Time Management Challenges among Jordanian Nurse Managers

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Abstract: Time management has been recognized as an essential work element for all nurses. Consequences related to ineffective time management such as deterioration in the quality of care, job dissatisfaction, stress and burnout, role overload, and role ambiguity are potentially serious, not only for nurses and nurse managers, but also their clients, colleagues, families and the entire organizations where they are employed. **Aims:** The study aimed to find out problematic areas among nurse managers in Jordan across various managerial levels (first, middle, and top-level managers) and explore any relationship between the sample's demographics and their abilities to manage time effectively. **Methods:** A quantitative, descriptive, cross-sectional research design was utilized to meet the goals of this study. A total number of 171 nurse managers at various managerial levels who agreed to participate in the study from selected governmental and private hospitals in Amman and Zarqa, Jordan constituted the study sample. A modified questionnaire was utilized to identify time management issues of nurse managers. **Results:** Nurse managers had a satisfactory mean score (M ≥ 1.5) in all of the questionnaire's dimensions, except top-line-managers only in the technique dimension with a mean score of (M=1. 40). Leaving tasks uncompleted, telephone conversations that stopped work and difficulties to finish work-related conversation were the major identified time management problems for top-level managers (M=1.12; M=1.25; M=1.38 respectively). All of the study sample demographic characteristics showed no significant statistical differences except for the type of hospital in favor of private hospitals' managers (*P*=0.006 & M=2.24; 2.14). **Conclusion:** The current study concluded that top level managers lacked the technical skills for time management.

1. Introduction

Time management skills have become progressively important predictors of managers' success in today's organizations. Many health care organizations have cut back their processes and flattened their structures in an attempt to accomplish more efficient performance and decrease costs. Thus, effective time management skills are especially important for managerial success in the newly restructured health care organizations (Arnold & Pulich, 2004).

Today, managing time is an important issue for both individuals and organizations. The core of time management is not to control time by itself, but to control the ways people use time to improve their lives. Effective time management leads to success by reducing stress, maintaining balance, increasing productivity, and setting and achieving goals. From this broad perspective, the real value of time management is to enhance one's own life. In other terms, time management provides people with better quality of life, not with more time (Alay & Kocak, 2002).

Background

The phenomenon of time management has been identified in a variety of human professions, such as childcare, supervision, and nursing (Litchfield & Chater, 2007). It has been recognized as an essential element of work for all nurses with an impact that mostly affects how nurses work and feel about their job (Bowers *et al.,* 2001). It also affects their patients' outcomes (Bowers *et al.,* 2001). Time management includes aspects of communication, planning, prioritization, and delegation (Finkelman, 2006). Additionally, time must be viewed as a process that is ever changing and must be under one's own control (Hackworth, 2007). Using time management skills wisely requires both leadership capabilities and managerial functions.

Nurse managers, as other managers, have four types of resources which are: personnel, equipment, finance, and time. Only time is the limited and the most valuable one (Pearce, 2007). From this point of view, effective time management, which leads to optimal utilization of the available time, gained its importance. Moreover, the nursing shortage and the decrease in funding put many healthcare organizations in a place where they are trying to do more during a shorter time (Marquis & Huston, 2012). Also, effective time management has been reported to reduce stress, which is very beneficial in today's stressful health care environment (Litchfield & Chater, 2007). Time management skills are important not just for nurses on their work lives, but

in their personal lives as well. They allow nurses to make time for fun, friends, exercise, and personal development. Therefore, all levels of nursing staff need to practice time management (Kelly-Heidenthal, 2004).

Consequences related to ineffective time management are potentially serious, not only for nurses, but also for their clients, colleagues, families, and the entire organizations where they are employed. There are some anecdotal evidences that correlate ineffective time management with deterioration in the quality of care, job dissatisfaction, stress and burnout, role overload, and role ambiguity. (Litchfield & Chater, 2007).

In the current study, the following operational definitions were used: The first -level manager (FLM): is the person responsible for supervising non-managerial personnel and day-to-day activities of specific work units. The middle-level manager (MLM): is the person who supervises first-level managers within a specified area and is responsible for the people and activities within those areas. The top-level manager (TLM) is the person responsible for establishing organizational goals and strategic plans for the entire division of nursing (Marquis & Huston, 2009).

Literature about time management in nursing is mainly anecdotal, although studies on nurses' work organization have found out that time management is problematic (Bowers *et al.,* 2001). Most of the nursing literature about time management provides a number of tips on how to manage time, along with descriptions of processes or strategies. These strategies focus on prioritizing tasks, but the stage at which this should occur varies between authors (Waterworth, 2003). As a result, nursing literature displays that time management's difficulties are common for nursing graduates. For example, Litchfield and Chater (2007) revealed that managed time was definitely difficult for nurses working in a neonatal unit. Consequently, additional nursing researches in the topic of time management would benefit many nurses and nurse managers.

2. Methods
Aims:
This study aimed to:
1. Identify time management problems across various managerial levels (first-level, middle-level, and top-level managers).
2. Identify the relationship between the demographic characteristics of the study sample and their time management abilities.

Design:
A quantitative, descriptive, cross-sectional research design was utilized to meet the goals of the current study.

Instrument:
The time management questionnaire used by Kisa and Ersoy (2005) was adopted in the current study to determine time management issues among various nurse managers in the selected hospitals. This questionnaire is a modified version of the one Erdem (1997) developed to investigate the abilities of time management among top-level hospital administrators in Turkey. This instrument is a self-administered questionnaire that consists of five dimensions, namely: priorities, workload, delegation, schedule, and technique. The scoring system for the instrument is a 3-point Likert scale (no = 1, sometimes = 2, and yes = 3). A pilot study of 15 nurse managers was conducted to assure the clarity and the relevancy of the questions. No modifications were needed based on the results of the pilot study. Test-retest had been conducted to confirm the reliability of the study; it resulted in an overall reliability of (0.95). Regarding the scoring system for the current study a mean score of ≥1.5 was considered as an indicative of satisfactory time management skills.

Settings:
A total number of eight hospitals; three governmental and five private hospitals in Amman and Zarqa governorates in Jordan were selected. Amman and Zarqa governorates were selected because both are the largest cities in Jordan regarding its inhabitants. The only inclusion criterion was any hospital that had a bed capacity of 120 beds or more. Hospitals with such a capacity are accredited hospitals for health care students' training; which could increase nurse managers' workload.

Participants:
All nurse managers at various managerial levels in all of the selected hospitals who agreed to participate in the study were included, whether they were novice or experienced nurse managers. A total number of (n=171) nurse managers participated in the current study.

Data collection:
After official written permissions were obtained from the selected hospitals; data were collected through the designated questionnaire. All nurse managers at various managerial nursing levels who accepted to participate in the study were enrolled in the study sample. Each nurse manager was asked to respond to the questionnaire which takes between 3-5 minutes to complete. Data collection took 6 months from March to August 2011.

Ethical considerations:
An official permission was obtained to utilize the modified the instrument for collecting data from the original authors. Data were collected after official permissions were obtained from the selected hospitals. Confidentiality was granted for all of the

study participants through the anonymity of data collection. Participants were assured that the participation was optional and they could withdraw from the sample at any time without any risks. Additionally, consent forms were obtained from each participant, and a brief explanation about the study was conducted to each participant prior to data collection by research assistants.

Data analysis:

For analysis purposes; data were coded and entered into the Statistical Package for Social Sciences (SPSS) Version 11 software. In order to achieve the objectives of the study, frequencies to describe the study sample, means, standard deviations, T-tests, and one-way ANOVA tests were conducted to explore the relationships between the participants' managerial levels and the demographic characteristics and the their time management abilities. $p{\leq}0.5$ indicated a significant statistical difference. Higher mean scores indicated more abilities to manage time except for negatively stated phrases.

3. Results:

Table (1) shows the demographic characteristics of the study sample. The table showed that more than half (59.6%) of study sample were from private hospitals; Males participants constituted less than half of the female participants; the majority of the study sample (69%) was married and more than half (52.1%) of the study sample had more than one child. First-level managers constituted more than (68%) of the study sample; and around (70%) of the study sample had previous experience with time management programs.

Table (2) shows time management issues across the three levels of managers (first, middle, and top-level managers). The table showed significant statistical differences between the both of priorities and workload dimensions (*P*=0.5 & *P*=0.5 respectively) and top-level managers (M=2.63 & M=2.44 respectively). Significant statistical difference was also seen in the technique dimension but with higher mean scores in the both of middle-level and first-level managers than the top-level managers (M=1.90; M=1.85 & M=1.40 respectively). On the other hand, both of the delegation and the schedule dimensions showed no significant statistical differences.

The table also showed the following time management problems in the technique dimension among top-line managers, which are: leaving tasks uncompleted, interrupting telephone conversations, and difficulties to finish work-related conversations respectively (M= 1.12; 1.25; 1.38). An interesting finding was that there were no unsatisfactory (M<1.5) time management abilities among both first-line and mid-line managers.

Table (3) represents the relationships between time management abilities and the demographic characteristics of the study sample. The table showed that there were no significant statistical differences among gender, experience with time management programs, marital status, number of children, and managerial levels and the dimensions of time management. However, the table indicated a significant statistical difference in the abilities to manage time in favor of private hospitals as opposed to governmental ones with (*P*=0.006 ; M=2.24 & M=2.14 respectively).

Table (1) Demographic characteristics of study sample (n=171)

Items	n	%
Type of hospital		
Governmental	69	40.4
Private	102	59.6
Gender		
Male	58	33.9
Female	113	66.1
Marital status		
Married	118	69
Single	50	29.2
Widowed	1	0.6
Divorced	2	1.2
Number of children		
None	65	38
One child	17	9.9
More than one child	89	52.1
Experience with time management programs		
Yes	120	70.2
No	51	29.8

Table (2) Time management issues across the three managerial level

Items	FLM		MLM		TLM		F	P
	M	SD	M	SD	M	SD		
Priorities	2.53	0.32	2.41	0.36	2.63	0.17	3.00	0.05*
Main tasks and responsibilities.	2.91	0.34	2.89	0.38	3.00	0.00	0.35	0.70
Time needed for each activity each day.	2.68	0.55	2.70	0.55	3.00	0.00	1.34	0.26
Most important activity in your job.	2.72	0.51	2.61	0.61	2.50	0.54	1.14	0.32
Have enough time to consider most important tasks.	2.47	0.66	2.48	0.72	2.88	0.35	1.38	0.26
Spend more time on routine than unusual tasks.	2.36	0.64	1.87	0.78	2.12	0.64	8.70	0.00*
Activities for next year for 3 to 5 years.	2.05	0.82	1.89	0.82	2.25	0.89	0.96	0.39
Workload	2.21	0.45	2.08	0.38	2.44	0.32	3.07	0.05*
Feel stress or anxious about performing tasks on time.	2.27	0.68	2.28	0.62	2.00	0.93	0.64	0.53
Feel have more tasks than you can do.	2.29	0.64	2.04	0.67	2.62	0.74	3.81	0.02*
Sacrifice your social activities for your job.	2.26	0.65	1.96	0.73	2.38	0.74	3.77	0.03*
Say yes for extra tasks when you are busy.	2.00	0.72	2.02	0.68	2.75	0.46	4.31	0.02*
Delegation	2.42	0.40	2.33	0.36	2.31	0.51	1.06	0.35
Consider task delegation when make plans.	2.42	0.69	2.46	0.75	2.75	0.71	0.82	0.44
Consider task delegation is an important part of your job.	2.44	0.62	2.35	0.74	2.62	0.74	0.73	0.48
Perform tasks yourself than delegate them.	2.47	0.62	2.30	0.59	2.00	0.76	2.94	0.05*
Feel pressured by deadlines even when delegate tasks.	2.34	0.67	2.20	0.75	1.88	0.84	2.13	0.12
Schedule	2.13	0.43	2.01	0.46	1.91	0.38	2.21	0.11
Awareness of having time for extra tasks.	2.46	0.62	2.35	0.67	2.75	0.46	1.52	0.22
Feel unable to finish daily schedule tasks in one day.	2.19	0.69	1.87	0.69	1.50	0.76	6.29	0.00*
Arrive late for your appointments.	1.97	0.79	1.85	0.79	1.75	0.71	0.64	0.53
Bring work home or stay late after work.	1.91	0.79	1.96	0.67	1.62	0.74	0.65	0.52
Technique	1.85	0.52	1.90	0.51	1.40	0.28	3.36	0.04*
A lot of documents waiting to be read.	1.91	0.81	2.17	0.68	1.75	0.89	2.20	0.11
Meetings are a waste of time.	1.99	0.75	1.93	0.74	1.50	0.54	1.68	0.19
Difficult to finish work-related conversations.	1.87	0.66	1.89	0.71	1.38	0.52	2.16	0.12
Your telephone conversations stop your work.	1.82	0.79	1.83	0.77	1.25	0.71	2.03	0.14
Leave your tasks uncompleted.	1.65	0.74	1.67	0.70	1.12	0.35	2.13	0.12
Total	2.53	0.32	2.41	0.36	2.63	0.17	3.00	0.05*

$P \leq 0.05$

Table (3): The relationships between the demographic characteristics of the study sample and the time management abilities.

Sample's characteristics	M	SD	T	F	P
Gender			0.07		0.95
Male	2.20	0.24			
Female	2.20	0.24			
Type of hospital			2.80		0.006*
Governmental	2.14	0.21			
Private	2.24	0.25			
Experience with time management programs			0.63		0.53
Yes	2.20				
No	2.22				
Marital status				1.83	0.14
Married	2.19	0.24			
Single	2.24	0.23			
Widowed	1.88	0.00			
Divorced	1.99	0.00			

			1.40	0.25
Number of children				
None	2.22	0.24		
One child	2.26	0.24		
More than one child	2.17	0.23		

$P \leq 0.05$

4. Discussion:

This study was a quantitative, explorative, descriptive study that aimed to find out problematic areas among nurse managers in Jordan and explore any relationship between the sample's demographics and their abilities to manage time effectively. Although the results revealed areas of strengths, they will not be discussed here since they are not the focus of this research, see Table (2). All of the identified problems (challenges) were found among top-level managers and only in the technique dimension. Worryingly, top-level mangers are responsible for making important decisions that affect the entire organization, which makes this finding a very serious one. The problematic areas were in order: leaving tasks uncompleted, being interrupted by telephone conversations, and difficulties to finish work-related conversations. The later two problems will eventually lead to the first one. In other terms, Not being able to finish conversations in the right time along with being constantly interrupted by telephone calls will lead to not being able to accomplish tasks in a timely manner. One solution to this problem is to focus on a single task at a time, this will lead to better time management skills ,which in turn will lead to a better work efficiency, or in other terms, being able to complete tasks (Kiefer, 2011). Although multitasking is becoming a popular concept, is it not applicant to some certain tasks that needs focusing (Kiefer, 2011). As Collins & Collins (2004) reported, the essence of effective time management is doing the right task at the right time. From the findings of this study, to be able to do so requires a reduction in telephone conversations to as many as possible and for work-related conversations to end as scheduled. According to Perlow (1998) , the solution for this endless cycle is to plan for uninterrupted working time. Hills (2008) reported that having a clear mission statement in life and eliminating activities that contradict with this mission are very essential for effective time management. It is important to say that having general aims is not the same as planning. Planning should happen in a very meticulous manner and in advance to the work day, not during it (Thomack, 2012). One strategy to do this, is to keep a daily log of how time is being spent which could show activities that waste time, and then, developing strategies to avoid these activities (Collins & Collins, 2004). Knowing where time is being used is the first step to manage time effectively (Thomack, 2012).

This will eventually help into creating an efficient plan which is necessary for effective time management (Collins & Collins, 2004). Careful planning does not mean that there will be no interruptions. So minimizing interruptions is as important as having a detailed and well-established plan. A key factor for minimizing interruptions is by amending the practices of troublesome employees and creating a work structure that responds quickly to change (Kenner & Pressler, 2006). Another way to do so is by discovering employees' potentials and utilizing them by delegating responsibilities (Birla, 2008). Managers can have prolonged unscheluded work-related conversations because they have some kind of hesitations when they have to make a major decsion, such as the ones that top-level managers usually take. Ghoshal & Bruch (2004) suggest that managers should trust their own decision-making ability to be able to manage time more effectively. The only demographical factor that affected time management abilities was the type of organization, with more effective time management in the private hospitals than the governmental ones. Leggat & Dwyer (2005) reported that the organizational culture is often the factor that gets blamed whenever there is an inadequate performance, but really it is the management skills that affect the productivity level. In other terms, we should not jump to accusing governmetal hospitals of ineffective time management. So, this finding should be further investigated. What was interesting in the results is the lack of a significant statistical difference between managers who took time management courses and those who did not. This really questions the effectiveness of these courses.

Conclusion and recommendations:

The current study concluded that top-level nurse managers had poor time management skills regarding the technique dimension. Developing effective time management courses and not just repeating the same courses should be done to all nurse mangers, and especially, for top-level managers. Nurse managers from private hospitals had better time management skills than those nurse managers from governmental hospitals which is a recommendation for future researches.

Limitations:

Literature about nurses' time management issues is very little (Waterworth, 2003), which in turn could have affected the current study. Also, the limited top-

level managers number who participated in this study could also limit the study's generalizability.

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