

**Factors that Influence Professional Nurses' Time
Management at Mankweng Hospital Campus,
Limpopo Province, South Africa**

by

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**A Mini-Dissertation Submitted in Partial Fulfilment of the
Requirements for the Degree**

Master Curationis (M Cur)

**Faculty of Health Sciences
University of Limpopo (Turfloop Campus)**

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MARCH 2011

DECLARATION

I, Meriam Mmadipudi Mamabolo, declare that this dissertation, “Factors that Influence Professional Nurses’ Time Management at Mankweng Hospital campus, Limpopo Province, South Africa,” hereby submitted to the University of Limpopo for the degree of Master Curationis (M Cur) has not previously been handed in by me for a degree at this or any other university or institution, that it is my own work in design and in execution, and that all materials contained herein have been duly acknowledged.

MM Mamabolo :

Date Signed :

DEDICATION

This dissertation is dedicated to my late husband, Isaac, my late parents, Alpheus Moribula and Pauline Mangena, and my late uncle, Paul Malungana, and my children, Sara, Jacob and Alphy.

Babirwa wee!

ACKNOWLEDGEMENTS

Glory to God, for being my shepherd throughout this journey!

This study has granted me the opportunity to interact with diverse people and I would like to give thanks to:

Dr MN Jali, my supervisor, for guiding me throughout the study.

Mrs TM Mothiba, my co-supervisor, for providing support throughout the study.

Mr Shika MP, Mr Masekoameng MF, Mr Betha, MP and Ms Lesetja R from Limpopo College of nursing library, for assisting me with the literature search.

Mrs R Olwagen, for assisting me with the analysis of the data.

Dr ME Lekhuleni, my elder sister, for words of encouragement throughout the study.

My beloved children, Sara Mosebjadi, Jacob Lerole and Alphy, for their perseverance and the sacrifices they have made towards this study.

The Management of Mankweng Hospital campus, for permission to conduct this study.

The Department of Health and Social Development, Limpopo Province, for granting permission to conduct the study.

The University of Limpopo (Medunsa Research Ethics Committee) for providing ethical clearance.

The professional nurses of Mankweng Hospital campus, for participating in this study.

Prof DC Hiss, Department of Medical Biosciences, University of the Western Cape, for the care he has taken in editing the manuscript.

ABSTRACT

The purpose of this study was to determine the factors that influence professional nurses' time management at Mankweng Hospital campus, a tertiary hospital in Limpopo Province, South Africa. The objectives of this study were to identify and describe factors that influence professional nurses' time management at a tertiary hospital campus and describe the recommendations on effective time management at a tertiary hospital campus to improve quality of patient care. A quantitative research method was used in this study to describe factors that influence professional nurses' time management. Data were collected by means of a structured questionnaire and analyzed using the Statistical Package for Social Sciences (SPSS). The study revealed that professional nurses were unable to manage time due to interruptions in between work performance, and this affected their productivity. The study recommended there is a need for professional nurses to attend in-service education related to management of time.

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DEFINITIONS OF TERMS

Factors	<p>THE SOUTH AFRICAN POCKET DICTIONARY, (1994:392) defines factors as the contributing results.</p> <p>In this study factors are defined as contributing results that cause delay for professional nurses to manage time at work.</p>
Mankweng hospital	<p>Is a tertiary hospital, in Limpopo Province, whereby district and community hospital refer patients for further management.</p>
Professional nurse	<p>A professional nurse, refers to a nurse registered with the South African Nursing Council (SANC) under Section 16 (1) of the Nursing Act 50 of 1978, as amended. In this study, professional nurses refer to registered nurses employed at Polokwane-Mankweng Hospital Campus, Limpopo Province.</p>
Quality patient care	<p>The measurement of health care service given to patients by maintaining certain standards (Andongndou, 2004:99).</p>
Respondents	<p>Providing answers to the question (THE SOUTH AFRICAN POCKET DICTIONARY (1994:823). In this study respondents are professional nurses who participated in the study by answering the structured questionnaire.</p>
Time management	<p>Naude, Meyer and Van Niekerk (2004:143) define time management as making optimal use of available time. In this study, time management refers to the way professional nurses utilize their time per delegated task in order to improve the quality of patient care.</p>
Tertiary hospital	<p>According to the African National Congress (ANC)</p>

(1994:66), a tertiary hospital is a referral health care institution which provides specialized patient care according to a set mission and philosophy of the institution. In this study, tertiary hospital refers to the Polokwane-Mankweng Hospital Campus in the Limpopo Province which provides specialized care to patients who are referred from district, community hospitals and surrounding clinics.

LIST OF ABBREVIATIONS

DENOSA	Democratic Nursing Organization of South Africa
SANC	South African Nursing Council
SPSS	Statistical Package For Social Science
SQ	Structured questionnaire
UK	United Kingdom
USA	United States of America

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CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 Introduction

Time management is the manner in which time is planned, controlled, utilized, and is critical in health care services. Managers of health care services expect nurses to complete assigned tasks in a timely and cost-effective manner (Ellis & Hartley, 2000:134). This notion is supported by Andongndou (2004:1) who views time as a precious commodity that should be used effectively to improve the quality of patient care. According to Rosenfeld, McEvoy and Glassman (2003:159), health services are faced with a constant struggle to manage time efficiently during the accomplishment of tasks. Likewise, effective time management by professional nurses may expedite the provision of quality patient care. Moreover, effective planning, organization and utilization of time by nurses could contribute towards decreased costs for patient care in healthcare institutions. Since planning is the most important step in time management, ineffective utilization of time due to flawed planning could contribute towards poor patient care (Cherry & Jacob, 1999:418). Nurse leaders and administrators may be assisted by professional nurses in planning and measurement of time spent when providing patient care (Rosenfeld, McEvoy & Glassman, 2003:159).

The Department of Health and Social Development, Limpopo Province, has one tertiary hospital campus (i.e., Polokwane-Mankweng Hospital Campus) which consists of two hospitals, namely, Mankweng Hospital campus and Polokwane Hospital campus. The Polokwane-Mankweng Hospital Campus is a referral hospital for patients from 5 district hospitals with nearby primary health care clinics. In a tertiary hospital campus, time management should be observed by professional nurses because large numbers of patients are referred from community and district hospitals.

1.2 Problem statement

Professional nurses in tertiary health care institutions are given an ever increasing number of tasks, apart from unaccomplished delegated tasks (Andongndou, 2004:3). Although nurses are predominantly patient centered, they are generally unable to manage their time due to factors in the work environment that are not ideal for practice (Carpuano, Bokovoy, Halkings & Hitchings, 2004:246). Such health care environments that are not conducive to the rendering of established standards and expectations of clinical practice could affect the quality of patient care as delegated tasks are not completed on time. According to Ellis and Hartley (2000:135), time management in the health care institutions should be practiced properly through assessment and recording of the amount of time spent on delegated tasks. Thus, health care management evaluation should be performed to improve quality patient care and to monitor how time is managed when executing tasks. In the same way, effective time management on delegated tasks by professional nurses will determine the manner in which they plan, organize and utilize time for the performance of specific nursing procedures.

Andongndou (2004:3) indicates that professional nurses in healthcare institutions do not need more time to complete delegated tasks, but need to prioritize activities as delegated. Getting more work done properly in less time is rewarding as nurses' productivity will be improved, concomitantly reducing hospital costs as most patients will be discharged in time (Ellis & Hartley, 2000:130). Principle 7 of "The Batho Pele Principles" (Department of Public Services and Administration, 1999:2), emphasizes that if services are not provided to customers, the remedial actions to overcome the mistakes should be commissioned and customers should be informed about the flow. Jooste (2003:135) supports this notion by affirming that nurses should take care for the patients' needs immediately, irrespective of low staffing levels.

It is widely acknowledged that professional nurses at tertiary hospital campuses are unable to manage time effectively during execution of delegated daily tasks. In addition to daily delegated tasks,

Professional nurses also have other responsibilities that need their attention. In this study, the researcher therefore sought to identify factors that influence professional nurses' time management of duties or delegated tasks and, on the basis of an analysis these factors, recommended guidelines on time management for professional nurses that could enhance quality health care.

1.3 Literature review

It is ethically responsible for professional nurses, in cases in which delays in patient care are anticipated or experienced due to additional delegated tasks, to inform patients about such to avoid misunderstanding. This notion is supported by Searle and Pera (1992:62) who stated that patients are entitled to possess knowledge with regard to care received from health care institutions. Effective time management by professional nurses in a health care institution can improve the performance standards for patient care (Cumming, Greta, Fraser, Trailer & Denice, 2003:140).

1.4 Purpose of the study

The purpose of this study was to determine the factors that influence professional nurses' time management at Mankweng Hospital campus, a tertiary hospital in Limpopo Province, South Africa.

1.5 Research question

The following research question was used to guide the study, "What are the factors that influence professional nurses' time management at a tertiary hospital campus in Limpopo Province, South Africa?"

1.6 Objectives of the study

Objectives of this study were to:

- Identify and describe factors that influence professional nurses' time management at a tertiary hospital campus, and
- describe recommendations on effective time management for professional nurses at a tertiary hospital campus to improve quality of patient care.

1.7 Significance of the study

This study may contribute towards improvement of professional nurses' time management in a healthcare institution when they are providing care to patients. The described recommendations on effective time management in a health care institution can be used by professional nurses during execution of their daily delegated activities.

1.8 Research methodology

1.8.1 Quantitative research design

Quantitative research is a formal objective-oriented method that measures phenomena on a numerical scale. Burns and Grove (2001:295) describe quantitative research as a formal, rigorous, objective process used to obtain information, and to describe variables and their relationships. A descriptive research design determines what exists, the frequency at which it occurs, and whether it can be categorized into various aspects (Naude, Meyer & Van Niekerk, 2002:150). A quantitative descriptive research design was used in this study to describe and synthesize factors that influence professional nurses' time management in a tertiary hospital campus.

1.8.2 Research setting

The Limpopo Province Department of Health and Social Development has one tertiary hospital complex (i.e., Polokwane-Mankweng Hospital Complex) encompassing two hospital campuses, viz., Mankweng Hospital campus and Polokwane Hospital campus, which serve as referral hospitals for patients from 5 district hospitals and several primary health care clinics.

This study was conducted at the Mankweng hospital campus. The respondents, all professional nurses registered with the South African Nursing Council (SANC), were allocated to Mankweng hospital campus where they provided patient care at the time of data collection.

1.8.3 Population and sampling

1.8.3.1 Study population

Population is the entire set of elements that meet sampling criteria (Burns & Grove, 2001:294). In this study, the population included all professional nurses employed at the Mankweng tertiary hospital campus, as they provided information with regard to the phenomena under study.

1.8.3.2 Sampling

Sampling means selection of a group of respondents in the research study (Burns & Grove, 2001:293). Probability sampling was used in this study. Simple random sampling was chosen for this study, i.e., each professional nurse had an equal chance of being included in the study. The researcher used a code whereby each research respondent was allocated a number that was written on a page from a sampling list (Brink, 2006:127). Respondents were selected alternately until a sample of 150 was reached. This represented 75% of the population of professional nurses in the tertiary hospital campus.

1.8.3.3 Inclusion criteria

The inclusion criteria for this study were:

- All professional nurses registered with the SANC, and
- Employed at Mankweng tertiary hospital campus, Limpopo Province, South Africa.

1.8.4 Method of data collection

A structured questionnaire (SQ) was used for data collection in this study. A SQ refers to a self-report or formal written document in which respondents replied to questions using a pencil or a pen (Polit & Hungler, 1993:202). The SQ was hand delivered to the professional nurses at the tertiary hospital campus. Burns and Grove (2005:728) indicate that the principle of beneficence encourages the researcher to do no harm to respondents. The respondents were assured that they would not be harmed emotionally and physically due to the time required for the completion of the questionnaire. The respondents were assured that the information that they have provided would not be used against them during or after their employment in the tertiary hospital campus.

1.8.5 Data analysis

Descriptive statistics was used in this study to analyze the research findings on factors that influence professional nurses' time management at the tertiary health care institution. This approach employs frequency distribution measures, figures and tendencies (trends) to describe findings (Brink, 2006:171). A statistician assisted with the data analysis, using the Statistical Package for Social Sciences (SPSS).

1.9 Conclusion

This chapter discussed the introduction and background of the study, problem statement, purpose of the study, research question, objectives of the study, and a concise section on the research methodology used. Measures to ensure validity and reliability as well as ethical considerations will be covered in Chapter 3. Chapter 2 follows with a literature review on relevant factors that influence professional nurses' time management at tertiary hospitals.

1.10 Organization of chapters

- Chapter 1 – Introduction and background
- Chapter 2- Literature review
- Chapter 3 – Research methodology
- Chapter 4 – Data Presentation, Analysis and Interpretation
- Chapter 5 – Summary, Recommendations, Limitations and Conclusion

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Literature review is a process that involves researching, reading, understanding and forming conclusions from the reading materials or sources with regard to the topic or problem being studied (Brink, 2006:67). This chapter describes the literature related to factors that influence professional nurses' time management in healthcare institutions. Time management is the manner in which time is administered in a particular institution (Ellis & Hartley, 2000:126). Time is considered as a valuable resource in nursing care units and, if managed appropriately, can lead to the achievement of goals as planned. Professional nurses allocated to health care institutions should therefore be able to plan, control and manage time effectively, if they want to deliver quality care that is prescribed in their ethical code of conduct.

2.2 Time management by professional nurses

2.2.1UK and USA perspectives on time management by professional nurses

Patient's health depends on the manner in which professional nurses manage time when rendering patient care (Lancaster, 2001:196). Professional nurses should plan properly on how to execute patient-care activities within an acceptable timeframe. Thus, goals for patient care should be clarified and prioritized to enable professional nurses to render patient care as expected (Gillies, 1994:201). Warner (2000:6478) indicates that in the United States of America (USA), time management constraints are caused by shortages of staff which result in poor patient care. On the other hand, Chitty (2000:190) states that in the United Kingdom (UK), more specifically London, time management limitations are frequently caused by the inexperience of professional nurses who spend more time on patient care while trying to correlate theory and practice.

Time management is important in health care institutions because patients' lives depend on the type of health care service provided to them (Warner, 2000:6485). Health care institutions can be rendered more cost-effective and profitable if nurses value patients with affirmation of their human dignity and by responding to their specific or immediate demands (Warner, 2000:6471), e.g., the ringing of the bell by a bedridden patient who needs assistance instantaneously should not be ignored by the nurses, as responding to it forms part of total patient care. Deloughery (1998:174) asserts that nurses should be made aware that health care institutions often compete for patients on the basis of response times to patients' demands. Ohlsons, Omoike and Stofjell (2008:224) also state that nurses should have practical knowledge about the amount of time spend on patient care activities and correlate it with the cost incurred by the patient and the health care institution. Ellis and Hartley (2000:134) indicate that quality patient care could be achieved if nurses are experienced and skilled towards set standards of patient care. Professional nurses should practice costs-effectiveness when rendering patient care because more activities will be accomplished in less time through correlation of theory and practice.

2.2.2 South African perspectives on time management by professional nurses

Time is money, therefore professional nurses should focus on the amount of time spend on delegated activities when rendering patient care (Jooste, 2003:54). In addition, Andongndou (2004:1) expressed the opinion that nurses do not just perform delegated activities because they are expected to, but also to give value for money and time. Thus, professional nurses can utilize time effectively by organizing patients according to their specific needs and delegating nurses according to their capabilities. This will enable professional nurses to accomplish patient satisfaction as expected (Booyens, 2004:221).

Managing time is to control it by using available time for quality patient care (Andongndou,2004:4).

Health care institutions should practice the implementation of time interval periods and ensure that

nurses adhere to it. This will determine the quality of patient care rendered during different shifts

(Burk, De Causemaecker, Petrovic & Berghe, 2006:743). Health care institutions should repeatedly

perform analysis for set standards of care so that the needs of patients are adequately addressed

(Muller, 1996:61). Nurses should render safe quality patient care by applying their knowledge and

competency skills. This will result in the adherence of set standards of care and the display of

trust to patients (Searle & Pera, 1992:64).

The same authors indicate that professional nurses provide health services that are concerned with

human lives and, as such, the well-being of the patient should be always considered first at all

times. The South African Nurses' Pledge of Service indicates that the total health of the patient

should be considered first (Muller, 1996:13). Therefore, it is essential that professional nurses

ensure that patient care is rendered as expected and even that patients are provided with accurate

information about their health (The Department of Health Service and Administration, 1997:27).

2.2.3 Time management and management process

Management is the process of ensuring that work is done to achieve the set goal. A

management process that assists professional nurses to work as a team will lead to the provision

of quality patient care. Thus, evaluation of patient care activities should be performed timeously to

achieve set standards of patient care that is cost-effective for both the patient and the health care

institution (Gillies, 1994:1).

2.2.3.1 Time management and planning

Booyens (1996:208) states that meeting the needs of patients in a health care institution depends

on how planning is done. It is, therefore, essential that professional nurses plan for patient care

focusing on how time can be managed during execution of patient care procedures. This calls

for the allocation of time for each nursing procedure to be done.

Professional nurses should ensure that frequent monitoring and evaluation of procedures are implemented within the allocated time. Ellis and Hartley (2000:66) draw attention to the lack of planning with regard to time management by nurses that contributes towards poor execution of patient care procedures. In some instances, nurses take too much time to complete certain procedures, e.g., by spending a long time on or delaying wound dressing, a nurse may inadvertently expose a patient's wounds to more microbes and infections. The nursing service manager has the accountability to support subordinates when providing patient care through correct planning (Jooste, 2003:75). The Department of Public Services and Administration (1997:1) outlines that efficient rendering of best service should be timely planned. This calls for professional nurses to plan for patient care to meet patients' needs within a specified time. Mellish (1980:6) is of the opinion that planning based on time management will assist with the scheduling of work activities which need to be completed according to time rosters. Professional nurses should be able to provide nursing care through proper scheduling of activities and allocate appropriate time to complete each activity. Andongndou (2004:23) also indicates that scheduling of work activities contributes towards effective time management because each activity will be allocated time as planned.

2.2.3.2 Time management and organizing

Professional nurses are expected to prioritize the implementation of activities by drawing up delegation schedules that reflect time frames to accomplish tasks (Tomey, 2000:35). Prioritization of activities enhances the achievement of standards of care within the allocated time for each set standard. Cherry and Jacob (1999:310) further state that increased workload for professional nurses can be overcome by prescribing time for completion of delegated activities. The allocation of less professional nurses for more activities adds to poor overall performance of delegated activities which results in time wasting because the allocated task will have to be repeated at some point, if executed incorrectly. Allocation of activities for professional nurses is done to enable the delegated individual to carry out and complete passed on activities within a specified time. Sullivan and Decker (1988:240) indicate that delegation and prioritization of activities help to determine the manner through which time will be managed when executing duties. This will further assist in resolving conflicts amongst competing needs of professional nurses because there will be a point of reference.

Walsh and Benhard (1990:87) also states that there is a necessity for prioritization of delegated activities utilizing Maslows' hierachy of needs, which indicates that the physiological needs should be the first priority compared to self-actualization. Thus, the basic needs should be met first to avoid physical complications that can have negative effects on the patient. Professional nurses often manage time when providing care to patients due to lack of insight regarding performance to delegated activities (Stewart, 1998:15). Thus the competency of each professional nurse should be considered when writing delegation. Professional nurses should also monitor time, log it, and analyze work performance because delegation determines how much time will be spent on a specific activity (Andongndou, 2004:47). Delegation of activities should be done according to the nurse's level of responsibility and accountability and this will enable professional nurses to meet the needs of patients (Whelan & Mathews, 1993:12). Gray and Kron (1987:151) assert that it is important that professional nurses make themselves available after writing delegation to clarify and provide support during work performance and this could result in reducing the amount of time that might be wasted while seeking clarification. Batcheller, Burkman and Armstrong (2004:203) indicate that if nurses provide support to each other during performance of their duties, time will be spent more productively. Recording of time intervals (e.g., a log) for delegated activities should be kept as it will serve as a point of reference that will assist professional nurses in future to determine how much time an activity takes to perform (Warner, 2000:6479). Mellish (1980:139) also states that the health care institutions should provide care to health consumers in a period of 24 hours as such nursing activities should be evenly distributed to cover patients' needs throughout.

2.2.3.3 Time management and control

Beauregard, Deck, Kay, Heyns, Innman and Perry (2003:510) state that nurses should utilize the acquired knowledge and skills through continuous education regarding control and management of time during provision of patient care. Thus, the monitoring tool should be drawn and utilized for checking time spent during the execution of activities. Mellish (1980:106) indicates that guidance supervision and evaluation of work performance should be done to prevent time wastage on unnecessary complaints from patients, while Booyens (1996:293) suggests that professional nurses should ensure that there is no deviation from set standards of care by monitoring and evaluating the type of care rendered to patients at all times.

Douglas (1980:195) holds the view that control and evaluation of work performance utilizing the monitoring tool can be achieved by identifying the amount of time spent on different patient-related activities. Mellish (1980:75) indicates that the control of time in the work environment is determined by mutual relationship amongst the multi-disciplinary team. Thus, it is important to maintain mutually cooperative relationships as health team members because it encourages everyone within the team to provide quality patient care as expected.

2.2.3.4 Time management and leading

Leading involves guidance, utilization of ones' own awareness, the will to recognize self at all times in order to manage time effectively. Jooste (2003:7) indicates that nurses will be able to use time effectively if they share the purpose of quality patient care. Moreover, Puth (2000:6) suggests that professional nurses providing care in a health care institution should provide effective guidance to sub-ordinates as expected. The provision of nursing care should always entail guidance and support to attain set goals. Professional nurses can manage time by practicing participative leadership styles when rendering patient care and by working as a team which will result in the achievement of set goals (Booyens, 1996:176).

2.2.4 Time management and cost containment

A patient's life revolves around time and costs, thus, if time is wasted on unplanned or ineffective performance of tasks, the result would be increased costs for the patient and the health care institution (Andongndou, 2004:3). Professional nurses should be aware of and avoid time wasters, e.g., spending more time answering social telephone calls than caring for patients. Poor time management in a healthcare institution can affect the institutions' operational budget if patient stay in the hospital is prolonged (Haber,2000:123). Gray and Kron (1987:115) noted that professional nurses should plan for the appropriate utilization of budgetary allocations and consider the amount of time and costs to be spent on activities each day. Ellis and Hartley (2000:135) indicate that the use of effective skills for management of time will enable nurses to accomplish the needs of patients on time, thus eliminating repetition of procedures and reducing costs for the health care institution. Marriner-Tomey (1996:89) asserts that nurses should have insight regarding costs for both patients and the health care institution.

2.2.4.1 Cost containment in relation to effective communication

Patients should be provided with adequate information related to their care so that they can have an understanding about the type of care rendered and what it is expected of them during their care (Booyens, 1996:392). Communication between professional nurses and patients is important as sharing of information will result in the attainment of set goals, thus saving time and costs (MacQuiston & Webb, 1994:69). This calls for the improvement of health service delivery according to set standards (The Department of Public Service and Administration, 1997:26). Lancaster (2001:201) indicates that communicating without understanding a patient's language is costly as time is wasted while waiting for other nurses to assist with interpretation, instead of continuing with expected activities. Thus, it is important for professional nurses to be able to communicate with patients in their own languages.

In most private health care institutions, control systems are in place so that each patient is nursed in totality by being allocated a specific nurse to maintain patient satisfaction, at the same time reducing costs and time when performing nursing activities (Barnum & Curtzin, 1993:63). However, in some state health care institutions, team nursing is practised to ensure quality patient care, and this will also reduce costs for both patients and the health care institution (Mellish, 1980:87). It is evident that costs can be reduced if professional nurses are provided with enough time to execute activities competently (Simms, Prince & Ervin, 2001:101). Mismanagement of time results in wastage of financial resources and compromises health care. Proper time management can be achieved by increasing hourly remuneration rates for nurses on busy days, thus contributing to reduced costs for both patients and the healthcare institution (Labrinos, Lapost & Cohen, 2004:195).

Booyens (1996:293) states that proper implementation of cost control by nurses will lead to a reduction of a patients' hospitalization costs while the care provided is being improved. Professional nurses should have enough insight into cost control by increasing productivity and reducing costs related to patient care. Booyens (1996:198) further indicates that the reduction of costs in a health care institution can be sustained by attending to health providers' problems in time, and also involving them when making decisions during patient care. Telephone calls made during provision of patient care increase costs for the health care institution and the patient, thus calling for monitoring of calls made, and identifying private and work-related calls so that private calls can be paid for by the individuals involved (Booyens, 1996:198).

Therefore, nurses should focus more on the provision of patient care rather than spending time on private telephone calls which impacts negatively on both the provision of health care and costs (Badenhorst, 2007:144). Thus, the onus is on health care institutions to allocate a unit clerk who will respond to telephone calls while nurses are rendering patient care.

2.2.4.2 Cost containment and stock control

Professional nurses should control and use equipment according to the standard operating procedures contained in the manuals provided. Adherence to standard operating procedures will reduce costs of equipment maintenance and repair. Stock control through a charging system that identifies misuse of materials and in-service training on how to utilize equipment should be practised by all health care institutions (Booyens, 1996:225). Professional nurses should ensure that control measures are in place when ordering and utilizing stock, as this will assist with the reduction of cost and time.

2.2.5 Time wasters

Andongndou (2004:34) accentuates that professional nurses should focus on patient care when encountering interruptions during performance of their duties so that they can manage time effectively, especially when executing routine or delegated activities. In a health care institution, time is wasted when it is spent upon activities that are not within nurses' scope of practice, e.g., dumping of wastes, general cleaning, and informal useless dialogues. Accordingly, professional nurses should be aware of those activities that contribute towards poor time management related to delivery of health care. Gillies (1994:216) states that monitoring of time spend on other activities should be practised in order to identify activities that waste time and obstruct the rendering of patient care.

2.3 Conclusion

This chapter discussed literature review related to factors that influence professional nurses' time management in health care institutions. Chapter 3 outlines the research methodology used in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The purpose of this chapter was to describe the research design and methods of data collection that were used in this study.

3.2 Research design

A research design is an overall plan for obtaining answers to the questions being studied and for handling some of the difficulties encountered during the research process (Polit & Beck, 2004:49).

3.2.1 Quantitative research design

A quantitative research design tests the effective interaction amongst variables and their relationships (Haber & LoBiondo-Wood, 2006:570). This research approach is a formal, objective and systematic process used to obtain information and measures the phenomena being studied on numerical scales (Burns & Grove, 2001:23). A quantitative, descriptive research design was used in this study to elucidate factors that influence professional nurses' time management at the Mankweng tertiary hospital campus and to recommend guidelines on time management for professional nurses to improve the quality of patient care.

3.2.2 Descriptive research design

A descriptive research design is concerned with the gathering of information from a representative sample of the population (Brink, 2006:103). According to Naude, Meyer and Van Niekerk (2002:274), descriptive a research in nursing entails the collection of data followed by detailed explanation of the existing variables to justify, assess and provide basic knowledge with regard the current practice to improve nursing care.

This study was descriptive in that the researcher collected data that provided a detailed account of the factors that influence professional nurses' time management in the clinical setting.

3.3 Population and sampling

3.3.1 Population

Mouton (1996:123) maintains that the study population is the entire group of respondents who meet the criteria that the researcher is interested in studying. A population is thus a well- defined set of individuals who have certain specified properties (LoBiondo-Wood & Haber, 2006:261). The population in this study comprised all respondents who met the sampling criteria, viz., professional nurses registered with the SANC and employed at the Mankweng tertiary hospital campus.

3.3.2 Sampling

Simple random sampling was chosen for this study, i.e., each respondent had an equal chance of being included in the study. The researcher used a coding system whereby each respondent was allocated a number from a sampling list (Brink, 2006:127). Respondents were selected alternately, using a table of random numbers. A sample size of 150 was reached.

3.3.3 Inclusion criteria

The inclusion criteria for this study were all professional nurses who were registered with the SANC allocated in different health care units at the Mankweng hospital campus.

3.4 Methods of data collection

A structured questionnaire (SQ) was used in the study to collect data. The structured questionnaire (SQ) was hand delivered to the professional nurses at the tertiary hospital campus.

3.4.1 Data collection instrument

A data collection instrument implicates the relevance of data collection from respondents in order to determine the validity of a questionnaire, i.e., questions answered by a lot of people in order to provide information for a report (Mouton, 1996:67). The questionnaire used in this study included both open-ended (unstructured, free response) and closed-ended (structured, fixed response) questions (Neuman, 2006). The data collection instrument comprised three parts:

- **Part A** consisted of questions related to biographic data of the respondents.
- **Part B** relates to professional nurses' responses (ranging from "*Strongly Agree*" to "*Don't Know*") with regard to factors that influence their time management at the study site.
- **Part C** entailed questions related to professional nurses' awareness of time management at Mankweng hospital campus.

A structured questionnaire was used for the collection of data (Appendix 5). The respondents used a pen or pencil to write their responses on the questionnaire (Haber & LoBiondo-Wood, 2006:325).

3.4.2 Pre-testing the research instrument

A pre-test is a trial run of a research instrument to determine whether it is clearly worded and free from major bias, and measures what it is expected to measure (Polit & Hungler, 1997:257). A straightforward way to determine whether the research questions are understandable to the respondents, is to construct a pre-test using a similar population, but they would not be involved in major study (Haber & LoBiondo-Wood, 2006:354 and De Vos, 2002:211). Pre-testing was done at the Polokwane Hospital campus on 20 respondents to establish if they understood the instructions and questions, and to monitor the time spent answering the questionnaire, i.e., approximately 30 minutes. The researcher did not change the format of questionnaire after the respondents had completed it so that uniformity could be maintained in the major study.

3.4.3 Administration of the questionnaire

The researcher secured appointments with the management of Mankweng hospital campus for the

collection of data related to factors that influence professional nurses' time management. The acting nursing service manager granted the researcher permission to collect data from different units, after the respective unit managers have been informed. The researcher visited the different units, identified herself, and then explained the questionnaire to the respondents. Thereafter, the questionnaire was distributed to professional nurses for their responses. Each respondent was allowed 30 minutes to answer the questionnaire. The researcher minimized bias by settling herself away from the respondents while they were completing the questionnaires, but remained within reach to clarify problems when the need arose. A total of 150 questionnaires were distributed in the different units. Some questionnaires were completed while others were not, but all were returned on the same day. The overall response rate was 93%, and missing data represented only 7%.

3.4.4 Data analysis

Descriptive statistics was used in this study to analyse the research findings on factors that influence professional nurses' time management at Mankweng hospital campus. A statistician assisted with the data analysis, using the Statistical Package For Social Sciences (SPSS).

3.5 Validity and reliability

3.5.1 Validity

Naude, Meyer and Van Niekerk (2002:208) and Brink (2006:208) indicate that validity of a research tool refers to its ability to measure what it is supposed to measure, thus the tools' ability to obtain the data needed by the researcher. The researcher obtained the required data with regard to factors that influence professional nurses' (the respondents) time management at Mankweng hospital campus, utilizing a structured questionnaire. A statistician checked the design and format of the questionnaire for content validity and analyzed the collected data, in keeping with the recommendation by Brink (1996:168) that a specialist should analyze and determine the adequacy of the study content.

3.5.2 Reliability

According to Brink (2006:163), reliability is the degree to which an instrument can be depended upon to yield consistent results, especially when used repeatedly over a short period of time with the same subjects.

The researcher handed the structured questionnaire to the same respondents after two days, and the data so collected matched the previous collected data, thus confirming the stability of the instrument as specified by Haber and LoBiondo-Wood (2006:346)

3.6 Ethical considerations

Permission and clearance to conduct the study were obtained from the Department of Health and Social Development, Limpopo Province (Appendix 2), the University of Limpopo – Medunsa Campus Research and Ethics Committee (Appendix 3), and the Hospital Management of the Polokwane-Mankweng Hospital Compus, Limpopo Province (Appendix4). Once approval was obtained from all the relevant authorities, the purpose and the benefits of the study were explained to the respondents. The researcher considered the following ethical principles pertaining to the study:

3.6.1 Informed consent

Informed consent implies that the respondents agreed to participate in the research study. The purpose of the study, data collection method and the participation that was needed from the respondents were explained to them. The researcher, therefore, maintained the respondents' self-determination by means of written consent (DENOSA, 1998:2.3.3). Participation to the research study was voluntary and the respondents could withdraw from the study anytime without fear of being penalized by the researcher. Burns and Grove (2001:211) maintain that respondents have an opportunity of choosing either to participate in the study or not to participate.

3.6.2 Anonymity

Anonymity was maintained by ensuring that the names of the respondents were not known by anybody, and thus codes were used, essentially as recommended by Mouton (1996:157). Anonymity implies that the information collected reflect that communication of research results cannot be linked by the researcher to the respondents (Haber & LoBiondo-Wood, 2006:298). Respondents were assured that their identity would not be disclosed in the questionnaire or report.

3.6.3 Confidentiality

The respondents were made aware that information gathered will be used for research only, and if they needed the information, it would be available to them only. Burns and Grove (2001:205) outlines that respondents could share personal information according to their needs, but they are entitled to have secret, thus maintaining confidentiality that goes beyond ordinary loyalty. Haber and LoBiondo-Wood (2006:298) maintain that respondents' identity should not be linked with the information provided by respondents or divulged. Confidentiality was ensured by using codes instead of names of the respondents.

3.6.4 Self-determination

The researcher maintained the respondents' dignity and self-respect by treating them as autonomous individuals with freedom to choose without external control (Haber & LoBiondo-Wood, 2006:298). Neither participation in nor withdrawal from the study was linked to promotion of professional nurses. Professional nurses were not harmed if they refused to participate in the study.

3.6.5 Honesty and data processing

The researcher adhered to include honesty as the ethical principle for data processing with regard to data collection from identified units, and did not fabricate the data. A qualified statistician was involved to ascertain that statistical calculations which were obtained from collected data were applicable to the study (Brink, 2006:171).

3.7 Conclusion

This chapter discussed the research design and methodology used through step-by-step explanation of the research design and process followed in this study. Chapter 4 is analysis, interpretation and summary of the data collected from the respondents.

CHAPTER 4

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

A quantitative descriptive research design was used in this study to determine the factors that influence professional nurses' time management at Mankweng hospital campus. This chapter presents an analysis of the collected data from 150 respondents who completed the self-administered questionnaire.

4.2 Biographic data

4.2.1 Item A1: Age of respondents

The ages of respondents (Figure 1) varied between 20 and 65 years as follows: 20-24 years (10.6%; n=13); 25-34 (30.1%; n=47); 35-44 (35.0%; n=43), 45-54 (22.0%; n=27) and 55-65 (2.4%; n=3). These results indicated that the Mankweng hospital campus has high employment rate amongst middle aged professional nurses.

4.2.2 Item A2: Gender of the respondents

The study results showed that of the 150 respondents, only 133 responded (i.e., the missing data amounted to 17) of which 97% were females and the remainder (3%) were males (Table 4.1).

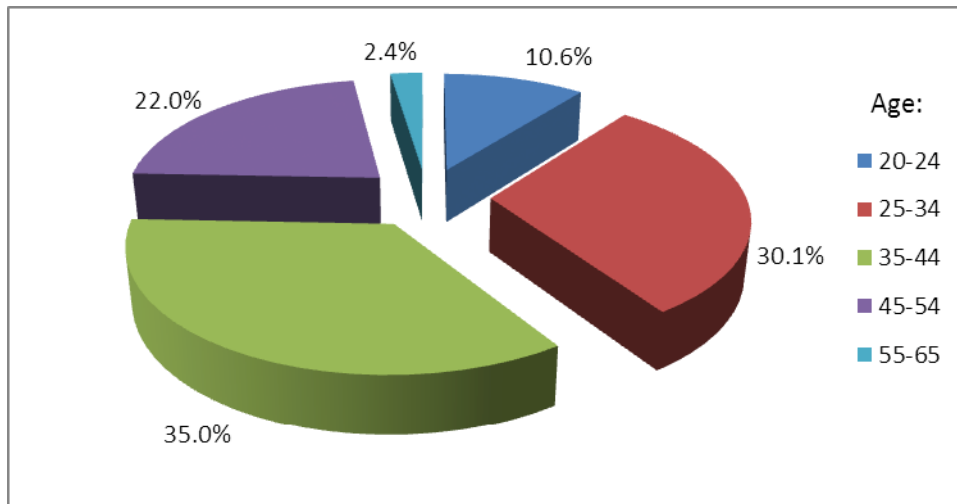


Figure 4.1. Age of respondents

Table 4.1. Gender of respondents

Gender	Frequency	Percentage
Females	129	97
Males	4	3
Total	133	100

4.2.3 Item A3: Work experience after completion of training

The years of work experience of the respondents ranged between 1 and 19 years for both genders, aged 20-55 years (n=125). The mean work experience was 17.7 years, the standard deviation 14.02, and the mode 7. Thus, the respondents represented a group of professional nurses with a heterogeneous work experience in terms of years (Table 4.2). The type of nursing care provided at Mankweng hospital campus was found to be comprehensive, according to the study results.

Table 4.2. Work experience of respondents after completion of training

Years of experience	Frequency	Percentage
0-3	6	4.8
4-6	21	16.8
7-9	19	15.2
10-15	15	12
16-20	19	15.2
21 and more	0	0
Missing data	45	36
Total	125	100

4.2.4 Item A4: Training institution of respondents

The respondents indicated the following with respect to the institutions where they received their qualifications and training: university (56%; n=72), nursing colleges (37%; n=51) and training from the hospital (7%; n=9). When providing quality patient care, the professional nurses should possess certain skills acquired during training to prevent nursing errors that could occur. Moreover, sharing of knowledge and skills amongst professional nurses from diverse training backgrounds will result in good productivity and quality care (Ellis & Hartley, 2000:48).

4.3 Responses to questionnaire

Research results are discussed by referring to the extent to which respondents strongly agreed, agreed, strongly disagreed, disagreed, or not sure with the statements as indicated in Parts B and C, respectively. The missing data were also indicated.

4.3.1 Item B1: Professional nurses spend much time gossiping

In this study, 34.3% (n=46) of the respondents strongly agreed that professional nurses spend much time gossiping, 37% (n=45) agreed, 8.21% (n=11) strongly disagreed, 6% (n=8) disagreed, 13.4% (n=18), were not sure and missing data 1.4% (n=2) (Figure 4.2).

These findings indicated that professional nurses spent more time gossiping while at work rather than rendering nursing care to patients. Professional nurses have taken an oath stating that the patient will be their first consideration. Spending too much time on gossiping while expected to render patient care will always result in poor patient care and increased costs for both patients and the health care institution. The health care institutions and patients expect high standard of quality patient care from nurses at all times. Kelly-Heidenthal (2003:459) indicates that nurses should always put patients and their families first and at the centre at all times.

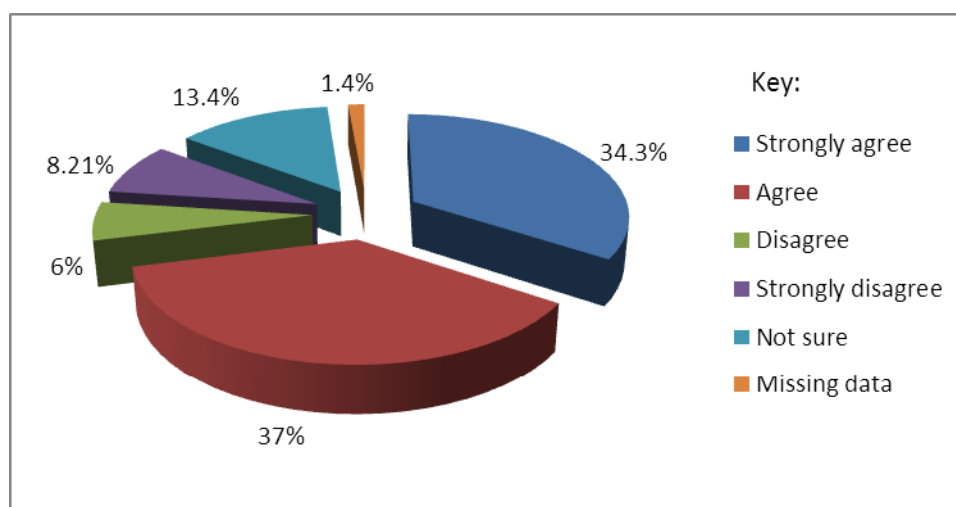


Figure 4.2. Professional nurses spend much time gossiping

4.3.2 Item B2: There is always allocated time for socialization

A number of respondents strongly agreed (18%; n=24) that there is allocated time for socialization at the workplace, whereas others agreed (39.7%; n=51), strongly disagreed (6.7%; n=9), disagreed (8.2%; n=11), were not sure (25%; n=33), and missing data (3%; n=4) (Figure 4.3). The data suggested that the majority of professional nurses were allowed to socialize during tea or lunch breaks which could impact on the productivity of the healthcare institution. Therefore, nurses should be aware of the amount of time spent on non-productive activities, e.g., negative gossiping among unregistered, non-professional nurses who may not be committed towards patient care (Kelly-Heidenthal, 2003:362).

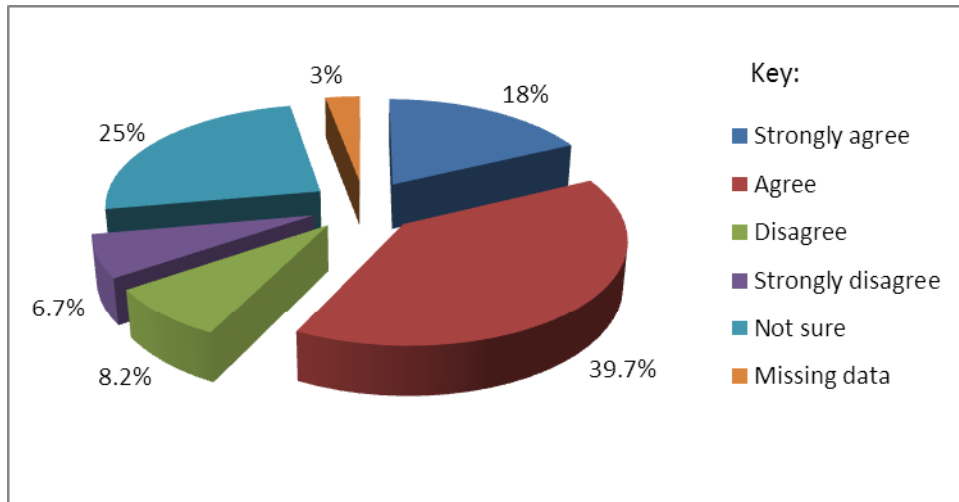


Figure 4.3. Allocated time for socialization

4.3.3 Item B3: Shortage of staff contributes to poor time management

The majority of respondents strongly agreed (47%; n=63) that poor time management occurs due to shortage of staff in a health care institution and shortage of staff contributes towards poor time management, followed by those who agreed (38.8%; n=52), disagreed (2.2%; n=3), strongly disagreed (0.7%; n=1), were not sure (10.6%; n=14), and missing data (0.7%; n=1), (Figure 4.4). The data indicated that shortage of staff results in bad time management which leads to poor quality patient care.

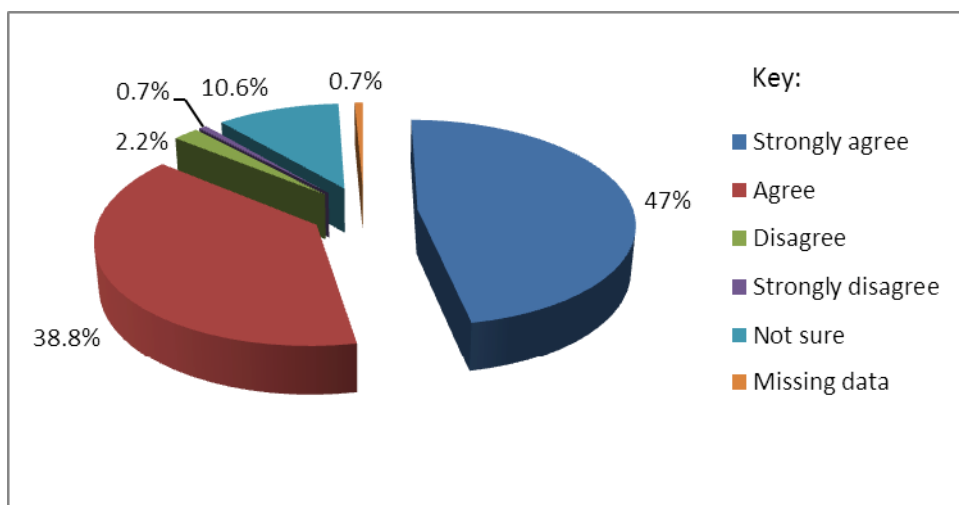


Figure 4.4. Shortage of staff

Jooste (2003:321) stress that nurses are expected to render quality patient care and prioritize delegated activities, irrespective of staff shortages. Andongndou (2004:18) states that when incomplete delegated activities overlap, conflicting work performance leading to poor quality patient care may result. Kelly-Heindenthal (2003:274) support Andongndou (2004:18) by indicating that over delegation usually put the patient at risk. Gillies (1994:287) asserts that shortage of staff in health care institutions is often caused by high rates of absenteeism which have a negative effect on other nurses because they are overworked. Absence of nurses from duty could result in increased costs for both patients and health care institution.

4.3.4 Item B4: Working under pressure affects time management negatively

The majority of respondents agreed that working under pressure has a negative impact on time management related to patient care as evidenced by those who strongly agreed (36.6%; n=49) and agreed (53%; n=71), strongly disagreed (1.49%; n=2) whereas few disagreed (1.42%; n=2) or with the statement and others were not sure (6%; n=8), and missing data (1.42%; n=2) (Figure 4.5). Shortage of staff could cause professional nurses to work under pressure because delegated tasks are not changed, but assigned to nurses who are on duty at that time. Krukow, Clary, O'Brien, Normandin and Strachota (2003:111) support the aforementioned statement by indicating that patient care in a health care institution is compromised if professional nurses work under pressure and the health care institution and patients will experience increased costs.

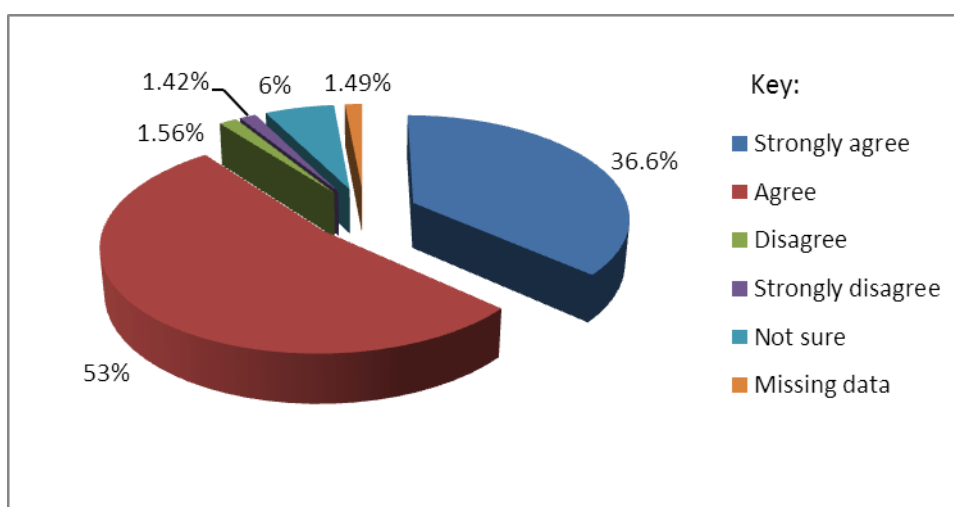


Figure 4.5. Working under pressure

4.3.5 Item B5: Answering of telephone calls wastes time allocated for patient care

The results on the above item are summarized in Figure 4.6, i.e., a significant proportion of respondents strongly agreed (36.6%; n=49) and agreed (39%; n=52) that telephone calls waste time allocated for the provision of patient care. However, a number of respondents disagreed (14.2%; n=19), strongly disagreed (1.5%; n=2) or were not sure (8.21%; n=11), missing data (0.49%; n=1). The study indicated that professional nurses spend more time answering telephone calls and this practice wastes a lot of time that could otherwise be used to render patient care. Telephone calls during working hours disrupt nurses' plans and decrease their expected work performance. Andongndou (2004:97) recommends that the amount of time spend on responding to telephone calls can be limited by attending to important messages only. This also applies to the use of cellular phones at work by nurses during working hours. The health care institution should, therefore, discourage the use of social telephone calls when rendering patient care to reduce costs and errors that could occur. Alsksnis, Duffield and O' Brien-Pallas (2004:302) also support the statement that responding to social telephone calls during working hours result in patient crisis and nursing errors.

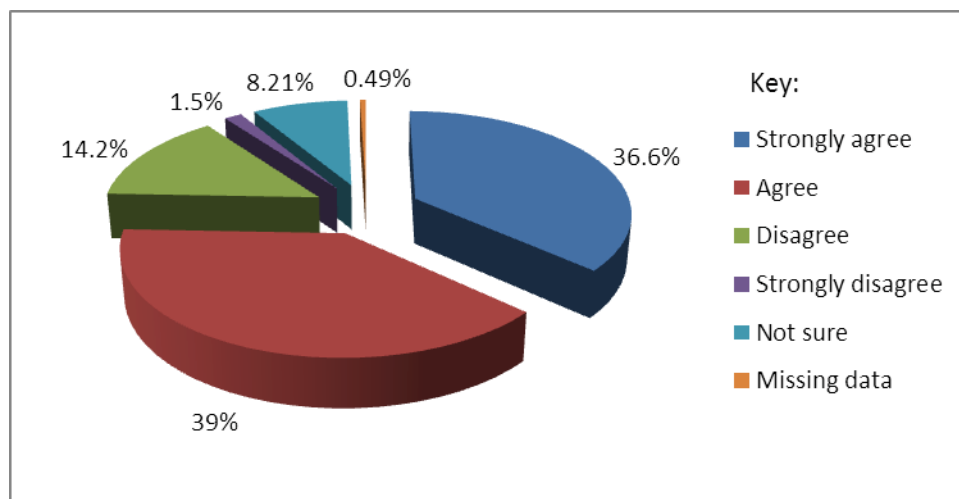


Figure 4.6. Answering of telephone calls wastes time

4.3.6 Item B6: In-service training on time management

Some respondents strongly agreed (24.63%; n=28) and agreed (56%; n=80) that in-service training on time management be conducted for professional nurses, while others disagreed (13.43%; n=17) or strongly disagreed (1.5%; n=2) with the statement (Figure 4.7). However, those respondents who were not sure (3%; n=3) and the missing data (1.5%; n=2) were insignificant by comparison. The study identified a need for professional nurses to undergo in-service training on time management that will assist them in providing improved quality patient care in a health care institution. George et al (2003:511) indicate that continuous professional nursing education is important and must be encouraged in all health care institutions. High quality nursing care will become a reality if nurses are kept abreast with modern developments if they attend in-service training (Strumpher, Rooyens & Nourishe, 2004:63). Warner (2000:6413) corroborates that if there is lack of in-service training for professional nurses, the health care institution will experience less productivity and patients' health will be at risk.

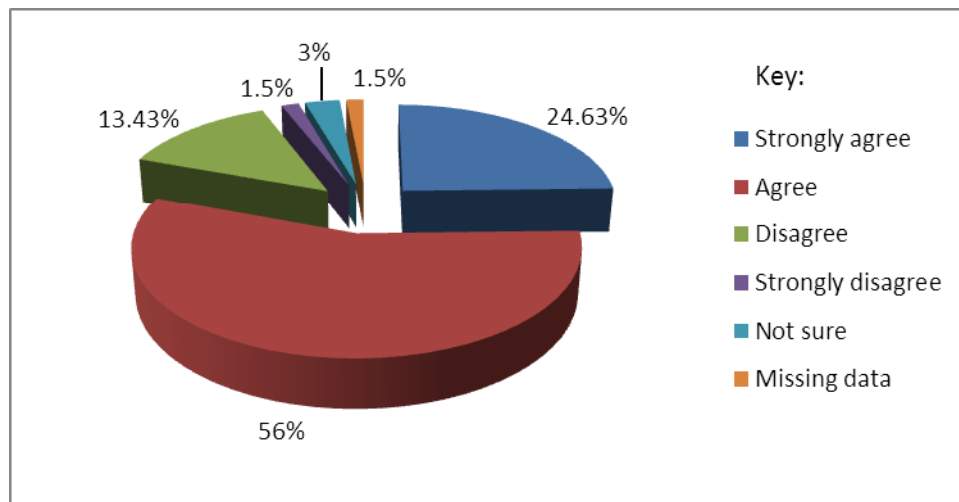


Figure 4.7. In-service training on time management

4.3.7 Item B7: Able to prioritize activities in case of emergencies

A significant number of respondents indicated that they strongly agreed (1.5%; n=2) or agreed (61.5%; n=80) that they are able to prioritize tasks when an emergency arises, whereas others strongly disagreed (10.45%; n=13) (Figure 4.8). However, findings also indicated that although (61.5%; n=80) of the professional nurses are able to prioritize tasks when there is an emergency, (61.5%; n=80) again disagreed that they are able to prioritize tasks when an emergency arises, implying that patients' lives are not at risk if there are a large number of professional nurses capable of attending to emergencies when there is need. Those who were not sure (0.76%; n=1) with no missing data. Therefore, it is the responsibility of the health care institution to ensure that professional nurses attend in-service training on prioritization of activities to reduce health risks. Professional nurses should possess the skills to prioritize activities at the workplace because they are expected to respond immediately in cases of emergencies (Peltier, Dennick-Champion & Winsniewski, 2004:427).

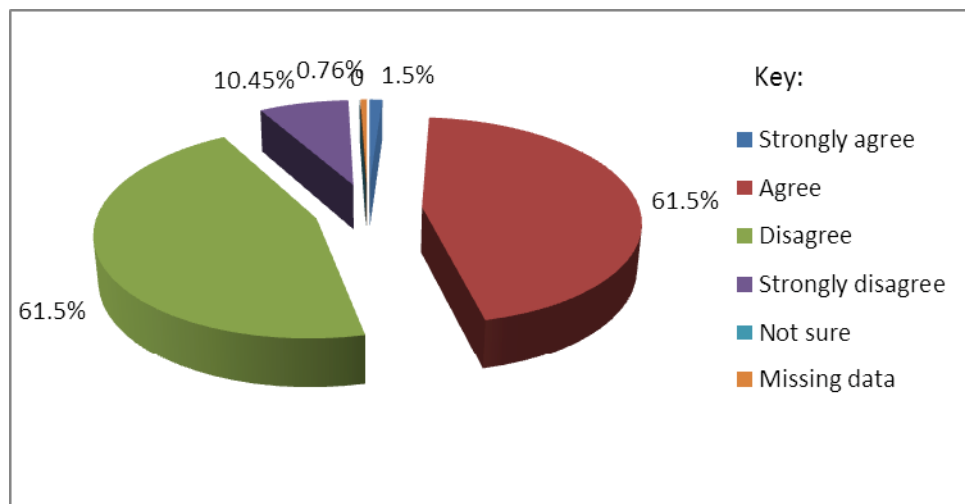


Figure 4.8. Able to prioritize tasks in case of emergencies

4.3.8 Item B8: Promotion contributes towards quality patient care

Figure 4.9 shows that the majority of the respondents are of the opinion that promotion contributes towards quality patient care, as borne out by those who strongly agreed (30%; n=40) and agreed (56%; n=75). The responses of the other participants are also summarized in Figure 4.9, viz., those who strongly disagreed (0.76%; n=1), disagreed (1.5%; n=2), unsure (9.8%; n=13), whereas (2.23%; n=3) represented the missing data. The study indicated that promotion at the workplace is linked to productivity. Thus, promotion within the health care institution motivates professional nurses to render more efficient patient care (Van Der Schyf, Marx, Grobler, Hatfield, Elbert & Carell, 2004:234).

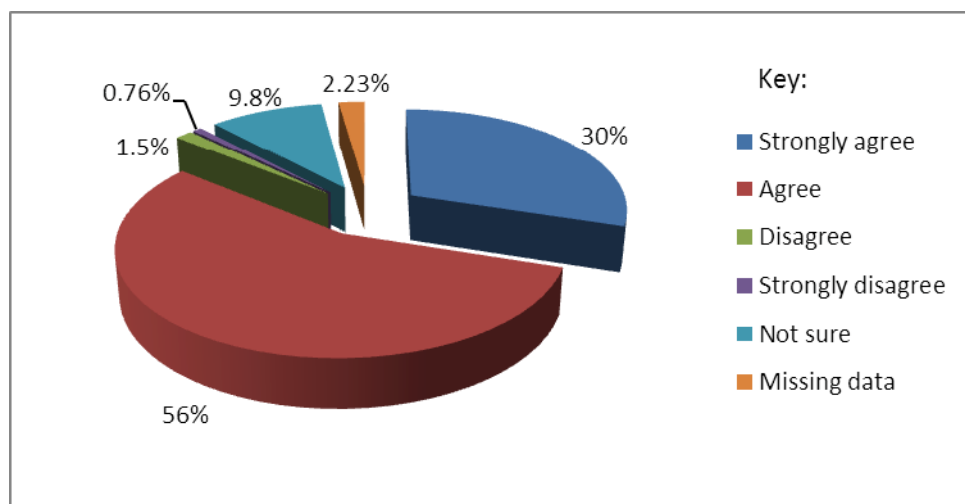


Figure 4.9. Promotion contributes towards quality patient care

4.3.9 Item B9: Delegation is written according to personnel capabilities

The findings on this item are shown in Figure 4.10, i.e., the majority of respondents strongly agreed (22%; n=30) or agreed (55.5%; n=74) with the statement that delegation is written according to personnel capabilities, whereas none of the respondents strongly disagreed, but (8.72%; n=11) disagreed with the statement and (11.2%; n=15) were not sure.

Missing data represented (3%; n=4). Nursing care cannot be rendered without a written delegation. The writing of delegation according to set standards of nursing care almost always results in positive productivity with reduction of work duplication. The majority of the respondents were confident that professional nurses have knowledge regarding the writing of delegation. Booyens (2004:229) and Lavoie-Trembla (2004:469) affirm that nurses, including professional nurses, are aware that delegation is linked to their responsibility and accountability, and that scheduled work should not be carried over.

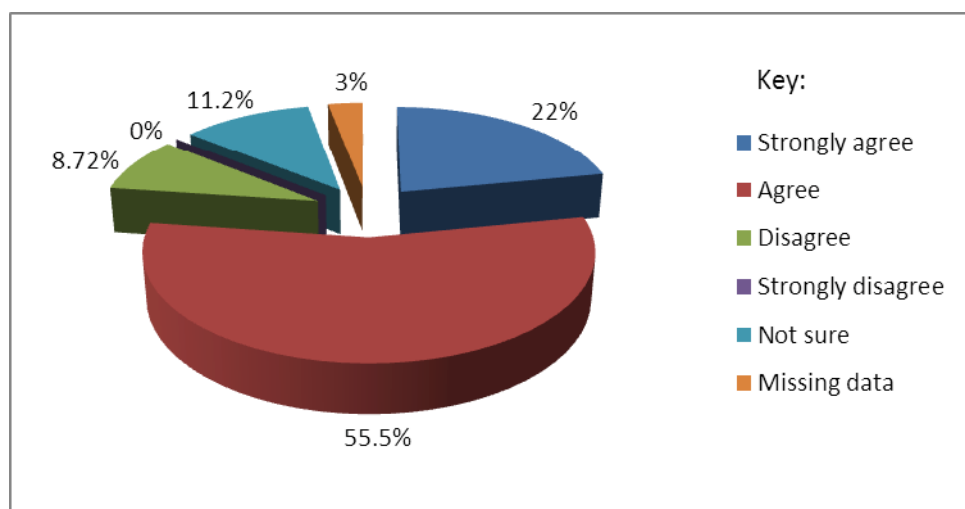


Figure 4.10. Delegation is written according to personnel's capabilities

4.3.10 Item B10: More mentors are needed to empower nursing staff

Analysis of the respondents' responses on this item revealed that (24%; n=32) strongly agreed and (59%; n=79) agreed that more mentors are needed to empower nursing staff during work performance (Figure 4.11). None strongly disagreed and very few respondents disagreed (0.75%; n=1) with the statement while (15%; n=20) were not sure, and the missing data (1.5%; n=2) were inconsequential. The results of the study reaffirm that it is acceptable to have more mentors in the clinical setting to empower nurses during the rendering of patient care.

Gokenbach (2007: 440) is also of the opinion that if mentors are always allocated in all units then the needs of patients will be achieved. Mentors reduce stress and increase nursing competence by providing support, knowledge and independence (Booyens, 2004:219). Evidently, this calls for the health care institution to consider the appointment of mentors who will reduce nursing errors and health care costs within the working environment.

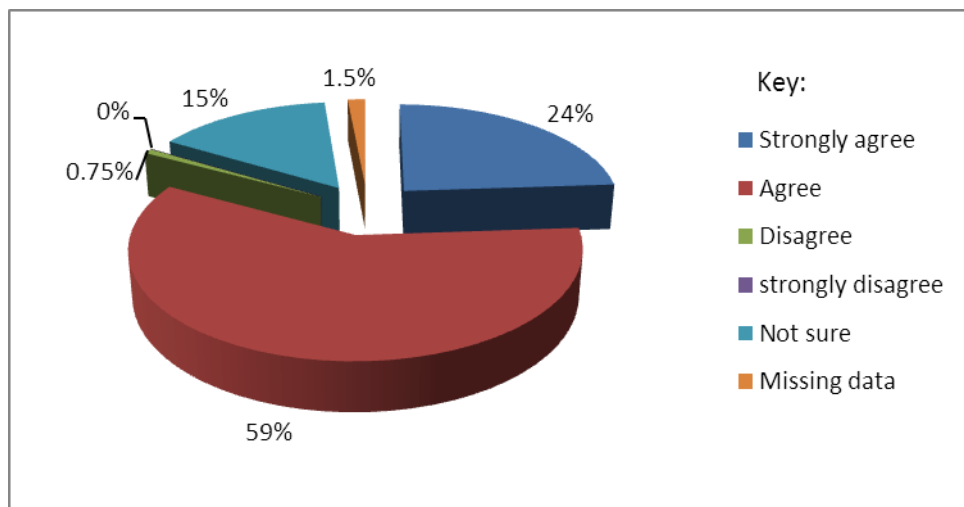


Figure 4.11. Mentors are needed to empower nursing staff

4.3.11 Item B11: Proper supervision of nurses will improve time management

The majority of respondents indicated that that proper supervision of nurses will improve time management (Figure 4.12). Thus, (37.35%; n=51) strongly agreed, (49.24%; n=65) agreed, strongly disagreed none, (1.5%; n=2) disagreed and (11.20%; n=15) were not sure. The missing data were (0.7%; n=1). Supervision of nurses is an important facet in a health care institution because it increases good work performance. Supervisors should practice monitoring and evaluation of delegated activities to check if the work is done according to the needs of the patients (Alsknis et al, 2004:301). Proper supervision of nurses is usually done after delegation has been written, acknowledged and activities completed.

Katajisto and Kuorraine (2003:209) maintain that formal discussions, cooperation and supervision amongst nurses and their supervisors during and/or after work performance contribute towards achievement of the health care institutions' set mission.

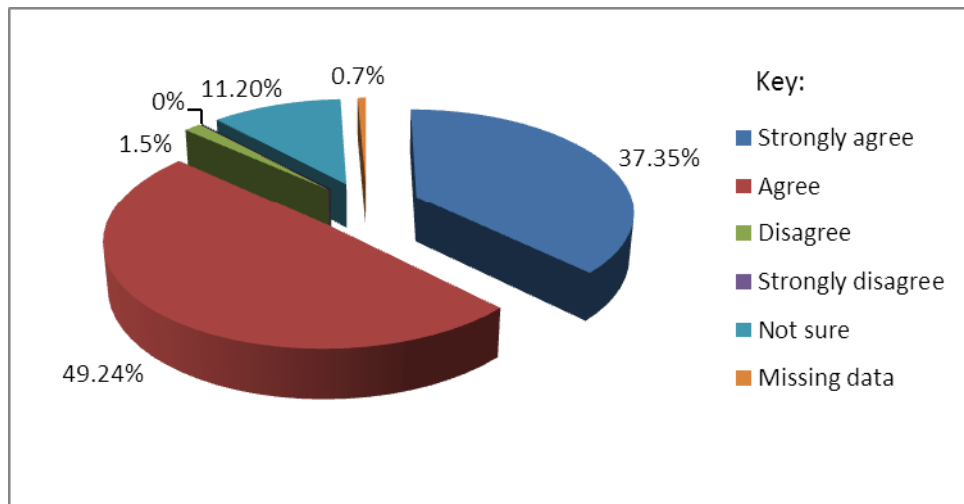


Figure 4.12. Proper supervision of nurses improve time management

4.3.12 Item B12: Tasks are not completed as expected and are carried over to the next period

Figure 4.13 summarizes the responses of participants with regard to the above item, i.e., the majority indicated that they strongly agreed (19.48%; n=25) and agreed (60%; n=79) that tasks are not completed as expected and are carried over to the next period for completion, while few disagreed (4.5%; n=6) and strongly disagreed (2%; n=3) with the statement, and some were not sure (13%; n=17). Missing data accounted for (1.5%; n=2) of the total number of responses received. The study demonstrated that professional nurses are unable to complete delegated tasks as expected and tasks are therefore forwarded to the next period or shift for completion. Thus, supervisors need to make sure that evaluation of work performance is done in time to avoid poor patient care which could result from the deferral of incomplete delegated tasks. Therefore, it is essential to delegate nurses according to their capabilities, with due consideration of factors such as staff shortages and being overworked.

This will enable professional nurses to be aware of managing time as expected. Ellis and Hartley (2000:20) suggest that nurses prioritize tasks that need to be completed immediately.

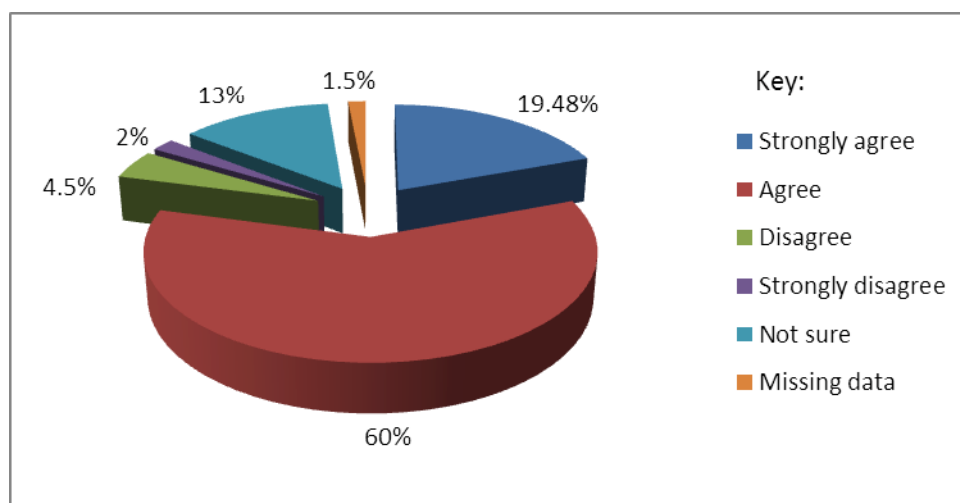


Figure 4.13. Tasks are not completed as expected and are carried over to next period

4.4 Professional nurses' awareness of time management

4.4.1 Item C1: Delegation of duties to personnel according to level of competence

The respondents strongly agreed (29.19%; n=42) and agreed (62.02%; n=82) that they were aware that delegation of duties to personnel is done according to the individual's level of competence (Figure 4.14). Only 1 respondent strongly disagreed (0.75%; n=1) and 3 disagreed (2.2%; n=3) while 5 were not sure (4%; n=5). The missing data accounted for (2.2%; n=3). These findings imply that professional nurses are aware that time can be managed by delegating nurses according to their level of competence. Ellis and Hartley (2000:19) states that through competence and knowledge for delegation, health the desired goals or activities can be achieved in time, thus reducing health risks and costs.

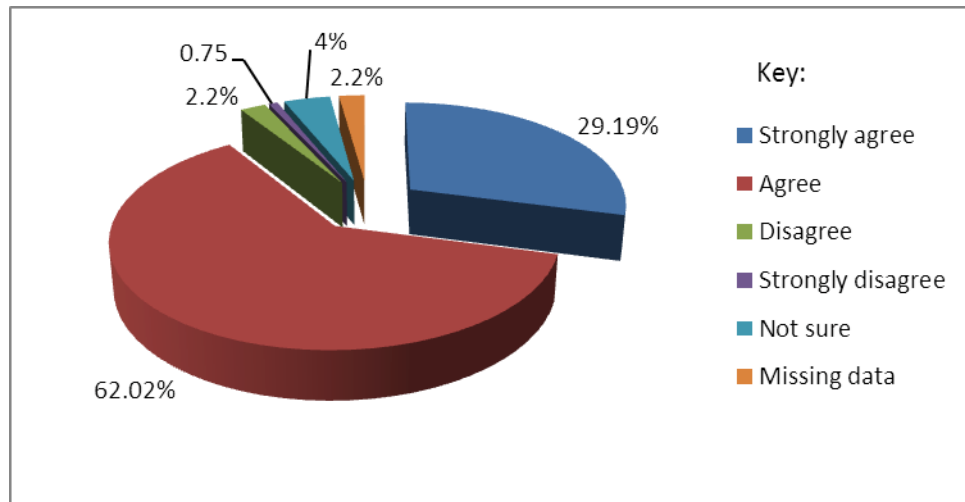


Figure 4.14. Delegation of duties to personnel

4.4.2 Item C:2 Able to manage stress at workplace

Figure 4.15 shows that the respondents strongly agreed (26.34%; n=22) and agreed (55.56%; n=75) that they are able to manage stress at work, while (1.5%; n=2) strongly disagreed, and (12.2%; n=16.3) disagreed and (21.6%; n=29) were not sure, the missing data was (4.4%; n=3). These responses indicate that professional nurses are able to manage stress at the work place and are in agreement with assertions by Alsksnis et al (2004:299) that professional nurses who are capable to implement the acquired skills and knowledge appropriately will experience decreased stress in their work environment. The respondents, who disagreed and strongly disagreed with the statement, should be made aware of the importance of managing stress while rendering patient care. Nurse supervisors have the responsibilities to ensure that professional nurses attend scheduled in-service education programmes and debriefing sessions related to stress management at the workplace. As a corollary, Booyens (2004:215) indicates that health care professionals are not valued at the work place and this may result in despondency and lack of stress management during the provision of patient care.

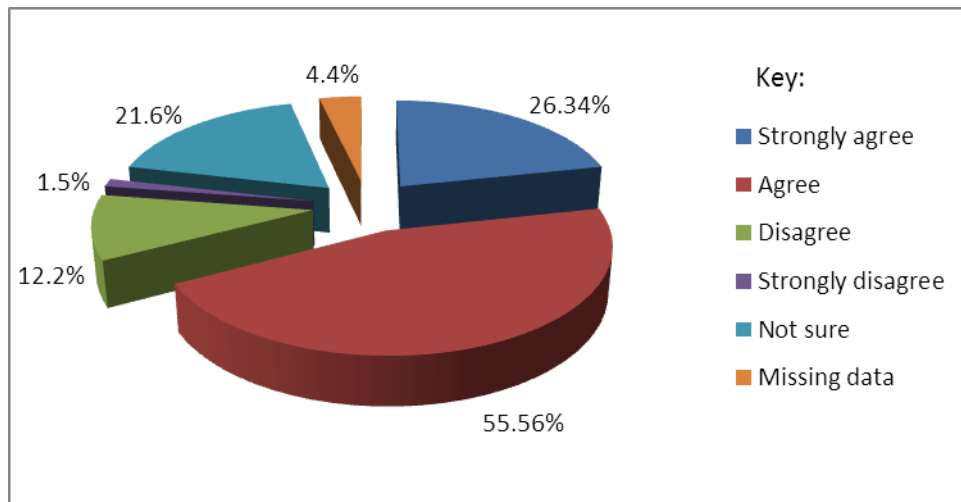


Figure 4.15. Able to manage stress at work

4.4.3 Item C3: Shifting of responsibilities to subordinates

The data on this item are summarized in Figure 4.16 and show that a small number of respondents strongly agreed (17.21%; n=23), while less than half agreed (45.5%; n=61) that they are aware that responsibility is shifted to subordinates. A few participants disagreed (7%; n=9) or strongly disagreed (5.22%; n=7), while some were not sure (23.1%; n=31), and the missing data were (2.2%; n=3). These results implied that supervision is not carried out as expected because shifting of responsibility by professional nurses can result in nursing errors and increased costs and health risks for the patient. In a health care institution, nurses are expected to be responsible for delegated activities and ensure that activities are completed in time (Ellis & Hartley, 2000:31). This calls for nurses' accountability towards written delegation. Nurses need to spend time to save time on delegated activities and ensure that there is little or no shifting of responsibility to subordinates (Andongndou, 2004:28).

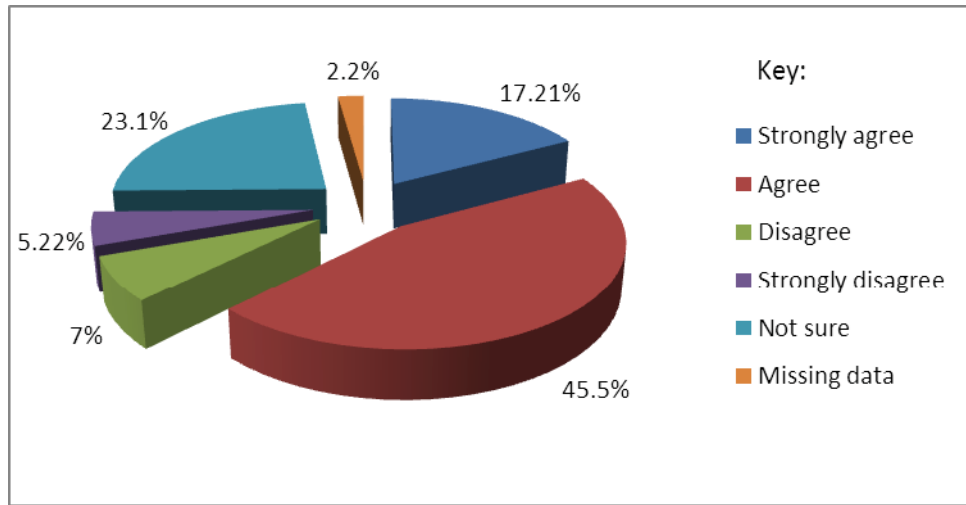


Figure 4.16. Shifting of responsibility to subordinates

4.4.4 Item C4: Work organization

Analysis of the results revealed that respondents strongly agreed (25.48%; n=33) and agree (56%; n=75) that they were aware of work organization in a health care institution (Figure 4.17).

None of the respondents with strongly disagreed and only 1 disagreed (0.75%; n=1) with the statement, while 3 were not sure (2.2%; n=3). The missing data represented (16%; n=21) of the sample. The results illustrate that professional nurses are aware of work organization when rendering patient care. Ellis and Hartley (2000:30) argue that if nurses practice, implement and identify their work relationship and responsibility, proper work organization can be the result. The latter can also be attained if specific activities are delegated to a suitable nurse by the right delegator and supervision done according to expectations.

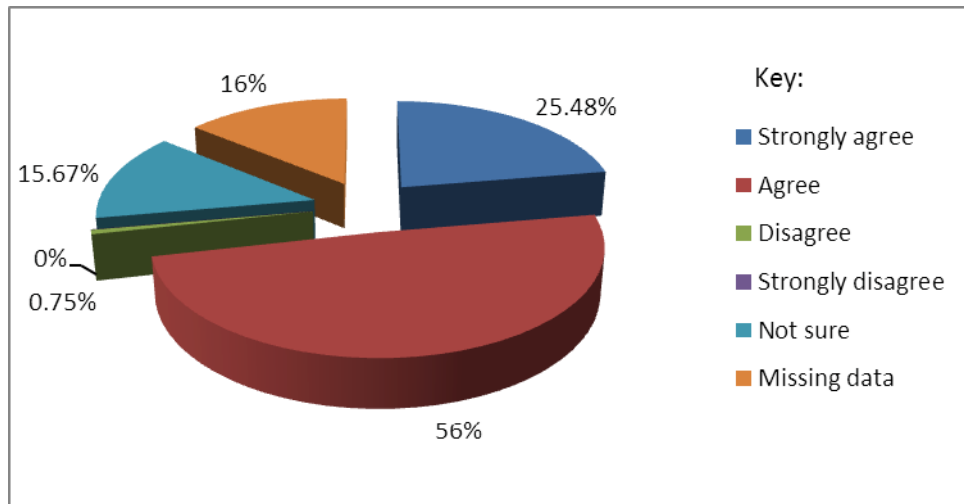


Figure 4.17. Work organization

4.4.5 Item C5: Able to handle emergencies into expected workflow

Figure 4.18 shows data on the respondents' answers to the above item, thus they strongly agreed (20.03%; n=27), agreed (56%; n=75); disagreed (2.2%; n=3), strongly disagreed (1.02%; n=1) or were not sure (19%; n=25) that they are able to handle emergencies into expected workflow missing data of (2.2%; n=3). Thus, nurses are aware of life-threatening situations which can occur while rendering care to the patient. This is because professional nurses have undergone training related to patient care (DeYoung, 1981:218). Nurses who adhere to the prescribed scope of practice will rarely be found guilty of negligence. Booyens (2004:112) indicates that the nurse who is aware of attending to emergencies during workflow will always be familiar with the scope of practice, including proper delegation of nurses during emergencies to save patients' lives (Booyens, 2004:112). If nurses are committed to provide patient care, they will be cognizant of the importance of attending to emergencies at any time because they are able to make decisions by themselves (Orlick, 2008:168). Sheehy (1992:3) states that nurses are trained professionals who are able to attend to unplanned situations which require immediate intervention while rendering care to other patients.

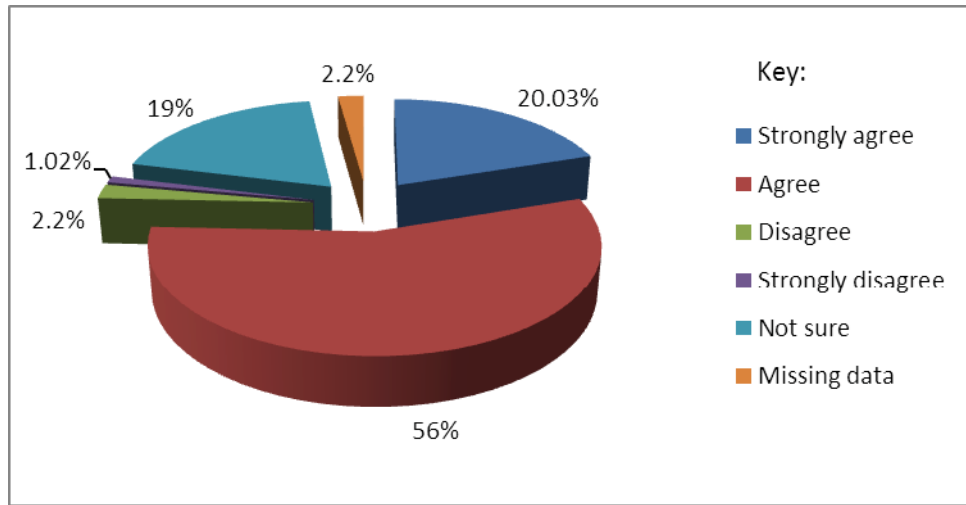


Figure 4.18. Able to handle emergencies into expected workflow

4.4.6 Item C6: Able to implement time management guidelines

The respondents strongly agreed (19%; n=25), agreed (46%; n=61), disagreed (4.45%; n=6), strongly disagreed (0.75%; n=1), disagreed (4.45%; n=6), not sure (28.35%; n=38), missing data (2.3%; n=3) that they are able to implement time management guidelines as indicated (Figure 4.19). The results implied that the health care institution has time management guidelines in place because there is always time allocated for each activity related to patient care. Such guidelines assist nurses to maintaining quality patient care in a healthcare institution (Tappen, 2001:98).

4.4.7 Item C7: Able to avoid tasks that delay patient care

The majority of respondents were confident that they are able to avoid tasks that delay patient care (Figure 4.20), as evidenced by the following results, i.e., strongly agreed (37.31%; n=50), agreed (50.28%; n=68), strongly disagreed (0.75%; n=1), disagreed (2.2%; n=3), were not sure (9.46%; n=13), missing data (0%; n=0). It can be inferred from the above responses that most professional nurses

allocated at Mankweng hospital campus provide patient care as expected and are able to avoid tasks that delay the provision of patient care. Burk et al (2006:745) affirm that professional nurses should at all times minimize unproductive use of time as it will reduce high risks and errors in the execution of the care they give to patients.

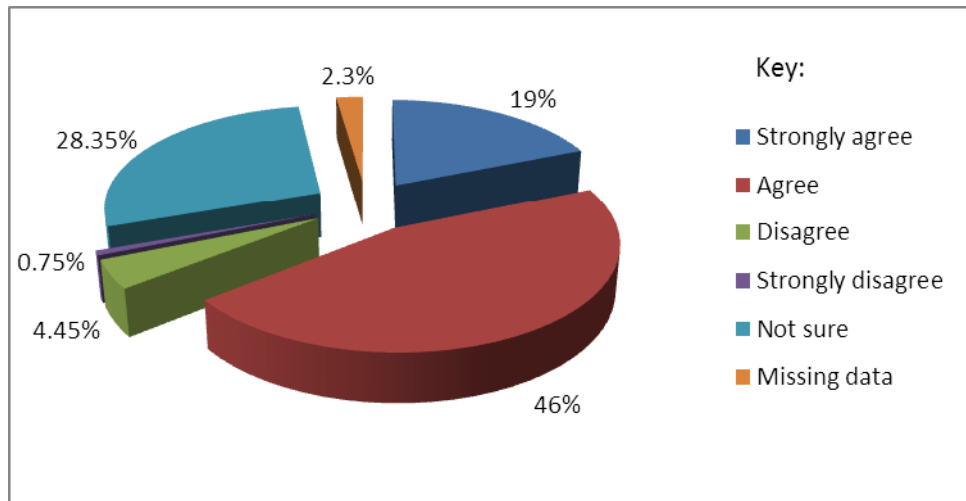


Figure 4.19. Implementation of time management guidelines

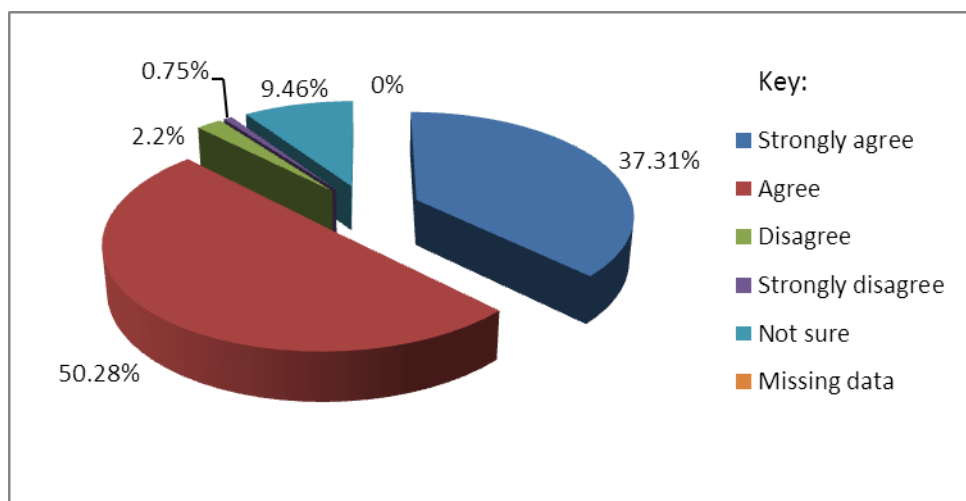


Figure 4.20. Able to avoid tasks that delay patient care

4.4.8 Item C8: Able to utilize time productively

Figure 4.21 highlights the participants' responses to this item, i.e., strongly agreed (17.1%; n=23), agreed (59.09%; n=80), disagreed (1.4%; n=2), strongly disagreed (0%; n=0), not sure (17.9%; n=24), missing data (4.51%; n=5). The respondents indicated that they are able to use time in a productive manner as evidenced by the high percentage who agreed with the statement. Thus, if more work is done properly according to expectations, quality of care in a health care institution will also improve (Ellis & Hartley, 2000:133)

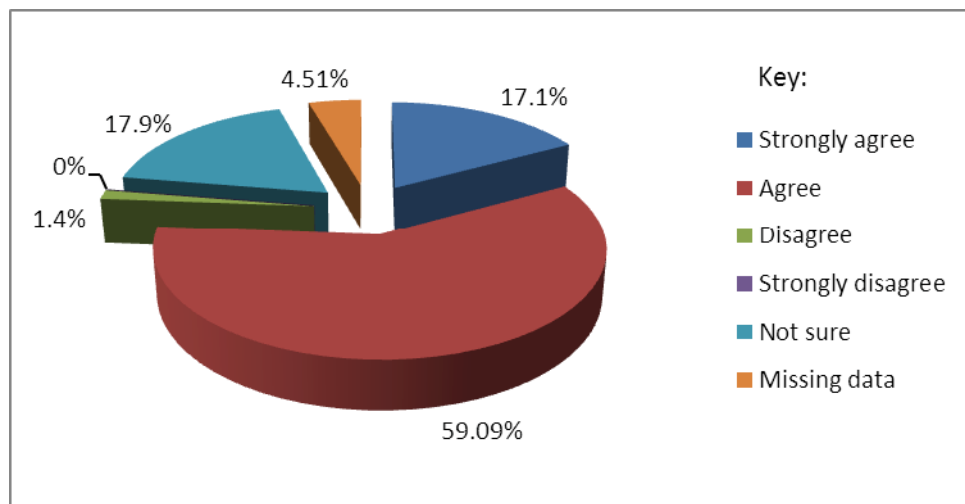


Figure 4.21. Utilizing time productively

4.4.9 Item C9: Able to train patients on self-care

The respondents strongly agreed (40.2%; n=54) and agreed (52.28%; n=71) that they are able to train patients on self-care (Figure 4.22). The number of respondents who disagreed (0%; n=0) and strongly disagreed (0.75%; n=1) were insignificant, but some respondents were not sure (6%; n=8), missing data (0.8%; n=1). The data strongly suggest that professional nurses are able to educate patients on self-care because training of patients on basic needs is essential for health providers.

Muller (1996:14) supports this view by indicating that the total health of any patient should be a nurse's first consideration, i.e., nurses should always be committed to patient care by managing their time correctly and reducing costs of the service they render. Furthermore, prioritization of delegated activities will also ensure commitment of nurses towards patient care, including training and rehabilitation of patients.

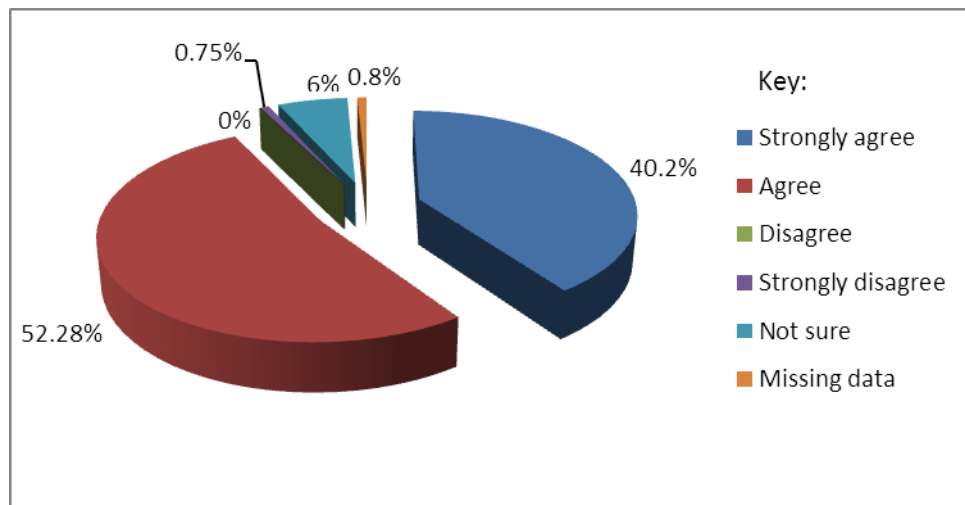


Figure 4.22. Training of patient on self-care

4.4.10 Item C10: Able to delegate subordinates

Figure 4.23 summarizes the respondents' ability to delegate subordinates according to their capabilities and skills, viz., strongly agreed (26.1%; n=35), agreed (59%; n=79), disagreed (2.2%; n=3), strongly disagreed (0%; n=0), unsure (10%; n=13), missing data (2.2%; n=3). Proper delegation of subordinates can reduce work repetition and obviate the need to defer incomplete delegated tasks to the next day.

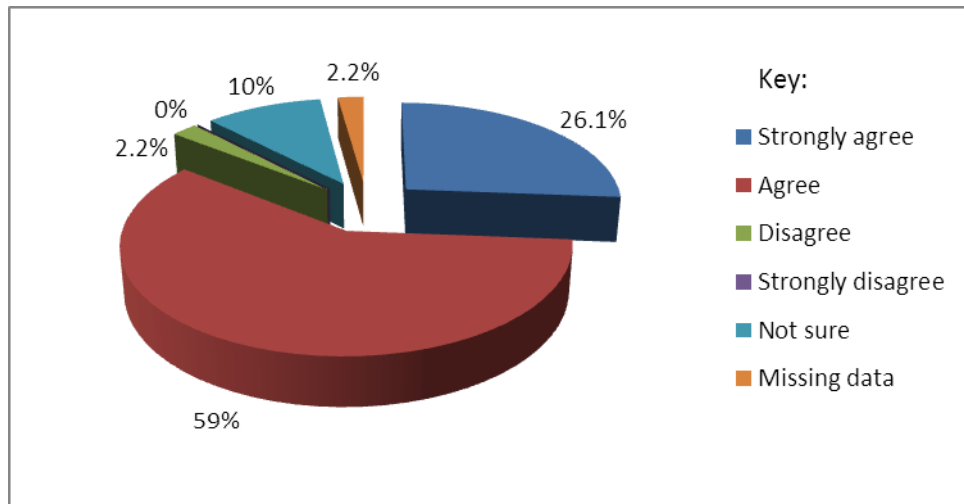


Figure 4.23. Delegation of subordinates

4.4.11 Item C11: Planning for time management

The respondents strongly agreed (26.1%; n=35), agreed (59%; n=79), disagreed (2.2 %; n=3), strongly disagreed (0%; n=0), or were not sure (10%; n=13), and missing data (2.2%; n=3) that they are able to plan for time management (Figure 4.24). Since professional nurses have undergone training for patient care, time management planning forms part of their administrative and managerial functions to ensure that there will be no health risks in the clinical area (Ellis & Hartley, 2000:134).

4.4.12 Item C12: Control of staff movement

Figure 4.25 represents the respondents answers with regard to the control staff movement, viz., strongly agreed (24%; n=32), agreed (41.7%; n=56), disagreed (6%; n=8), strongly disagreed (0.86%; n=1), not sure (25%; n=33), and missing data (3%; n=4). The results indicated that measures are taken to control staff movement at the tertiary health care institution. There is, therefore, high expectation of provision of quality patient care from professional nurses.

Accordingly, quality nursing care can be rendered, in part, if there is continuous control of staff movement within the health care institution.

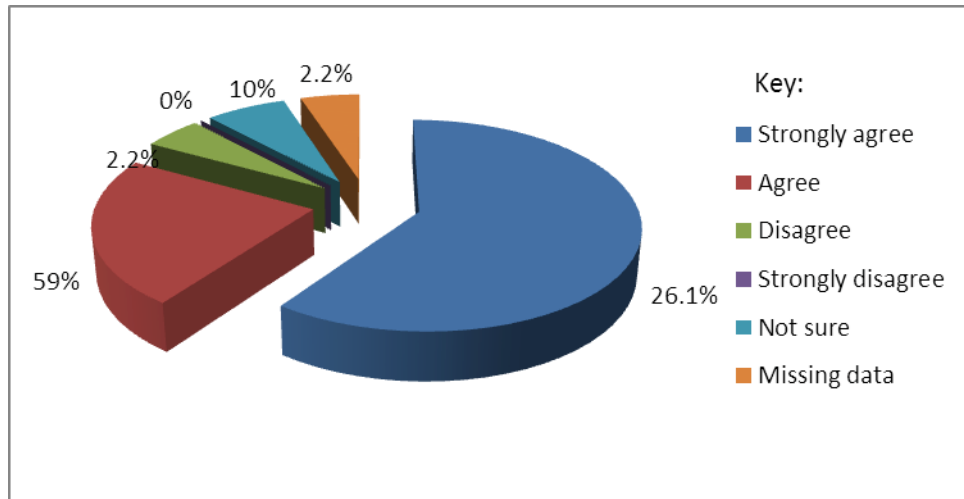


Figure 4.24. Planning for time management

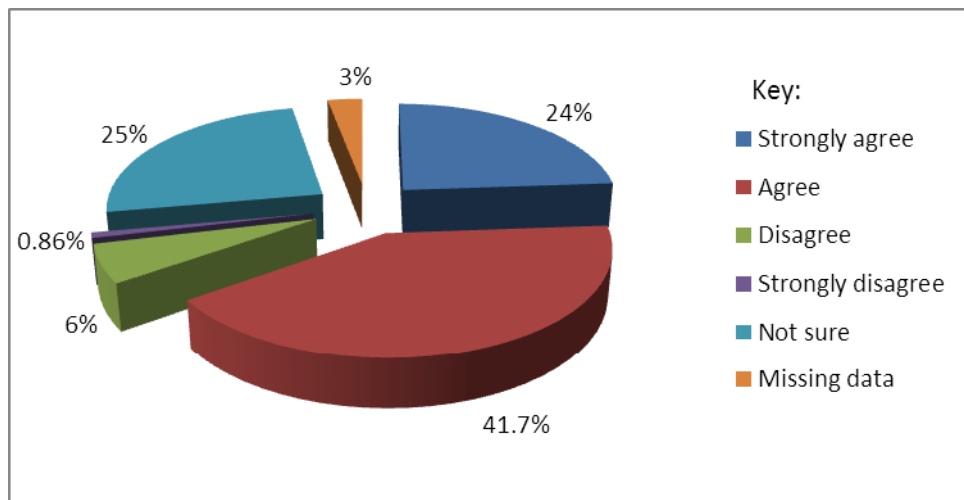


Figure 4.25. Control of staff movement

4.5 Conclusion

In Chapter 4, the findings of the study were analyzed, interpreted and discussed in the context of the objectives of the research and literature relevant to the factors that influence professional nurses' time management at Mankweng Hospital campus, Limpopo Province, South Africa.

CHAPTER 5

SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.1 Introduction

This chapter provides a summary, recommendations, limitations and conclusion of the study.

5.2 Purpose of the study

The purpose of the study was to:

- Determine the factors that influence professional nurses' time management at Mankweng hospital campus, a tertiary hospital campus in Limpopo Province, South Africa

5.3 Objectives of the study

The objectives of the study were to:

- Identify and describe the factors that influence professional nurses' time management at a tertiary hospital campus and
- describe recommendations on effective time management for professional nurses at a tertiary hospital campus to improve quality of patient care.

5.4 Research design

Quantitative, descriptive research design was used.

5.5 Population and sampling

The population in this study comprised of all respondents who met the sampling criteria, viz., professional nurses registered with the SANC and employed at Mankweng hospital campus.

Simple random sampling was chosen for this study, i.e. each respondent had an equal chance of being included in the study. The respondents were selected alternatively using a table of random numbers and the researcher used a coding system whereby each respondent was allocated a number from a sampling list. The inclusion criteria for this study were all professional nurses registered with the SANC allocated in different health care units at the Mankweng hospital campus.

5.6 Data collection

Both open and closed-ended questions were used to collect data. Pretesting was done at Polokwane hospital campus on 20 respondents to establish if they understand the instructions and questionnaire, i.e., approximately 30 minutes. Each respondent was allocated 30 minutes to answer the questionnaire. The researcher minimised bias settling herself away from the respondents while they were completing the questionnaires, but remained within reach. The researcher did not change the format of the questionnaire after the respondents had completed it.

5.7 Data analysis

Data analysis was conducted to reduce, organise and produce meaning of collected data on factors that influence professional nurses' time management at Mankweng hospital campus.

A statistician from Limpopo-Turfloup campus was consulted to assist the researcher with the organisation and production of collected data using the Statistical Package of Social Sciences to construct meaning.

5.8 Validity and reliability

The statistician checked the design and format of the questionnaire for content validity and analysed the collected data. The researcher handed the structured questionnaire to the same respondents after two days, and the data collected matched the previous collected data set, thus confirming the stability of the instrument used for data collection.

5.9 Ethical considerations

The researcher considered the following ethical issues pertaining to the study:

- Informed consent
- Anonymity
- Confidentiality
- Self determination
- Honesty and data processing

5.10 Summary of research findings

A summary of research finding follows:

5.10.1 Age of respondent

The ages of respondents varied between 20 and 65 years. 20-24 years (10.6%; n=13); 25-34 years (30.1%; n=47); 35-44 years (35.0%; n=43), 45-54 years (22.0%; n=27) and 55-65 years (2.4%; n=3). The results indicated a high employment rate in the middle aged group, and thus quality patient care was expected from them.

5.10.2 Gender of respondents

The study results showed that of the 150 respondents, only 133 responded (i.e., the missing data amounted to 17) of which 97% were females and the remainder (3%) were males. The findings confirmed that nursing continued to be a female dominated profession since some decades back.

5.10.3 Work experience after completion of training

The years of work experience of the respondents ranged between 1 and 19 years for both genders, aged 20-55 years (n=125). The mean age was 17.7, the standard deviation 14.02, and the mode was 7. The study results indicated the type of nursing care, i.e., comprehensive nursing care, which is provided at Mankweng hospital campus.

5.10.4 Training institution of respondents

The respondents indicated that they received their qualifications and training: university (56%; n=72), nursing colleges (37%; n=51) and training from the hospital (7%; n=9). When providing quality patient care, the professional nurses should possess certain skills acquired during training. Moreover, sharing of knowledge and skills amongst professional nurses from diverse training backgrounds will result in good productivity and quality care (Ellis & Hartley, 2000:48).

5.10.5 Professional nurses spend much time gossiping

The study indicated that professional nurses spent most of their time gossiping rather than providing patient care. Thus (34.3%; n=46) strongly agreed, (37%; n=45) agreed, (8.21%; n=11) strongly disagreed, disagreed (6%; n=8) and those who were not sure (13.4%; n=18) with the missing data which represented (1.4%; n=2).

Spending too much time on gossiping will always result in poor patient care and increased costs for both patients and health care institution.

5.10.6 There is always allocated time for socialization

A number of respondents strongly agreed (18%; n=24) that there is allocated time for socialization at the workplace, whereas others agreed (39.7%; n=51), strongly disagreed (6.7%; n=9), disagreed (8.2%; n=11), were not sure (25%; n=33), and missing data (3%; n=4). Therefore, nurses should be aware of the amount of time spent on non-productive activities, e.g., negative gossiping among unregistered, non-professional nurses who may not be committed towards patient care.

5.10.7 Shortage of staff contributes towards poor time management

The majority of the respondents strongly agreed (47%; n=63), agreed (38.8%; n=52), strongly disagreed (0.7%; n=1), disagreed (2.2%; n=3), not sure (10.6%; n=14) and missing data (0.7%; n=1). Efficient monitoring of time is to be practised by professional nurses and supervisors caring for patients, regardless of shortage of staff.

5.10.8 Working under pressure affect time management

The majority of respondents strongly agreed (36.6%; n=49), agreed (53%; n=71), strongly disagreed (1.49%; n=2), disagreed (1.42%; n=2) not sure (6%; n=8), and missing data (1.42%; n=2). If professional nurse provide patient care according to set standards of nursing practice, apart from the pressure of work experienced, their productivity and efficiency will be sustained.

5.10.9 Answering of telephone calls waste time allocated for patient care

A significant proportion of respondents strongly agreed (36.6%; n=49), agreed (39%, n=52), strongly disagreed (1.5%; n=2), disagreed (14.2%; n=19), not sure (8.21%; n=11), and missing data (0.49%; n=1). Thus, managers should ensure that enough clerks are employed to assist with answering of telephone calls because some of the calls might not need the nurses' attention.

5.10.10 In-service training on time management

Some respondents strongly agreed (24.63%; n=28), agreed (56%; n=80), strongly disagreed (1.5%; n=2), disagreed (13.43%; n=17), not sure (3%; n=3), with the missing data (1.5%, n=2). In-service training on time management should be conducted to increase professional nurses' insight regarding the provision of patient care according to set standards.

5.10.11 Able to prioritise activities in case of emergencies

The respondents indicated that they strongly agreed (1.5%; n=2), agreed (61.5%; n=80), strongly disagreed (10.45%; n=13), disagreed (61.5%; n=80), not sure (0.76%; n=1), with missing data (0%; n=0). Thus professional nurses are trained to be able to prioritise activities.

5.10.12 Promotion contributes towards quality patient care

The majority of the respondents strongly agreed (30%; n=40), agreed (56%; n=75), strongly disagreed (0.76%; n=1), disagreed (1.5%; n=2), unsure (9.8%; n=13), whereas (2.23%; n=3), represented missing data. Job promotion not only increases the work ethics and morale of nurses but can be effective in reducing burnout at the workplace.

5.10.13 Delegation is written according to personnel' capabilities

The findings indicated that strongly agreed (22%; n=30), or agreed (55.5%; n=74), whereas none strongly disagreed but (8.72%; n=15) disagreed, (11.2%; n=15) were not sure and missing data represented (3%; n=4). The findings also indicated that nursing care can not be rendered without a written delegation.

5.10.14 More mentors are needed to empower nursing staff

Analysis of the participants' respondents revealed that (24%; n=32) strongly agreed, and (59%; n=79) agreed, none response from strongly disagreed whereas very few respondents (0.75%; n=1) disagreed, while (15%; n=20) were not sure with the missing data (1.5%; n=2). The employment of more mentors in the health care institution will increase nurses' competence and reduce stress in the workplace.

5.10.15 Proper supervision of nurses will improve time management

The study findings revealed that (37.35%; n=51) strongly agreed, agreed (49.24; n=65), no response for strongly disagreed, while (1.5%; n=2) disagreed, and not sure (11.20%; n=15)

with the missing data (0.7%; n=1). Supervisors should evaluate delegated tasks and support the nurses at all times to reduce health risks. Further more, supervision of nurses is an important facet in a health care institution because it increases good work performance.

5.10.16 Tasks are not completed as expected and are carried over to the next period

The respondents who strongly agreed (19.48%; n=25) and agreed (60%; n=79), strongly disagreed (2% n=3), disagreed (4.5%; n= 6), those who were not sure (13%; n=17), and the missing data was (1.5%; n=2). These indicated that tasks are mostly carried out according to expectations and professional nurses are delegated according to their capabilities and skills.

5.10.17 Delegation of duties to personnel according to level of competence

The respondents strongly agreed (29.19%; n=42) and agreed (62.02%; n=82), only (0.75%; n=1) strongly disagreed, with (2.2%; n=3) disagreed, whereas (4%; n=5) were not sure, with the missing data (2.2%; n=3). Thus, according to the results, patients at Mankweng hospital campus should be receiving quality patient care.

5.10.18 Able to manage stress at workplace

The respondents who strongly agreed (26.34%; n=22), agreed (55.56%; n=75), strongly disagreed (1.5%; n=2), and disagreed (12.2%; n=16.3), not sure (21.6%; n=29), and missing data was (4.4%; n=3). It is recommended that those who lack this ability attend in-service education enrichment on stress management.

5.10.19 Shifting of responsibilities to subordinates

A small number of respondents strongly agreed (17.21%; n=23), while less than half agreed (45.5%; n=61), strongly disagreed (5.22%; n=7), disagreed (7%; n=9), whereas (23.1%; n=31) were not sure, with the missing data (2.2; n=3). This indicated that poor patient care can be expected if subordinates were not capable of performing shifted delegated tasks.

5.10.20 Work organisation

Analysis of the results revealed that respondents who strongly agreed (25.48%; n=33), agreed (56%; n=75), strongly disagreed none, only (0.75; n =1) disagreed, while (2.2%; n=3) were not sure and the missing data represented (16%; n=21). Patients will particularly benefit if professional nurses were able to organise their work properly.

5.10.21 Able to avoid tasks that delay patient care

The respondents who strongly agreed (37.31%; n=50), agreed (50.28%; n =68), strongly disagreed (0.75%; n =1), disagreed (2.2%; n =3), with (9.46%; n =13) who were not sure and the missing data was none. The majority of respondents were confident that they are able to avoid tasks that delay patient care.

5.10.22 Able to utilise time productively or effectively

The respondents' responses on this item revealed that strongly agreed (17.1%; n=23), agreed (59.09%; n =80), those who strongly disagreed none while (1.4%; n =2) disagreed, with (17.9%; n =24) were not sure and (4.51%; n =5) represented the missing data. This may be ascribed to the fact that the professional nurses received their training from different institutions and their experiences in the provision of patient may be guided from different perceptions.

5.10.23 Able to train patients on self-care

The majority of respondents strongly agreed (40.2%; n=54), and agreed (52.28%; n =71), with (0.75%; n =1) who strongly disagreed and none respondents disagreed, while some respondents were not sure (6%; n =8), and the missing data was (0.8%; n =1). This results point to the output that the health care institution has with regard patient care, and it will be in the patient' own interest if they are discharged home with the some knowledge about self care.

5.10.24 Able to delegate subordinates

The respondents' ability to delegate subordinates according to their capabilities and skills, viz., strongly agreed (26.1%; n=35), agreed (59%; n=79), disagreed (2.2%; n= 3), strongly disagreed (0%; n=0), unsure (10%; n=13), missing data (2.2%; n=3). Proper delegation of subordinates can reduce work repetition and obviate the need to defer incomplete delegated tasks to the next day.

5.10.25 Planning for time management

The respondents who strongly agreed (26.1%; n =35), agreed (59%; n =79), while none strongly disagreed with (2.2%; n = 3) who disagreed, those who were not sure (10%; n = 13) with the missing data (2.2%; n = 3). This revealed that respondents were aware of planning for management of time and thus quality patient care is rendered at Mankweng hospital campus.

5.10.26 Control of staff movement

The respondents answers with regard to the control staff movement, viz., strongly agreed (24%; n=32), agreed (41.7%; n=56), disagreed (6%; n=8), strongly disagreed (0.86%; n=1), not sure (25%; n=33), and missing data (3%; n=4). The results indicated that measures are taken to control staff movement at the tertiary health care institution.

5.11 Recommendations

The hospital managers need to ensure that professional nurses manage time allocated for the provision of delegated activities. The study results revealed that there is a need for professional nurses to attend in-service education related to management of time. Based on research findings the following recommendations regarding time management should be effected:

- **Shortage of staff**

There is a need for professional nurses to implement nursing skills with regard patient care activities in different units where there is shortage of staff. Jooste (2003:321) also indicates that nurses are expected to provide quality patient care irrespective of shortage of staff. The writing of on and off duties by professional nurses should be linked to delegation of daily activities, to ensure that quality care for patients is adhered to.

- **Time management**

The answering of social telephone calls, during work performance, waste time for nurses to complete delegated activities in time. Supervisors should take the responsibility for the rendering of quality patient care and ensure that nurses do not practice the on duty off duty trend while at workplace. Thus if supervision is not properly practised, there would always be incomplete work performance contributing towards shifting of responsibilities to subordinates.

Thus nursing errors will be the results if professional nurses are unaware of their responsibilities and accountabilities while at workplace.

- **Stress management at work**

Professional nurses in a tertiary health care institution are expected to manage the stress that can occur during the implementation of delegated activities and not causing stress to the patients and subordinates by shifting responsibilities and not completing delegated activities in time.

5.12 Limitations of the study

The findings of the study may not be generalised to all public hospitals in South Africa since the study was confined to tertiary hospital campus in the Limpopo Province.

5.13 Conclusion

Objective 1 of the research study to determine, through a quantitative, non-experimental, descriptive research design involving the administration of a structured questionnaire, the factors that influence professional nurses' time management at a tertiary health care institution, viz., Mankweng hospital campus was met. The respondents assisted with the identification and formulation of Objective 2, i.e. to describe recommendations on effective time management for professional nurses at the tertiary hospital campus.

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APPENDIX 1

REQUEST FOR RESEARCH PERMISSION

Enquiries: 0847611167

PO Box 794
Sovenga
0727
11 April 2008

The Research Section
Department of Health and Social Development
Private Bag X9302
Polokwane
0700
Madam/Sir

REQUEST FOR RESEARCH PERMISSION

I am a Master Curationis (MCur) student of the University of Limpopo-Turfloop Campus, conducting a study on “Factors that influence professional nurses’ time management at Mankweng Hospital Campus, Limpopo Province, South Africa.”

I hereby request permission to conduct research at Mankweng and Polokwane Hospital Campuses. Futhermore, I request the participation of professional nurses to complete a questionnaire that will require 20 minutes of their time. The proposal and the letter of clearance certificate from University of Limpopo Medunsa Campus (Medunsa Campus Research and Ethics Committee) are attached hereto.

Yours faithfully

.....
MM Mamabolo

APPENDIX 2

PERMISSION FROM DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT TO CONDUCT RESEARCH



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH & SOCIAL DEVELOPMENT

Enquiries: Ramalivhana NJ/ Malomane EL

Ref: 4/2/2

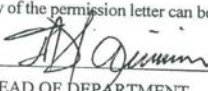
29 August, 2008
Mamabolo MM
P.O.BOX 794
SOVENGA
0727

Dear Mamabolo MM

**“Factors that influence professional nurses’ time management at Mankweng Hospital
Campus Limpopo Province, South Africa”**

Permission is hereby granted to Mamabolo MM to conduct a study as mentioned above

- The Department of Health and Social Development will expect a copy of the completed research for its own resource centre after completion of the study.
- The researcher is expected to avoid disrupting services in the course of his study
- The Researcher/s should be prepared to assist in interpretation and implementation of the recommendations where possible
- The Institution management where the study is being conducted should be made aware of this,
- A copy of the permission letter can be forwarded to Management of the Institutions concerned


HEAD OF DEPARTMENT
HEALTH AND SOCIAL DEVELOPMENT
LIMPOPO PROVINCE

Private Bag x 9302 Polokwane.
18 College Str. Polokwane 0700. Tel.: (015) 293 6000 Fax: (015) 293 6211 Website: <http://www.limpopo.gov.za>

The heartlands of Southern Africa

APPENDIX 3

UNIVERSITY OF LIMPOPO – MEDUNSA CAMPUS RESEARCH AND ETHICS COMMITTEE CLEARANCE CERTIFICATE

UNIVERSITY OF LIMPOPO
Medunsa Campus



MEDUNSA CAMPUS RESEARCH & ETHICS COMMITTEE
CLEARANCE CERTIFICATE

P O Medunsa
Medunsa
0204
SOUTH AFRICA

MEETING: 02/2008

PROJECT NUMBER: MCREC/H/15/2008: PG

Tel: 012 - 521 4000
Fax: 012 - 560 0086

PROJECT :

Title: Factors that influence professional nurses' time management at Mankweng Hospital campus Limpopo Province, South Africa
Researcher: MM Mamabolo
Supervisor: Mrs TM Mothiba
Co-supervisor: Mrs MN Jali
Department: Nursing Science
School: Health Care Science
Degree: M Cur (Nursing Science)

DATE CONSIDERED: March 05, 2008

DECISION OF THE COMMITTEE:

MCREC approved the project.

DATE: March 05, 2008




PROF. GA OGUNBANJO
DIRECTOR: RESEARCH & CHAIRPERSON MCREC

Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

APPENDIX 4

PERMISSION FROM POLOKWANE/MANKWENG HOSPITAL COMPLEX TO CONDUCT RESEARCH



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

PHD 094(1)

DEPARTMENT OF HEALTH & SOCIAL DEVELOPMENT

POLOKWANE/MANKWENG HOSPITAL COMPLEX

AMPUS: POLOKWANE MANKWENG
INQUIRIES: M S MOHLATLOLE TELEPHONE NO: 287 5131
REFERENCE NO: SP/Mamabolo MM DATE: 23 December 2008

Mamabolo MM
P.O Box 794
Sovenga
0727

Dear Ms MM Mamabolo

APPLICATION FOR PERMISSION TO CONDUCT REASERCH: YOURSELF

1. Kindly be informed that permission has been granted that you conduct research/study on factors that influence professional nurse's time management at Polokwane/Mankweng hospital complex.
2. You will have access to all clinical areas that may assist you with required information for your study/research.
3. The study/research must be conducted at your own time and costs
4. The Hospital management wishes you good luck in your studies


ACTING CHIEF EXECUTIVE OFFICER
23/12/2008

POLOKWANE HOSPITAL CAMPUS
DEPARTMENT OF HEALTH & SOCIAL DEVELOPMENT
Cor. HOSPITAL & DORP STREET
PRIVATE BAG X9316
POLOKWANE
0700
TEL: (015) 287 5000
FAX: (015) 297 2604



MANKWENG HOSPITAL CAMPUS
DEPARTMENT OF HEALTH & SOCIAL DEVELOPMENT
PRIVATE BAG XI117
SOVENGA
0727
TEL: (015) 286 1000
FAX: (015) 267 0206

APPENDIX 5

QUESTIONNAIRE

Dear research respondent

This survey is being conducted to identify factors that influence professional nurses' time management at Mankweng hospital, Limpopo Province. You are hereby requested to complete the questionnaire sincerely and to the best of your knowledge.

TO BE COMPLETED BY PROFESSIONAL NURSE

INSTRUCTIONS:

1. The questionnaire consists of three (3) parts, A, B and C.
2. Your name should not appear on the questionnaire.

PART A

BIOGRAPHIC DATA:

Mark the appropriate answer with an x.

1. How old are you?

For office use

20-24 years	1	13	
25-34 years	2	47	
35-44 years	3	43	
45-54 years	4	27	
55-65	5	3	

2. Sex:

For office use

Male	1	41	
Female	2	92	

3. How long have you been working after completion of training? years.

4. At which training institution did you undergo training?

For office use

College	1	A	51
University	2	B	72
Hospital	3	C	9

PART B

Indicate the extent to which you strongly agree (SA), agree (A), not sure (NS), disagree (D) or strongly disagree (SD) with the following statements:

	SA	A	NS	D	SD
1. Professional nurses spend much time gossiping					
2. There is allocated time for socialization					
3. Shortage of staff contributes towards poor time management					
4. Working under pressure affects time management negatively					
5. Answering of telephone wastes time allocated for patient care					
6. I need in-service training on time management					
7. I am able to proritise tasks in case of emergencies					
8. Promotion contributes towards quality patent care					
9. Delegation is written according to personnel capabilities					
10. More mentors are needed to empower nursing staff					
11. Proper supervision of nurses will improve time management					
12. Tasks are not completed as expected and are carried over to next period					

For office use

B	n
B1	132
B2	131
B3	133
B4	132
B5	133
B6	132
B7	130
B8	131
B9	131
B10	132
B11	133
B12	130

PART C

Professional nurses' awareness of time management:

	SA	A	NS	D	SD
1. Delegation of duties to personnel according to level of competence					
2. Able to manage stress					
3. Shifting of responsibility to subordinates					
4. 4.Work organization					
5. 5.Able to handle emergencies into expected workflow					
6. Able to implement time management guidelines					
7. Able to avoid tasks that delay patient care					
8. Able to utilize time productively or effectively					
9. Able to train patient on self-care					
10. 10.Able to delegate subordinates					
11. Planning for time management					
12. Control of staff movements					

For office use

C	n
C1	131
C2	130
C3	131
C4	126
C5	130
C6	131
C7	131
C8	129
C9	132
C10	131
C11	130
C12	130

THANK YOU FOR YOUR PARTICIPATION!

APPENDIX 6

LETTER FROM LANGUAGE EDITOR



FACULTY OF NATURAL SCIENCES
DEPARTMENT OF MEDICAL BIOSCIENCES



Donavon C. Hiss, Ph.D (Medicine)
University of the Western Cape
Private Bag X17
Bellville 7535
South Africa

Tel: +27 (0) 21 959 2334
Fax: +27 (0) 21 959 1563
E-mail: dhiss@uwo.ac.za

1 November 2010

To Whom It May Concern

This serves to confirm that I have edited the language, spelling, grammar and style of the MCur Mini-Dissertation by Meriam Mmadipudi Mamabolo: "Factors that Influence Professional Nurses' Time Management at Polokwane/Mankweng Hospital Complex, Limpopo Province, South Africa".

Sincerely Yours



Donavon C. Hiss
Ph.D. (Medicine), Dip. Freelance Journalism, Dip. Creative Writing



UNIVERSITY of the
WESTERN CAPE

A place of quality, a place to grow, from hope to action through knowledge