



Time management Dimension for Nurses Intensive Care Unit: A Qualitative Study

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ABSTRACT

Background: Time management in nursing is essential for stress reduction, effective job management, and positive results for both patients and the organization.

Objectives: The aim of the study is to explore the lived experience of nurses and method use in time management strategy for dimension of time management for Intensive Care Unit nurses.

Methodology: A phenomenological study design was used, targeting ten nurses who worked in the intensive care unit were interviewed. The seven-step phenomenological by Colaizzi. .

Results: The intensive care unit nurses managed time/tasks delegated to the nursing team through the make planning to identify the objectives, goal to be realistic, goals based on the needs. Priority by move to a new task before the end of the previous task, the work more than once, lack goals, priorities, or plans daily. Goals setting, by Recognize the errors, many requests in same time, and poor performance, modify plans and good relationships with other nurses, and schedule. Time commitment, by Arrive late, leaving work, allotted time off to nurse during the official feast. Share in decision-making. Time waster, by Shortage of nurses. Ineffective delegation, Lack of motivation. no coordination between the administration and nurses disorganized work, Miscommunication, Procrastinating. The intensive care unit nurses managed time/tasks delegated to the nursing team through the make planning to identify the objectives, Goal to be realistic, Goals based on the needs. Priority by Move to a new task before the end of the previous task, the work more than once, Lack goals, priorities, or plans daily. Goals setting, by Recognize the errors, many requests in same time, and poor performance, modify plans and good relationships with other nurses, in addition, schedule. Time commitment, by Arrive late. Leaving work. Allotted time off to nurse during the official feast. share in decision making. time waster, by Shortage of nurses. Ineffective delegation, Lack of motivation. no coordination between the administration and nurses disorganized work, Miscommunication, Procrastinating.

Conclusion: Intensive care unit nurses make a time management, extend available time, and prevent time waste by maximizing available time, facilities, and opportunities. Nursing in intensive care unit make plan, priority, goalsetting, time commitment, time waster.

Nursing Implication: It challenges the idea that time management is all about the nurses. It shows how five-time management dimension plaining, goalsetting, time commitment, priority, and time waster. Time management is a relationship with care can provided by nurses. Good time management is a skill that can be honed; it is not innate. Every nurse needs to acquire the means that will allow him/her to effectively manage time.

Keywords: nurse, time management, qualitative, intensive care unit.

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INTRODUCTION

Time management is the process of arranging things in time order so that they can be done as quickly and easily as possible (Janeslätt et al., 2018). With the need for medical resources going up, health systems are having trouble keeping up, especially with a lack of nurses. This is a big problem that not only China is having, but also most other countries are or will be facing in the future (WHO, 2021). The growing demand for nurses coupled with the inadequate supply will result in a surge in the workload experienced by practicing nurses (Li et al., 2019). In particular, the intensive care unit (ICU) is a special unit that provides acute medical care for critically ill patients (Ferreira et al., 2017).

According to (Qtait, M, 2023) planning can be a useful time management approach, and a manager should educate him/herself on delegation. Managers' ability to strike a good work-life balance depends on their ability to effectively manage their time, which influences productivity and organizational success.

Intensive care unit (ICU) patients encounter intricate and swiftly evolving medical circumstances, rendering them mostly incapable of self-care. Hence, alongside conventional medical interventions and nursing practices, nurses are required to engage in additional life care responsibilities. Due to the considerable quantity of monitors present in the Intensive Care Unit (ICU), nurses are required not only to acquire proficiency in operating diverse equipment but also to maintain a continuous vigilance in observing and documenting monitoring data. Hence, it may be inferred that intensive care unit (ICU) nurses have a higher level of job demands compared to their counterparts in different departments, as supported by the findings of Rivera et al. (2021) and Simões et al. (2021). According to Greggs-McQuilkin (2004), the augmented workload faced by nurses necessitates the fulfilment of various responsibilities within a constrained timeframe, hence engendering stress. Time pressure refers to a psychological state characterized by a sense of

urgency resulting from insufficient time to accomplish necessary tasks (Gordon & Borkan, 2018).

This burden, time constraints, and the need to make quick decisions necessitate the use of time management abilities (Neck, et al, 2020). Intensive care unit (ICU) nurses are exposed to long-lasting job stressors and the challenges of coping with critically ill patients, heavy workloads, complications, unanticipated events, and lack of time; therefore, they must implement these skills effectively. Overcoming these obstacles requires time management skills, expeditious and accurate decision-making, prioritization, and device familiarity (Kong, et,al, 2015). According to study (Dinez ,et al, 2021) of the analysis of the nurses' time allocation in their work process, 21.5% of their time was spent on direct care interventions, 44.7% on indirect care, 6.1% on associated activities, and 27.5% on personal activities. Studies about obstacles of time management among nurses are needed to expand the concepts of interest, and the meaning of scientific and technical methods to manage time. (Qtait and Sayej, 2014).

Good time management also leads to increased self-control, a more positive self-image, and less stress. Effective time management is crucial to nurse's performance and career advancement at all stages of the nursing continuum (Aggaretal., 2017; Maryniak, 2019). As stated by Aeon et al. (2021) without a doubt, many of us struggle with time management and need extra help, a system, and regular practice in order to reach our full potential and accomplish our goals. The consequences of poor time management could be devastating for nurses, their patients, coworkers, families, and the entire business. As a result of these factors; employee weariness, stress, bad attitude, sloppy work, and diseases are all potential outcomes of inadequate time management skills as well (Goldsby et al., 2020). And There is lack of knowledge on clinical nurses' experiences of time management strategies.

It is necessary to explore time strategy in intensive care unit. However, no research has been conducted in the ICU. The concepts of time management dimension but to the best of our knowledge, no studies have examined the time strategy using from nursing in intensive care unit (ICU). We selected the ICU because nurses working in this unit are most likely to face time pressure and used qualitative methods to explore the work experience of ICU nurses in time management strategy.

AIMS OF THE STUDY

The aim of the study is to explore the lived experience of nurses and method use in time management strategy for dimension of time management for Intensive Care Unit nurses.

METHODOLOGY

The theoretical framework of the this study included qualitative content analysis to explore strategies used by in intensive care unit nurses for time management. Content analysis is suitable for generating knowledge and new insights, a develop practical guidelines toaction (Elo & Kyngäs, 2008).

Design: A qualitative study was undertaken employing descriptive phenomenology, often referred to as eidetic phenomenology, which was developed by Husserl and his associates as a methodological framework for qualitative research in the field of health.

Sample: Nurses are active participants in our research investigation. The inclusion criteria for this study are as follows: (1) employed nurses currently working in the intensive care units (ICUs) of government hospitals; and (2) actively involved in providing direct care to patients. The exclusion criteria for this study are as follows: (1) individuals who were not on duty during the study period due to reasons such as requesting leave, taking a vacation, or being away for educational purposes; (2) individuals who have been working in the Intensive

Care Unit (ICU) for more than one year for experience; and (3) nurses who express unwillingness to participate in the study. To ensure the sample's heterogeneity and acquire comprehensive data, purposive sampling was conducted considering the respondents' hospital affiliation in terms of level and location, as well as their department, seniority, education, marital status, and gender. Sampling Participants were selected through purposive sampling. They were 10 nurses working in government hospitals. They worked in Hebron governmental hospital (n = 3), Alwanatia hospital (n = 3), AL-Hussain Hospital (n = 3), dora (n = 1)

Data collection: In-depth, one-on-one interviews with open-ended questions served as the foundation for the data-gathering phase, followed by semi-structured interviews. The interviews were done in Arabic; however, a multilingual translator and a highly trained topic expert with native English-speaking editing skills translated selected quotations for publishing in the current article. The first question was, "What did you do during shift work?"

How can make organization of time in ICU? What do you "do to prevent delay in doing your obligations during a work-shift?" what are the dimension of time management? After they provided an answer, we asked follow-up questions to learn more about their experiences, such as "Please elaborate it more." Until no new information could be gleaned from the final two interviews, we continued asking questions to ensure we had acquired all relevant data. This information was gathered from June 2023 through Julye 2023. The author conducted the interviews at hospitals when it was most convenient for the participants. The average time of the interviews was 40 minutes, and they were all recorded.

Ethical Considerations: The study approved by Arab American University Research Ethics Boards (IRB), from hospital and consent obtained from informants to take part in the study. The interviewer,

both, was inform the informants, who wish to attend, verbally and in writing for the purpose of the interview and study, at the same time, the agreement is made on the time of the interview. The applicant advised that the interview was held in a private room provided only by the informant and the interviewer and that the interview was captured by the recorder and that after text analysis no persons can be identified. Details on all recordings and prints the text contained in closed cabinets under rules. The informants were also told of the voluntary nature of their involvement in the research and that they might, at any point, interrupt the interview and that it did not influence them in any way. The data retained until the investigation has been concluded.

There are contact numbers on the details sheet for the interviewer and boss for any concerns posed if the informant sees the need for more conversation. Such concerns are based on the Agreement of Helsinki (World Medical Association. Declaration of Helsinki, 2008) on ethical standards for voluntary nursing study, exclusion from the programmer, possible hazards or inconvenience, anonymity, confidentiality, and communication for any required detail. Confidentiality of the records and information mentioned in the beginning of the interview. The informants' identities are fully protected. No names or other information that may reveal informants' identities reported.

RESULTS

Table (1): demographic variable of nurse participants.

No	Gender	Age	Experience	Type of hospital	Qualification	Department
Nurse 1	Male	40	18	Governmental	Master	Intensive care
Nurse 2	Female	43	20	Government	Bachelors	Intensive care
Nurse 3	Female	35	10	Government	Bachelors	Intensive care
Nurse 4	Female	30	7	Government	Bachelors	Intensive care
Nurse 5	Male	28	6	Government	Master	Intensive care
Nurse 6	Female	47	23	Government	Bachelors	Intensive care
Nurse 7	Male	38	14	Government	Bachelors	Intensive care
Nurse 8	Male	27	5	Government	Bachelors	Intensive care
Nurse 9	Female	49	26	Government	Bachelors	Intensive care
Nurse 10	Male	31	6	Government	Bachelors	Intensive care

Data analysis

The inductive content analysis was used (Graneheim & Lundman, 2004). All interviews were transcribed verbatim and were read several times to achieve a general understanding of the study phenomenon. The entire interviews, statements and para-graphs were considered the units of analysis and meaning units, respectively. The meaning units were condensed into a description close to the text as the manifest content and in some case into an interpretation of the underlying meaning as the latent content. Next, the condensed meaning units were abstracted and labeled by codes, which placed into sub-categories and categories based on their differences and similarities. The categories were adjusted to a theme through reflecting on their underlying meanings.

Rigour and trustworthiness:

The participants were subjected to interviews conducted by a proficient researcher, and all of the interviews were documented. The interviews were transcribed in their entirety, capturing the exact words spoken by the interviewers. The transcription process also took into account the tone and pauses exhibited by the interviewees. Both the recordings and transcribed texts underwent many checks to assure the fidelity and precision of the original data.

Table 1 shows the demographic variable of nursing. The number of males as females in the study (n = 5). Nurses in the study ranged in age from 27 to 49, and their average years of experience in the field was 5. As many as eight of the nurses working there have the equivalent of a bachelor's and tow master's degree in the field of nursing.

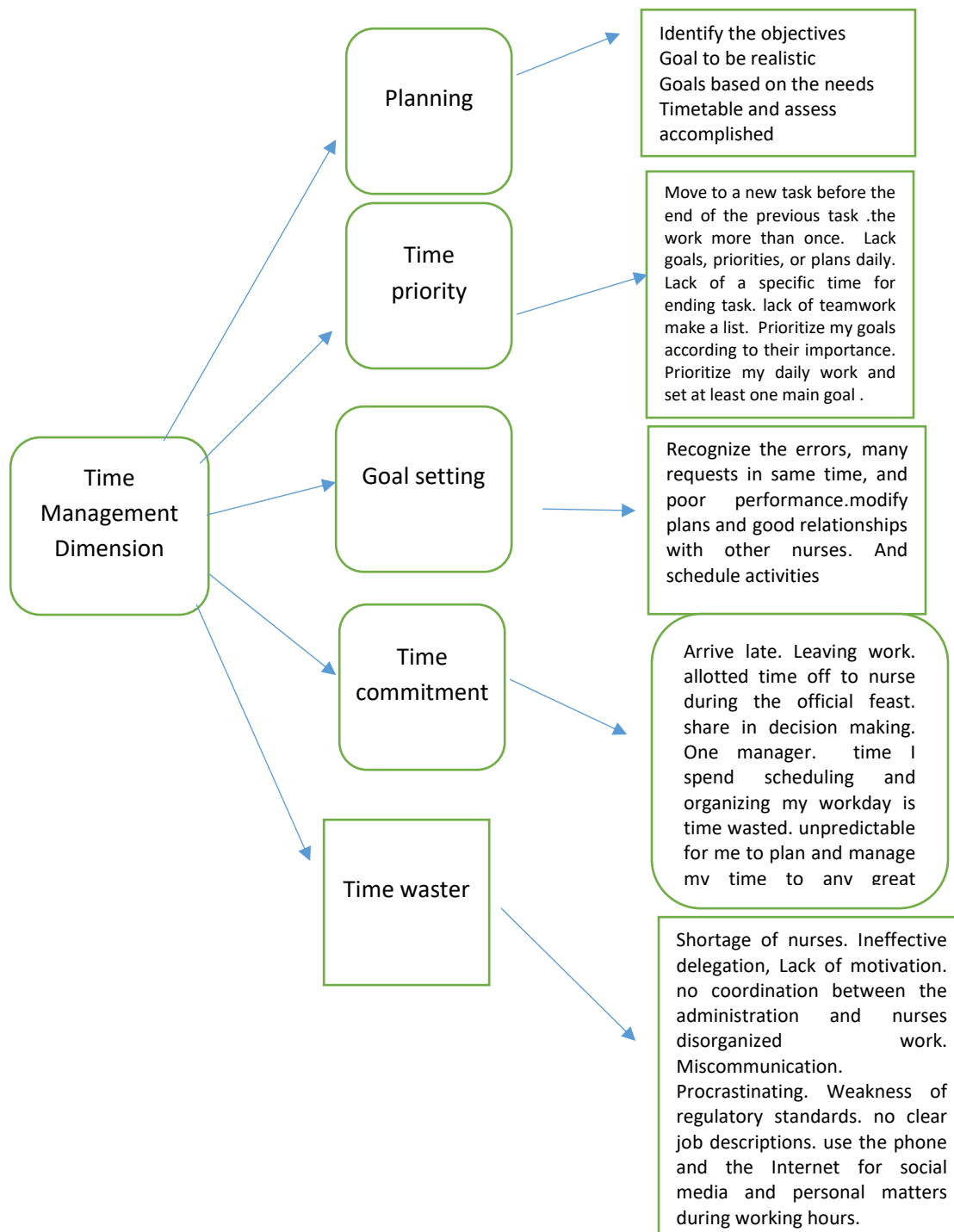


Figure (1): themes of study

Five themes have been formed, namely "plan", "priority", "goalsetting", "time commitment", "time waster".

The time management planning

The study's focus was on developing methods for the work in nursing in intensive care unit. Individual "plan" and group "head nurse plan" comprises a process. Nurse1 said (I know our responsibility what would to do during shift). Nurse 5 (after rotating shift head nurse or in charge shift make assignment then start working with patient as assignment). Plan for working day by assignment sheet and actions in accordance with the goal of doing the most important and time-sensitive activities in the least amount of time possible, the process of dynamic self-regulation ensures that one makes the most of his or her time, resources, and opportunities (plan).

Priority

Upon regulation, at the beginning of each shift, the nurse was required to estimate both actual tasks through the objective assessment of events in the ward and their potential tasks through signals intuitively perceived based on their experiences, which could be turned into an actual duty at any time. Nurse 2 said: "I always start my shift by making sure the unit is secure. I take stock of the available beds, the patients, and the work that needs to be done, and then I make a list of my next steps." (An evaluation of the actual work to be done)

Nurse 7 reported to the nurse: "Incidents are most common among patients receiving intensive care. Working in an interdisciplinary unit has made me cognizant of such possibilities, and I must factor them into my judgment".

Nurse 9 report (when patient-tired need cardiac resuscitation needs to put priority for other patient as example change position delay after stop cardiac resuscitation

Nurses worked on shifts where they were exposed to risky situations. They made an effort to plan out their day and divide up their tasks so that they could finish what they had planned for the shift. It was accomplished via proactive actions, such as

getting ready ahead of time for expected conditions and busy periods, and appreciating and engaging in routine work. Utilizing such resources, they would be able to create their own bright.

A approaches and exert some command over their duties. This is what nurse 3 meant: "On the night shift, I schedule my work for eight hours and give myself three hours to deal with any emergency and problem there is a lot about the next second that I cannot predict."

Nurse 4 "Our night shifts are busiest between the hours of midnight and two in the morning. I do my best to ensure that we have enough help on hand during this period. I usually stress to my coworkers the need of finishing all necessary tasks, such setting up tools and gathering supplies, well before this time. That way, they can help out during the busiest times of the day."

Nurse 3 : "If I have a patient who is seriously ill, I put that person's needs ahead of mine every time. If I have to do something in the health information system (HIS) by 10 o'clock that night, even if it's not crucial, I do it right before midnight" (setting priorities and deliberate delay) (**Methods of Prioritization**).

Waste of time

The nurses routinely employed timesaving, efficient, and waste-avoidance briefing-oriented tactics. Briefing-oriented tactics lowered the quantity and duration of steps taken to accomplish assigned tasks. Some of the methods employed to get things done faster included performing tasks in a nested form, doing two or more tasks at once, performing homogeneous tasks (i.e., performing similar specific tasks in a row), and using technology, reading summaries of documentation, having the right equipment, and setting reminders.

Nurse 5 said, "While performing other tasks, I always check the patients' hygiene. For this specific job, I do not have any dedicated program."

Nurse 7 said if I need to change a patient's dressing or insert an IV line, I can do it for several

patients at once. (Carrying out a series of identical actions in order).

Nurse 3 said, after a successful round of cardiopulmonary resuscitation, I disconnect the bag valve mask and hook up the ventilator as soon as I can, or I use mobile applications to decipher laboratory results such as arterial blood gases." To use technological aids.

Nurse 8 in a nursing note, I only include the information that is crucial (using summarized documentation).

Nurse 9 said, "There have been times when I have skipped taking my drugs. For a long time and have lost track of how much of each drug to take. Thus, I use the formulas shown on the wall to swiftly determine the necessary dosages. instead of trying to remember it, on the walls "using outside resources reminders).

Nurse 4 said To avoid making many trips down the room, "I put all the equipment on the trolley to transfer it"; for example, "I put all the fluid treatment or wound dressing equipment into the trolley for transportation... or I take a few additional equipment such as IV-line catheter, tape, or band..." To prepare for battle by preparing one's arsenal (**time waster**).

Acts outside the scope of one's job description

On occasion, nurses tried to make up for time constraints and heavy workloads by taking on extra, unscheduled work. Time waster on the part of others, such as patients, family members, coworkers, etc., could be avoided by the use of techniques including directing, making courteous requests, and controlling tension. In addition, they tried to devote more time to work-related activities by cutting into their leisure time.

Nurse 4 "During a shift with lots of highs and lows, I deliver clinical care to patients and leave behind things like paperwork that isn't immediately necessary. My friend on this ward and I have an informal agreement like this in place "(**Say no**).

Time commitment

Since nursing is a team sport, everyone's participation is crucial to its success, and hence their tasks must be completed promptly and accurately. The participants in this study not only insisted on self-discipline by trying to get their own work done right and on time, but they also expected the same of their teammates.

Nurse 10 you can find work if you really try. I'll be able to take my time exploring the ward once I get there. I try not to waste any time, so i get to work right away. Self- (**punctuality**).

Nurse 1 "If the department is busy, I explain the problem to the residents and ask them to come in and help, and if that doesn't work, I have the resident in charge handle things. If it fails, I let my boss know so he can deal with It" (**time commitment**).

DISCUSSION:

The entire interviews, statements and paragraphs were considered the units of analysis and meaning units, respectively. The meaning units were condensed into a description close to the text as the manifest content and in some case into an interpretation of the underlying meaning as the latent content. Next, the condensed meaning units were abstracted and labeled by codes, which placed into sub-categories and categories based on their differences and similarities. The categories were adjusted to a theme through reflecting on their underlying meanings. Nurses say that disorganization, too much supervision, procrastination, interruptions, too much knowledge, and not being able to say "no" waste their time. Time management is a skill like any other, and it requires changing the way you act by swapping bad habits with better ones. Nurse face Social media job description not clear, decision maker, visitor of patient. According to a study by Marquis, and Huston, (2012), the most common time wasters are inadequate planning, failure to set goals, procrastination, and socializing, not clear job

description. Time-wasting factors diminish the quality of patient care and the outcomes. The ability of nurses to provide secure care continues to be hindered by poor work environments, (Berry and Curry, 2012).

CONCLUSIONS:

The nurses have good time management, make planning, goalsetting, time commitment, priority, and have time waster, for that need training to know the dimension of time management, to increase performance in work.

Nursing implication:

- It challenges the idea that time management is all about the nurses.
- It shows how five time management dimension planning, goalsetting, time commitment, priority, and time waster.
- Time management is a relationship with care can provided by nurses.
- Good time management is a skill that can be honed; it is not innate.
- Every nurses needs to acquire the means that will allow them to effectively manage their time.

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Data Availability Statement

All data generated or analyzed during this study are included in this article and its online supplementary material. Further inquires can be directed to the corresponding author.

Statement of Ethics

All of the results and analyses were derived from previously published studies. Therefore, no ethical approval or patient consent was required.

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