



Time Management and Quality of Working Life for Nurses in General Hospitals

In the Republic of the Union of Myanmar*

การบริหารเวลาและคุณภาพชีวิตการทำงานของพยาบาลในโรงพยาบาลทั่วไป
สาธารณรัฐแห่งสหภาพเมียนมาร์*

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Abstract

Effective time management influences nursing performance, helping them to produce better quality nursing care and to have the opportunity to develop themselves. This descriptive correlational study aimed to explore the level of time management and quality of working life of nurses and to examine their relationship. The sample included 252 nurses working in four general hospitals in Yangon Region, the Republic of the Union of Myanmar. Research instruments consisted of the Time Management Behavior Scale (TMBS) developed by Macan (1994) and Work Related Quality of Life scale (WRQoL) developed by Van Laar, Edwards, and Easton (2007). The Cronbach's alpha coefficient of TMBS was .85, while those of the overall and of each dimension of WRQoL (general wellbeing, home-work interface, job and career satisfaction, control at work, working conditions, and stress at work) were .95, .89, .72, .89, .87, .87, and .84 respectively. Descriptive statistics and Spearman's rank correlation coefficient were used to analyze data.

Results were as follows:

1. Nurses perceived that their time management was at a moderate level ($\bar{X} = 99.98$, $SD = 14.45$) and that their work life quality was at a low level ($\bar{X} = 71.06$, $SD = 12.20$).
2. There was a positive correlation between time management and overall quality of work life ($r_s = 0.213$, $p < 0.01$). There was a positive correlation between time management and four dimensions of quality of working life, namely, general well-being ($r_s = 0.201$, $p < 0.01$), job and career satisfaction ($r_s = 0.178$, $p < 0.01$), control at work ($r_s = 0.168$, $p < 0.01$), and working conditions ($r_s = 0.166$, $p < 0.01$). However, there was no association between time management and two dimensions of quality of working life: home-work interface and stress at work.

The results suggest that nurse administrators should provide training for nurses to increase time management skills. This will help them prioritize and manage tasks efficiently. If nurses enhance time management, they will be able to produce quality work and develop themselves.

Keywords: Time management; Quality of working life; Nurses; the Republic of the Union of Myanmar

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บทคัดย่อ

การบริหารเวลาอย่างมีประสิทธิภาพส่งผลต่อการปฏิบัติของพยาบาล โดยช่วยพยาบาลให้การพยาบาลอย่างมีคุณภาพและมีโอกาสไปพัฒนาตนเอง การศึกษาวิจัยเชิงพรรณนาครั้งนี้มีวัตถุประสงค์เพื่อศึกษาระดับการบริหารเวลา คุณภาพชีวิตการทำงานของพยาบาล และศึกษาความสัมพันธ์ของการบริหารเวลาและคุณภาพชีวิตการทำงานของพยาบาล กลุ่มตัวอย่างประกอบด้วยพยาบาล 252 คน ที่ทำงานในโรงพยาบาลทั่วไปสี่แห่ง ในเขตย่างกุ้ง สาธารณรัฐแห่งสหภาพเมียนมาร์ เครื่องมือในการวิจัยประกอบด้วย แบบวัดพฤติกรรมกรรมการบริหารเวลาและพัฒนาโดยมาแคน (Macan, 1994) และแบบวัดคุณภาพชีวิตการทำงานที่พัฒนาโดย แวนลาร์, เอ็ดเวิร์ด, และ อีสตัน (Van Larr, Edwards, & Easton, 2007) แบบวัดพฤติกรรมกรรมการบริหารเวลามีค่า Cronbach's alpha coefficient เท่ากับ .85 ในขณะที่แบบวัดคุณภาพชีวิตการทำงานโดยรวม และรายด้าน ได้แก่ ความพึงพอใจในชีวิต ความเชื่อมโยงระหว่างบ้านกับงาน ความพึงพอใจในงานและอาชีพ การควบคุมงาน สถานการณ์ในงาน และความเครียดในงาน มีค่า Cronbach's alpha coefficient เท่ากับ .95, .89, .72, .89, .87, .87 และ .84 ตามลำดับ วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนา และสถิติ Spearman's rank correlation coefficient

ผลการวิจัยพบว่า

1. พยาบาลรับรู้ว่าการบริหารเวลาอยู่ในระดับปานกลาง ($\bar{X} = 99.98$, $SD = 14.45$) และรับรู้ว่าคุณภาพชีวิตการทำงานอยู่ในระดับต่ำ ($\bar{X} = 71.06$, $SD = 12.20$)

2. การบริหารเวลาและคุณภาพชีวิตการทำงานโดยรวมมีความสัมพันธ์กันเชิงบวก ($r_s = 0.213$, $p < 0.01$) และยังพบว่าการบริหารเวลาที่มีความสัมพันธ์เชิงบวกกับคุณภาพชีวิตการทำงานในรายด้าน สี่ด้าน คือ ด้านความพึงพอใจในชีวิต ($r_s = 0.201$, $p < 0.01$) ความพึงพอใจในงานและอาชีพ ($r_s = 0.178$, $p < 0.01$) การควบคุมงาน ($r_s = 0.168$, $p < 0.01$) และสถานการณ์ในงาน ($r_s = 0.166$, $p < 0.01$) แต่การบริหารเวลาไม่มีความสัมพันธ์กับสองด้านของคุณภาพชีวิตการทำงาน ได้แก่ ความเชื่อมโยงระหว่างบ้านกับงาน และความเครียดในที่ทำงาน

ผลการศึกษานี้มีข้อเสนอแนะว่าหัวหน้าพยาบาลควรจัดการฝึกอบรมให้พยาบาลได้มีทักษะในการบริหารเวลาดีขึ้น ซึ่งจะช่วยให้พยาบาลสามารถจัดลำดับความสำคัญ และจัดการงานให้มีประสิทธิภาพดีขึ้น โดยหากพยาบาลมีการบริหารเวลาได้ดีจะช่วยให้พยาบาลสามารถผลิตงานที่มีคุณภาพ และมีโอกาสไปพัฒนาตนเอง

คำสำคัญ: การจัดการเวลา คุณภาพชีวิตการทำงาน พยาบาล สาธารณรัฐแห่งสหภาพเมียนมาร์

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Background and Significance

Nurses have responsibilities to not only accomplish many tasks, but also to provide good quality of care and ensure well-being for patients (Said, Nave, & Matos, 2015). However, the needs of nurses tend to be ignored, as well as the quality of their working life (Opollo, Gray, & Spies, 2014). Van Laar, Edwards, and Easton (2007) defined the term quality of working life as a broad multidimensional construct that captures each individual's perception of his or her work experience in which their perspective incorporates work-based satisfaction factors, as well as factors regarding life satisfaction and general feelings of well-being. The dimensions of the quality of working life are: (a) general well-being; (b) home-work interface; (c) job and career satisfaction; (d) control at work; (e) working conditions; and (f) stress at work. Said et al., (2015) found that most nurses in their study done in Portugal had a low quality of working life. Another study, done in Iran, revealed that 61% of the nurse participants had a low quality of working life (Faraji, Salehnejad, Gahramani, & Valiee 2017). Another study, done in China, found that the total average score of quality of working life among ICU nurses was at a medium level (Hu, Zhou, Geng, & Zhang 2020).

Due to nurse shortages around the world, nurses are burdened by an increasing quantity of patients, as well as by a multiplicity of tasks; cognitive overload; and perpetual work overload (Qteat, & Sayej 2014). Therefore, time management is absolutely essential in nursing, to counter the practices of time wasting, and unsuitable management which can have a harmful impact on the health of patients (Goudarzian, Ranjbar, Hatkehlouei, & Heidari, 2017). Macan (1994) defined time management as the techniques of managing time, which consist of the following: (a) setting goals and priorities; (b) mechanics; and (c) preference for organization. The results illustrated a good level of time management behavior (63.4%) among head nurses in Iran, yet among nurses in Iran, it demonstrated that most nurses have a medium level of time management (Goudarzian et al., 2017). Effective time management has an effect on employee performance, helping the employee to work better and have the opportunity to develop themselves (Sehrish & Zubair, 2013).

Sehrish and Zubair (2013) found the relationship between time management and the quality of working life, among 300 bank employees, to be positively linked with each other. In the field of nursing, a study of the association between time management and the quality of working life has not yet been conducted among nurses. However, time management has been found to be associated with job satisfaction (Krefetz, 2015) and job stress among nurses (Ghorbanshiroudi, Khalatbari, Madadi, Khelghatdoost, & Keikhayfarzaneh, 2011). Other researchers have shown that work conditions also restricted the ability of nurse participants to organize their time or to utilize their time in a discretionary manner (Bowers, Luring, & Jacobson, 2001). Based on available evidence, therefore, it could be hypothesized that the time management of nurses is associated with overall and various dimensions of their quality of working life.



In Myanmar, nurses in general hospitals tend to have a higher workload than those in other types of hospitals, especially in Yangon which is the most crowded region of Myanmar. Reports show that as of 2015, general hospitals have been more exploited than other types of hospitals, with the occupancy rate on sanctioned beds greater than 100% (Ministry of Health and Sports, 2018). The high workload is resulting in a negative impact on nurses' working lives in these hospitals. A previous study in Myanmar reported that 50.2% of the nurse participants had high job stress and a tendency to burnout (Pyone, Ratanapan, & Laosee, 2015). Moreover, another two studies by Khine-Mar-Oo (2017) and Pyone (2017) found moderate levels of quality of work life among the nurses in the 2500-bed Yangon General Hospital (YGH) and the nurses at the 1000-bed Mandalay General Hospital (MGH). Those two previous studies were done on nurses at the super-tertiary hospital level. Moreover, Htay's (2004) study revealed that Myanmar nurses often lack time, which is related to manpower shortages, too much routine work and spending too much time on non-nursing activities.

In summary, increased time management for greater quality of working life is essential for nurses, especially for nurses in Myanmar. However, no study to support the correlation between time management and quality of working life among nurses has been conducted. Therefore, the current research should explore the level of time management and quality of working life of nurses and to examine their relationship. The results of this study could help nurse managers and administrators to develop ways to improve time management skills and enhancement the quality of working life among Myanmar nurses.

Objectives

This study aimed to explore time management and quality of working life among nurses in general hospitals in Yangon in the Republic of the Union of Myanmar. It is also aimed to examine the relationship between time management and the quality of working life of nurses in general hospitals.

Conceptual Framework

The concept of time management was based on a process model of time management developed by Macan (1994). Time management refers to techniques of managing time which include three behavioral factors: setting goals and priorities, mechanics (planning and scheduling), and preference for organization. The concept of quality of working life is based on the "work related quality of life concept" developed by Van Laar et al. (2007). Quality of working life refers to a broad multidimensional construct for capturing an individual's perception of work experience which includes work-based satisfaction factors as well as life satisfaction and general wellbeing. It includes six dimensions: general well-being, home-work interface, job and career satisfaction, control at work, work conditions, and stress at work. According to the literature review, time management is correlated with well-being, home-work interface, job satisfaction, control at work,



work conditions, and stress. This study tested for the relationship between time management and quality of working life among nurses.

Methodology

This descriptive correlational research was conducted among nurses in four general hospitals affiliated with the University of Nursing, Yangon (YUON) in Yangon Region in the Republic of the Union of Myanmar.

Population and Sample

The target population was 558 nurses in these four general hospitals in Yangon. All samples were registered nurses who are licensed by the Myanmar Nurse and Midwife Council; who met the requirements of giving direct care to patients; who were working for at least one year; and who were willing to participate in the study in all units/wards of these hospitals. We excluded nursing administrators and nurses who were on sick leave, maternity leave or on vacation during the period of the study.

The sample was selected by using the stratified random sampling method. According to Taro Yamane's (1973) formula, the total sample size was 280 cases which included a 20% possible loss.

Research Instruments

The research instrument was a questionnaire which included three parts.

Part 1: The demographic questionnaires, developed by a researcher, consisted of information regarding gender, age, marital status, number of children, level of education, professional title, years of experience in nursing, income and other benefits, work department, and having (or not having) attended a time management seminar.

Part 2: The Measurement of Time Management Behavior (TMB) scale by Macan (1994) was used. Self-reporting questionnaires on TMB consisted of three dimensions with 29 items including 7 items with reversed question, and were categorized under three factors: Goal Setting and Priorities (GSP; 10 items), Mechanics (MEC; 11 items), and Preference for Organization (PFO; 8 items). Participants responded to each item using a 5-point scale from 1 (Never true) to 5 (Always true) with a scoring range of 29-145. The validity of the TMB scale was tested by Macan (1994), and its Cronbach's alpha coefficient was 0.85.

Part 3: The Measurement of Work-Related Quality of Life (WRQoL) by Van Laar and colleagues (2007) was used, and it included the six dimensional scales (24 items) using a five-point scale from 1 (disagree strongly) to 5 (agree strongly). Self-reporting questionnaires for the WRQoL included items related to General Well-Being (GWB-7 items), Home-Work Interface (HWI-3 items), Job and Career Satisfaction (JCS-6 items), Working Conditions (WCS-3 items), Control at Work (CAW-3 items), and Stress at Work (SAW-2 items). The level of quality of working life was categorized into three levels according to Easton and Van Laar (2018). The validity of the WRQoL scale was tested by Van Laar et al. (2007). The Cronbach's alpha coefficient of the overall (total)



and dimensions of the WRQoL scale (GWB, HWI, JCS, CAW, WCS, and SAW) were 0.95, 0.89, 0.72, 0.89, 0.87, 0.87, and 0.84 respectively. The time management questionnaires and WRQoL questionnaires were translated into Myanmar, using the forward-backward translation method (Burns & Grove, 2010). In this study, the content validity of both Myanmar version questionnaires was tested with six nursing experts from the University of Nursing (Yangon). The results showed S-CVI of 0.98 for time management, as well, S-CVI of 0.97 for quality of working life.

Ethical Considerations

The research proposal was approved by the Research Ethics Review Committee, the Faculty of Nursing, Chiang Mai University, and the Research and Ethics Committee of the University of Nursing, Yangon, Myanmar. After getting approval from hospital administration and the Ministry of Health and Sport, Myanmar, all participants were informed about the purpose and methodology of the study. They were informed that participation in the study would be voluntary and that they had the right to refuse participation or withdraw from the study at any time without any punishment. Confidentiality and anonymity of all subjects was assured. Finally, the participants who agreed to participate in the study were requested to sign a written consent form.

Data Collection

After receiving the approval from the Ministry of Health and Sport, the Republic of the Union of Myanmar, the researcher contacted the research coordinator of each hospital to explain the objectives of the study and the method of distribution and collection of questionnaires. The subjects were randomly selected from the list of nurses in each department in each hospital. The distribution of prepared (280) research packages was done by the researcher and one coordinator and a box at the nurses' station in each ward was provided for the returned packages. After two weeks, the researcher checked whether the samples had returned the questionnaire (100%) and also checked the completeness of the questionnaires. The completed questionnaires amounted to 252 out of 280, so a 90% response rate was analyzed.

Data Analysis

Data analysis was performed using Statistical Package software (SPSS-15.0). Descriptive statistics were used to analyze the demographic data, the levels of time management and the quality of working life of nurses. Due to the non-normal distribution of data in the analysis, Spearman's correlation test was used for determining the relationship between nurses' time management and the WRQoL.

Results

The nurse participants were 99.18% female with an average age of 31.47 years (SD = 8.04). Married subjects without children represented 30.56% of participants. Other subjects without children were 37.66% and with one child, 37.66%. The majority had a nursing diploma (57.14%) and 63.10% of subjects were staff nurses. The average years of experience in nursing was 8.14 years (SD = 5.85). The percentage of subjects who received a salary without any



benefits was 65.48%. Most subjects came from the surgical department (17.06%), with a similar percentage coming from the operating room. Only 4.20% of subjects had attended a time management seminar or workshop.

The overall mean score of time management perceived by nurses was at a moderate level (\bar{X} = 99.98, SD = 14.45). As shown in Table 1, the overall mean score of quality of working life perceived by nurses was at a low level (\bar{X} = 71.06, SD = 12.20). Nurses also perceived three dimensions, namely, HWI (\bar{X} = 8.69, SD = 2.50), CAW (\bar{X} = 9.90, SD = 1.81), and WCS (\bar{X} = 9.23, SD = 2.41) at a low level. The other two dimensions, GWB (\bar{X} = 19.15, SD = 4.13) and JCS (\bar{X} = 19.27, SD = 3.74), were at an average level while the last dimension SAW (\bar{X} = 4.83, SD = 1.94) was at a high level.

As shown in Table 2, a significantly positive relationship between time management and quality of working life among subjects (r_s = 0.213, p < 0.01) was found. Also, a significantly positive relationship between time management and four dimensions of quality of working life, namely, GWB (r_s = 0.201), JCS (r_s = 0.178), CAW (r_s = 0.168), and WCS (r_s = 0.166), among nurses at p < 0.01 were indicated.

Table 1 Mean, standard deviation and level of overall and separate dimensions of quality of working life of nurses (n = 252)

QoWL	Mean	SD	Level
Overall	71.06	12.20	Low
Dimensions			
GWB	19.15	4.13	Average
HWI	8.69	2.50	Low
JCS	19.27	3.74	Average
CAW	9.90	1.81	Low
WCS	9.23	2.41	Low
SAW	4.83	1.94	High

**Table 2** Spearman's rank correlation coefficient between time management and dimensions of quality of working life (n = 252)

Quality of Working Life	Time management (r_s)	P value
GWB	.201**	.001
HWI	.072	.255
JCS	.178**	.005
CAW	.168**	.007
WCS	.166**	.008
SAW	-.117	.063
Overall (total)	.213**	.000

Discussion

The results are discussed below, according to the objectives of this study.

1. Time management

The results showed that nurses perceived the overall mean score of time management at a moderate level. This indicates that the nurses in general hospitals in Myanmar sometimes exhibit successful time management behavior, such as using goal-setting and priorities, scheduling, and organization in their jobs. The results of the study were in accordance with Goudarzian et al. (2017) who mentioned that most nurses had a medium level of time management. However, it differed from Qteat and Sayej (2014) which stated that the overall mean for nurses' time management was high.

The most likely reason for this would be that time management behavior of nurses in the general hospitals in Yangon tends to improve in accordance with increased work experience because those nurses with more experience in the same position are usually more familiar with routine nursing care. In the present study, the average number of years of experience of nurses in the general hospitals was 8.14, which demonstrated proficiency or expertise in skill acquisition. The more experienced nurses have a better comprehension of the nature of particular clinical situations, and guide nurses' actions and interactions (Benner, 2004). The nurses can make decisions on the spot, correctly setting goals and priorities, and scheduling and organizing their work within a certain time period. Although nurses were familiar with the processes of prioritization and goal setting, their work environments still involve nurses in unforeseen complex situations, and this factor tends to create obstacles in their time management. In Myanmar, there are many interruptions in nurses' daily work, including non-nursing activities, which often makes it difficult for them to finish their daily work on time (Nang, 2002). According to the above explanation, the time management of nurses in the general hospitals was found to be at a moderate level.



2. Quality of Working Life

The results showed that the overall quality of working life perceived by the nurses from four general hospitals was at a low level. This indicates that, generally, the nurses in the general hospitals were substantially less satisfied with their working lives in one or more wards or departments. This finding was consistent with that of a previous study by Said et al. (2015), using the same instrument, which revealed that most nurses had a low quality of working life in Portugal. However, this finding was inconsistent with two other studies which explored the quality of working life among nurses in Myanmar, and which showed that the quality of work life perceived by the nurse participants was at a moderate level in both a 2500-bed hospital and in a 1000-bed hospital (Khine-Mar-Oo, 2017; Pyone, 2017). The possible reason for this could be due to the different level of hospital and the different instrument used in the study.

The results of this study revealed that the nurses experienced three dimensions of quality of working life, namely home-work interface (HWI), control at work (CAW) and working conditions (WCS) at a low level, and also perceived that stress at work (SAW) was at a high level. This is likely to be a reason for the low level of the quality of working life perceived by the nurses in the general hospitals. The low level of HWI, CAW and WCS and the high level of SAW among the nurses could possibly be due to the high job demands for the nurses, along with inadequate job resources. Although health conditions in Myanmar have been improving, according to the Millennium Development Goals, there is a serious lack of facilities and health care professionals (Latt et al., 2016). Nowadays, nurses in general hospitals tend to have a higher workload than those in other types of hospitals, especially in Yangon, which is the most crowded region of Myanmar (Ministry of Health and Sports, 2018). Hence, the number of nurses is normally not adequate for each shift. Nurses in general hospitals have prolonged time on duty with no extra money due to no hospital policy for overtime pay. This indicates that most of the nurses in the general hospitals in Yangon are not satisfied with their current work.

3. Time management and quality of working life

This study showed that there was a significant weak positive relationship between time management and quality of working life ($r_s = .213$, $p < 0.01$) among nurses at general hospitals. This finding indicated that, the better their time management behavior, the higher the level of QoWL, as perceived by the nurses in general hospitals. This relationship can be explained by Maslow's hierarchy of needs, which was the most important theory of time management (Chansaengsee, 2017) and one of the theories that formed the basis for the quality of working life model by Van Laar et al., (2007). Under Maslow's theory, each person's Self-Actualization level can be fulfilled, using time management techniques, in their lifetime (Chansaengsee, 2017). Good time management can enhance a greater satisfaction for a person's experience in their work and their lifetime (Macan, Shahani, Dipboye, & Phillips, 1990). Sehrish and Zubair (2013) found that time management had a significant positive relationship with the quality of working life among 300 bank employees ($r = .56$, $p < .001$).



The results of this current study supported the idea that effective time management by nurses in general hospitals will improve their general well-being (GWB), in particular regarding happiness or depression. By goal setting, scheduling, and organizing, an individual can gain a sense of mastery over how to allocate his or her time, which can reduce job-induced tensions and somatic tensions (Macan, 1994).

A positive relationship was found between time management and job and career satisfaction. This means that good time management among nurses working at general hospitals helps to promote greater satisfaction with their jobs and careers (JCS). If employees engage in time management techniques, they usually feel a sense of control over their time which is positively linked with job satisfaction (Macan, 1994). The relationship between time management and job satisfaction has also been validated by previous studies by Krefetz (2015).

There was a statistically positive correlation between time management and control at work among nurses. Nurses who have good time management behavior have more chance to express their opinions and to participate in some kinds of decision making. It is relevant to echo the statement of Yoder-Wise (2011) that personal and professional goal-setting and priorities of nurses can heighten their degree of control at their work.

The current study also showed a positive association between time management and WCS among nurses in general hospitals. This implied that effective time management can help to raise satisfaction levels related to their working conditions in general hospitals. General hospitals were found to be more utilized than other types of hospitals with bed occupancy rates higher than 100% in 2015 (Ministry of Health and Sports, 2018). They cannot use their time effectively related to the complexity of their work environment (Nwet, 2017). Thus, there is a need for the behavioral patterns of setting goals, planning and scheduling which can help to solve the problem of lack of time.

On the other hand, the results found that time management was not associated with home-work interface (HWI). No association between time management and HWI could be explained by the inadequate facilities at the general hospitals in Yangon and the rigidity of the nurse managers and/or administrators. Hence, time management techniques can solve strains in time, but they cannot solve all types of strains such as care of children or elders. The findings also showed no significant correlation between time management and stress at work (SAW). This could be because nurses' stress comes mainly from their heavy workloads and insufficient supplies, which cannot be solved by time management techniques.

Conclusions and Implications

This study aimed to explore time management and quality of working life of nurses, and to examine their relationship in the case of nurses in general hospitals, Yangon, the Republic of Union of Myanmar. The study was conducted with 252 nurses who were working in four general hospitals. The findings demonstrated that there was a moderate level of time management, and a low level of overall quality of working life. Regarding the six dimensions of quality of working



life, the GWB and JCS of nurses were determined to be at an average level while the remaining dimensions, HWI, CAW, and WCS, were at a low level. However, the dimension SAW was determined to be at a high level. Moreover, the study showed a weak positive correlation between time management and overall quality of working life. There is a weak positive correlation between time management and four of the dimensions of quality of working life; namely, GWB, JCS, CAW and WCS.

The results of this study could be used as baseline information for nurse managers and administrators to improve the time management and the quality of working life of nurses. Nursing administrators and managers should improve nurses' time management by providing training and workshops for nurses to understand how to set goals and priorities, scheduling, planning and organizing of their time. They should become aware of the issues involved with the well-being of nurses and their need to balance their work with their personal life. They should provide adequate facilities, flexible work schedules, and opportunities for the nurses to develop new skills. Nurses should also be encouraged to express their opinions and participate in decision making. Moreover, administrators and managers should create satisfactory and safe working environments for nurses and provide adequate supplies to cover demands that will assist nurses in handling workplace stress which will increase the quality of working life.

Recommendations

Based on the study's findings, future research should be conducted in another region of Myanmar and in other levels of hospitals (primary hospitals, super-tertiary hospitals and specialty hospitals) and in other populations (ward sisters and nursing students) since these represent different contexts, resources, and the support of time management and quality of working life in different ways. Future research should be conducted which would involve a relationship study of the factors related to quality of working life of nurses in general hospitals.

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References

- Benner, P. (2004). Using the Dreyfus model of skill acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. *Bulletin of Science, Technology & Society*, 24(3), 188-199.
- Bowers, B. J., Luring, C., & Jacobson, N. (2001). How nurses manage time and work in long-term care. *Journal of Personality and Social Psychology*, 55(2), 321-329.



- Burns, N., & Grove, S. K. (2010). *Understanding nursing research: Building an evidence-based practice*. St. Louis, MO: Elsevier Health Sciences.
- Chansaengsee, S. (2017). Time management for work-life and study-life balance. *Veridian E-Journal, Silpakorn University*, 10(5), 20-34.
- Easton, S., & Van Laar, D. (2018). *User manual for the Work-Related Quality of Life (WRQoL) Scale: A measure of quality of working life*. Portsmouth: University of Portsmouth.
- Faraji, O., Salehnejad, G., Gahramani, S., & Valiee, S. (2017). The relation between nurses' quality of work life with intention to leave their job. *Nursing Practice Today*, 4(2), 103-111.
- Ghorbanshiroudi, S. H., Khalatbari, J., Madadi, M. E., Khelghatdoost, P., & Keikhayfarzaneh, M. M. (2011). The Effectiveness of time management training on the amount of nurse's occupational stress. *Middle-East Journal of Scientific*, 9(4), 462-466.
- Goudarzian, A. H., Ranjbar, M., Hatkehlouei, M. B., & Heidari, A. (2017). Assessment of time management in Iranian critical care nurses: Predictive factors. *Journal of Critical Care Nursing*, 10(2), 1-5.
- Htay, M. (2004). *Improving clinical teaching through upgrading collaboration approach between academic staff and clinical staff: A participatory action research study* (Unpublished master's thesis). University of Nursing, Yangon, Union of Myanmar.
- Hu, H., Zhou, H., Geng, J., & Zhang, L. (2020). Current status and influencing factors of the quality of work life of nurses in intensive care unit. *Yangtze Medicine*, 4(3), 183.
- Krefetz, S. (2015). *The relationship between time management training and perceived job satisfaction among operating room nurses*. Retrieved from <https://search.proquest.com/docview/1733680824?accountid=44722>
- Khine-Mar-Oo. (2017). *Relationship between quality of nursing work life and burnout among nurses in Yangon General Hospital* (Unpublished master's thesis). University of Nursing, Yangon, Union of Myanmar.
- Latt, N. N., Cho, S. M., Htun, N. M. M., Saw, Y. M., Myint, M. N. H. A., Aoki, F., ... Hamajima, N. (2016). Healthcare in Myanmar. *Nagoya Journal of Medical Science*, 78(2), 123.
- Macan, T. H. (1994). Time management: Test of a process model. *Journal of Applied Psychology*, 79(3), 381-391.
- Macan, T. H., Shahani, C., Dipboye, R. L., & Phillips, A. P. (1990). College students' time management: Correlations with academic performance and stress. *Journal of Educational Psychology*, 82(4), 760-768.
- Ministry of Health and Sports. (2018). *Annual Hospital Statistics Report 2014-2016*. Nay Pyi Taw: The Republic of the Union of Myanmar.
- Nang, H. H. (2002). *Improvement of nursing care through quality management* (Doctoral dissertation). La Trobe University, Melbourne, Australia.
- Nwet, K. L. (2017). *Nurses' work engagement and its relationships with their job demands and job resources* (Unpublished master's thesis). University of Nursing (Mdy), Myanmar.



- Opollo, J. G., Gray, J., & Spies, L. A. (2014). Work-related quality of life of Ugandan healthcare workers. *International Nursing Review*, 61(1), 116-123.
- Pyone, W. N., Ratanapan, C., & Laosee, O. (2015). *Job stress and burnout among hospital nurses in a city of Myanmar*. Proceedings of 34th The IIER International Conference: Singapore.
- Pyone, W. N. (2017). *Quality of work life and turnover intention among nurses* (Unpublished master's thesis). University of Nursing (Mdy), Mandalay.
- Qteat, M. & Sayej, S. (2014). Factors affecting time management and nurses' performance in Hebron Hospitals. *Journal of Education and Practice*, 5(35), 41-58.
- Said, N. B., Nave, F., & Matos, F. (2015). The quality of working life among nurses in pediatric setting. *Social and Behaviour Sciences*, 2, 5-14. doi.org/10.15405/epsbs.2015.01.3
- Sehrish, J. & Zubair, A. (2013). Polychronicity, time management and work-related quality of life among bank employees. *Pakistan Journal of Psychology*, 44(2). 3-22.
- Van Laar, D., Edwards, J. A., & Easton, S. (2007). The work-related quality of life scale for healthcare workers. *Journal of Advanced Nursing*, 60(3), 325-333.
- Yamane, T. (1973). *Statistic: An introductory analysis*. Tokyo: Harper International.
- Yoder-Wise, P. S. (2011). *Leading and managing in nursing* (5thed.). St. Louis: Elsevier.