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A research to examine general and decisional procrastination of healthcare workers according to differences of demographical characteristics[1]

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Abstract
In a world of rapid change and transformation, many developments in different fields have affected both the organization and the individual, and these changes have led to an increase in the number of stimulants affecting employees. One of the most intensive problems in this regard is the procrastination of employees. The aim of this research is to examine if there is a significant difference at the levels of general and decisional procrastination of employees in scope of demographic variables. In this context, a research was conducted to the healthcare workers consisted of 393 respondents working at the hospitals of Malatya, Elazığ and Bingöl. According to the research results, it was determined that healthcare workers' levels of general and decisional procrastination were close to the average. Also in scope of demographic variables, it was found that there was a significant difference at the level of general procrastination according to gender, age and duration of work experience variables. In terms of decisional procrastination levels, it was found that there was a significant difference in the graduation status variable. Various suggestions on these results were submitted.

Keywords: General procrastination; decisional procrastination; demographic characteristics.

1. Introduction

In a world of transformation, time is very important in terms of individual and organizational success. Many new stimuli have emerged after the effect on performance of employees working together with this transformation and development issues, and as a result, problems with time management and self-regulation are increased. One of the intense problems in this respect is procrastination that people show in various areas in different areas of life and in different levels.

Procrastination is a behavioural tendency that is described as postponing or delaying a task that must be done at a certain time. Nowadays, everybody is delaying to finish tasks or to make decision by leaving many important or minor, urgent, non-urgent jobs or decisions behind. The most distinguishing feature of procrastination from other delaying behaviors is the level of stress

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and anxiety felt by the person in the result of this behavior, that is, the psychological tension that one will experience at the end of this behavior. The individual may think that he/she will be able to do better later or leave it later, but the cycle of procrastination will continue and unfinished things will enter the vicious cycle, causing the individual to begin to develop negative feelings. It is also important to distinguish this behavior from day-to-day delays or work.

In literature, studies about procrastination are mostly focused on academic life, and the types and scope of the studies about procrastination related to working life are very limited. By this research, general and decisional procrastination of employees will be examined in scope of demographic variables and results of research will serve the literature by reflecting the current situation in the selected area and approach of different kind of employees to the procrastination in this sector.

2. Conceptual Framework

2.1. Procrastination in Employees

Procrastination is a behavioral situation that many individuals experience in many areas of life. The procrastination behavior deriving from the word of "procrastinate" in Latin means "to postpone until tomorrow, to put off things later, to defer, to delay it, to postpone" (Karacaoğlu and Kaplan, 2013: 339). When studies about procrastination in literature are reviewed, it is observed that various researches have been carried out in academic, social, organizational or psychological fields and especially researches on procrastination in the academic field have increased in recent years.

Procrastination took the negative meaning throughout the industrial revolution; until that time procrastination was accepted natural and assessed according to the activity's judgment. In accordance with this, procrastination can also be seen as a preference to delay various situations at the individual level. That means procrastination could be done on purpose in particular and it may be a logical strategy for individual himself/herself (Kim and Seo, 2015: 27).

In order to explain the procrastination, two triggering motives (avoidance and arousal) (Ferrari et al., 1995; Ferrari and Pychyl, 2000) are emphasized. Avoidance is described as a tendency for individuals to postpone activities they find unpleasant to avoid negative feedback about themselves and their performances. On the contrary, in the arousal motive, it is stated that the individual delays work on purpose to experience the pleasure of last-minute performance. In addition to these, it is argued that in both cases, individuals who procrastinate, have difficulty in planning the future and both motives are related to low skill in time management (Cit. Ferrari and Morales, 2007: 708-709).

It is seen that different theoretical approaches were developed in the literature to explain the behavior of procrastination. For example, psychoanalytic theory is also very popular among psychiatrists in terms of procrastination. In this theory, Freud (1953) tried to explain the behavior of procrastination through the tendency to avoid tasks. It is assumed that unfinished duties are primarily avoided, because it is stated that these duties are threatened by egotism (Cit. Siaputra, 2010: 207).

On the other hand, psychodynamic theories emphasize unilateral dimensions such as the consequences of erroneous childrearing experiences in scope of procrastination. Incorrect parenting styles are assessed to include specific characteristics such as tendency to procrastination, low tolerance to frustration, high authority need, high need for approval, and fear of failure (Burka and Yuen, 2008: 129-132). As for behavioral theory, Ferrari et al. (1995: 26) stated that an individual who is in a behavior of procrastination is showing this behavior again because he/she has been rewarded for this behavior or has not been punished enough as a result of this behavior.

As it is understood, procrastination is not just a behavioral act (Ferrari et al., 1995: 11) but a complex and multiple processes of emotional, behavioral and cognitive components (Fee and Tangney, 2012: 167). The cognitive dimension of procrastination includes cognitive variables such

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as self-efficacy, perfectionist personality traits, or non-rational thinking styles (Long and Demir, 2015: 109); Emotional dimension consists of emotional distress and discomfort for the individual as a result of procrastination (Sirois, 2014: 30; Stead et al., 2010: 176; Tice and Baumeister, 1997: 454); and in behavioral dimension, individual prefers to get pleasurable tasks done instead of planned task due to avoidance (Uzun and Demir, 2015: 108-109).

In the literature, causes of procrastination are explained from many perspectives. Steel (2007: 67-70) classified the factors leading to procrastinate in terms of characteristics of tasks, individual differences, the content of the results to be achieved, and demographic characteristics. Procrastination is described as a behavioral problem related to the irrational and dysfunctional beliefs of the individual such as perfection, unrealistic expectations, and low self-esteem.

Many researchers argued that main motives leading procrastination in employees are; habits, overworking, lack of information, ambiguity of purpose, bad timing, general disarrangement, fear of making mistake (Louis and Schreiber, 1989: 74; Smith, 1998: 43, Cit. Soysal, 2010: 10), avoidance of duty, fear of failure, laziness, slackness, anxiety about poor performance and indecisiveness, lack of motivation, lack of self-regulation, external control focus, perfectionism, persistent anxiety, low self-confidence, low self-sufficiency and low self-esteem (Karacaoğlu and Kaplan, 2013: 355). One of the most important factors that cause employees to procrastinate in working life is the structure and content of the task. Engagement with jobs that are likely to fail (Lay, 1990; Van Eerde, 2003) or those with having unclear deadline (Ferrari, 1992) have effect on forming and increasing procrastination (Cit. Gupta et al., 2012: 197).

In various researches, general procrastination is defined as an action to delay tasks pointlessly until feeling discomfort (Solomon and Rothblum, 1984: 503), while in some other researches, it means postponing to achieve the necessary goals and putting off the work irrationally (Lay, 1986: 493). Decisional procrastination is also defined as an inappropriate or non-functional strategy that the individual uses to cope with conflicts or choices (Mann, 1982; Cit. Kyung and Eun, 2015: 27).

In the literature, there are limited researches on employee and job procrastination. Job procrastination, defined as a habit of putting off work, is a state of inertia that keeps employees away from achieving their goals and puts the future under pressure (Akatay, 2007: 335; Scoot, 1995: 28, Cit. Soysal, 2010: 10) and makes individual unable to pay his/her attention on the tasks (Van Eerde, 2003: 422). Procrastination of employees which is considered as a quite harmful behavior in working life causes waste of time, low productivity, increased work stress and high financial losses (Sadykova, 2016: 2).

In the literature, since any general accepted scale of procrastination has not been developed in a way that can measure and evaluate this behavior particularly in the working life, there are a fairly limited number of researches on the tendency of employees to procrastinate. Some scales (Lay, 1989; McCown and Johnson, 1989; Tuckman, 1991; Mann, 1982) which are generally accepted and mostly used in different areas in literature are used in the related research fields.

2.2. Procrastination of Employees in terms of Demographic Variables

As procrastination begins to address in business literature, this negative tendency has started to be examined and there are a limited number of researches analyzing procrastination in terms of demographic variables.

According to the findings of researches about procrastination within the scope of demographic variables; it is stated that procrastination is decreasing as age progresses because the progress of mental functioning with the progress of the age decreases procrastination (Rozental and Carlbring, 2014:1490-1491). For this reason, it is argued that procrastination is more intense during the studentship period. Furthermore, according to the socio-emotional selectivity theory, people's perception of time changes with age and experience of death. While time is perceived further away in childhood, time perception of people increases with age progress (O'Donoghue and Rabin, 1999; Banich, 2009, Cit. Rozental and Carlbring, 2014: 1490). That is why older people less procrastinate.

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In terms of gender, the tendency of procrastination of men is higher compared to women according to the various research results (Steel, 2007: 67; Burka and Yuen, 2008: 9-12; Rozental and Carlbring, 2014:1490). It is also stated that women show fewer procrastination tendencies than men in general because women are more successful in labor-intensive control situations, but in recent years procrastination are on the rise for both of these groups (Steel, 2007: 67-70).

Also, it is found that there is a significant difference at employee's procrastination level in scope of duration of work experience. According to the results of research done by Gül (2015: 164) in the service sector, it is determined that research participants with 16-20 year work experience showed less tendency to procrastinate than other groups. In terms of marital status, according to the results of Gül (2015:175)'s research, general procrastination levels did not differ.

For decisional procrastination, in scope of gender and age variables, it was not found any significant difference of procrastination levels (Balkıs (2006:163). But for both of the procrastination type, number of the research should be increased to reach extensive and acceptable results.

3. Research Methodology

3.1. Aim of Research

This research investigates general and decisional procrastination of employees in scope of demographic variables such as gender, age, graduation status etc.. In this research, procrastination is addressed in working life and it is aimed to contribute to literature whether there is a significant difference at the procrastination levels in terms of demographic variables. It is also aimed to determine the levels of general and decisional procrastination of healthcare workers.

Recent years, number of research about procrastination has been on rise and with the growing number of researches, it will be easier to understand and examine this tendency with other organizational concepts and trends. For this reason, it would be beneficial to analyze procrastination in detail by researches so significant analysis can contribute to the literature.

3.2. Constraints of Research

The research was conducted to healthcare workers such as nurses and midwives working at the hospitals located in public and private hospitals in Malatya, Elazığ and Bingöl. Because of the time and cost constraints in the implementation of the research, data were collected by sampling rather than reaching the full range of healthcare workers employed in these occupations working at the hospitals in Malatya, Elazığ and Bingöl.

Another limitation of the research is that it is possible for healthcare workers participating in the research to give answers that they think are more appropriate or ideal rather than the correct answer. The results of the research are limited to the regions where they are applied and cannot be adapted to all of Turkey. Research results are limited to the scales used in practice.

3.3. Research Model and Hypotheses

In the research, it is aimed to examine whether the healthcare workers' general and decisional procrastination tendencies differ in terms of demographic variables. For the analysis, SPSS 22 and AMOS programs were used.

The descriptive statistics was conducted by calculating frequencies, mean scores and standard deviations for determining general and decisional procrastination levels of the respondents. t-Test and One Way Anova analysis were carried out to determine if there is a significant difference at the levels of general and decisional procrastination in scope of demographic variables of the employees. In scope of research, following hypotheses were tested and various findings were obtained;

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Hypothesis;

H1.1.	**H0:** The level of general procrastination of employees does not differ according to gender.
	H1: The level of general procrastination of employees varies according to gender.
H1.2.	**H0:** The level of general procrastination of employees does not differ according to marital status.
	H1: The level of general procrastination of employees varies according to marital status.
H1.3.	**H0:** The level of general procrastination of employees does not differ according to age.
	H1: The level of general procrastination of employees varies according to age.
H1.4.	**H0:** The level of general procrastination of employees does not differ according to graduation status.
	H1: The level of general procrastination of employees varies according to graduation status.
H1.5.	**H0:** The level of general procrastination of employees does not differ according to the duration of work experience.
	H1: The level of general procrastination of employees varies according to the duration of work experience.
H2.1.	**H0:** The level of decisional procrastination of employees does not differ according to gender.
	H1: The level of decisional procrastination of employees varies according to gender.
H2.2.	**H0:** The level of decisional procrastination of employees does not differ according to age.
	H1: The level of decisional procrastination of employees varies according to age.
H2.3.	**H0:** The level of decisional procrastination of employees does not differ according to marital status.
	H1: The level of decisional procrastination of employees varies according to marital status.
H2.4.	**H0:** The level of decisional procrastination of employees does not differ according to graduation status.
	H1: The level of decisional procrastination of employees varies according to graduation status.
H2.5.	**H0:** The level of decisional procrastination of employees does not differ according to the duration of work experience.
	H1: The level of decisional procrastination of employees varies according to the duration of work experience.

3.4. The Population and Sample of Research

The research's population consists of healthcare workers working at public and private hospitals in Malatya, Elazığ and Bingöl as nurses, midwives and etc.. Since the total number of the healthcare workers cannot be obtained for 2017, the number of the population of these occupations is taken from "Health Statistics by Provinces, Turkey, 2015" published by Ministry of Health which is the latest Health Statistics Yearbook in Turkey. According to the health statistics of 2015, there are 9,481 healthcare workers in the concerned occupations in Malatya, Elazığ and Bingöl. In order to calculate the sample size of the research, it is accepted that the population is

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around 10,000 people. It is determined that the number of samples should be at least 370 by considering the 0.95 confidence level of the population and the 0.05 error interval of the sample.

Within the scope of the research, 700 forms were distributed to the healthcare workers and 422 of them completed. After the validity check of the survey forms, 393 of the filled forms were accepted as eligible for the research. According to the number of eligible forms, the size of the dataset is considered to represent the population.

3.5. Methods and Scales

In the research, data were collected using a personal information form and two different scales. The first part of the research consists of demographic items including gender, age, marital status, graduation status and duration of work experience. Second and third part of the form consists of two scales. Beforehand, a pilot scheme was carried out to examine of validity and reliability of the scales.

In scope of procrastination, there are two main groups for the scales developed in the literature on measuring procrastination for different areas. The first group was developed to assess global tendencies towards the general procrastination in daily life. The second type of scales was developed to measure academic procrastination because the items in the general procrastination are not suitable for academic area.

In the research, the first group scales were used and the first one was "General Procrastination Scale (GP)" which was developed by Lay (1986). The General Procrastination Scale is used to assess individuals' procrastination across a variety of tasks in general. The General Procrastination Scale is a one-dimensional, 5-point Likert scale consisting of 20 items describing the procrastination in daily life. 3.4.6.8.11.13.14.15.18.20. items in the scale are reversed scored and total score are obtained from 20 items. The second scale used in the research was "Decisional Procrastination Scale (DP)" developed by Mann (1982). This scale is a one-dimensional, 5-point Likert scale consisting of 5 items. This scale is used to determine the level of procrastination of employees in decision making process.

In domestic literature, there are various researches using the concerned scales (Çakıcı, 2003, Ekşi and Dilmaç, 2010; Uzun Özer, 2014). In the research conducted by Eksi and Dilmaç (2010), General Procrastination Scale (Cronbach Alpha: 0.84) and Decisional Procrastination Scale (Cronbach Alpha: 0.73) were used together and the validity and reliability of the scales were found to be above acceptable levels. In this research, the scales were first translated into Turkish in the scope of the research and these translated questions were finalized after being consulted with three experts. Translated scales were first applied to a pilot scheme to ensure better understanding of the scales and according to the feedback, necessary revisions in translations were made in the Turkish version of scales.

4. Findings

SPSS 22.0 and AMOS were used to conduct the analysis of the collected data. In the process of analyzing the data obtained from research, validity and reliability analyses were performed first. After providing the necessary feedbacks with these analyses, descriptive statistics were analyzed and t Test and One Way Anova were used to test the hypotheses of research. The results of the hypotheses testing are given within the framework of demographic analyses.

4.1. Reliability and Validity Analysis and Findings

In this section, the validity and reliability analysis of the scales are evaluated. Confirmatory factor analysis (CFA) is used in scale development and validity analysis, or is intended to verify a predetermined structure. In this study, CFA was used to test whether the factorial structures of scales are maintained. The factor load value in the factor analysis explains the relationship of the items within the factors. If the factor's load value is high within that item or a group of items

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forming the same factor, then that means those items together measure the factor. If a factor load value is of 0.45 or higher, it is accepted a good fit for that item. However, in practice, this limit can be reduced to 0.30 (Büyüköztürk, 2014: 134-135). In this context, CFA was performed to measure the validity of the scales used in the research and the results were given in scope of each scale below.

A. General Procrastination Scale

According to the CFA results of General Procrastination Scale, the factor loads of items s1, s2, s5, s10, s12, s16 and s17 are below .30 in. These items were removed from the scale and the CFA was performed again. The modification index values were analyzed and correlations between the errors of the items (s3-s4, s3-s20, s6-s8, s6-s14, s7-s9, s7-s8, s9-s14, s18-s20) were released to obtain better harmonization values as a result of CFA to analyze the validity of the scale. After this, the CFA was repeated a third time. The adaptive values of the one-factor structure of the General Procrastination Scale are given in Table 4.1.

Table 4.1. Adaptive Values of Confirmatory Factor Analysis of General Procrastination Scale

Measurement	Acceptable Adaptive Value	Adaptive Values of Research Model
(χ2/sd)	< 5	2,67
RMSEA	<0.08	0,08
SRMR	<0.08	0,06
GFI	≥0.90	0,92
AGFI	≥0.85	0,87

According to Table 4.1, present study suggested that General Procrastination Scale with 13 items is considered acceptable to the sample data (Bollen, 1989: 303-316; Browne and Cudeck, 1993: 136; Hu and Bentler, 1999: 1-55; Tanaka and Huba, 1985: 197-201).

As it can be seen from the Table 4.2., the factor loads of the items in the General Procrastination Scale are in the range of .32-.81 respectively. All pathways in the model were statistically significant ($p < .001$).

Table 4.2. Factor Loads of General Procrastination Scale

GENERAL PROCRASTINATION SCALE ITEMS	Factor	Factor Loads
I often have a task finished sooner than necessary.	F1	,814
I usually accomplish all the things I plan to do in a day.	F1	,739
I usually take care of all the tasks I have to do before I settle down and relax for the evening.	F1	,727
Even if I get a small amount of bill, I pay it immediately.	F1	,681
I do not wait to reply when I get an invitation.	F1	,625
I make phone calls on time.	F1	,569
When I invite guest, I make the necessary adjustments in advance.	F1	,559
When it is time to get up in the morning, I most often get right out of bed.	F1	,553
When preparing to go out, I am seldom caught having to do something at the last minute.	F1	,517
I usually make decisions as soon as possible.	F1	,506
I generally delay before starting on work I have to do.	F1	,348
I am continually saying "I will do it" tomorrow.	F1	,321
Even with jobs that require little else except sitting down and doing them, I find they seldom get done for days.	F1	,320

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The Cronbach Alpha (internal consistency coefficient) was calculated after the items of the General Procrastination Scale were removed. The internal consistency coefficient of the scale was found to be 0.85. Accordingly, the scale was found to be highly reliable.

B. Decisional Procrastination Scale

The Decisional Procrastination Scale is one-dimensional as indicated in literature, and the modification index values were analysed to obtain better adaptive values as a result of the factor analysis, and correlations between the corresponding items (s1-s3, s1-s3) were released. After this, the CFA was repeated. The adaptive values for the single-factor structure of the Decisional Procrastination Scale are shown in Table 4.3.

Table 4.3. CFA Adaptive Values of Decisional Procrastination Scale

Measurement	Acceptable Adaptive Value	Adaptive Values of Research Model
(χ2/sd)	< 5	1,07
RMSEA	<0.08	0,02
SRMR	<0.08	0,06
GFI	≥0.90	0,99
AGFI	≥0.85	0,97

According to Table 4.3, the one-factor model of Decisional Procrastination Scale has excellent adaptation values considering reference values given above (Bollen, 1989: 303-316; Browne and Cudeck, 1993: 136; Hu and Bentler, 1999: 1-55; Tanaka and Huba, 1985: 197-201).

The factor loadings of the items in Decisional Procrastination Scale have values in the range of .51- .95. All the paths in the model were statistically significant (p <.001).

Table 4.4. Factor Loads of Decisional Procrastination Scale

DECISIONAL PROCRASTINATION SCALE ITEMS	Factor	Factor Loads
I delay making decisions until it's too late.	F1	,959
I put off making decisions.	F1	,811
Even after I make a decision delay acting on it.	F1	,620
I don't make decisions unless I really have to.	F1	,581
I waste a lot of time on trivial matters before getting to the final decision.	F1	,507

The Cronbach Alpha of Decisional Procrastination Scale was calculated. The internal consistency coefficient of Decisional Scale was found to be 0.84. Accordingly, the scale was found to be highly reliable.

4.2. Descriptive Statistics

A total of 393 valid forms were collected from the hospitals in Malatya, Elazığ and Bingöl. According to the demographic items in the research, distribution of the participants by demographic variables is given below;

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Table 4.5. Distribution of Participants by Demographic Variables

Demographic Variables	Frequency	%
Gender		
Female	309	79.8%
Male	78	20.2%
Marital Status		
Single	115	30%
Married	268	70%
Age		
20 - 30 years old	140	36.7%
31 - 40 years old	172	45.1%
41 and over	69	18.1%
Graduation Degree		
High School	43	11,3%
Associate Degree	90	23,6%
Bachelor Degree	203	53,3%
Post Graduate	45	11,8%
Duration of Work Experience		
0-5 Years	95	25,2%
6-10 Years	85	22.5%
11-15 Years	77	20.4%
More than 15 Years	120	31.8%

The general descriptive statistics according to the research are shown in Table 4.6. The maximum score for General Procrastination Scale is 65 points and for Decisional Procrastination Scale, it is 25 points. In this respect, in scope of the results of the scores given in the table; the level of general procrastination and decisional procrastination of healthcare workers were found to be close to the average level (for general procrastination; $\bar{x}$= 31.30 ± 10.82; for decisional procrastination; $\bar{x}$ = 12.83 ± 5,48).

Table 4.6. Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Error
General Procrastination	393	13	65	31,30	10,82
Decisional Procrastination	393	5	25	12,83	5,48

4.3. Demographic Analysis Findings

Analysis were made by comparing the average scores of the participants in terms of gender, marital status, age, graduation degree and duration of work experience according to the purpose of the research in terms of general procrastination and decisional procrastination levels. For these parametric tests, independent sample t test and ANOVA test were performed. In the study, the homogeneity of the data was examined by Levene test.

Table 4.7. General Procrastination Scale - t Test for Gender

Dependent Variable	Gender	N	$\bar{X}$	SD	t	p
General Procrastination	Female	309	30,68	10,80	-2,10	,04
	Male	78	33,54	10,62		

Based on t-test for gender, the significant value (p) is 0.04 which is less than 0.05 (Table 4.7.). The output indicated that there is a difference in the level of general procrastination between female and male respondents. When we control the means for general procrastination level of

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female and male respondents, it is seen that male respondents' level of general procrastination is higher than females'. Thus, hypothesis H1.1-H1 is accepted.

Table 4.8. Decisional Procrastination Scale-t Test for Gender

Dependent Variable	Gender	N	$\bar{X}$	SD	t	p
Decisional Procrastination	Female	309	12,88	5,63	,57	,57
	Male	78	12,49	4,84		

Based on t-test for gender, the significant value (p) is 0.57 which is more than 0.05 (Table 4.8.). The output indicated that there is no difference in the level of decisional procrastination between female and male respondents. Thus, hypothesis H2.1-H0 is accepted.

Table 4.9. General Procrastination Scale-t Test for Marital Status

Dependent Variable	Marital Status	N	$\bar{X}$	SD	t	p
General Procrastination	Married	268	30,95	11,01	-1,07	,28
	Single	115	32,24	10,32		

Based on t-test for marital status, the significant value (p) is 0.28 which is more than 0.05 (Table 4.9.). The output indicated that there is no difference in the level of general procrastination between married and single respondents. Thus, hypothesis H1.2-H0 is accepted.

Table 4.10. Decisional Procrastination Scale-t Test for Marital Status

Dependent Variable	Marital Status	N	$\bar{X}$	SD	t	p
Decisional Procrastination	Married	268	12,53	5,40	-1,51	,13
	Single	115	13,44	5,61		

Based on t-test for marital status, the significant value (p) is 0.13 which is more than 0.05 (Table 4.10.). The output indicated that there is no difference in the level of decisional procrastination between single and married respondents. Thus, hypothesis H2.2-H0 is accepted.

Table 4.11. General Procrastination Scale-Anova Test for Age

Dependent Variable	Age	N	$\bar{X}$	SD	F	p
General Procrastination	20-30	140	33,00	10,05	3,10	,04
	31-40	172	30,19	10,62		
	41 and over	69	30,25	11,45		

Based on Anova test for age, the significant value (p) is 0.04 which is less than 0.05 (Table 4.11.). The output indicated that there is a difference in the level of general procrastination between respondents with different age groups. According to the LSD post-hoc comparison test which was conducted to determine the source of the difference, respondents in the "20-30" age range were found to have higher levels of general procrastination than respondents in other age groups. Thus, hypothesis H1.3-H1 is accepted.

Table 4.12. Decisional Procrastination Scale Anova Test for Age

Dependent Variable	Age	N	$\bar{X}$	SD	F	p
Decisional Procrastination	20-30	140	13,19	5,32	2,71	,07
	31-40	172	13,12	5,67		
	41 and over	69	11,46	5,21		

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Based on Anova test for age, the significant value (p) is 0.07 which is more than 0.05 (Table 4.12.). The output indicated that there is no difference in the level of decisional procrastination between respondents with different age groups. Thus, hypothesis H2.3-H0 is accepted.

Table 4.13. General Procrastination Scale - Anova Test for Graduation Degree

Dependent Variable	Graduation Degree	N	$\bar{X}$	SD	F	p
General Procrastination	High School	43	31,12	10,79	,10	,96
	Associate Degree	90	31,88	10,79		
	Bachelor Degree	203	31,15	10,83		
	Post Graduate	45	31,51	10,92		

Based on Anova test for graduation degree, the significant value (p) is 0.96 which is more than 0.05 (Table 4.13.). The output indicated that there is no difference in the level of general procrastination between respondents who graduated with high school, associate, bachelor or post graduate degree. Thus, hypothesis H1.4-H0 is accepted.

Table 4.14. Decisional Procrastination Scale- Anova Test for Graduation Degree

Dependent Variable	Graduation Degree	N	$\bar{X}$	SD	F	p	Difference between groups*
Decisional Procrastination	High School	43	14,98	5,96	3,35	,02	1-4, 1-2, 1-3
	Associate Degree	90	11,94	5,25			
	Bachelor Degree	203	12,94	5,37			
	Post Graduate	45	12,07	5,62			

* The difference between the groups according to Scheffe multiple comparison test results

Based on Anova test for graduation degree, the significant value (p) is 0.02 which is less than 0.05 (Table 4.14.). The output indicated that there is a difference in the level of decisional procrastination between respondents with different graduation degree. According to the Scheffe post-hoc comparison test which was conducted to determine the source of the difference, respondents with high school degree were found to have higher levels of decisional procrastination than other respondents. Thus, hypothesis H2.4-H1 is accepted.

Table 4.15. General Procrastination Scale - Anova Test for Duration of Work Experience

Dependent Variable	Duration of Work Experience	N	$\bar{X}$	SD	F	p	Difference between groups*
General Procrastination	0-5 Years	95	32,05	9,79	4,57	,00	4-2, 4-3, 4-1
	6-10 Years	85	32,92	10,60			
	11-15 Years	77	32,92	11,14			
	More than 15 Years	120	28,33	10,85			

* The difference between the groups according to Scheffe multiple comparison test results

Based on Anova test for duration of work experience, the significant value (p) is 0.00 which is less than 0.05 (Table 4.15.). The output indicated that there is a difference in the level of general procrastination between respondents with different duration of work experience. According to the Scheffe post-hoc comparison test which was conducted to determine the source of the difference, respondents with more than 15 year experience were found to have lower level of general procrastination than other respondents with different duration of experience. Thus, hypothesis H1.5-H1 is accepted.

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Table 4.16. Decisional Procrastination Scale- Anova Test for Duration of Work Experience

Dependent Variable	Duration of Work Experience	N	$\bar{X}$	SD	F	p
Decisional Procrastination	0-5 Years	95	14,02	5,32	1,95	,12
	6-10 Years	85	12,16	5,20		
	11-15 Years	77	12,74	5,09		
	More than 15 Years	120	12,62	6,06		

Based on Anova test for duration of work experience, the significant value (p) is 0.12 which is more than 0.05 (Table 4.16.). The output indicated that there is no difference in the level of decisional procrastination between respondents having different duration of work experience. Thus, hypothesis H2.5-H0 is accepted.

5. Conclusions and Discussions

In scope of the findings, assessment of hypotheses according to the results of the research is given below;

1. The level of general procrastination of employees varies according to gender, age and duration of work experience but does not differ according to marital status and graduation status.
2. The level of decisional procrastination of employees does not differ according to gender, marital status, age and the duration of work experience bur varies according to graduation status.

According to the general results of the research, it is found that respondents had average level of general procrastination and decisional procrastination. In the research, it was found that there was a significant difference at the level of general procrastination of the respondents according to gender, age and duration of work experience variables. It was also found that there was a significant difference at the level of decisional procrastination of the respondents according to graduation status.

In scope of the results, male respondents had higher levels of general procrastination than women. In line with literature, males procrastinate more than women according to this research.

According to the results in scope of age groups, respondents between "20-30" age ranges had higher level of general procrastination than other respondents. This result is also matching with the literature.

It was also found that respondents who have more than 15 year work experience had lower level of general procrastination. In scope of decisional procrastination, the respondents with high school degree were found to have higher levels of procrastination.

In the organizations, it is very important to take measures to reduce these negative tendencies affecting healthcare workers. Thus management of organizations should take necessary precautions to prevent procrastination. Considering demographic variables with significant difference;

- Gender has a significant difference in scope of general procrastination tendency in line with literature. In the research, male healthcare workers have higher general procrastination tendency. Therefore, in the organizations, they should be more supported to overcome procrastination. In order to decrease procrastination level, male healthcare workers might need to be controlled and motivated more often by executives.
- According to the results, healthcare workers with high school degree have higher decisional procrastination level than others with different educational degrees. Hereby, it can be suggested that education is a very important factor in the decision making process. In order to improve decision making capacity of healthcare workers with high school degree, they should be more empowered with trainings and vocational development programs to prevent or decrease decisional procrastination. Including these development programs to those who really need, firstly it is required to specify the

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right healthcare workers having higher decisional procrastination tendency by the management of these organizations.

- In addition, early years of career, healthcare workers have a higher tendency to procrastinate. As a consequence, colleagues or executives should support them during this period and to advice about the way they should perform their work. Special programs could be implemented especially for the early career path such as mentoring or transfer experience programs to increase self-regulation at the work.
- In scope of general and decisional procrastination, organization and healthcare workers should also examine inner work process, customer types, work equipment and etc. to carry out work in a timely manner. If there are any distractions or issues to encourage procrastination, they should be eliminated by organization and workers. Those distractions could be specified by predetermining the tasks and work environment in detail.
- Apart from healthcare workers who have higher procrastination tendency, encouraging all healthcare workers generally to pull together in an open communication environment and to see and explore each other's strong and weak professional sides, organizations should offer most eligible opportunities for workers. Distribution of roles in the organization should be done not only according to the experience or education but also to the characteristics of the workers. These characteristics include demographic and personal characteristics. In scope of demographic characteristics, results of the research could be taken into consideration. Also, workers who have individual perspective some antecedents such as perfectionism, low self-confidence or self-regulation should not be appointed to works required limitation on time.
- Finally, in order to decrease procrastination, time management trainings with various contents should be done frequently in the organizations to improve time manners of workers.

The result obtained in this research also indicates that further research can be conducted to determine the reasons of the difference between demographic factors in scope of general and decisional procrastination level. Moreover, new research models could be designed by adding some other individual and organizational variables within the scope of antecedents of procrastination behavior.

Also, due to the limited number of studies on procrastination in the working life, it seems necessary and important to develop specific scales for different procrastination types for employees considering cultural aspects and increase the number of these researches by analysing relations with other organizational behaviors.

REFERENCES

Balkıs, M., (2006), Procrastination Tendencies, Thinking and Decision-Making Styles of the Teacher Candidates, Dokuz Eylül Üniversitesi Eğitim Bilimleri Enstitüsü, Doctoral Dissertation, İzmir.

Bollen, K. A., (1989), A new incremental fit index for general structural equation models. Sociological Methods & Research, 17(3), 300-316.

Browne, M. W., & Cudeck, R., (1993), Alternative ways of assessing model fit. Sage Focus Editions, (154), 136.

Burka, J. B., L.M.,Yuen, (2008), Procrastination: Why you do it, what to do about it now, Da Capo Press, 2.Edition, Cambridge.

Büyüköztürk, Ş., (2014), Manual of Data Analysis for Social Sciences, Ankara Pegem Akademi, (20.Edition).

Akdemir, B., & Özkan, G. (2018). A research to examine general and decisional procrastination of healthcare workers according to differences of demographical characteristics. *Journal of Human Sciences*, *15*(3), 1650-1663. doi:10.14687/jhs.v15i3.5352

Fee, Ronda L. , June P. Tangney, (2012), "Procrastination: A Means of Avoiding Shame or Guilt?", Journal of Social Behaviour And Personality 5 (5), 167-184.

Ferrari Joseph R., (1991) Compulsive procrastination: some self-reported characteristics. Psychol Reports April; 68 (2), 455-458.

Ferrari, Joseph R., J. L., Johnson, W.G., McCown, (1995), Procrastination and Task Avoidance: Theory, Research, and Treatment, Springer Science & Business Media, New York/London.

Ferrari, Joseph R., T. A. Pychyl, (2000), "Procrastination--Current Issues and New Directions", Journal of Social Behaviour and Personality, 15(5), 185-197.

Ferrari Joseph R., J. F. Diaz Morales, (2007), "Procrastination: Different time orientations reflect different motives", Journal of Research in Personality 41(3), 707-714.

Gupta, Ritu, A. H. Douglas, J. Gaur, (2012), "Time Perspective and Procrastination in the Workplace: An Empirical Investigation", Current Psychology 31(2), 195-211.

Gül, A.Y., (2015), Procrastination at Work and Reasons of Work Procrastination, Dokuz Eylül Üniversitesi Çalışma Ekonomisi ve Endüstri İlişkileri Anabilim Dalı, Master Thesis, İzmir.

Hu, L. T., P. M., Bentler, (1999), Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. Structural Equation Modelling: A Multidisciplinary Journal, 6(1), 1-55.

Karacaoğlu, Korhan, A. Kaplan, (2013), "Procrastination and Self-Sufficiency Relating to One of Its Predecessors: A Research on University Personnel", 21.National Management and Organization Congress Abstract Book, 339-343.

Kyung, Ryung Kim, E.H. Seo, (2015), "The relationship between procrastination and academic performance: A meta-analysis", Journal of Research in Personality, Vol 82, 26–33.

Lay, C. H., , R. Brokenshire, (1997), "Conscientiousness, procrastination, and person task characteristics in job searching by unemployed adults". Current Psychology, Vol 16, 83-96.

Rozental, Alexander, P. Carlbring, (2014), "Understanding and Treating Procrastination: A Review of a Common Self-Regulatory Failure", Psychology, 5(13), 1488-1502.

Sadykova, Guzel (2016), "Workplace Confidence and Workplace Procrastination (Deferred Habits)", International Management Economics and Business Review, 12(30), 97-120.

Sirois, F. M. (2014), "Procrastination and Stress: Exploring the Role of Self–compassion" Self and Identity, 13(2), 128-145.

Solomon, Laura, J., E. D. Rothblum (1984), "Academic procrastination: Frequency and cognitive-behavioral correlates", Journal of Counselling Psychology, 31(4), 503-509.

Soysal, Abdullah (2017), "A Personal and Organizational Analysis for Effective Management", http://www.ceis.org.tr/dergiDocs/makale243.pdf; (03/05/2017)

Stead, Rebecca et al. (2010), "'I'll go to therapy, eventually': Procrastination, stress and mental health", Personality and Individual Differences, Vol 49, 175–180.

Steel, Piers (2007), "The nature of procrastination: A meta-analytic and theoretical review of quintessential self-regulatory failure". Psychological Bulletin, Vol 133, 65-94.

Tanaka, J. S., G.J., Huba, (1985), "A fit index for covariance structure models under arbitrary GLS estimation", British Journal of Mathematical and Statistical Psychology, 38(2), 197-201

Tice, Dianne M., R. F. Baumeister, (1997), "Longitudinal Study of Procrastination, Performance, Stress, and Health: The Costs and Benefits of Dawdling" Psychological Science 8(6), 454 – 458.

Uzun, Bilge, Demir, A. (2015), "Procrastination: Types, Components, Demographic Factors and Cultural Differences", Ege Eğitim Journal, 16(1),106-121.

Van Eerde, Wendelien (2003), "Procrastination at work and time management training", The Journal of Psychology September; 137(5), 421-34.