the project head with the help of the intervener-researcher is necessary to help top-level and senior management evaluate the potential results of the project. The economic balance made possible by both a comprehensive assessment of potential savings (hidden costs) and provisional cost calculations (new equipment, training, and incentives) is used to determine if the project is suitable. Once a project is accepted by top management, other stakeholders have a clear indication that there is a serious commitment to reducing hidden costs by a defined amount.

The economic balance conducted with the HR department at ICH revealed the value of implementing a project to improve the chosen “basket,” within this contextual micro-space. It was estimated that hidden cost can be reduced from 86,000 USD to 40,690 USD, or by 47%. These projects while necessarily improve overall performance, employee job satisfaction, and patient outcomes at the same time. The financial investment necessary to implement such a project was estimated at 19,450 USD, recoverable in less than a year (see Figure 7).

## **CONCLUSION**

The Socio-economic approach to management was able to diagnose dysfunctions assessed at the ICH premises in an innovative and holistic manner, while providing practical solutions to assisting internal actors develop managerial and change management skills appropriate to the context of the Lebanese healthcare sector. It further revealed that contradictory inter-subjectivity, generic contingency, and cognitive interactivity principles are practically exercised within ICH context. The themes proposed by socio-economic management theory were appropriate and useful in helping the intervener-researcher prepare and present data comprehensively to all levels of management as well as staff. A participative approach that employed the ISEOR tools was able to help employees create and implement practical solutions and revitalize the energy within ICH existing employees. Financial indicators assisted the intervener-researcher in convincing management that such tools are able to reduce hidden costs efficiently and improve employees' performance by integrating the workers into the decision-making process.

The intervention, however, demonstrated some obstacles to the SEAM approach. Notably, the long time frame required to implement the method on a

larger scale. Indeed, the socio-economic management process was revealed to be time-consuming and requires frequent meetings over many cycles that are a burden on stakeholders' schedules. Moreover, a language barrier between the intervener-researcher and the subjects added yet another layer of complexity that required the mediation of an interpreter-assistant

## REFERENCES

- Boje, D., & Rosile, G. A. (2003). Comparison of socio-economic and other transorganizational development methods. *Journal of Organizational Change Management*, 16(1), 10-20. doi:10.1108/09534810310459738
- Boudeville, J. R., & Perroux, F. (1974). Pouvoir et économie. *Pouvoir Et Conomie*,
- Buchanan, D. A., & McCalman, J. (1989). *High performance work systems; the digital experience* Routledge.
- Cai-Hillon, Y., & Bunch, C. (2012). Socio-economic consulting education in america. *Recherches En Sciences De Gestion*, (6), 93-115.
- Caplan, R. D., Cobb, S., & French, J. R. (1975). Job demands and worker health; main effects and occupational differences. *Hew publication (NIOSH) () DHEW*.
- Cappelletti, L. G., & Baker, C. R. (2010). Developing human capital through a pragmatic oriented action research project: A french case study. *Action Research*, 8(2), 211-232. doi:10.1177/1476750309349976
- Conbere, J., & Heorhiadi, A. (2012). A successful systemic approach to organizational change. *Handbook for Strategic HR-Section 7: Globalization, Cross-Cultural Interaction, and Virtual Working Arrangements*,
- Dean, J. W., & Snell, S. A. (1991). Integrated manufacturing and job design: Moderating effects of organizational inertia. *Academy of Management Journal*, 34(4), 776-804.
- Gist, M. E., & Mitchell, T. R. (1992). Self-efficacy: A theoretical analysis of its determinants and malleability. *Academy of Management Review*, 17(2), 183-211.
- Kolodny, H., & Stjernberg, T. (1986). The change process of innovative work designs: New design and redesign in sweden, canada, and the US. *The Journal of Applied Behavioral Science*, 22(3), 287-301.
- Lasch, C. (1991). *The culture of narcissism: American life in an age of diminishing expectations* WW Norton & Company.
- Lewin, K. (1947). Group decision and social change. *Readings in Social Psychology*, 3, 197-211.
- Mahaney, R. C., & Lederer, A. L. (2006). The effect of intrinsic and extrinsic rewards for developers on information systems project success. *Project Management Journal*, 37(4), 42.
- Reiche, B. S. (2008). The configuration of employee retention practices in multinational corporations' foreign subsidiaries. *International Business Review*, 17(6), 676-687.
- Savall, H., Zardet, V., Péron, M., & Bonnet, M. (2012). Possible contributions of qualimetrics intervention-research methodology to action research. *International Journal of Action Research*, 8, 102-130. Retrieved from

<http://ezsecureaccess.balamand.edu.lb/login?url=http://search.proquest.com/docview/931477722?accountid=8475>

- Savall, H. (2003). An updated presentation of the socio-economic management model. *Journal of Organizational Change Management*, 16(1), 33-48.
- Savall, H., Péron, M., & Zardet, V. Human potential at the core of socio-economic theory (SEAM). *Academy of Management-AOM Conference-Minneapolis*, 37.
- Savall, H., & Zardet, V. (2008). *Mastering hidden costs and socio-economic performance IAP*.
- Savall, H., & Zardet, V. (2015). Reflecting on SEAM in the 21st century. In A. Buono, & H. Savall (Eds.), *The socio-economic approach to management revisited: The evolving nature of SEAM in the 21st century* (pp. 3-25). Charlotte, NC: Information Age Publishing Inc.
- Tan, N. T. (2005). Maximising human resource potential in the midst of organisational change. *Singapore Management Review*, 27(2), 25-35. Retrieved from <http://search.proquest.com.ezsecureaccess.balamand.edu.lb/docview/226853640/abstract/68E8A6B939724A8FPQ/1>
- Wanberg, C. R., & Banas, J. T. (2000). Predictors and outcomes of openness to changes in a reorganizing workplace. *Journal of Applied Psychology*, 85(1), 132.

## Appendix

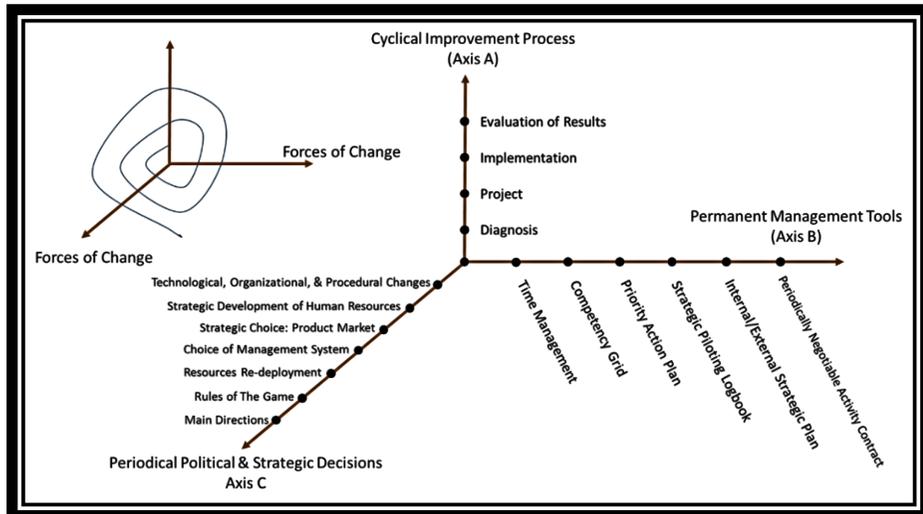
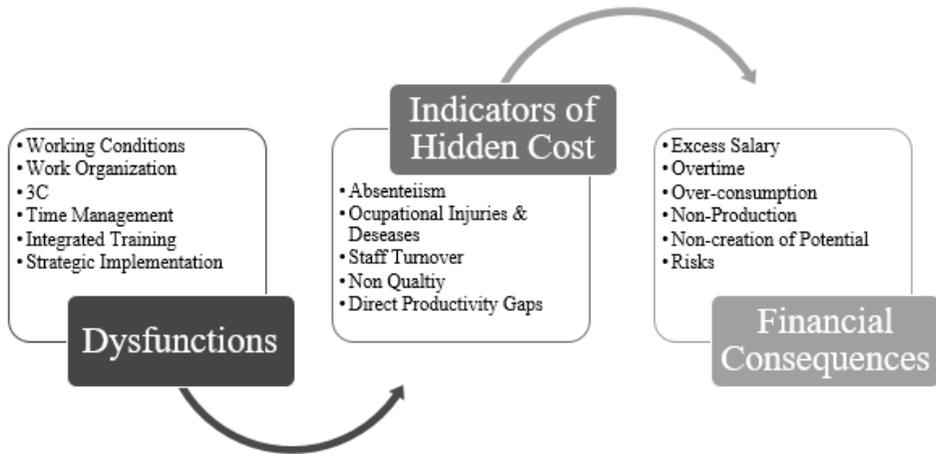


Figure 1: SEAM Transformation Process



**Figure 2: Hidden Cost Assessment**

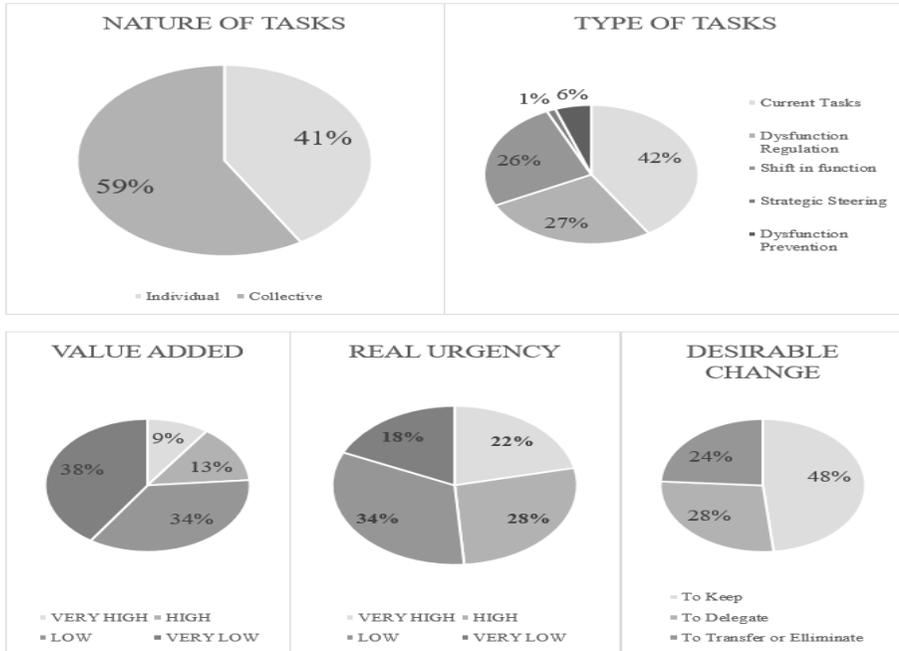
OVERVIEW TABLE OF HIDDEN COSTS BY INDICATOR AND COMPONENT

	OVER-SALARY	OVER-TIME	OVER-CONSUMPTION	NON-PRODUCTION	NON-CREATION OF POTENTIAL	RISKS	TOTAL
ABSENTEEISM	N.A.	N.A.	N.A.	25,800 \$	N.A.	N.A.	25,800 \$
OCCUPATIONAL INJURIES & DISEASES	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
STAFF TURNOVER	N.A.	N.A.	N.A.	12,900 \$	N.A.	N.A.	12,900 \$
QUALITY DEFECTS	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
DIRECT PRODUCTIVITY GAPS	N.A.	9,200 \$	14,800 \$	21,200 \$	2,800 \$	N.A.	48,400 \$
<b>TOTAL</b>	N.A.	<b>20,000 \$</b>	<b>9,400 \$</b>	<b>38,400 \$</b>	N.A.	N.A.	<b>86,700 \$</b>

5	People in the division	17,300 \$	per person and per year on average
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**Figure 3: Hidden Costs in HR at ICH**





**Figure 6: Categorical Analysis of Time Management Grid**

Main Observations	Improvement Initiatives under Consideration
<p data-bbox="426 285 605 314"><u>Type of Activity</u></p> <p data-bbox="327 336 751 542">27% of her time is devoted to regulating dysfunctions. Disruptions were caused by this employee's remote office location from other department staff, the CEO asking for her physical presence in his office, and enquiries from staff about their salaries.</p> <p data-bbox="327 550 751 664">An absence of strategic steering demonstrates little effort to collaborate more efficiently with other stakeholders</p>	<p data-bbox="872 285 1050 314"><u>Type of Activity</u></p> <p data-bbox="776 336 1200 633">Her office should be relocated to the building where the rest of department is located, interaction with CEO should be conducted via phone, and the investment in a self-service HRMS module to automate responding to staff queries will improve her performance and reduce the time spent on dysfunction regulation by 50% (50 minutes recovered).</p>
<p data-bbox="426 722 568 751"><u>Value Added</u></p> <p data-bbox="327 778 751 865">38% of her current activities are very low value added tasks resulting low performance.</p>	<p data-bbox="872 722 1013 751"><u>Value Added</u></p> <p data-bbox="776 778 1200 892">The above initiative will also reduce the very low value added tasks by more than 70% (100 minutes recovered).</p>
<p data-bbox="426 902 618 931"><u>Desirable Change</u></p> <p data-bbox="327 956 751 1070">28% of her activities should be delegated to other department stakeholders while 24% of her tasks need to be reassessed or eliminated</p>	<p data-bbox="872 902 1064 931"><u>Desirable Change</u></p> <p data-bbox="776 956 1200 1012">Workload redistribution (180 minutes recovered)</p>
<p data-bbox="426 1107 653 1136"><u>Time Fragmentation</u></p> <p data-bbox="327 1153 751 1240">Time is highly fragmented, with more than 90% of the tasks taking fewer than 20 minutes.</p>	<p data-bbox="872 1107 1092 1136"><u>Time Fragmentation</u></p> <p data-bbox="776 1153 1200 1267">Tasks requiring more than 20 minute to execute with great concentration should be performed in a quiet, distraction-free environment.</p> <p data-bbox="776 1275 1200 1331"><b>In six months' time, 30% of her working days can be recovered.</b></p>

**Table 1: Time Management Self-Assessment Analysis**



Area of required improvement	Staff Require Training	Nature
HRMS and basic accounting literacy and	HRM, CLRK01,	Technical
Composing Rules and Regulations	CLRK02	
Rules and Regulation	HRM,HRES, CLRK01,	
Recruitment	CLRK02	
Office Suites and Email (3C)	HRES, CLRK01,	
Time & Conflict Management	CLRK02, CLRK03	Managerial
Working Under Pressure	CLRK01, CLRK02	
Change Management	All	
English Language Proficiency Training	All	Other

**Table 2: Staff-Proposed Training Initiatives**

	Cost		Economic Performance Per Year		
	Total	Annual	Total	Annual	
				1 <sup>st</sup> Year	2 <sup>nd</sup> & 3 <sup>rd</sup> Year
Visible	Tangible	\$810	Visible	\$21,170	\$21,170
Costs and	Investment		\$63,510		
Performance	in new		3 Years		
	Equipment:				
	\$7,000				
Hidden Cost	Cost of	\$6,450	\$58,560	\$19,520	19, 520
and	Intangible				
Performance	Investment				
	\$,12450				
<b>Total</b>	<b>\$19,450</b>	<b>\$7,260</b>	<b>\$122,070</b>	<b>\$40,690</b>	<b>\$40,690</b>
<b>Overall Gain in 3 years</b>			<b>\$122,070-\$19,450 = 102,620 USD</b>		

**Figure 3: Economic Balance of Proposed Project**