TIME MANAGEMENT AND QUALITY OF WORKING LIFE OF NURSES IN GENERAL HOSPITALS, THE REPUBLIC OF THE UNION OF MYANMAR

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MASTER OF NURSING SCIENCE

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A THESIS SUBMITTED TO CHIANG MAI UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF NURSING SCIENCE

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THIS THESIS HAS BEEN APPROVED TO BE A PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF NURSING SCIENCE

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ABSTRACT

Effective time management has an effect on nursing performance, helping the nurses to produce better quality nursing care and has opportunity to develop them. This descriptive correlational study aimed to explore the level of time management and quality of work life of nurses and to examine their relationships. 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 well-being, home-work interface, job and career satisfaction, control at work, work conditions, and stress at work, were .95, .89, .72, .89, .87, .87, and .84 respectively. Descriptive statistics and Spearman rank correlation coefficient were used to analyze data.

Results were as follows:

1. Nurses perceived that their time management was at a moderate level and that their work life quality was at a low level. This indicates that the nurses should improve time management skills and receive support to increase their work life quality.

2. There was a positive correlation between time management and overall quality of work life. There was a positive correlation between time management and the four dimensions of quality of working life; namely, general well-being, job and career satisfaction, control at work and working conditions. However, there was no association between time management and two dimensions of quality of work life: home-work interface and stress at work.

The results suggest that nurse managers 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.

หัวข้อวิทยานิพนธ์ การจัดการเวลาและคุณภาพชีวิตการทำงานของพยาบาลในโรงพยาบาลทั่วไป สาธารณรัฐแห่งสหภาพพม่า

ผู้เขียน นางสาวผิว เหยว เหว่ย

ปริญญา พยาบาลศาสตรมหาบัณฑิต

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บทคัดย่อ

การบริหารเวลาอย่างมีประสิทธิภาพส่งผลต่อการปฏิบัติของพยาบาลช่วยให้พยาบาลให้การพยาบาลอย่างมีคุณภาพและมีโอกาสไปพัฒนาตนเอง การศึกษาการวิจัยเชิงพรรณาครั้งนี้มีวัตถุประสงค์เพื่อศึกษาระดับการบริหารเวลาและคุณภาพชีวิตการทำงานของพยาบาลและศึกษาความสัมพันธ์ของทั้งสอง กลุ่มตัวอย่างประกอบด้วยพยาบาล 252 คนที่ทำงานในโรงพยาบาลทั่วไปสี่แห่งในเขตย่างกุ้ง สาธารณรัฐแห่งสหภาพพม่า เครื่องมือในการวิจัยประกอบด้วย แบบวัดพฤติกรรม การบริหารเวลาที่พัฒนาโดย มาแคน (1994) และแบบวัดคุณภาพชีวิตการทำงานที่พัฒนาโดย แวนลาร์, เอ็ดวาร์ด, และ อีสตอน (2007) แบบวัดพฤติกรรมการบริหารเวลามีค่าสัมประสิทธิ์อัลฟ่าของครอนบาคเท่ากับ 0.85 ในขณะที่แบบวัดคุณภาพชีวิตการทำงานโดยรวมและรายด้าน ได้แก่ ความผาสุกในชีวิต ความเชื่อมโยงระหว่างบ้านกับงาน ความพึงพอใจในงานและอาชีพ การควบคุมงาน สถานการณ์ในงาน และความเครียดในงาน มีค่าสัมประสิทธิ์อัลฟ่าของครอนบาคเท่ากับ .95, .89, .72, .89, .87, .87 และ. 84 ตามลำดับ วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนา และสัมประสิทธิ์สหสัมพันธ์สเปียร์แมน

ผลการวิจัยพบว่า

1. พยาบาลรับรู้ว่าการจัดการเวลาอยู่ในระดับปานกลางและรับรู้ว่าคุณภาพชีวิตการทำงานอยู่ในระดับต่ำ แสดงให้เห็นว่าพยาบาลควรได้รับการพัฒนาทักษะในการบริหารเวลาและได้รับการสนับสนุนเพื่อให้คุณภาพชีวิตการทำงานดีขึ้น

2. การบริหารเวลาและคุณภาพชีวิตการทำงานโดยรวมมีความสัมพันธ์กันเชิงบวกและยังพบว่าการบริหารเวลามีความสัมพันธ์เชิงบวกกับสี่ด้านของคุณภาพชีวิตการทำงาน คือ ด้านความผาสุขในชีวิต ความพึงพอใจในงานและอาชีพ การควบคุมงานและสถานการณ์ในงาน แต่การบริหารเวลาไม่มีความสัมพันธ์กับสองด้านของคุณภาพชีวิตการทำงาน ได้แก่ ความเชื่อมโยงระหว่างบ้านกับงานและความเครียดในที่ทำงาน

ผลการศึกษานี้มีข้อเสนอแนะว่าหัวหน้าพยาบาลควรจัดการฝึกอบรมให้พยาบาลได้มีทักษะในการบริหารเวลาดีขึ้นซึ่งจะช่วยให้พยาบาลสามารถจัดลำดับความสำคัญและจัดการงานให้มีประสิทธิภาพดีขึ้น โดยหากพยาบาลมีการบริหารเวลาได้ดีจะช่วยให้พยาบาลสามารถผลิตงานที่มีคุณภาพและมีโอกาสไปพัฒนาตนเอง

CONTENTS

CONTENTS (continued)

CONTENTS (continued)

LIST OF TABLES

CHAPTER 1

Introduction

Background and Significance of the Research Problem

Nurses in some countries have the responsibility to not only to get many tasks done, but also to provide a good quality of care and well-being for patients (Said, Nave, & Matos, 2015). In spite of this, the needs of the nurses, as well as the quality of their working life, tend to be ignored while they are being trained to take care of their patients (Opollo, Gray, & Spies, 2014). According to these authors, nurses in some countries have a low degree of professional prestige, tend to experience many difficult workplace dealings and experience many workplace threats, due to their unhealthy work environments. In addition, nurses often experience occupational risks and heavy workloads, which are major causative factors that decrease their morale and organizational commitment, which increases their stress, burnout and frustration. Nagammal, Nashwan, Nair, and Susmitha (2017) state that a satisfactory quality of working life is essential for nurses if they are to provide the highest possible quality of care to their patients. Likewise, Hsu and Kernohan (2006) stated that the quality of a nurse's working life is an intricate body of numerous interrelated characteristics of their work lives, as well as their private lives. Therefore, promoting the quality of working life tends to enhance various aspects of the working world of employees as well as positively influences an organization in attraction and retention of employees (Moradi, Maghaminejad, & Azizi-Fini, 2014).

Hospital and nursing managers should be concerned with the quality of working life among their nurses. The quality of a nurse's working life is composed of a broad range of factors, including both work and non-work domains (Edwards, Van Laar, Easton, & Kinman, 2009). The term quality of working life coined by Van Laar, Edwards, and Easton (2007), refers to 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 and is composed of six dimensions linked to working life: (1) General Well-being (GWB); (2) Home-Work Interface (HWI); (3) Job and Career Satisfaction (JCS); (4) Control at Work (CAW); (5) Working Conditions (WCS); and (6) Stress at Work (SAW).

General well-being covers such aspects as psychological and physical well-being, and the amount of self-governing necessary in the workplace. Home-work interface is the extent to which the employer is perceived to support nurses' family and home life. Job and Career satisfaction refers to the extent to which a person feels that the workplace supports life goals. Control at work refers to the extent of employee feelings in control of their work. Working conditions refers to the extent a person feels that they receive the basic requirements demanded from the workplace. Stress at work refers to the extent of individual perception on work pressures and demands whether they are acceptable or not (Van Laar et al., 2007).

Many studies have shown the positive consequences of improving the quality of working life in nurses and organizations. Momeni, Shafipour, Esmaeili, and Charati (2016) stated that the quality of working life impacts on the capability of hospitals to deliver proper medical services. Nurses who are satisfied with the quality of their working lives generally exhibit a higher degree of job involvement and satisfaction, as well as better job performance. They also tend to suffer less absenteeism, as well as have lower rates of turnover and higher productivity (Garg, Munjal, Bansal, & Singhal, 2012). Quality of working life usually enhances organizational commitment resulting in improved quality of care, and increasing productivity, not only at the individual level, but also at the organizational level (Nowrouzi et al., 2015).

Sengupta (1985) stated that the quality of working life can be different in different contexts. Said et al. (2015) found that most nurses in their study in Portugal had a low quality of working life. In contrast, Dudley (2015) found that nurse participants in the U,S. perceived an average level of quality of working life there. Another study, in Iran, revealed that the mean score WRQoL (Work Related Quality of Life) perceived by nurses there as 75.7 at an average level (Abbasi, Zakerian, Akbarzade, et al., 2017). These authors also found that those nurses who were working in emergency units had the lowest

WRQoL scores. In addition, the overall quality of working life was determined to be satisfactory by 24% of participants while the Home-Work Interface dimension had the lowest mean scores (low level) in rural and urban Uganda (Opollo et al., 2014). Based on the available evidence, the results of the studies are inconsistent; therefore regarding the subject of "the quality of working life of nurses" more research is still needed.

Various demographic factors of nurses tend to influence the quality of working life. These include: (1) age (Abbasi, Zakerian, Akbarzade, et al., 2017); (2) gender (Opollo et al., 2014; Arun Vijay, Sekar, & HemaVidhya, 2014); (3) working hours (Opollo et al., 2014; Arun Vijay et al., 2014); (4) working experience (Abbasi, Zakerian, Akbarzade, et al., 2017); (5) total income (Nguyen & Vo, 2018); and type of units (Abbasi, Zakerian, Akbarzade, et al., 2017). In addition, there are several factors which have been shown to influence the quality of working life among nurses. Studies show these factors include the following: (a) salary, (b) personality, (c) occupational stress; (d) safety regulations and labor discipline; (e) health condition related to work settings; (f) welfare facilities; (g) workload; (h) job tension (Moradi et al., 2014); and (i) time management (Sehrish & Zubair, 2013).

There is one study, supporting the relationship between time management and the quality of working life among 300 bank employees (Sehrish & Zubair, 2013). It was stated that time management and work related quality of life have been shown to be positively correlated. Likewise Hsu and Kernohan (2006), also stress that the quality of working life is related to time management. These writers together argue that time management can fulfill the self-actualization needs of quality of working life. Although not much literature concerning the relationship between time management and quality of working life has been written to date, several studies have revealed an association between time management and each dimension of the quality of working life support the correlation between time management and quality of working life.

Due to an international shortage of nurses, nurses are burdened with a surplus quantity of patients, as well as by a multiplicity of tasks; cognitive overload; the necessity for multitasking; and by the experience of numerous disturbances and perpetual work overload (Qteat & Sayej 2014). Therefore, time management is absolutely essential in nursing, because wasting time and unsuitable management negatively impact patients'

health (Goudarzian, Ranjbar, Hatkehlouei, & Heidari, 2017). These practices, however also impact the lives of nurses and nurse managers in issues of quality of care; job dissatisfaction; stress and burnout; role overload; and role ambiguity (Ahmed, 2012).

The concept of time management is not new in nursing. Time management has been studied by several researchers (for example: Brown & Wilson, 1987; Norrie, 1997; and Stone & Treloar, 2015), from the 19th century until now. Time management is the key skill most essential for controlling work pressure. It is one of the best techniques for use of time in achieving individual or professional goals. Ghorbanshiroudi, Khalatbari, Madadi, Khelghatdoost, and Keikhayfarzaneh (2011) proved that better time management skills could reduce the stress of the nurses. According to the Habib et al.'s (2018) study, 56% of nurse participants strongly believed that staff shortage contributes significantly towards poor time management, while 47% of the nurses report that working under pressure negatively affects time management. Ebrahimi, Hosseinzadeh, Tefreshi, and Hosseinzadeh, (2014) indicate that head nurses generally manage time better than staff nurses.

Time management refers to the techniques of managing time (Macan, 1994). The author posited a time management model that makes effective uses of time, utilizing three factors: (a) Setting Goal and Priorities; (b) Mechanics; and (c) Preference for Organization. Setting goals and priorities refer to the setting of goals the person wants or needs to accomplish, and the prioritizing of the various tasks to achieve these goals. Mechanics of time management refers to those forms of behavior that are typically associated with managing time, such as making lists and planning. Preference for organization refers to a general preference for organization in one's workspace and approach to projects. Several studies have shown that there are certain demographic factors that influence the time management of nurses, such as age; education level (Goudarzian et al., 2017; Ziapour, Khatony, Jafari, & Kianipour, 2015); experience (Ziapour, et al., 2015); and gender (Goudarzian et al., 2017; Habib et al., 2018, Ziapour et al., 2015).

Sehrish and Zubair (2013) found that the mean score for time management of public employees was 108.85 (SD = 13.06) in Parkistan. Elsabahy, Sleem, and El Atroush (2015) found that the total score of time management of head nurses was 60.46 (SD = 1.97)

among head nurses in Egypt. The result illustrated a good level of time management behavior (63.4%) among head nurses in Iran, yet among nurses in the area of critical care in Iran demonstrated that most nurses have a medium level of time management (Goudarzian et al., 2017). From this evidence, it is apparent that most studies are conducted among head nurses indicating that more time management studies among nurses are needed.

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, there are several studies supporting the correlation between time management and various factors of quality of working life. Time management variables have been found to be associated with job satisfaction (Carroll, 1984; Krefetz, 2015) and job stress (Ghorbanshiroudi et al., 2011; Hashemizadeh, 2006) among nurses. Other researchers have shown that work conditions have also restricted the ability of nurse participants to organize their time or to utilize their time in a discretionary manner. Most nurses complain of limited time, which leads to difficulty in the completion of their tasks, and makes it almost impossible to spend adequate time with patients (Bowers, Lauring, & Jacobson, 2001). Based on available evidence, therefore, it could be hypothesized that the time management of nurses is associated with the overall quality of working life and its various dimensions.

Currently, Myanmar, like other countries is faced with a nursing shortage (Tanaka, Spohr, & D'Amico, 2015). The number of nurses in Myanmar is currently only 100 per 100,000 populations. This ratio is lower than the 153 per 100,000 populations in South East Asian nations and the over 900 per 100,000 populations in the USA (Nyi-Nyi-Latt et al., 2016). As a result, nurses in Myanmar are faced with heavier workloads and higher job demands, when compared to nurses in other countries. Although 20,022 nurses are currently working in service at government hospitals and clinics in Myanmar, more than 15,299 posts are still vacant. This means that health care is provided to patients with less than 50% of the needed number of nurses. The Yangon Region Minister for Social Affairs said that the number of nurses who resign from their jobs is increasing every month, due to heavy workloads; low salaries; discrimination; oppression; lack of further educational opportunities; and delays in promotion (Aung & Aung, 2018). Therefore, the above facts reflect the work conditions, as well how much control at work nurses have in Myanmar.

One study conducted on nurses in Myanmar publicized that 50.2% of the nurse participants had high job stress, as well as a tendency to burnout. Among the participants, senior nurses were feeling more stressed, because they have higher responsibilities in areas such as hospital management and maintenance, as well as human resource management (Pyone-Mjinzu-Lwin, Ratanapan, & Laosee, 2015). In addition, in a study done on health-care professionals in Myanmar (97 medical doctors and 54 nurses), it was argued that 67.6% of them had inadequate incomes, while 21.1% of them did not sleep enough, and 53% of them experienced job dissatisfaction. The main causes of job dissatisfaction were found to be low salary (66.7%) and overwork (61.3%) (Win-Myint-Oo & Thin-Thin-Htun, 2014). Another study revealed that 57.85% of nurse participants in general hospitals in Myanmar were not satisfied with their jobs (Nang-Htwan-Hla, 2006). San-San-Htay (2009) mentioned that most of the nurses at West Yangon General Hospital experienced time shortages and had unsatisfactory feelings regarding their performed tasks. Hence, nurses in Myanmar often feel job stress and job dissatisfaction, which are the two dimensions of the quality of working life postulated by Van Laar and colleagues (2007).

Two studies carried out in Myanmar explore the quality of nursing work life. One, carried out by Khine-Mar-Oo (2017), revealed a moderate level of quality of work life among 224 nurses in all of the departments of the 2500-bed Yangon General Hospital (YGH). Another study, conducted by Naing-Wai-Pyone (2017), showed moderate levels of quality of nursing work-life among 139 nurses at the 1000-bed Mandalay General Hospital (MGH). In both studies, the quality of nursing work-life was measured by the 42-item Quality of Nursing Work Life (QNWL) scale of Brooks (2001) which has four dimensions. These four dimensions are listed as: (a) work life/home life; (b) work design dimension; (c) work context dimension; and (d) work world dimension. However, because of the current situation of nurses employed in Myanmar facing stress at work, job dissatisfactions, and heavy workload and/or job demand, additional impact on their well-being results. . Although two studies of the quality of working life were done at super-tertiary hospital level, often at 2500- and 1000-bed hospitals, there has been no study about the quality of working life among nurses at the general hospital level. Because different contexts have different levels of quality of working life (Sengupta, 1985), a

study on the quality of working life among Myanmar nurses at general hospital level is still needed.

In terms of the concept of time management, Myint-Htay (2004) study revealed that Myanmar nurses often lack of time, due to manpower shortage; too much routine work; and due to needing to spend so much time on non-nursing activities, such as sending specimens to laboratories. They are often perceived as usually too tired to do any reading or other learning. They cannot use their time effectively, due to the complexity of their work environment (for example, increased patient caseloads; increased expectations of patients and families; high bed occupancy) (Lay-Nwet-Kyi, 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. In another study conducted in the countryside (Kyin-Kan-Nan, 2017), the perceived quality of the nursing practice environment among nurses was just as poor or non-supportive. Nevertheless, the preference for the organization factor still needs more endorsement.

Like the rest of the world most Myanmar nurses are women who are subject to Myanmar cultural dictates and are under pressure to combine their nurse work duties along with their family duties. Some nurses (25.45%) have a nursing workload totaling 41-44 hours a week, which can lead to emotional exhaustion and burnout (Khine-Mar-Oo, 2017). In the Republic of the Union of Myanmar, the Myanmar health care system changes frequently, due to related shifts in the political and administrative systems. This results in considerable variation and displacement of roles of key providers, inspite of the Ministry of Health as the key comprehensive source of health care (Ministry of Health [MOH], 2013).

There are eight general hospitals in the Yangon Region (MOH, 2008). Employees in general hospitals tend to have a higher workload than those in other types of hospitals, especially as in Yangon is the most crowded area of Myanmar. As of 2015, general hospitals have been more exploited than other types of hospitals; with the occupancy rate on the sanctioned beds greater than 100%. The highest hospital death rate has been found to be 3.2%, in Yangon, followed sequentially by Rakhine (2.3%) and Nay Pyi Taw (1.6%). The highest level of performance in surgical operations was done in public hospitals in the Yangon Region constituting 22.8% of all of the operations done at public

hospitals (Ministry of Health and Sports [MOHS], 2018). Given this information, it is indispensable for the Myanmar healthcare and nursing system, to carry out a study emphasizing the importance of time management and the quality of working life, and to examine the association between the time management of Myanmar nurses and their quality of working life in general hospitals in the Yangon Region.

In summary, increased time management for greater quality of working life is essential for nurses, especially for nurses in Myanmar. Moreover, time management was associated with quality of working life. However, a limited amount of literature covering the relationship between time management and quality of working life among nurses, including nurses in Myanmar has been written. Therefore, this study was aimed at exploring time management and the quality of working life, and their relationship among nurses in general hospitals, the Republic of the Union or Myanmar. The findings of this current study will help nurse managers and administrators as basic information and evidence to improve the time management behavior and enhance the quality of working life of Myanmar nurses.

Research Objectives

1. To explore time management among nurses in general hospitals in Yangon in the Republic of the Union of Myanmar.

2. To explore the quality of working life among nurses in general hospitals in Yangon in the Republic of the Union of Myanmar.

3. To examine the relationship between time management and the quality of working life among nurses in general hospitals in Yangon in the Republic of the Union of Myanmar.

Research Questions

1. What is the level of time management, as perceived by nurses in general hospitals in Yangon in the Republic of the Union of Myanmar?

2. What is the level of quality of working life as perceived by nurses in general hospitals in Yangon in the Republic of the Union of Myanmar?

3. Is there any relationship between time management and quality of working life among nurses in general hospitals in Yangon in the Republic of the Union of Myanmar?

Definitions of Terms

Time management refers to the techniques of nurses of managing time. These include setting goal and priorities; mechanics; and preference for organization. It was measured by the Time Management Behavior Scale (TMBS) which was developed by Macan (1994). The TMBS was translated into Myanmar language by the researcher.

Quality of working life refers to the perception of nurses of their work experience regarding work-based satisfaction factors, as well as life satisfaction and general well-being. It includes six dimensions of working life: (1) General Well-being (GWB); (2) Home-Work Interface (HWI); (3) Job and Career Satisfaction (JCS); (4) Control at Work (CAW); (5) Working Conditions (WCS); and (6) Stress at Work (SAW). It was measured by the Work Related Quality of Life (WRQoL) Scale, developed by Van Laar et al. (2007). The WRQoL questionnaires were translated into the Myanmar language by the researcher researcher.

Nurses refer to Registered Nurses who got liscence from the Myanmar Nurse and Midwife Council who give direct care and have been working for at least one year in four general hospitals in the Yangon region of the Republic of the Union of Myanmar.

General hospitals refer to the general hospitals affiliated with the University of Nursing of Yangon (YUON), with tertiary health-care services in the Yangon Region. They are: Insein General Hospital, New Yangon General Hospital, West Yangon General Hospital, and East Yangon General Hospital.

CHAPTER 2

Literature Review

This chapter describes the literature review and conceptual framework of the study. The literature review covers the following topics:

1. Time management
    1.1 Definition of time management
    1.2 Conceptual models of time management
    1.3 Factors related to time management
    1.4 Measurements of time management
    1.5 Studies related to time management
2. Quality of working life
    2.1 Definition of quality of working life
    2.2 Conceptual models of quality of working life
    2.3 Factors related to quality of working life
    2.4 Measurements of quality of working life
    2.5 Studies related to quality of working life
3. Relationship between time management and quality of working life
4. Situation related to time management and quality of working life among nurses in Republic Union of Myanmar
5. Conceptual Framework

Time Management

The review of literature about time management below consists of the following: definitions; conceptual models; related factors; measurement; and studies related to time management.

Definitions of Time Management

Several definitions of time management have been given, which are listed here. Lakein (1973) stated that time management can be defined as the process of determining needs; setting goals to achieve these needs; prioritizing the tasks; and planning the tasks required to achieve these goals. Macan, Shahani, Dipboye, and Phillips (1990) referred to techniques for managing time. Macan (1994) defined time management as techniques for managing time, which include setting goals and priorities, mechanics, and preference of organization. Orpen (1994) has defined it as a technique for effective time use, especially having enough time to accomplish the many tasks required. Francis-Smythe and Robertson (1999) defined it as a way of planning and allocating time. Griffiths (2003) mentioned that it is an application of self-regulation processes in the temporal domain. Eilam and Aharon (2003) gave its meaning as self-regulation strategies aimed at discussing plans and their efficiency.

Bond and Feather (1988) referred to time management as the degree to which individuals perceive their use of time to be structured and purposive. Besides time management, these writers also used other terms, such as time structure, interchangeably, with essentially the same meaning. Britton and Tesser (1991) defined time management as the practices intended to maximize intellectual productivity. These authors also described it more specifically as consisting of planning behavior aimed at making effective use of time, such as setting goals, planning tasks; prioritizing; making to-do lists; and grouping tasks. Macan (1994) was in agreement in her description of time management, as far as the first three items on the above list. Huang and Zhang (2001) defined the concept of time management as a type of personality trait that can be reflected from the way individuals utilize and control their time. Based on a review of available literature, Claessens, Van Eerde, Rutte, and Roe (2007) furnished the

definition of time management as "behaviors that aim at achieving an effective use of time while performing certain goal-directed activities."

In this study, the researcher decided to use the definition given by Macan (1994), which is time management as techniques for managing time, which are composed of setting goals and priorities, mechanics, and preference of organization because those types of behavior are relevant to the current context in the field of nursing.

Conceptual Models of Time Management

Time structure and *time management* are interchangeable terms (Bond & Feather, 1988). Several important concepts related to time management are reviewed below:

Time Structure Model developed by Bond and Feather (1988). Bond and Feather (1988) defined *time structure* (interchangeably with *time management*) as the degree to which individuals perceive their use of time to be structured and purposive. They stated that time structure is positively related to the sense of purpose in life, self-esteem, and Type A behavior, and negatively to neuroticism and *anomie* (i.e. the individual's generalized sense of self-to-other alienation). It has five dimensions: (a) sense of purpose; (b) structured routine; (c) present orientation (d) effective organization; and (e) persistence.

Model of Time Management developed by Britton and Glynn (1989). Britton and Glynn (1989) visualize time management in terms of three elements: macro, medium, and small levels. The *macro level* refers to the choice and prioritization of goals, while the *medium level* refers to the generation of a task planner necessary to accomplish one's goals and sub-targets. The *small level* refers to the making of a schedule to determine when the tasks will be accomplished, and in which sequence.

Process Model of Time Management developed by Macan (1994). Based on the idea of being efficient in time management by Macan et al. (1990), Macan (1994) presented a process model of time management, comprising antecedent, mediating, and outcome variables, with respect to time management behavior. She stated that effective use of time results from three time management factors: (1) setting goals and priorities;

(2) mechanics of time management; and (3) preference for organization. The above three behavioral factors should lead a person to a greater perception of control over their time.

1. *Setting goals and priorities* refer to the setting of goals the person wants or needs to accomplish, and the prioritizing of the various tasks to achieve these goals. It can enhance a person's clear understandings of her or his function. It also increases one's ability to set clear goals, and to attain greater job satisfaction and better performance.

2. *Mechanics* of time management refers to those forms of behavior that are typically associated with managing time, such as making lists and planning. It can not only reduce role ambiguity, but also facilitate the attainment of higher GPAs; higher self-ratings of performance; and higher satisfaction with life.

3. *Preference for organization* refers to a general preference for organization in one's workspace and approach to projects. For instance, this could involve maintaining a clear working desk. It can lead to less role ambiguity and somatic tension, and to higher GPAs.

Time Management Model developed by Huang and Zhang (2001). In their model, time management is indicated in terms of three dimensions of mental structure and multiple levels. The levels include the three dimensions of time management behavior and the sense of the value of time. Also, the sense of the value of time, in turn, incorporates two levels: (1) the social value of time orientation; and (2) time-oriented individual value. On the other hand, within the second dimension, there is the sense of managing over time, which consists of (a) setting goals; (b) planning; (c) prioritization; and (d) allocation of time and feedback. The dimension, within the sense of the effectiveness of time, contains two levels: (1) the effectiveness of a person's time management; and (2) effective time management behavior.

In conclusion, the process model of time management by Macan (1994) was used in this study. Macan (1994) explained efficient time management as techniques for managing time, with three behavioral factors: (1) setting goals and priorities; (2) mechanics of time management; and (3) preference for organization. It is suitable for the current Myanmar nursing situation. Furthermore, this model is good for showing how

those nurses who have these techniques for managing time can enhance their performance, thus reducing stress and increasing satisfaction in their work and life.

Factors related to Time Management

There are several demographic factors which have been shown to influence the time management of nurses, such as age, education level, work experience, and gender.

Age. Time management was associated with age ($r = 0.506$, $P < 0.001$) (Goudarzian et al., 2017); ($r = 0.18$, $p < .05$) (Macan, et. al., 1990). There was a significant difference of time management between aged groups ($F = 4.530$, $p<0.001$) (Ziapour et al., 2015).

Education level. Goudarzian and colleagues (2017) stated that there was a significant difference in time management according to education level ($t = 2.06$, $P = 0.003$), while there was a significant difference of time management between educational group ($F=3.046$, $p = 0.015$) (Ziapour et al., 2015).

Experience. Ziapour et al. (2015) found that time management was significantly different between work experience ($F=9.117$, $p<0.001$). The work experience of >21 and 11-15 years had the maximum and minimum levels of time managemnet behaviors.

Gender. The time management was significantly correlated with sex ($r = - 0.23$, $p < .05$) (Macan et al., 1990). Goudarzian et al. (2017) reported that time management was a significant difference between gender ($t = 1.583$, $P = 0.03$) (Ziapour et al., 2015).

Therefore, it has been clearly shown that time management has a relationship with the demographic factors of age, education level, and experience.

Measurements of Time Management

Although there are several different measurements for time management, the following three measurements of time management are popular among researchers.

Time Management Behavior Scale (TMBS) developed by Macan (1994). The Time Management Behavior Scale (TMB) was developed by Macan (1994) to appraise the time management of subjects. This instrument was constructed by choosing some

relevant items from the 41-item Time Management Behavior Scale of Macan et al. (1990). Macan excluded some items because those items did not cover time management behavior and had low psychometric properties to measure time management behavior.

The Time Management Behavior Scale (TMB) as modified by Macan (1994) includes a total of 29 items, with seven items that must be reverse scored. These are categorized into three dimensions: (1) Setting Goal and Priorities (GSP; 10 items); (2) Mechanics (MEC; 11 items); and Preference for Organization (PFO; 8 items). Participants respond to each item using a five-point Likert-type scale, with possible scores ranging from 29-145. The following are the score categories: (1) Never True; (2) Very Less True; (3) Sometimes True; (4) Often True; and (5) Always True. A higher mean score indicates more frequent use of time management or better time management.

The construct validity for this instrument was tested with factor analysis. The results showed three interpretable factors that accounted for 81% of the common variance. All factors are acceptable lower bound of .8 for congruence coefficients, according to Barrett (1986). The three factors were labeled as: Factor 1: Setting Goals and Priorities (coefficient of congruence = .94); Factor 2: Mechanics - Planning, Scheduling (making lists, planning, scheduling; coefficient of congruence = .87); Factor 3: Preference for Disorganization (coefficient of congruence = .83). The rsmr (root mean square residual) was less than .05, and the other indexes were all higher than .94 (goodness of fit index = .98; normed fit index = .94; non-normed fit index = .96; comparative fit index = .98) indicating a quite acceptable fit. Reported alpha reliabilities from previous studies for the time management dimensions fluctuated from .68 to .83 (Macan, 1994). The internal consistency reliability of the total scale, and dimensions as found by Sehrish and Zubair (2013) was 0.78, 0.75, 0.77, and 0.67 for TMB, GSP, MEC, PFO; respectively.

Time Structure Questionnaire developed by Bond and Feather (1988). Feather and Bond (1983) developed the Time Structure Questionnaire (TSQ), which focused on global assessments of how structured and goal-oriented the unemployed perceived their time use, rather than on specific time management behaviors. Factor analysis on the items of the TSQ revealed six factors with 26 items, but only five could be named. They are: 1) Sense of Purpose (five items), which focus on a sense of purpose in life and daily tasks, accounting for 25.2% of the variance. 2) Structured Routine (five items) which focuses

on a structured daily routine, accounting for 5.8% of the variance. 3) Present Orientation (three items), which focuses on the tendency to dwell on the present or the past, accounting for 4.5% of the variance. 4) Effective Organization (four items), which focuses on initiative and approaching an activity in an organized fashion, accounting for 3.7% of the variance. 5) Persistence (three items), which focuses on persistence in finishing a task, which accounts for 2.1% of the variance. All TSQ items were responded using the 7-point response format, typically ranging from never (1 point) to always (7 points). Higher scores suggest a greater focus on the present.

Bond and Feather (1988) claimed that the TSQ meets the usual psychometric criteria for further use as a research instrument, and they also concluded that the scale has face validity. Although the internal consistency of the total TSQ score in the three samples amounted to 0.88, 0.92, and 0.91, respectively, the internal consistency for the subscales ranged from 0.55 to 0.75. A total of eight other studies have utilized the TSQ, and internal consistencies ranging from 0.66 to 0.75 have been found.

Time Management Questionnaire developed by Britton and Tesser (1991). Britton and Tesser (1991) developed a Time Management Questionnaire (TMQ) for students, loosely based on the temporal information processing mode of Britton and Glynn (1989). Britton and Glynn observed that people, like computers, often have to work simultaneously on several information-processing tasks, despite having limited cognitive capacity. Britton and Tesser (1991) constructed a 35-item questionnaire of those types of time management behavior hypothesized to be used by students in a university environment. The scale format ranged from (1) "Always" to (5) "Never," with the scores reverse-coded, so that a higher number reflects a higher level of time management. Britton and Tesser administered the scale to a class of 90 undergraduates, and they factor-analyzed the responses. Three interpretable factors emerged, accounting for 36% of the variance. Eighteen items loaded .40 or higher on a factor, and so were retained for the final version of the scale. The scale consists of three factors: (1) short-range planning; (2) long-range planning; and (3) time attitudes. Together, these three factors accounted for 36% of the variance: 1) Short Range Planning (seven items) focuses on daily and weekly planning, such as making daily lists and setting weekly goals, accounted for 11% of the variance. 2) Time Attitudes (six items) focuses on each student's perception of how

constructive and in control they perceive their time use to be, accounted for 11% of the variance 3) Long Range Planning (five items) that reflect an ability to engage in long-term planning, such as setting goals for the entire university quarter and reviewing notes even when a test is not imminent, accounted for 9% of the variance. The internal consistency was 0.71 to 0.85.

To summarize, the Time Management Behavior Scale (TMB) by Macan (1994) was used in this study for several reasons. First, this scale has good psychometric properties. Second, this scale has been previously used in nursing field. Finally, the three behavioral factors of this scale are in accordance with management process which can enhance to develop the techniques of effective time management among nurses.

Studies Related to Time Management

There have been several previous studies of time management, all of which have been conducted using either Macan's Process Model of Time Management or the TMB Scale. These studies have utilized these instruments in various different professions, including health care.

Sehrish and Zubair (2013) conducted quantitative research on time management, including perceived control, among 300 bank employees using TMB Scale by Macan et al. (1990) in the premises of the Rawalpindi and Islamabad in Pakistan. The mean scores were 106.74 (SD = 13.06) for male employees; 110.92 (SD = 11.49) for female employees; 108.85 (SD = 11.05) for public employees; and 106.71 (SD = 13.75) for private employees.

In nursing, Elsabahy et al. (2015) conducted a study to examine the effects of a time management training program on job satisfaction for 50 head nurses at Mansoura University Hospital in Egypt. The TMB Scale developed by Macan (1994), the same instrument as used for the current study, was used to assess the frequency at which the head nurses practiced TMB in their work situations. The results were that the total mean scores of TMB among these head nurses were 60.46 (SD = 1.97) at pre-training; 120.84 (SD = 3.36) at post-immediate training; and 94.96 (SD = 15.94) at post after three months.

Hashemizadeh (2013) conducted a study to analyze the relationship between TMB (such as setting goals and priorities; mechanics of time management, control of time and organization) and occupational stress (such as role overload, role ambiguity, and role conflict). The sample consisted of 30 head nurses working at educational hospitals dependent on Shaheed Beheshti Medical University of Tehran in Iran. The results showed good levels of TMB at 63.4%.

Ghannad, Elahi, Shariati, and Malehi (2018) examined the effect of time management training on the performance of 110 head nurses who were working in teaching hospitals in Ahvaz. The questionnaire in this study was designed by Macan and used by Hashemizadeh in Iran. The mean scores for goal setting and prioritization were 26.3091±1.46 for the tested group and 26.8545±1.47 for the control group before training. After training, the scores became 28.2182±1.43 and 28.1091±1.54 for the tested group and the control group, respectively. The mean scores for organizing were 28.2182±1.61 for the tested group, and 28.0545±1.73 for the control group before training. After training, they were 29.4909±1.19 for the tested group and 29.1636±1.53 for the control group. In the area of time management mechanics, the mean scores were 24.5455±2.47 for the tested group and 24.9636±2.38 for the control group before training, whereas they were 29.9273±2.27 for the tested group and 25.6727±2.42 for the control group after training.

In conclusion, there has been one study conducted in bank employee and three studies on time management given among nurse managers using the Macan instrument. However, no study has been done to measure time management behavior among nurses. Therefore, this current study attempted to identify TMB of nurses in Yangon, Myanmar. The researcher has chosen to utilize the TMB Scale by Macan (1994), because Macan's Process Model of Time Management strongly supports the TMB scale.

Quality of Working Life

This section includes definitions, conceptual models, related factors, measurements and studies related to quality of working life. The terms “quality of working life” and “quality of work life” are interchangeable according to Easton and Van Laar (2018).

Definitions of Quality of Working Life

The term “quality of working life” came out in the late 1960’s, so it has already been defined by several authors. Walton (1975) referred quality of working life as a process by an organization response to employees’ needs in developing mechanisms which allow them to share fully in making the decisions at designing their lives at work. Yousuf (1996) defined it as a generic phrase that covers a person’s feelings about every dimension of work including economic rewards, benefits, security, working conditions, organizational and interpersonal relations and their intrinsic measurement.

Sirgy, Efraty, Siegel, and Lee (2001) defined quality of work life as a factor beyond job satisfaction and related to personnel's well-being that relates employees’ satisfaction with a variety of needs through resources, activities, and outcomes stemming from participation in the workplace. This means the impact of the workplace on satisfaction in work life (job satisfaction), satisfaction in non-work life domains as well as satisfaction with overall life. Brooks (2001), Brooks and Anderson (2005) defined quality of nursing work life as the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organization's goals.

According to Hsu and Kernohan (2006), quality of working life is both a complex, multidimensional and generic concept that covers a person’s feelings about every dimension of work, and a way of thinking about people, work and organization that involves a concern for employee well-being and organizational effectiveness. Van Laar et al. (2007) defined quality of working life as a broad multidimensional construct that captures an individual’s perception of work experience in which individual’s perspective incorporates work- based satisfaction factors as well as life satisfaction and general feelings of wellbeing.

In this study, quality of working life has been defined as a quality of working life by Van Laar et al. (2007) which is a broad multidimensional construct for capturing an individual perception of work experience in which individual perception includes work-based satisfaction factors as well as life satisfaction and general well-being. Therefore it is sufficient to cover quality of working life of nurses in work satisfaction, in factors of life satisfaction and also general feelings of well-being.

Conceptual Models of Quality of Working Life

Though the term "Quality of work life was forst coined in the late 1960's as stated above, the concept of "Quality of Work Life" developed in the early 1930's and was essential for. Earlier on in that decade, the idea of quality in the work life expanded around the world. The awarenss for increased quality in work life grew in relation to work staff performance and organizational factors such as emphasis on strength and weakness in the workplace, and the total work environment emphasis among health care organizations (Krueger et al., 2002).

Quality of Work Life Model developed by Walton (1975). Organizations dedicated to developing quality in the working atmosphere rather than life quality at work. Walton (1975) defined quality of working life as a process in which an organization responds to employees' needs in developing mechanisms which allow them to fully share in making decisions that design their lives in reponse to work. Walton initially constructed the quality of work life model with eight dimensions which are: (1) Adequate and fair compensation; (2) safe and healthy environment; (3) opportunity for development and use of human capacity; (4) growth and security related to employees' career aspects; (5) social integration; (6) constitutionalism; (7) work and total life space; and (8) social relevance of work life.

1. *Adequate and fair compensation* refers to accessible adequate compensation which must be equivalent to effort and internally reliable among employees.

2. *Safe and healthy environment* is hypothesized as the guaranteeing physical work conditions of employees are secure, wellbeing, and non-harmful.

3. *Opportunity for development and use of human capacity* which is defined as the degree of difference in jobs in which employees are enabled to use and develop their skills and knowledge in the effort to influence his/her development and level of self-esteem.

4. *Growth and security related to employees' career aspects* refers to the degree of employee's assignment which subsidizes maintenance and spread of their capabilities.

5. *Social integration* is defined as personal achievement in which employee identity and self-esteem influence others in the work place environment.

6. *Constitutionalism* refers to an organization's norms in relation to a power over employee freedom.

7. *Work and total life space* is defined as an individual's ability to balance work and life.

8. *Social relevance of work life* refers to an expression of employee perception in regard to their work as benefits society.

Model of Quality of Work Life (QWL) developed by Sirgy et al. (2001). Sirgy et al. (2001) suggested two theoretical approaches which apply to quality of work life, including need satisfaction and spillover. The quality of work life model was based on models of need satisfaction construed by Maslow in his "Heirarchy of Need"; McClelland; Herzberg; and Alderfer (1954; 1961; 1966; & 1972 respectively as cited in Sirgy et al., 2001). Fundamental idea propounded is that by nature individuals seek to fulfill their basic needs through work. The spillover concept on QWL recommends that satisfaction in one domain of life influences satisfaction in another. This means that job satisfaction may effect other domains of life. The concept of spillover is further divided into two parts including horizontal and vertical spill over. Segmentation is the opposite of spillover, which is defined as when an individual blocks any spillover, in which case it can separate and influence a particular domain of life. Compensation is defined as the balancing affect between/among domains of life. Quality of work life is conceptualized by seven satisfaction dimensions including: (1) health and safety needs; (2) economic and family needs; (3) social needs; (4) esteem needs; (5) actualization needs; (6) knowledge needs; and (7) aesthetic needs.

1. *Need satisfaction of health and safety needs* involves three need dimensions: 1) protection from ill health and injury at work; 2） protection from ill health and injury outside of work; and 3) enhancement of good health.

2. *Need satisfaction of economic and family* needs involves three need dimensions: 1) pay, 2) job security, and 3) other family needs.

3. *Need satisfaction of social needs* involves two dimensions: 1) collegiality at work, and 2) leisure time off work.

4. *Need satisfaction of esteem needs* involves two dimensions: 1) Recognition and appreciation of one's work within the organization; and 2) recognition and appreciation of one's work outside the organization.

5. *Need satisfaction of actualization needs* involves two dimensions: 1) realization of one's potential within the organization; and 2) realization of one's potential as a professional.

6. *Need satisfaction of knowledge needs* involves two dimensions: 1) learning to enhance job skills, and 2) learning to enhance professional skills.

7. *Need satisfaction of aesthetics needs* involves two dimensions: 1) creativity at work, and 2) personal creativity and general aesthetics.

Model of Quality of Nursing Work Life developed by Brooks and Anderson (2005). Based on STS theory, as well as the O'Brien-Pallas and Baumann (in 1992) framework, Brooks (2001) suggested for four dimensions of quality of nursing work life (QNWL). Brooks and Anderson (2005) further refined the construct of the QNWL conceptual framework to consist of 4 subscales: (1) work life/home life; (2) work design; (3) work context; and (4) work world. This concept encompasses social and technical aspects of health care work environments such as attitudes, relationships, expectations, skills, procedures, knowledge and technology. These four dimensions contain:

1. The *work life/home life dimension* refers to the interference to the life experience of nurses between in their place of work and in the home. Because majority of nurses are

female, this dimension reflects the roles of mother (child care), daughter (elderly parent care), and spouse (family needs, available energy).

2. The *work design dimension* means refers to the structure of nursing work, and describes the actual performance of working nurses. It points out nurses' immediate work environment such as workload, staffing, and autonomy.

3. The *work context dimension* comprises the practice settings of nurse's work in which the work environment impact on both nurse and patient systems. It embraces relationships with supervisory personnel, co-workers, inter-disciplinary health team colleagues, and resources facilities to do the job, and promoting lifelong learning by the institution.

4. The *work world dimension* describes the outcome of changing the practice of nursing by influencing broad societies. The impression on the profession, economic issues, and job security are concerns of most employees, regardless of role or setting.

Model of Quality of Working Life by Van Laar et al. (2007). The Work Related Quality of Life (WRQoL) concept by Van Laar et al. (2007), encompassed three main theoretical approaches; the needs satisfaction approach (Herzberg in 1966; Maslow in 1954), spillover theory (Staines in 1980) theories, and Karasek (in 1979) theory or Job Demand-Control model, which align with the work-based and non-work life domains of QoWL. Van Laar et al. (2007) informed readers that earlier theories and instruments were inconsistently defining, contradictory and weak in psychometric properties which underlie the quality of working life. Van Laar and colleagues attempted to improve previous research in the field of quality of working life by explicitly including a broader range of factors, such as the individual's general life satisfaction, the home-work interface, and measures of stress. According to Van Laar et al. (2007), there are six dimensions encompassed by QoWL. These are: general well-being, home-work interface, Job and career satisfaction, control at work, working conditions and stress at work. While GWB and HWI are non-work based factors, the work-based factors, JCS, SAW, CAW, WCS, are aligned with Herzberg, (1966); Maslow's needs satisfaction theories (in 1954) (Easton & Van Laar, 2018).

General Well-Being (GWB). It generally reveals the aspects of well-being, such as psychological and physical health, and the amount of self-governing work in the work environment. General feelings of well-being can differ as positive or negative evaluations of work. The GWB factor is associated with issues of mood, depression and anxiety, life satisfaction, general quality of life, optimism and happiness (Easton & Van Laar, 2018).

Home-Work Interface (HWI). HWI is the extent to which the employer is perceived as supporting nurses' family and home life. It is correlated with work versus life balance and is about the need for control in regard to when, where and how to work. If one's life inside and outside paid work becomes more fulfilled mutual benefit is achieved between the employees and his/her work. One outcome is work to life balance which involves the extent to which an employer is perceived as supporting family and home life illustrating the interrelationship between home and work life domains. These two life contexts influence one another. Common issues influencing employee WLB are adequate facilities at work, flexible working hours and the understanding of managers (Easton & Van Laar, 2018).

Job and Career Satisfaction (JCS). JCS refers to the extent to which a person feels that the workplace supports the life goals. It means how people feel or satisfy about their work. The Positive Job Satisfaction factor within the QoWL model is affected by clarity of goals and role ambiguity, appraisal, recognition and reward, personal development career benefits and enhancement and training needs (Easton & Van Laar, 2018).

Control at Work (CAW). CAW refers to the extent to which employees feel they can control their work through freely expressing their opinions and through involvement in work decisions. Perceived control at work is being progressively accepted as a central concept in the understanding of relationships between stressful experiences, behavior and health. The most pertinent factors in regard to control at work within the current QoWL model are communication at work, decision making and decision control. Perception of control is associated with various aspects of work, including the opportunity to make decisions. Perception of personal control can strongly impact an individuals' experience of both stress and health (Easton & Van Laar, 2018).

Working Conditions (WCS). WCS refers to the extent a person feels that they are receiving the basic requirements to succeed in the workplace. This is measured by use of fundamental resources, working conditions and security. Physical working conditions influence perceptions of employee health and safety which effect on employee QoWL. Aspects of the work environment include noise and temperature, shift patterns and working hours, pay, tools and equipment, safety and security. Dissatisfaction with these aspects can have a significantly adverse effect on WRQoL or quality of working life (Easton & Van Laar, 2018).

Stress at Work (SAW). SAW refers to the extent of individual perception on work pressures and demands; whether it is acceptable or not. Nowadays, workplace stress is considered one of the top five job-related health problems in the U.S. The QoWL, SAW factor deals with demand and perception of stress and actual demand overload. In general, high stress is associated with high pressure. Work pressures and demands can be a positive aspect of our work experience providing challenge and stimulation, but excessive stress beyond the ability to cope, can lead to overload and excessive stress (Easton & Van Laar, 2018).

In summary, Walton (1975) focused QoWL on organization response to employee need at work, while Sirgy et al. (2001) focused QoWL on need satisfaction of work and non-work factors. Brooks and Anderson (2005) stated that QoWL has two aspects (social and technical) seen in health care environments while Van Laar et al. (2007) pointed out QoWL in both work based and non-work based factors including general well-being. In summary, this study used work related quality of life concepts by Van Laar et al. (2007), because these authors considered the quality of working life as two domains: work domains and non-work domains including general well-being.

Factors related to Quality of Working Life

According to the literature review, there are several demographic and working factors that influence the quality of working life in previous studies. The following studies found that quality of working life has a relationship with age, working hour, work experience, total income, and gender.

Age. Abbasi, Zakerian, Akbarzade, et al. (2017) found that there was a negative relationship between age and *quality of working life* (WRQoL) ($r = -0.22$, $p < 0.001$). It was also found that the mean score of aged groups 29–35 and 43–49 had the highest and lowest WRQoL scores, respectively.

Work experience. Abbasi, Zakerian, Akbarzade, et al. (2017) found that there was a negative relationship between work experience and *quality of working life* (WRQoL) ($r = -0.22$, $p < 0.001$).

Income. Nguyen and Vo (2018) concluded that adequate income affected on *quality of working life* (WRQoL) (= -0.357, t = -4.602, p = 0.00).

Gender. The two studies stated that the quality of working life registers a significant difference between males and females ($\chi^2=84.76$, $df = 4$, $p < 0.05$) with the females having lower *quality of working life* than the males (Opollo et al., 2014).

Type of unit. Abbasi, Zakerian, Akbarzade, et al. (2017) found that there was a significant difference of *quality of working of life* among type of units ($p = 0.001$) using ANOVA analysis with the highest mean score of WRQoL belonging to CCU and the lowest value belonging to emergency units.

Therefore, nursing demographic data including age, gender, work experience, income and type of units are significantly correlated with quality of working life. These factors were included in the questionnaires.

Measurements of Quality of Working Life

There are several measurements for quality of working life. Among them, the followings are widely used in nursing area.

The Quality of Work Life questionnaires developed by Walton (1975). This questionnaire includes eight dimensions which are: adequate and fair compensation, safe and healthy working conditions, opportunity for continued growth and security, constitutionalism in the work organization, the social relevance of work life, total life space, social integration in the work organization and developing human capabilities. This questionnaire contains 32 questions to measure QWL in a discriminative way using

Likert's five rating scale. The previous study described the calculated reliability was □ = 0.91 (Shahbazi, Shokrzadeh, Bejani, Malekinia, & Ghoroneh, 2011).

Quality of Work Life (QWL) instrument developed by Sirgy et al. (2001). This instrument consists of 16 items relating to the 16 need satisfaction dimensions of the seven need types with one item belonging to each dimension. The sixteen need dimensions are composed of 1) protection from ill health and injury at work; 2) protection from ill health and injury outside of work; 3) enhancement of good health; 4) pay; 5) job security; 6) other family needs; 7) collegiality at work; 8) leisure time off work; 9) recognition and appreciation of one's work within the organization; 10) recognition and appreciation of one's work outside the organization; 11) realization of one's potential within the organization; 12) realization of one's potential as a professional; 13) learning to enhance job skills; 14) learning to enhance professional skills; 15) creativity at work; and 16) personal creativity and general aesthetics. A seven-point Likert scale ranging from "strongly disagree" (value of 1) to "strongly agree" (value of 7) was used to measure QWL. The validity of the instrument was measured with construct and predictive validity. QWL provided a good fit to the data (χ^2, 97 = 366.2, p = 0.0; GFI = 0.92; AGFI = 0.88; CFI = 0.89; NFI = 0.86; RMSEA = 0.07). QWL produced a reliability coefficient of 0.78 (Sirgy et al., 2001).

The Quality of Nursing Work Life (QNWL) developed by Brooks (2001). This instrument was developed to measure the QWL among registered nurses. It consists of 42 items and four dimensions with (a) work life/home life, (b) work design dimension, (c) work context dimension, and (d) work world dimension. The rating scale of each items was scored in 1= strongly disagree to 6 = strongly agree. Only the 20 items was reversed scored. The total score of 42 items ranged from 42 to 252 with higher scores indicating high QNWL. The Cronbach alpha coefficient of QNWL is 0.83 and its subscale ranged from 0.45 to 0.60. The total score correlation coefficient for each sub-dimension were between r=0.50 and 0.90, thus it is a valid and reliable scale.

Work Related Quality of Life (WRQoL) scale developed by Van Laar et al. (2007). This instrument was developed for the measurement of Quality of Working Life (QoWL) which has six independent psychosocial dimensions; General Well-Being (GWB-7 items), Home-Work Interface (HWI-3items), 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 scale consisted of 24 items including 23 items for WRQoL dimensions, and one item for overall WRQoL, along with a five point Likert scale (1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, and 5= Strongly Agree). In addition, the questions 7, 9, 19 were negatively phrased items. Worthy of note was that Van Laar et al. (2007) mentioned the overall WRQoL score should not be included in the scoring level. Possible scores range varies from 23 - 115 with high scores on the scale demonstrating the better work related quality of life.

The validity was tested with construct validity, convergent validity and discriminant validity. Confirmatory factor analysis found a good fit for the 6 factor model (CFI = .93; GFI = .92, NFI = .93, RMSEA =.06) for the four university data. The evidence showed that the WRQoL scale was a univariate measure of Quality of Working Life (a single WRQoL overall value made from the average of all scores) (CFI = .91; GFI = .89, NFI = .90, RMSEA =.07). The test-retest reliabilities of the overall WRQoL average and the individual factor subscales all expressed a strong, significant, positive intra-class correlation between the test and the retest measures. The reliability alpha scores were GWB (0.880), HWI (0.825), JCS (0.863), CAW (0.812), WCS (0.752), SAW (0.814), and Overall WRQoL (0.912). The WRQoL scale is available in more than 10 languages and has been used in more than 50 countries (Easton & Van Laar, 2018).

Level	Overall QoWL	GWB	HWI	JCS	CAW	WCS	SAW
Low	23-73	6- 18	3-9	6- 18	3- 9	3- 10	8- 10
Average	74-84	19-23	10-11	19-22	10- 11	11	6- 7
High	85-115	24- 30	12- 15	23-30	12- 15	12- 15	2- 5

In brief, the WRQoL scale by Van Laar, Edwards and Easton (2007) was used in this study because the dimensions are suitable with current situations of nurses in Myanmar as satisfaction, stress, well-being, homework interface, work condition and control at work. Furthermore, WRQoL scale has strong validity and reliability to measure the quality of working life. In addition, several studies in the nursing area were utilized with this scale.

Studies related to Quality of Working Life

Several studies used in more than 50 countries such as the US, UK , Canada, Turkey, Portugal, Thailand, France, Romania, Spain, Mainland China, Iran, and Wales have already used the WRQoL scale to measure the quality of working life (Easton & Van Laar, 2018). The following studies were conducted in order to study the quality of working life in nursing contexts using the WRQoL scale developed by Van Laar et al. (2007).

Abbasi, Zakerian, Akbarzade, et al. (2017) conducted a study among 750 nurses working in intensive care units, critical care units and emergency units in Iran in 2014 using Van Laar et al. (2007)'s scale, which consisted of 24 questions and a 5-point Likert scale. The mean WRQoL score was estimated at 75.7 (range 0–100) with an average level. Among the studied working units, the highest mean score of WRQoL belonged to CCU (mean = 78.77, SD= 12.79) and the lowest value belonged to emergency units (mean = 69.44, SD= 13.59). In this study, the average WRQoL of males and females was estimated to be (mean = 78.37, SD= 12.36) and (mean = 74.17, SD= 14.28) respectively.

Dudley (2015) conducted the quality of working life on 797 U.S. medical surgical registered nurses from the Academy of Medical Surgical Nurses Organization in acute care hospitals. The study findings indicated that the participants perceived an average level of satisfaction of overall QoWL (mean = 3.43; SD = 1.02), and low levels of satisfaction of stress at work (mean = 2.21, SD = 1.14) The highest WRQoL subscale mean score for the medical surgical RNs was JCS (mean = 3.79; SD = 1.02), followed by GWB (mean = 3.70; SD = 1.00), with the lowest subscale mean score being SAW.

Opollo et al. (2014) conducted a descriptive, cross sectional, quantitative study to describe work related quality of life (WRQoL) as perceived by 146 nurses and healthcare workers employed in hospitals, and in clinical, administrative, and educational settings in rural and urban Uganda. Study findings specified that 24% of participants were satisfied with the overall QoWL, 20% were satisfied with life in general, and 13% were satisfied with working conditions. On a five-point Likert scale, job and career satisfaction (JCS) had the highest mean (M = 3.53, SD= .60), stress at work (SAW) (M= 3.35, SD =1.07) and home-work interface (HWI) had the lowest mean (M= 2.46, SD= .88).

Sut and Mestogullari (2016) studied the effect of premenstrual syndrome on work-related quality of life among 134 Turkish nurses. The mean WRQoL score was 2.7 ± 1.1. All subscale scores of the WRQoL ranged from −0.207 to −0.402. All of the WRQoL subscale scores except stress at work ($p = 0.179$) in nurses with PMS were significantly lower than those of nurses without PMS ($p < 0.05$).

Abbasi, Zakerian, Mehri, et al. (2017) carried out a study of the effect of work-related quality of life (WRQoL) and some related factors on cognitive failures (CF) among 750 nurses. The mean score for WRQoL was (M= 75.8, SD= 13.7) respectively. The average WRQoL of males and females was likely to be 78.37 ± 12.36 and 74.17 ± 14.28, respectively.

Nowrouzi et al. (2015) studied the relationship between quality of work life and location of cross-training among 111 obstetric nurses in urban northeastern Ontario, Canada. The odds of a higher *quality of work life* for nurses who were cross trained (nurses who can work across all areas of obstetrical care) were estimated to be 3.82 (odds ratio = 3.82, 95% confidence interval: 1.01–14.5) times the odds of a higher *quality of work life* for nurses who were not cross trained.

Said et al. (2015) studied to assess the quality of working life (QoWL) of 66 nurses working in the four pediatric departments in Faro Hospital-Portugal, using Work Related Quality of Life (WRQoL) scale. The findings showed that the respondent nurses experienced low QoWL about (43.6 %), average (24.6 %) and high (30.8 %). There was no effect of studied variables such as age, gender, education level and other variables on QoWL. Nurse participants perceived high SAW, high GWB, low CAW, low HWI and low WCS, and low JCS.

In conclusion, many nursing researchers were interested in quality of working life field using work related quality of life (WRQoL) concepts and scale. Some studies showed average levels of quality of working life among nurses while other studies found low levels of quality of working life. The results are inconsistent; hence, more research is needed in the quality of working life among nurses.

Relationship Between Time Management and Quality of Working Life

Evidence found indicated that time management is related to quality of working life. Macan and colleagues (1990) pointed out that time management can encourage the individual with greater satisfaction in work and overall quality of life. According to Hsu and Kernohan (2006), the quality of working life is related to time management. Another publicized article indicated that time management significantly enriches the quality of work life (Wang, Kao, Huan, & Chung-Chi, 2011).

Sehrish and Zubair (2013) in their research of polychronicity, time management and work related quality of life among bank employees, used time management behavior (TMB) scale by Macan et al. (1990) to measure the influence of time management and work related quality of life (WRQoL) scale by Van Laar et al. (2007) to then determine the quality of working life. The results demonstrated that time management and work related quality of life were significantly positively related with each other ($r = .56$; $p < .001$) among 300 Bank employees. The association between time management and the quality of working life for nursing has not yet been done. However, several studies have cooperated together within each dimension of quality of working life (including well-being, Job and career satisfaction, home-work interface, control at work, working conditions and stress at work) with results as follows.

In terms of the dimension called "well-being", Adams and Jex (1999) explained that three types of time management behavior could be allied together to the strain and health complaints ($r= 0.39$). Bond and Feather (1988) earlier determind there to be a relationship between time management and better health ($r = 0.27$), depression ($r = -0.44$), psychological distress ($r = -0.37$), and anxiety ($r = -0.56$). Peeters and Rutte (2005) went on to find negative correlation between time management and emotional exhaustion among persons with depressing autonomy and huge work demands ($r = -0.17$). Chang and Nguyen (2011) argued for an association between time management and psychological well-being ($r = 0.31$). Then, better time management skills can lead to personal well-being, and work outcomes (Kaya, Kaya, Pallos, & Kucuk, 2012). Aeon and Aguinis (2017) pointed out that time management can link to important outcomes such as well-being and performance.

Job satisfaction is one dimension of quality of working life and good time management can enhance greater satisfaction among nurses. Elsabahy et al. (2015) in a quasi-experimental study measured time management behavior of head nurses with the use of a structured questionnaire developed by Macan (1994) before and after a time management program. The result showed that time management was became highly and statistically significant with job satisfaction (r= 0.323, p= 0.022). Time management variables are associated with job satisfaction (Carroll, 1984; Krefetz, 2015). Besides, the studies in other fields also confirmed the relationship of time management and job satisfaction. Tavakoli, Tavakoli, and Pouresmaeil (2013) found that time management has a significant positive influence on job satisfaction in Iran. In that study, the authors tested a model that demonstrated time management statistically positively effected job satisfaction (path coefficient= 0.47, t= 8.4).

In terms of a home-work interface dimension, time management is important for the work and life balance. Therefore, nurses must counter emotional demands with time management. Specifically, better management of time at work positively affects the home and provides relief of emotional burdens for oncology nurses (Copeland, 2013). Ochonma, Ingwu, Nwodoh, Ani, and Dyages (2017) conducted a survey among 104 management staff in Nigerian Hospitals in Abuja. The result demonstrated a positive correlation exists between time management and the balancing of work and life (r = 0.537, p = 0.00). The three types of time management behavior listed previously are related to the work-family interface and family-work interface. (Adams & Jex, 1999).

Although no study to date has been done of the relationship between time management and control at work, poor planning of time can lead to problems associated with individual and societal activities (Hui, Lee, & Niu, 2010), and incompetence in achieving constructive personality behaviors (Campbell, Svenson, & Jarvis, 1992). Yoder-Wise (2011) stated that by working at personal and professional goal setting, and priorities, nurses sometimes get the impression that they are controlling the work environment. Qteat and Sayej (2014) conducted a research concerning the relationship between time management and nurse performance in the workplace and established that there was a significant difference between them. Mathew (2015) indicated that tasks prioritization can stress relief and facilitation of work management.

In regard to working conditions, Bowers et al. (2001) found that work conditions can influence nurses' ability to control time organization and utilization in a discretionary manner. They explained that most nurses complain of problematic and incomplete tasks due to insufficient time for tasks and not enough time spent on residents. The findings of the Qteat and Sayej (2014) study marked which two main aspects of time management nurses find, are personal obstacles 50% of their time, and administrative and organizational obstacles with at a rate of 69.3%. All of this indicates that time management is related to optimal working conditions.

In term of stress, Nemati and Parsaei (2009) conducted a survey among employees showing the association between time management and stress. In nursing, Hashemizadeh (2006) evidenced among nurses that the participants were at a good level of TMB (63.4%) and most of the sample (50%) experienced occupational stress to a normal level. The study proved that time management was linked with occupational stress ($r = - 0.81$, $P < 0.001$), indicating that time management can reduce occupational stress of nurses. Empirical evidence obtained demonstrated that nurses mainly feel stress due to high nurse-to-patient ratios, little time for orientation, lack of time management and prioritization, and privation of time with their preceptors (Harper, 2005). Ghorbanshiroudi et al. (2011) state that time management training is effective to reduce nurses' occupational stress. Yoder-Wise (2011) likewise supported the concept time management's reduction of stress in nurses' life.

In summary, Van Laar et al. (2007) conjecture that work related quality of life produces general well-being, home-work interface, job and career satisfaction, control at work, work conditions and less stress at work. Therefore, it can be assumed that time management is linked with various factors of work related quality of life. Unfortunately a major gap exists in studies associating time management with quality of working life as it pertains to nurses. The present study has value by filling this gap.

Situation Related to Time Management and Quality of Working Life Among Nurses in the Republic of the Union of Myanmar

As implementation the objective of uplifting the health status of the entire nation in the Republic of the Union of Myanmar, the Ministry of Health takes on the responsibility of providing comprehensive health care services which cover activities for promoting health, prevention of diseases, provision of effective treatment and rehabilitation in order to raise the health status of the population (MOH, 2014). To ensure adequate coverage of hospital services, hospital amelioration projects are planned and implemented by establishing new hospitals in some remote areas along with an increase in hospital beds in hospitals with high density population areas. (MOH, 2013). The number of total public hospitals were increased to (1,115) in 2016 (MOHS, 2018) while the number of hospital bed were increased to 56,748 in 2014 under Ministry of Health and Sport (MOH, 2014).

The formulation of the National Health Plan for 2017-2021 presents a unique opportunity to sketch out a new path for the health care system that will help the country move towards Universal Health Coverage in an equitable, effective and efficient manner (MOHS, 2018). People in urban areas are provided accessible curative services in six types of hospitals; general hospitals, specialist hospitals, teaching hospitals, region/state hospitals, district hospitals, township hospitals. Likewise, rural dwellers are receiving comprehensive health care services at sub-township hospitals, station hospitals, rural health centers and sub-rural health centers and include public health services with available diagnostic facilities (MOH, 2014).

The Myanmar health care delivery system has not received enough attention over the years, which has led to a weakened health infrastructure, insufficient number of adequately skilled human resources, and high out-of-pocket spending coupled with questionable quality of health care services. The Health Workforce Strategic Plan (2012-2017) takes into consideration current human resource challenges, such as shortages of human resources and inappropriate balance and mix of skills, also increases the numbers of nurses and midwives in contrast to previous years. The new plan also includes strategies to solve issues involved with human resources, infrastructure, health financing and health care delivery, such as essential health packing services (EHPS) and universal health coverage (MOHS, 2016).

The population of Myanmar (2014) is estimated at (51.4) millions with about 30 percent of the population residing in urban areas. Of the 14 regions in Myanmar, the one with the largest population (14.3%) is in the Yangon region (MOH, 2014). Therefore, the numbers of sanctioned beds are highest there (11,610 beds in 2016) (MOHS, 2018). According to MOH (2008) data, there are (12) specialist hospitals, (8) general hospitals with specialist service, one 150 bed hospital, one 100 bed hospital of, ten hospitals with 50 beds, fourteen hospitals with 25 beds, five hospitals with 16 beds and 26 station hospitals in Yangon region. General hospitals were found to be more utilized than other types of hospitals with bed occupancy rate higher than 100% in 2015 (in sanctioned beds). Also, the average number of in-patients per day in Yangon region is the highest in the country with 9691 (MOHS, 2018). Among the eight general hospitals in Yangon Region, only five are affiliated with the University of Nursing (Yangon) (2018). Nurses working in university affiliated general hospitals have comparatively higher workloads over other types of hospitals because the nurses are not only responsible for ministering direct care but have the additional responsibility of instructing students. Among these five university-affiliated general hospitals is one super-tertiary level hospital (2500 bed). So, in that the level of hospital affects different variables the research setting for implementation is the four university-affiliated general hospitals in Yangon Region: Insein General Hospital, New Yangon General Hospital, West Yangon General Hospital, and East Yangon General Hospital.

There are five levels of nurses in these hospitals listed in ascending order: trained nurse, then, staff nurse, ward sister, matron, and finally Nursing Superintendent (NS). Trained nurses and staff nurses give direct care to patient while Ward Sister, Matrons and NS undertake administrative responsibilities. In Myanmar, government nurses are registered nurses with either a Diploma degree or Bachelor's Degree and are approved by the Myanmar Nurses Council. Diploma degree holders and Bachelor's degree holders receive the same pay and benefits differing only in opportunities for promotion from trained nurse to Staff nurse. Trained nurses who obtain a (4) year Bachelor's Degree can promote to staff nurse after two years of service, while Diploma certificate holders need three years of service. There are 150 bachelor degree (Generic) and more than 100 bachelor degree (Bridge) nursing students each year from both Universities of Nursing (Nwe-Ni-Sein-Myint, Akkadechanunt, & Chontawan, 2014). In the 2019 academic year,

the new curriculum (BNSc) Bridge course (on campus- 1 year, off campus- 2 years) began in order to upgrade nursing education (University of Nursing, Yangon, 2018). In regard to training, the opportunities for international health professional examinations and overseas training are more accessable than before. However, there are still limitations in institutional capacity particularly in specialty training and other clinical skill based training (Saw et al., 2019).

Registered nurses give direct care to patients, and are reponsibe for patient care in preparation of oral and parenteral medication, dressing changes, the measuring of vital signs, assistance in special procedures (eg. ET tube insertion) and sending specimens. Therefore junior nurses must be involved in all activities. Meanwhile, senior nurses are responsible for the re-stocking of medicine, implementation of daily prescription and other changes from doctor orders, collaboration with other health care professionals (Lay-Nwet-Kyi, 2017), communication with patient and families, handling of complaints, accountability for ward sisters (head nurse) and responsibility for junior nurses.

There are three working shifts in general hospitals; morning, evening and night shift. Normally, the duration of the night shift is long (7pm to 7am) due to security. In surgical wards, one nurse provides nursing care for 12 to 24 patients in the morning shift, for 52 to 61 patients in evening shift and for 79 to 98 patients in night shift (Tin-Mar-Wai, 2016). In this study, Tin-Mar-Wai found the average nurse to patient ratio in three general surgical wards was (1:41), (1:44), and (1:34) respectively, while these ratios in four medical wards were (1:36), (1:36), (1:24) and (1:25). The current number of nurses per population in Myanmar is 100 per 100,000 population (lower than the 153 per 100, 000 population in South East Asia nations and the 900 per 100,000 population in the USA) (Nyi-Nyi-Latt et al., 2016). In comparison then, nurses in Myanmar are faced with a heavier workload and higher job demands rather than more developed countries. This additional workload impacts wellbeing and control issues of working nurses in Myanmar.

In addition, the number of nurses resigning is increasing each month due to heavy workloads, low salary, discrimination, oppression, lack of further educational opportunities and delays in promotion. According to data, half of nurse posts are currently vacant (Aung & Aung, 2018). There has a shortage of human resources for health care in Myanmar. This is primarily due to a mismatch of supply and demand. Working conditions for health

professionals in the public hospitals consist of long working hours, heavy workload, unfavourable working environment, and low compensation. In addition, there is no standardized incentive for the health professionals apart from salary (Saw et al., 2019). Because there is no reliable health insurance system (Zaw, Htoo, Pham, & Eggleston, 2015), it is difficult to determine the level of security for health care employees. One study found that nurse participants attending educational training for infection control at the local and international levels, numbered only 20.6% (Aung & Dewi, 2016). Likewise Kyin-Kan-Nan (2017) found that nurses are not satisfied with their practice environments. They also perceived them as poor or a non-supportive environment for nurses. These poor conditions reflect the working outcome in Myanmar.

Pyone-MJinzu-Lwin et al. (2015) found that 50.2% of nurses in Myanmar had high job stress and a tendency to burnout. Khin-Htar-Khine (2016) conducted a mixed method study to identify job stress and coping strategies among nurses among 173 nurses in Yangon General Hospital. The findings showed that nurses were extremely stressful in their work. Even though 53.8% of nurses who worked in Mandalay General Hospital express satisfaction with job levels with the hospital work environment, nurses experienced burnout (25.22%), job dissatisfaction (56.09%), and intention to leave (38.7%) (Phyo-Ei-Ei-Zar, 2017). In general, 53% did not have job satisfaction. The main reasons given for job dissatisfaction were low salary (66.7%) and overwork (61.3%) (Win-Myint-Oo & Thin-Thin-Htun, 2014). Khine-Mar-Oo, (2017) and Naing-Wai-Pyone (2017) reported that among Myanmar nurses quality of nursing work life is associated with burnout and turnover intention.

The majority of nurses in Myanmar are female and, due to traditional Myanmar cultural mandates Myanmar women are under compulsion to complete both their professional nursing duties as well as their family duties. Some nurses (25.45%) have to work 41-44 hours a week in addition to their domestic reponsibilities. This can lead to emotional exhaustion and burnout (Khine-Mar-Oo, 2017). Lay-Nwet-Kyi (2017) in her study demonstrated that job demands, work pressure, cognitive demands, emotional demands and role conflict contribute to major stress on nurses in Myanmar.

Therefore, Myanmar nurses find they do not have sufficient time for quality nursing due to manpower shortage, routine work, and non-nursing activities such as sending

specimen and perceived too tired to do learning or reading (Myint-Htay, 2004). Lay-Nwet-Kyi (2017) argued that they could not use their time effectively due to complexity of their work environment (eg. increased patient caseloads, increased expectations of patients and families, high bed occupancy.

As a result, Myanmar National Health Committee (MNMC) drew up a long term health development plan to meet future health challenges which take into consideration the rapid changes in demographic, epidemiological and economic trends both nationally and globally. Moreover since the nursing profession is a human service profession of the healthcare organization in dealing with diversities and integrated delivery system, hospital administrators should enhance nurses' workplace and life conditions in order to make organization more effective and efficient but even more to also cultivate nurses' well-being and contentment in the workplace. This will also reduce nurses' own health risk factors (maintaining physical, psychological, and emotional fitness) (core competency standard–6) and promote a healthier work environment (core-competency standard-7) (MNMC, 2015). Currently, the Myanmar nursing profession is faced with shortages, dissatisfaction, stress and a heavy workload which directly and indirectly are related to issues of time management and quality of working life. In summary, examination surrounding nurses' time management and quality of working life is necessary to determine better outcomes.

Conceptual Framework

The concept of time management was based on 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 was based on 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 perception of work experience in which individual perspective includes work-based satisfaction factors as well as life satisfaction and general wellbeing. It has six dimensions: general well-being, home-work interface, job and career satisfaction, control at work, work conditions, and stress at work. According to literature review, time management is correlated to well-being, home-work interface (work-life balance), job satisfaction, control at work, work conditions, and stress. This current study was tested for the relationship between time management and overall (total) and dimensions of quality of working life among nurses.

CHAPTER 3

Methodology

This chapter describes the methodology of this study. It includes research design, population and sample, setting, instruments, protection of human subjects, data collection procedure and data analysis.

Research Design

A descriptive correlational research design was used to describe the time management, quality of working life and explore the relationship between time management and quality of working life among nurses in four general hospitals affiliated with the University of Nursing, Yangon (YUON) in Yangon Region, the Republic of the Union of Myanmar.

Population and Sample

Population

The available population was 558 nurses in four general hospitals affiliated with the University of Nursing, Yangon, in Yangon Region. These include: 177 nurses from Insein General Hospital, 154 nurses from New Yangon General Hospital, 125 from West Yangon General Hospital, and 102 from East Yangon General Hospital as following Table 3.1.

Inclusion Criteria

All samples were registered nurses from Myanmar Nursing Council who give direct care to the patients, have been working as nurses at least one year and were willing to participate in the study in all units/wards at these four general hospitals.

Exclusion Criteria

Nursing administrators and managers such as nursing superintendent, matrons, and ward sisters were excluded from the study population. Also, nurses who were on sick leave, maternity leave or on vacation during the period of the study were also excluded.

Sample Size

For the number of sample, Taro Yamane's (1973) formula was utilized in calculating the sample size with a 95% confidence level and p value was set at 0.05.

$$n = \frac{N}{1+N\,(e)^2} = \frac{558}{1+558\,(0.05)^2} = 233$$

The number of sample for this study was 233 cases. According to the previous research studies in Myanmar, 20% of possible loss of subjects (47 cases) was added to (233 cases) and the total sample size was 280 cases. Therefore, 89 nurses from Insein general hospital, 77 nurses from New Yangon general hospital, 63 nurses from west Yangon general hospital, and 51 nurses from east Yangon general hospital, were included as the sample. The number of sample from each hospital is presented in Table 1.

Sampling Method

Stratified random sampling method was used to get the greater degree of representativeness of each general hospital and after getting number of nurses from each ward of four general hospitals affiliated with the University of Nursing, Yangon. The following table shows the number of the nurses in four general hospitals affiliated with the University of Nursing, Yangon.

Table 3-1

Distribution of the Accessible Population and Sample Size from Four General Hospitals, Yangon Region, the Republic of the Union of Myanmar

Hospitals	Population	Sample (including 20% loss)
Insein hospital	177	89
New YGH	154	77
West YGH	125	63
East YGH	102	51
Total	558	280

Research Instrument

The research instrument includes three parts:

Part 1: Demographic Data Form

This form included demographic characteristics of the samples. These contained: gender, age, marital status, number of children, level of education, professional title, years of experience in nursing, working shift, income and other benefits, work department, and having attended time management seminar.

Part 2: Time Management Questionnaires

The measurement of time management behavior (TMB) scale by Macan, (1994) was used. Self- report questionnaires of TMB consisted of three dimensions with (29) items with 7 items reverse questions. It was categorized into three dimensions; Goal Setting and Priorities (GSP; 10 items), Mechanics (MEC; 11 items), Preference for Organization (PFO; 8 items). Participants respond to each items using 5 point scale from 1 (Never True) to 5 (Always True) with score range 29-145. Individual, who had high scores on this scale, exhibited better time management. The total score would be used to interpret the level of time management. The interpretation of the total scores was obtained by using range scores and divided by three as the number of anticipated level plus one

(Polit, 2010). The range score of time management and the meaning was classified into three ranks as below.

Level	Total score
Low TMB	29.00- 68.68
Moderate TMB	68.69- 108.35
High TMB	108.36-145.00

Part 3: Quality of Working Life Questionnaires

The measurement of work related quality of life (WRQoL) by Van Laar et al. (2007) was used which comprised the six dimensional scales (24 items) with five point scale from 1 (disagree strongly) to 5 (agree strongly). Self-report questionnaires of work related quality of life include: General Well-Being (GWB-7 items), Home-Work Interface (HWI-3items), 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). However, Van Laar et al. (2007) mentioned that the overall WRQoL score should not be included in scoring level. Possible scores range varies from 23 - 115 and high scores on the scale show the better work related quality of life. The level of quality of working life was categorized into three levels according to Easton and Van Laar (2018). To be getting a more accurate data, the decimals were taken into consideration in this study and the decimals before minimal cutting points were assumed to be not counted in that level (eg. Any decimal number before 74 was excluded in Average level of overall QoWL).

Level	Overall QoWL	GWB	HWI	JCS	CAW	WCS	SAW
Low	23-73	6- 18	3-9	6- 18	3- 9	3- 10	8- 10
Average	74-84	19-23	10-11	19-22	10- 11	11	6- 7
High	85-115	24- 30	12- 15	23-30	12- 15	12- 15	2- 5

Validity and Reliability of the Instruments

The validity of time management behavior scale was tested by Macan (1994) and the result showed the acceptable validity. The validity of quality of working life (WRQoL) scale was tested by the developers (Van Laar et al., 2007) and it is a good fit to use. Therefore, the researcher was not tested the validity of both instruments.

For measuring the internal consistency reliability of the time management, and quality of working life (WRQoL) measurements, 20 nurses who had similar characteristics of the subjects was selected from Insein General Hospital in Yangon. In this study, the Cronbach's alpha coefficient of time management behavior scale was 0.85 while these the overall (total) and various dimensions of work related quality of life scale, general well-being, home-work interface, job career satisfaction, control at work, working conditions, stress at work, were 0.95, 0.89, 0.72, 0.89, 0.87, 0.87, 0.84 respectively.

Translation Process by Burns and Grove (2010)

The time management questionnaires and WRQoL questionnaires was forward translated into Myanmar language by the researcher and back-translated into English by one bilingual Myanmar expert. The back-translated questionnaire was checked by a native English speaking person to verify the accuracy and the equivalent of the instruments. The content validity of Myanmar version of two questionnaires was tested by six nursing experts. The results showed that S-CVI of 0.98 for time management, and S-CVI of 0.97 for quality of working life, respectively.

Protection of Human Rights

Prior to data collection, the research proposal was obtained from the Research Ethics Review Committee, the Faculty of nursing, Chiang Mai University, Thailand (No.013/2019) and the Research and Ethics Committee of University of Nursing, Yangon, Myanmar on Feb, 21st 2019. The questionnaires was translated into Myanmar language and prepared for accuracy and correctness after obtaining the permission from the original authors of the instruments. After getting the 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 they have rights of refuse or withdrawal 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 Procedure

The data was collected from four general hospitals affiliated with the University of Nursing, Yangon, as following steps:

1. After receiving the approval from the Research Ethics Review Committee (RERC) of Faculty of Nursing, Chiang Mai University, the researcher applied for the official letter for data collection from the dean of faculty of nursing.

2. The research proposal, application letter for permission to collect data with both instruments was submitted to the Ministry of Health and Sport, Nay Pyi Taw, the Republic of the Union of Myanmar.

3. After receiving the approval from Ministry of Health and Sport, Nay Pyi Taw, the ethical clearance to conduct the research in Myanmar was getting from the Research and Ethic Committee of University of Nursing, Yangon, the Republic of the Union of Myanmar.

4. After receiving the approval from Research and Ethic Committee of University of Nursing, Yangon, the researcher met with the Nursing administrators and Medical Superintendents of Insein General Hospital, New Yangon General Hospital, East Yangon General Hospital, and West Yangon General Hospital, Yangon region, the Republic of the Union of Myanmar.

5. The coordinator in each hospital was selected by the Nursing Superintendent or Matrons in the respective hospitals to distribute questionnaires to nurses. The researcher made contact with the research coordinator of each hospital to explain about the objectives of study and method of distributing and collecting questionnaires.

6. Stratified random sampling was used to select subjects based on proportion of population in each hospital. The subjects were randomly selected from the list of each

department in each hospital. Nurses participating in reliability testing were excluded from the list of nurses. The subjects have rights of refuse or withdrawal to participate the study.

7. The researcher prepared (280) research packages including an information sheet, informed consent form, the questionnaires and an opened envelope. The distribution of the packages was done by the researcher and one coordinator in each hospital who have good communication skills, enough knowledge about research study and desire to participate. All subjects in the study were requested to cooperate by completing the questionnaires in their free time.

8. The researcher provided the box at nurses' station in each ward or unit. The consent form was separately returned from questionnaires package.

9. Two weeks later, the coordinator collected questionnaires from the boxes and returned to the researcher. All samples are returned back the questionnaires. The researcher checked the completeness of questionnaire. The number of questionnaires with completeness was 252 out of 280 so 90% of response rate were used to analyze.

Data Analysis

Data analysis consisted of three parts (a) demographic data, (b) time management behavior of nurses, and (c) work related quality of life of nurses. Data analysis was performed at a significance level of (0.05). The Statistical Package software (SPSS-15.0) was used to generate descriptive and inferential statistics.

1. Demographic data was analyzed by using frequency, percentage, range, mean, and standard deviation of sample's variables.

2. Scores of time management and work related quality of life as perceived by nurses was analyzed by using mean and standard deviation.

3. Kolmogorov-Smirnov testing was used to test the normality of data of time management and quality of working life. For determining the relationship between nurses' time management and the overall (total) and the various dimensions of WRQoL, Spearman's correlation test was used because the data are not normal distribution (Polit, 2010).

4. The magnitude of correlation was classified in three levels as weak (<0.3), moderate (0.3 to 0.5), and strong (>0.5) (Burns & Grove, 2010)

CHAPTER 4

Findings and Discussion

The purposes of this study were to explore time management and quality of working life of nurses and to examine the relationship between time management and quality of working life among nurses in general hospitals, the Republic of the Union of Myanmar. This chapter consists of the research findings followed by the related discussion focusing on the research objectives. The findings are presented in four parts, which are as follows:

Part I: Demographic characteristics of nurses

Part II: Time management of nurses in general hospitals, the Republic of the Union of Myanmar

Part III: Quality of working life of nurses in general hospitals, the Republic of the Union of Myanmar

Part IV: The relationship between time management and quality of working life of nurses in general hospitals, the Republic of the Union of Myanmar

Findings

Part I: Demographic Characteristics of Subjects

The demographic characteristics of subjects are presented in Table 4-1.

Table 4-1

Frequency, Percentage, Mean, Standard Deviation and Range of Demographic Characteristics of Nurses Categorized by Gender, Age, Marital Status, Number of Children, Level of Education, Professional Title, Experience, Working Shift, Income, Department, and Attending Time Management Seminar (n=252)

Demographic Characteristics	Frequency (n)	Percentage (%)
Gender (n=245)		
Female	243	99.18
Male	2	.82
Age (year) (n=244) ($\bar{x}$ = 31.47, SD= 8.04, Range = 21- 55)		
≤25	80	32.79
26-45	150	61.48
>45	14	5.74
Marital status		
Single	175	69.44
Married	77	30.56
Number of children ($\bar{x}$ = .90, SD= .85, Range = 0-4) (n = 77)		
0	29	37.66
1	29	37.66
2	18	23.38
4	1	1.30
Level of education		
Diploma degree	144	57.14
Bachelor degree	107	42.56
Postgraduate degree (Master or Ph.D.)	1	.40

Table 4-1 (continued)

Demographic Characteristics	Frequency (n)	Percentage (%)
Professional title		
Trained Nurse	93	36.90
Staff Nurse	159	63.10
Experience in Nursing (year) ($\bar{x}$ = 8.14, SD= 5.85, Range = 1-26)		
≤5	91	37.55
6-10	74	28.98
11-15	58	23.27
16-20	17	6.12
≥21	10	4.08
Working shift (frequent working shift in a month)		
Morning shift	207	82.14
Evening shift	12	4.76
Night shift	33	13.1
Income		
Salary	165	65.48
Salary plus benefits	87	34.52
Department		
Medical department	42	16.67
Surgical department	43	17.06
Obstetrics and gynecology department	16	6.35
Child department	19	7.54
Intensive care Unit	9	3.57
Operation room	43	17.06
Outpatient + Emergency department	23	9.13
Orthopedic department	16	6.35
Others (Eye, ENT, Cancer, Lab, Poison, Physio, DOTS)	41	16.27
Attending stress or time management seminar or workshop		
Yes	10	4.20
No	228	95.80

Table 4-1 shows that 99.18% of subjects were female with an average age of 31.47 years (SD=8.04), and 69.44% of subjects were single. Among 30.56% of married subjects, (37.66%) subjects had no child while (37.66%) had one child. The majority of subjects had nursing diplomas (57.14%) while 63.10% of subjects were staff nurses. The average number of years of subjects had been working as a nurse were 8.14 years (SD=5.85). Also, 82.14% of subjects worked frequently in morning shift each month. 65.48% of subjects, received a salary without any benefits, whereas 17.06% of subjects, coming from the surgical department, and from the operating room, received salary without benefits. Only 4.20% of subjects had been attending time management seminars or workshops.

Part II: Time Management of Nurses in General Hospitals, the Republic of the Union of Myanmar

The time management as perceived by nurses in general hospitals is shown in Table 4-2.

Table 4-2

Mean, Standard Deviation, Frequency and Level of Time Management as Perceived by Nurses (n=252)

Time management	Mean	SD	Level
Overall	99.98	14.45	moderate

As illustrated in table 4-2, the results show that the overall mean score of time management perceived by nurses was at a moderate level.

Part III: Quality of Working Life of Nurses in General Hospitals, the Republic of the Union of Myanmar

The level of quality of working life and its dimensions as perceived by nurses are shown in Table 4-3.

Table 4-3

Mean, Standard Deviation and Level of Overall and Dimensions of Quality of Working Life of Nurse (n=252)

Quality of working life	Mean	SD	Level
Overall	71.06	12.20	Low
Dimensions of QoWL			
General wellbeing	19.15	4.13	Average
Home-work Interface	8.69	2.50	Low
Job Career Satisfaction	19.27	3.74	Average
Control at Work	9.90	1.81	Low
Working Conditions	9.23	2.41	Low
Stress at Work	4.83	1.94	High

As shown in Table 4-3, the overall mean score of quality of working life as perceived by nurses was shown to be at a low level. Subject's perceptions were measured in regard to four dimensions, home-work interface, control at work, working conditions and stress at work, at low level. However, the remaining two dimensions, namely, general well-being and job career satisfaction, were perceived at average level.

Part IV: The Relationship between Time Management and Quality of Working Life of Nurses in General Hospitals

The correlation between time management and overall and dimensions of quality of working life of nurses is shown in Table 4-4.

Table 4-4

Spearman's Rank Correlation Coefficient between Time Management and, Overall and Dimensions of Quality of Working Life (n=252)

Quality of Working Life	Time management (r_s)	P value
General wellbeing	.201**	.001
Home-work Interface	.072	.255
Job Career Satisfaction	.178**	.005
Control at Work	.168**	.007
Working Conditions	.166**	.008
Stress at Work	-.117	.063
Overall	.213**	.000

As shown in Table 4-4, the results of this study showed that there was a significantly positive relationship between time management and quality of working life among subjects. Moreover, the results of this study demonstated that there was significantly positive relationship between time management and the four factors of quality of working life namely, general well-being, job career satisfaction, control at work, and working conditions, among nurses. There was no clear correlation between time management and two of the dimensions of quality of working life; which were home-work interface and stress at work.

Discussion

This discussion section is presented in three main parts in accordance with the objectives of the study: 1) time management of nurses in general hospitals in Yangon in the Republic of the Union of Myanmar; 2) the quality of working life of the nurses in general hospitals in the above area; and 3) the relationship between time management and the quality of working life of nurses in the same area.

Part I: Time Management of Nurses in General Hospitals in Yangon in the Republic of the Union of Myanmar

The results of this current study showed that the overall mean score perceived by the nurses in regard to time management was 99.98 (SD = 14.45), which was a moderate level (Table 4-2). The results indicate that the nurses in general hospitals sometimes have successful time management behavior, in the use of goal setting, techniques of priorities, scheduling, and organizing in their workspaces.

A possible explanation of these results would be that the Myanmar health care system has been changing, along with the upgrading of the political and administrative systems of the country. The new strategic plan includes sections on solving various issues in human resources, infrastructure, health-care delivery, financing, and health-care delivery (MOHS, 2016). Moreover, 42.56% of the participants are nurses who received their Bachelor's degrees (Table 4-1). In the national Myanmar Bachelor of Nursing curriculum, Nursing Administration and Management, is taught as one subject, which is required for graduation for all Bachelor of Nursing students (University of Nursing, Yangon, 2018). Therefore, almost half of the nurses in the general hospitals in Myanmar are familiar with various management processes, including the management of time. This is likely to be one possible reason in support of the study result which indicated that many of the nurse participants in the general hospitals sometimes used time management techniques.

Another reason seem to support those results could be due to obstacles in performing nursing care. The item "I find places to work that will allow me to avoid interruptions and distractions" registered the lowest mean score among positive items

(Appendix M). In Myanmar, there are many interruptions in accomplishing the nurses daily work including non-nursing activities, which often make it difficult for them to finish their daily work on time (Nang-Htwan-Hla, 2002). Myint-Htay (2004) explained that manpower shortage, routine work, and too many non-nursing activities can lead to lack of time for nurses. Lay-Nwet-Kyi (2017) pointed out that the complexity of the work environments of nurses often impact the effectiveness of their time usage. Even though most nurses are 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.

Another possible reason for the results is that work experience can enhance the time management of nurses (Ziapour et al., 2015). 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, including dealing with unexpected accidents. Nursing routine is related to time management because it incorporates the elements of predictability, time control, and familiarity (Waterworth, 2003). The most experienced nurses in the general hospitals of Myanmar tend to follow the same routine of nursing care throughout their career. Therefore, when decisions must be made on the spot, they can do it right way by setting goals and priorities, and by scheduling and organizing their work within a certain time period. In the present study, the average number of years of experience of nurses in the general hospitals was 8.14, while the range was from 1 to 26 years (Table 4-1). This indicates that lesser experienced nurses need to improve in time management behavior. In Myanmar, any government employee who has at least 30 years of experience in any field can retire, if they have the desire.

The study results could also be influenced by the ages of the nurses in the study. Better time management is also enhanced with greater age. The results of the Ziapour et al. (2015) study, revealed that the participants who were in the 50 year old age bracket tended to exhibit the highest levels of time management behavior. This is likely to be due to the fact that time management capabilities of nurses are considered to grow as age increases (Ziapour et al., 2015). When learning each specific nursing skill, such as taking blood pressure measurements, a person needs a period of time to become competent. This

competence includes both accuracy and the ability to perform well at a certain speed (Waterworth, 2003). Therefore, the elderly nurses in the general hospitals of Myanmar normally had better time management behavior than the younger nurses. However, in the current study, the nurses in the above 45 year old group only amounted to 5.74% of the sample (Table 4-1). Most of the nurses were in the 26-45 age range (61.48%), while the entire age range covered in the study was 21-55 years. Hence, it is clear that many members of the largest group, with ages ranging from 26-45 (Table 4-1) still need improvement in time management behavior. Better time management can enrich each nurse, helping him or her to become much more efficient, which will also increase their ability to fulfill the needs of more patients in less time.

Another reason for the results given in this study could be seen in the professional titles of the nurse respondents. Ebrahimi et al. (2014) stated that time management of head nurses tends to be better than that of staff nurses. According to common terminology in Myanmar, a staff nurse refers to a senior nurse, while a trained nurse refers to a junior nurse. Senior nurses are usually more experienced in managerial tasks than junior nurses. According to the results of a study done by Gerrish, Ashworth, Lacey, and Bailey (2008), the junior nurses had less support, in terms of time and resources, while the senior nurses were normally able to overcome these limitations. In Myanmar, every staff nurse is required to be in charge of her or his whole hospital for at least one night per month. Staff nurses have a number of responsibilities coinciding at the same time and therefore needs, a “bird’s eye” view of their whole ward. This job description and responsibility is likely to affect their time management. So, not surprisingly, in the present study it was found that, in general hospitals, the time management of the staff nurses was better than that of the trained nurses, and in terms of task prioritization most nurses were satisfactory. However, it was also found that only 4.2% of the nurse participants had ever attended time management seminar or workshop (Table 4-1). Therefore, it is clear that nurses in general hospitals, especially the younger and less experienced ones, are still in need of developing better techniques of time management.

Also, worthy of note in the current study, it could be significant that 69.44% of the nurses are single, and that most of the married nurses have few children (37.66% have no child, while 37.66% have only one child). This variable could also impact nurses’ ability

to manage time. It is likely that single nurses, and nurses with few children, could manage time better. Macan et al. (1990) found that the time management among females was found to be better than that of the males. In this current study, 99.18% of the nurse participants were female (Table 4-1) so it could be one of the reasons why the nurses sometimes naturally use time management techniques.

Part II: Quality of Working Life of Nurses in General Hospitals in Yangon, in the Republic of the Union of Myanmar

The results of this study illustrate that the overall quality of working life perceived by the nurses from four general hospitals in Yangon was at a low level ($\bar{x}$ = 71.06, SD = 12.20) (Table 4-3). This indicates that, in general, 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 in the previous study done by Said et al. (2015) which was conducted in Portugal, using the same instrument. Here, it was revealed that most of the nurses had a low quality of working life. However, the results of this current study were different from those of the other three international studies using the same instrument, conducted by Abbasi, Zakerian, Akbarzade, et al. (2017); Abbasi, Zakerian, Mehri, et al. (2017); and Dudley (2015), which indicated an average level of quality of working life. Moreover, this finding was inconsistent with those two studies in its exploration of the quality of working life among nurses in Myanmar, which showed the mean quality of work life of nurse participants was at a moderate level in both a 2500-bed hospital and in a 1000-bed hospital (Khine-Mar-Oo, 2017, & Naing-Wai-Pyone, 2017).

The difference in the findings between the current study and the two Myanmar studies mentioned above is likely to be due to two factors: the different level of hospital; and the different instrument used in the study. Different levels of hospital produce significant differences in workload, stress, and opportunities and benefits for nurses. The workload of the nurses in general hospitals managed by the Ministry of Health and Sports is usually higher than that of nurses in other types of hospitals. Furthermore, Yangon is the most crowded area in Myanmar (MOHS, 2018). One nurse working in a medical ward in a Yangon general hospital usually takes care of 14 to 32 patients during the day shift; 35 to 51 patients during the evening shift; and 51 to 73 patients during the night shift. In

surgical wards in Yangon general hospitals, one nurse normally provides nursing care for 12 to 24 patients in the morning shift; 52 to 61 patients in the evening shift; and 79 to 98 patients in the night shift (Tin-Mar-Wai, 2016). In addition, most of the nurses in general hospitals have low levels of opportunities and benefits. This is shown by the results of this current study, in which it was found that only 39.19% of the nurses in the general hospitals in Yangon received suitable opportunities and benefits (Table 4-1), which means that the nurses have a chance to continue their studies and to have accommodation. In regard to the situation for nurses in Myanmar, both staff nurses and trained nurses always receive the same levels of salaries and benefits even though the staff nurses have greater responsibilities than the trained nurses. In addition, 63% of participants in this study are staff nurses (Table 4-1). This is likely to be one reason for the low level of the quality of working life perceived by the nurses in the general hospitals.

The low level of the quality of working life among the nurses in the general hospitals in Yangon could be explained, based on the specific results of the six dimensions of QoWL, which are described below.

General well-being. This concept reflects the extent to which a nurse feels good or content with her or his life as a whole (Easton & Van Laar, 2014). The results of this present study revealed that the general well-being of the nurses working in the general hospitals in Yangon was at an average level ($\bar{x}$ = 19.15, SD = 4.13) which was the highest mean score among all of the dimensions of the WRQoL scale (Table 4-3). This finding indicates that the feelings of the nurses regarding their lives in the general hospitals reflected an average level of wellness.

One possible reason for the above result might have to do with the traditions and culture of Myanmar. The majority of people in Myanmar are Buddhist, and, according to Buddhist teachings, Buddhist people must comport themselves in a humble manner. They also often fear that they have offended someone or caused someone to lose face (Mar-Lar-Aung, Akkadechanunt, & Chontawan, 2013). However, the item "recently, I have been feeling unhappy and depressed" was the lowest mean score in this factor (Appendix M). In addition, it was shown that 57.66 of the nurses experienced intense emotional demands, due to their crowded working environments; inadequate staff; heavy workload; and sometime lack of cooperation between co-workers (Lay-Nwet-Kyi, 2017). This fact

is likely to lead nurses in Myanmar to experience only average levels of general well-being. Another possible reason could be due to the demographic data. In the current study, 69.44% of the nurse participants were single (Table 4-1). Single nurses have a greater chance to get accommodation at the hospital than married nurses, which is likely to increase their chance of having average well-being. In addition, age can affect the general well-being of nurses. In the study conducted by Abbasi, Zakerian, Akbarzade, et al. (2017), age was shown to have a significant inverse relation to the quality of working life. In this current study, the average age of the nurses in the general hospitals in Yangon was 31.47 (SD = 8.04), while 61.48% of the nurses were in the age group of 26-45 (Table 4-1). Hence, the general well-being of the nurses in the general hospitals was found to be at an average level.

Home-work interface (HWI). This is the extent to which an employer is perceived as supportive to family lives and home lives of nurses (Easton & Van Laar, 2014). In this study, a low level of home-work interface was perceived by the nurses in the general hospitals in Yangon ($\bar{x}$ = 8.69, SD = 2.50) (Table 4-3). This shows that nurses in general hospitals were dissatisfied with their work and with their lives, and were unable to balance their work with their personal lives, due to the lack of support from their ward sister or nurse administrator. This is consistent with the results of the previous study done in Portugal by Said et al. (2015), in which low levels of HWI were found.

The low level of HWI among nurses in Yangon's general hospitals could possibly be due to the inflexibility of the ward sisters and the nursing administrators, as far as the fulfillment of the interface between the work and personal life of nurses. Supervisory support, including both instrumental and emotional, was found to be negatively related to work and family conflicts, in a study conducted by Achour et al. (2017). Item 5 reads, "My employer provides adequate facilities and flexibility for me to fit work in around my family life" had the lowest score among all of the items in the instrument ($\bar{x}$ = 2.69, SD = 1.05) in this current study (Appendix M). Some nurses have families to take care of, but some ward sisters do not support the idea of flexible schedules. In addition, the salaries of nurses are still lower than those of doctors and engineers in Myanmar (Khine-Mar-Oo, 2017). According to the policies of public hospitals, no nurses are allowed overtime work thus, no extra money can be made. Hence, they often need to do extra jobs

in private hospitals when they are off duty because the financial demands of their families are usually higher than their salaries. Another possible reason for the low level of HWI was that the ward sister or nurse administrators often did not support adequate facilities for nurses. For example, another study (Khine-Mar-Oo, 2017) revealed the importance of offering child care facilities for nurses at work, also, that often no energy is left over after work for child care or other activities, due to the prolonged time consumed at work. Moreover, most of the respondents felt strong physical and mental exhaustion, due to their increased work demands. Thus, it is clear that nursing administrators need to consider the provision of adequate support facilities and allow for flexibility for nurses, which likely enhance the level of nurse retention.

Job and career satisfaction. This is the level at which a workplace provides a nurse with the "best things" at work; the things that make them feel good (Easton & Van Laar, 2014). The results of this study indicated that the job and career satisfaction of nurses in general hospitals was at an average level ($\bar{x}$ = 19.27, SD = 3.74) (Table 4-3). The researcher understood that the nurses in general hospitals were not highly satisfied with their jobs and careers however, some nurses exhibited some degree of job and career satisfaction. This finding was in accordance with the results of a previous study of job satisfaction by Mar-Lar-Aung et al. (2013) in Myanmar, in which it was found that the nurse respondents perceived job satisfaction at moderate levels.

One possible reason for the average level of job and career satisfaction among the current study respondents could be the availability of career opportunities for nurses, according to Myanmar health-care policy in 2005. Under this policy, those nurses who have received their nursing diplomas, and who have had three years of nursing experience and can pass the entrance exams have the opportunity to upgrade their education from Diploma to Bachelor's level. In this current study, results indicated 57.14% of the nurses were Nursing Diploma holders. During the Bachelor of Nursing bridge course, nurses are still able to receive their full government salaries. Moreover, all Myanmar nurses who work in public hospitals are permanently employed. All government employees, including nurses, have permanent positions until retirement at the age of 60, unless they commit malpractice, fraud, or a breach of their contract (Mar-Lar-Aung et al., 2013). This could be the reason for the average level of job and career satisfaction of nurses in general

hospitals. However, it is still necessary to take into consideration further career development for nurses holding Bachelor's degrees, such as postgraduate training, Master's degree programs, and Ph.D. programs. The result showed that the study item "I am encouraged to develop new skills" had a lowest mean score in this dimension (Appendix M). Although the nurses have career opportunities, nurses in general hospitals still need the encouragement of the nursing administrator to help them develop new skills.

Control at work. This dimension reflects the level of autonomy and comfort a nurse considers appropriate within her or his work environment (Easton & Van Laar, 2014). One finding of this current study indicated there was a low level of control at work, as perceived by nurses ($\bar{x} = 9.90$, SD = 1.81) (Table 4-3). This indicates that nurses in the general hospitals in Yangon perceived limited autonomy and control at work, in terms of the expression of their opinions and participation in decision making. By increasing the nurse's control, health care organizations can reduce their job strain, without reducing their actual workload. Also, the nursing administrative structure can be changed, which will reduce the stress of nurses and protect their mental health, without diminishing their productivity (Easton & Van Laar, 2018). This result was consistent with those of a previous study conducted in Portugal by Said et al. (2015), which revealed low levels of control by nurses at work.

One possible explanation for the low level of control afforded the nurses at work in the current study was that the nursing profession in Myanmar is a dependent profession. Myanmar nurses have limitations in decision making (Nang-Htwan-Hla, 2006). The results of another study done in-country (Yee-Lay-Win, 2017) showed that the actual mean scores of decision involvement of the nursing administrator participants were lower than their preferred scores. This means that nurses, at all levels, were rarely able to participate in decision making, and that even those at the nursing administrator level did not get enough involvement. According to Lay-Nwet-Kyi (2017), nursing administrators need to encourage nurses to voice their feelings. This opinion is relevant to the results of this present study, because study Item 16, "I feel able to voice opinions and influence changes in my area of work," obtained the lowest mean score among the items in this dimension (Appendix M).

Working conditions. This dimension covers the extent to which a nurse is satisfied with the fundamental resources, working conditions, and security necessary to do her or his job effectively (Easton & Van Laar, 2014). The current study identified that most of the nurses in general hospitals in Yangon perceived their working conditions as being at a low level ($\bar{x}$ = 9.23, SD = 2.41) (Table 4-3). This indicates that most of the nurses in the general hospitals in Yangon are not satisfied with their current work conditions and their hospitals need to fulfill basic requirements, such as safety, autonomy, and the support of ward sisters. The results of this study contrasted with those of a previous study by Said et al. (2015) done in Portugal, using the same instrument, who reported high working conditions, as perceived by nurse participants. However, the result of the current study was consistent with that of the previous study conducted by Owuor (2013), using a different instrument, in which it was found that the work conditions dimension was at unsatisfactory levels.

One possible reason for the perceived low levels of working conditions by the nurses in the current study was 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 (Nyi-Nyi-Latt et al., 2016). Promoting proper working conditions in hospitals, including adequate resources and support, is essential, in order to sustain adequate staffing and high-quality care. This also will raise job satisfaction and job retention rate among nurses (Said et al., 2015). According to another study in Myanmar, most nurses perceived their nursing practice environment as poor or unsupportive (Kyin-Kan-Nan, 2017). This was indicated by the occurrence of the lowest mean score of the study Item, "The working conditions are satisfactory" among all of the items in this dimension ($\bar{x}$ = 2.83, SD = .97) (Appendix M). Moreover, another study conducted in Myanmar has shown a lack of support and a lack of power for nurses, and limited autonomy among them at work (Nang-Htwan-Hla, 2002). These conditions probably reflect the reasons for the low levels of working conditions perceived by the nurses in the general hospitals in Yangon in the current study.

Stress at work. This dimension covers the extent to which a nurse perceives excessive pressure and feels stressed at work (Easton & Van Laar, 2014). One result of

the current study was the high level of stress at work factor ($\bar{x}$ = 4.83, SD = 1.94). It has been reported that most of the nurses working in the general hospitals in Yangon feel a high level of stress and feel under excessive pressure. This report is consistent with those of the previous study done by Said et al. (2015) in Portugal, in which high stress among nurses at work was reported. Although pressure and stress are needed for some aspects of experience and motivation, excessive stress beyond a person's ability to cope can have a negative effect (Easton & Van Laar, 2018).

One possible explanation for the high level of stress among nurses in the sample is that these nurses also suffered from occupational stress as a result of the nurse shortage in Myanmar and the resulting work overload, coupled with insufficient time, training and coping skills. According to the most recent statistics available, the percentage of nurses in Myanmar per capita is lower than that in most South East Asian Countries and in the USA (Nyi-Nyi-Latt et al., 2016). In fact, the average nurse-patient ratio in the country was found to be 1:25-44 (Tin-Mar-Wai, 2016). In public hospitals in the country, there has been no policy for overtime work, even though the workload is mostly higher, and the number of nurses is normally not adequate for each shift. Furthermore, nurses in general hospitals in Yangon usually have a little chance to attend stress management training or workshops. A recent study reported that only 4.2% of the nurse participants have attended any seminar workshop about either stress or time management (Table 4-1).

Part III: Relationship Between Time Management and Quality of Working Life of Nurses in General Hospitals in Yangon in the Republic of the Union of Myanmar

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 working at general hospitals in Yangon (Table 4-4). This finding, as perceived by nurses in general hospitals there suggests that, the more time management is pursued, the higher the level of QoWL. The relationship between time management and quality of working life can be explained by Abraham Maslow's hierarchy of needs, which was the first theory of time management (Chansaengsee, 2017) and one of theories that formed the basis for the quality of working life model by Van Laar et al. (2007). Maslow's theory has greatly influenced the study of work behavior (Kreitner, 2007). Under Maslow's theory, each person's Self-Actualization level can be fulfilled by implementing appropriate time

management techniques in one's life and work (Chansaengsee, 2017). According to Lakein (1973) who discussed time management techniques, good time management can enhance a person's experience in their work and their lifetime, and also cause them to have greater satisfaction (Macan et al., 1990).

Hsu and Kernohan (2006) write in support of the time management and quality of working life connection. Said (2014) likewise stated that time management can help nurses to be more efficient and effective in balancing their professional and personal lives. Sehrish and Zubair (2013) explored the relationship between polychronicity, time management, and quality of working life among 300 bank employees. They found that time management had a significant positive relationship with the quality of working life ($r = .56$, $p < .001$).

In this current study, the results revealed only a weak relationship between time management and quality of working life. The most likely possible explanation for this could be that not only time management, but also other factors affect the quality of working life of nurses in general hospitals. Several other factors that have been found to influence the quality of working life among nurses are salary, occupational stress, welfare facilities, and workload (Moradi et al., 2014). This means that the self-actualization needs of Maslow's framework can be fulfilled using time management however, other needs required for quality of working life, such as physiological needs and safety needs are still in need of being achieved.

Findings pertaining to the relationship between time management and each particular dimension of the quality of working life are discussed below:

General well-being. One finding resulting from this current study was the principle that time management was statistically and positively correlated with general well-being ($r_s = .201$, $p < 0.01$) (Table 4-4). *General well-being* was defined as "the extent to which an individual feels good or content with his or her life as a whole" (Easton & Van Laar, 2014). Thus effective time management by nurses in general hospitals can improve their well-being, especially in terms of happiness or depression, or in terms of feeling well, close to one's ideals and to living a satisfied life. In summary, better time management by nurses leads to a greater sense of well-being of nurses in general hospitals.

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 and somatic tensions (Macan, 1994). Perceived control may alleviate the negative effects of time pressure, such as emotional exhaustion (Teuchmann, Totterdell, & Parker, 1999). One may conclude therefore that time management techniques tend to enhance the control of nurses over their time, which can promote a sense of well-being. The result of this current study was also supported by that of a previous study by Bond and Feather (1988), in which time management was associated with depression (r = -0.44); psychological distress (r = -0.37); and anxiety (r = -0.56). In addition, in various studies, time management has been found to be linked to the following: (1) strain and health complaints (r = 0.39) (Adams & Jex, 1999); (2) emotional exhaustion (r = -0.17) (Peeters & Rutte, 2005); (3) psychological well-being (r = 0.31) (Chang & Nguyen, 2011); and (5) general well-being and performance (Aeon & Aguinis, 2017).

Home-work interface. One result of this current study was the implication that there was no association between time management and home-work interface (Table 4-4). *Home-work interface* was defined as the extent of individual perception by employees that their organization understands and attempts to help with pressures outside of work (Easton & Van Laar, 2014). This means that time management techniques among nurses in general hospitals are usually not helpful for handling the interface between their work lives and personal lives. This disparaging report could be explained by the fact of inadequate facilities at the general hospitals in Yangon and the rigidity of the nurse managers and/or administrators (Appendix M). Moreover, most nurses who work at general hospitals in Yangon, experience several strains emanating from outside their work, such as care of children or elders, but have little energy remaining to handle these strains, after working long hours at their jobs. Hence, time management techniques can solve strains involving time issues, but it cannot solve every type of strain.

Nelson and Tarpey (2010) reported that the perception of many employee study participants of their work schedule hours was that they were too excessive, inflexible and unequal, which resulted in increasing negative perceptions about their work schedule and work-family conflicts, thus rendering them unable to serve their family well nor enabling them to fulfill their expected demands. Even though most nurses in general hospitals in

Yangon are good at time management, it still might be difficult for them to balance their work lives and personal lives if they do not get sufficient support from facilities or obtain flexibility in their schedules. In summary, the result of this study was incongruent with those of two previous studies (Adams & Jex, 1999; Ochonma et al., 2017) which revealed that time management had a positive relationship with the proper balance of work and personal life, and/or with handling the challenging interface of work and family.

Job and career satisfaction. For this dimension, the relevant finding from the current study was that time management among nurses in general hospitals had only a weak positive relationship to their satisfaction with their job or career ($rs = .178$, $p < 0.01$) (Table 4-4). *Job and career satisfaction*, has been defined as the extent of an individual's gratification with his or her job or work (Easton & Van Laar, 2014). This shows that good time management among nurses working at general hospitals helps to promote greater satisfaction with their jobs and careers. If employees engage in time management techniques, especially goal setting, prioritizing, and workspace organizing, they normally will feel a sense of control over their time which is positively linked with job satisfaction (Macan, 1994). Therefore, it is clear that, if nurses manage to control their time well, they will have more chance to lay hold of opportunities which will improve their career and enable them to utilize their abilities at work.

The relationship between time management and job satisfaction has also been validated by the previous studies of Elsabahy et al. (2015), and Krefetz (2015). Tavakoli et al. (2013) reported that time management positively influenced job satisfaction among 3500 employees in Iran. Another study showed that, on the other hand, poor planning of time usually reduces satisfaction to a lower level (Karaoglan, 2006).

Control at work. One finding of the current study was the positive correlation between time management and control at work which registered a positive statistical significance ($r_s = .168$, $p < 0.01$) (Table 4-4). *Control at work* has been defined as the extent to which the individual feels that she or he is involved in the level of decision making regarded as an appropriate level of control within his or her work environment (Van Laar et al., 2007). Aeon and Aguinis, (2017) believe that time management is a form of temporal decision making. Those nurses who have good time management behavior; clear goals and prioritization; effective scheduling; and proper organization,

can soundly recognize their working environment, so that they have more chance to express their opinions and to participate in some kinds of decision making.

As pertaining to this, it is relevant to echo the statement of Yoder-Wise (2011) that in personal and professional goal setting and in the setting of priorities, of nurses can enhance their degree of control at their work. Moreover, Qtreat and Sayej (2014) proved that time management of nurses was linked to their performance. Prioritization of tasks can change extensively to facilitate better work management (Mathew, 2015). Therefore, it is clear that nurses can take an appropriate degree of control of their work by managing their time well.

Working conditions. The current study conducted on the nurses working in general hospitals in Yangon shows that time management was statistically and significantly linked to their working conditions ($r_s = .166$, $p < 0.01$) (Table 4-4). *Working conditions* was defined as the extent to which each employee is satisfied with the fundamental resources, working conditions, and security necessary to do her or his job effectively (Easton & Van Laar, 2014). There was a weak positive association shown between time management and working conditions of nurses in general hospitals. Thus, it is clear that time management practices among nurses can help to raise satisfaction related to their working conditions in general hospitals, in terms of resources and safety.

Easton and Van Laar (2014) stated that various musculoskeletal problems, such as back pain and strains, can result from poor working conditions. According to Macan's process model (1994), time management behavior usually causes each employee to get a better sense of control over his or her time, which is positively linked to job and life satisfaction and negatively linked to job strains (Adams & Jex, 1999; Claessens, Van Eerde, Rutte, & Roe, 2004). In addition, as a result of engaging in time management practices, each employee usually learns to manage other things as well. Hence, time management behavior, such as goal setting, prioritization, scheduling, and organizing, can enhance an employee's ability to allocate or manage other matters, especially to conserve energy and utilize resources efficiently to increase job effectiveness (Odumeru, 2013). This assertion was supported by Bowers et al. (2001) who found that working conditions among nurses are linked with their ability to organize or utilize their time well.

Stress at work. One result of the current study was that no significant correlation between time management and stress at work among nurses in general hospitals in Yangon could be determined (Table 4-4). *Stress at work* was defined as each an individual's perception of her or his work pressures and demands were at an acceptable level, and not excessive or stressful (Easton & Van Laar, 2014). As per this finding, it is clear that time management behavior cannot reduce the stress level of nurses in general hospitals in Yangon. According to the results of this present study, the nurses working in the general hospitals in this city sometimes engage in time management techniques but, they still often feel high levels of stress at work. This could be because the stress of nurses working in general hospitals comes mainly from their heavy workloads, where they usually have insufficient supplies, and where their basic needs are often not fulfilled.

The above current study results are inconsistent with those of the previous study done by Hashemizadeh (2006), who found an association between time management and the stress of nurses. Another study (Harper, 2005), revealed that the stress of nurses was affected by high nurse-to-patient ratios and by little time for nurse orientation. In Myanmar, the average nurse-to-patient ratio, as of the most recent statistics available is 1: 25-44 (Tin-Mar-Wai, 2016). It has also been reported that most nurses there report a lack of time and unsatisfactory feelings regarding performance of their tasks (San-San-Htay, 2009). Another study conducted in country pointed out that the majority of nurses there (57.8%) felt frustrated about their jobs, due to: (a) lack of resources; (b) under-staffing; (c) lack of cooperation between co-workers; (d) unclear job description; (e) limited decision making and (f) feelings of being mistreated (Nang-Htwan-Hla, 2006). It is therefore clear from these results that the stress of nurses working in general hospitals in Yangon, Myanmar cannot be reduced by time management alone. Their stress can however be controlled by solving relate causes such as heavy workload, and by providing an adequate supportive nursing workforce.

CHAPTER 5

Conclusion and Recommendations

In this chapter, the conclusion of the study, implications for nursing administration and nursing research, as well as the recommendations of this study are presented below.

Conclusion

The purposes of this descriptive correlational research were to explore time management and quality of working life of nurses in general hospitals, Yangon, the Republic of Union of Myanmar, and to examine the relationship between time management and quality of working life of nurses in general hospitals, Yangon, the Republic of Union of Myanmar. Data were collected from March 1st, 2019 to April 10th, 2019 at four general hospitals in Yangon. There were 280 nurses who meet the inclusion criteria took part in this investigation. The final sample consisted of 252 nurses who were working in four general hospitals.

The instrument used for data collection was a questionnaire set including: Demographic data form developed by the researcher; the Time Management Behavior Scale developed by Macan (1994) and Work Related Quality of Life Scale developed by Van Laar et al. (2007). The reliability of time management behavior (TMB) Scale was .85, and the reliability of overall (total) and each factor of work related quality of life scale: general well-being, home-work interface, job and career satisfaction, control at work, work conditions and stress at work, were .95, .89, .72, .89, .87, .87, and .84. Descriptive statistics, and Spearman rank correlation technique were used in the procedure of data analysis.

The findings of this study were as follows:

1. The overall (total) score of time management was a mean of 99.98 (SD = 14.45) at a moderate level, which indicated that the nurses in general hospitals sometimes have time management behaviors and should improve their time management.

2. The overall score of quality of working life were a mean of 71.06 (SD= 12.20) which is a low level. Regarding the six dimensions of quality of working life, the highest score can be found in the dimension of Job and Career Satisfaction which with a mean score of 19.27 (SD = 3.74), followed by the dimension of General Well-Being with a mean score of 19.15 (SD = 4.13) which is an average level. Then, the dimensions of Control at Work derived a mean score of 9.90 (SD = 1.81) and the dimension of Working Conditions had a mean score of 9.23 (SD= 2.41), the dimension of Home-Work Interface derived a mean score of 8.69 (SD= 2.50) which are low levels. However, the dimension of Stress at Work had a mean score of 4.83 (SD= 1.94) which are high level and indicates high stress at work.

3. This study showed a weak positive correlation between time management and quality of working life (r_s = 0.213, $p < 0.01$). In addition, there is a weak positive correlation between time management and the four factors 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, $p < 0.01$). Time management had no significant correlation with two dimensions of quality of working life; Home-Work Interface and Stress at Work.

Implication of Research Findings

The results of this study could be used as baseline information in assisting job analysis and job design in order to foster effectiveness and efficiency in organizations and also to improve nurses' time management and quality of working life which cultivate well-being and contentment in general hospitals as follows:

1. Nursing administrators and managers should improve time management of nurses by providing training or workshop for nurses in order to understand how to set goals and priorities, eastablish scheduling, and planning, and organizing their time.

2. Nursing administrators and managers should become aware of nurses' well-being, helping nurses balance their work and personal life. Nursing administrators and managers should provide adequate facilities, flexible work schedule, opportunities for nurses to develop new skills and recognition to nurses for their achievement.

3. Nursing administrators and managers should encourage nurses to express their opinions, and to participate in some aspects of decision making. In addition, they should create safe and satisfactory working environments for nurses and adequate supplies to cover demands that will assist nurses in handling workplace stress in order to increase quality of working life.

Recommendation for Future Study

Based on the study findings, the researcher proposes the following recommendations:

1. This study was conducted in general hospitals in Yangon. Therefore, future research should be conducted: (1) in another region of Myanmar; (2) in other levels of hospitals such as primary hospitals, super-tertiary hospitals and specialty hospitals; and (3) on other populations such as ward sisters and nursing students.

2. Intervention study could be conducted to find ways to promote nurses' time management behavior in order to enhance better quality of working life of nurses.

3. Future research should conduct a relationship study inclusive of factors related to quality of working life of nurses.

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APPENDICES

APPENDIX A

Distribution of the Accessible Population and Sample Size from Each Hospital

	Name of Hospital	Number of Population	Number of Sample
1	Insein General Hospital	177	83
2	New Yangon General Hospital	154	68
3	West Yangon General Hospital	125	55
4	East Yangon General Hospital	102	46
	Total	558	252

APPENDIX B

Information Sheet for Study Participants (English and Myanmar)

Information Sheet for Study Participants

Research project: Time Management and Quality of Working Life of Nurses in General Hospitals, the Republic of the Union of Myanmar

Research Team: Miss Phyu Nyein Wai, Assist Prof. Dr. Petsunee Thungjaroenkul

Institute: Faculty of Nursing, Chiang Mai University

Research Funding: Thailand International Cooperation Agency (TICA)

You are being invited to take part in this study because you are eligible nurse who work at target hospitals. The inclusion criteria of the eligible nurse included: 1) registered nurse from Myanmar Nursing Council who give direct care to the patients, 2) registered nurse who have been working at least one year in selected hospitals. The 280 participants who meet this criterion needed for this study will be selected from four general hospitals in Yangon; New Yangon General Hospital, East Yangon General Hospital, West Yangon General Hospital, and Insein General Hospital.

Before you decide to take part in this study, please take your time in reading this information sheet to make sure that you understand what you will be asked to do as part of this study. If you have any questions regarding this study, please feel free to ask the research staff. You are also welcome to discuss this study with someone that you know and trust before you make your decision.

Again, your decision making to participate in this study **is completely voluntary. (Frame 1)**

Frame 1 Taking part in this study is voluntary

- You **can refuse** to participate in this study
- You can **withdraw** from this study at any time

Information related to this study

A satisfactory quality of working life is an essential endowment for nurses to provide the highest quality care to their patients. Moreover, time management is absolutely essential in nursing, because time wasting and unsuitable management have harmful impact not only on health of patients but also on nurses and nurse managers in terms of quality of care, job dissatisfaction, stress and burnout, role overload, and role ambiguity which affect on quality of working life. Due to nursing shortage, the nurses in Myanmar cope with heavy work load and high job demands rather than other countries. Besides, the nurses in Myanmar have job dissatisfaction, job stress, and shortage of time. Therefore, this study will find the correlation between time management and quality of working life among nurses in general hospitals in Yangon. The findings of this study are intended to help nursing managers and administrators as a basic information and evidence in assisting job analysis and job design so as to foster effectiveness and efficiency of the organizations. Besides, it will provide guidance to improve Myanmar nurses' time management behaviors and enhancing Myanmar nurses' quality of working life which cultivate well-being and contentment at their workplace.

Frame 2 Possible adverse events from this study

No adverse effect from this study

Frame 3 Study design

Descriptive correlational design will be used in this study

Frame 4 Participant Responsibilities

This study will take place for 2 weeks in February to March, 2019. If you agree to take part in this study, you will be asked to do the following:

You will be asked to fill out a set of questionnaires which consists of three parts including: 1) Demographic Data Form- 12 items, 2) Time Management Behavior scale- 29 items and 3) Work related Quality of Life (WRQoL) scale- 24 items based on your experience at your free time within 2 weeks. Completing the questionnaire should take

around 30 minutes. You will be kindly requested to return questionnaires in the sealed envelopes and separate consent form in box provided by the researcher at each unit within two weeks. In addition, the researcher acknowledges the subject voluntary to participate and ethic consideration will be guaranteed.

Frame 5 Anticipated risks and benefits to study participants

The investigator summarizes risks and benefits to study participants

Risks and how the study will minimize or avoid these risks	**Benefits**
Risks This study will disturb subjects' time for 30 minutes to complete a set of questionnaire. Participants may feel some questions make them a little uncomfortable to answer or they feel some questions are sensitive. List how participants can minimize or avoid risks The questionnaire will be left to participants for two weeks to avoid disturbing their work and life. If participants feel some questions make them little uncomfortable to answer, or think the questions are sensitive, they have right to skip these questions without any loss of benefits.	Direct/ indirect benefits There may be no direct benefits to subjects from this study. However, the results of this study will provide basic information about time management and quality of working life perceived by nurses. It will help the nurse managers and administrators to take strategies to improve nurses' time management and quality of working life in order to improve the effectiveness and efficiency of the organization.

Frame 6 Possible situations that may happen during the study

The investigator summarizes the practical guideline or the care of various situations that may happen during the study

Situations	Practical guideline
If you choose to withdraw during the study	You have the right to withdraw from the study at any time. If you decide to leave the study, please inform the investigators and your right and benefits will not be affected.
Release of new and significant information about the study which may affect your decision to take part in the study	If we receiving any new information that is related to or impacts this study, we will present it to you as soon as we can. After you receive this information you will be able to decide whether to continue or discontinue participating in this study. Should state that if the new information will include whether it affects the benefits or risks. A re-consent process should be conducted.

All information collected about you in this study will be kept confidential and your data will be utilized by using a code number. The presentation of study findings at any conference or in a publication will not use your name. However, the Research Ethics Committee, the persons who have the authority to oversee this study, and staff from the Thai Food and Drug Administration will be able to access your information to review study information and the research process. You have a legal right to access your personal information. If you wish to use this right, please inform study staff. Any benefits from this study will provided as allowed by the regulations of Chiang Mai University.

This study provides no payment or compensation for your participation. If you have any questions or experience any side effects before or while participating in this study, you can contact the person in **Frame 7**

Frame 7 Research contact person(s)	
1. Ms. Phyu Nyein Wai	Room 433, Pudauk Hostel, University of Nursing (Ygn) campus, Yangon, Phone: +95-9425008169, Email: phyunyeinwai.pnw@gmail.com or Room 319, dormitory (55), Faculty of Nursing, Chiang Mai University, Thailand, Phone: +66-993590449
2. Dr. Petsunee Thangjaroenkul (Assist. Professor)	Faculty of Nursing, Chiang Mai University, Thailand. Email: petsunee@gmail.com, Phone: +66-085-705-5643 (office hour)

If you have any questions about your rights before or during participating in this study, please contact the Research Ethics Committee, Faculty of Nursing, Chiang Mai University.

No conflicts of interest associated with this study

Tel. 66-53-936080 (Office hours) or Fax. 66-53-894170

Information Sheet for Study Participants in Myanmar

သုတေသနတွင် ပါဝင်သူများအတွက် သတင်းလွှာ

သုတေသနလုပ်ငန်း။ ။ပြည်ထောင်စုသမ္မတမြန်မာနိုင်ငံတော်၊ အထွေထွေရောဂါကုဆေးရုံရှိ သူနာပြုတို့၏ အချိန်စီမံခန့်ခွဲခြင်းနှင့် လုပ်ငန်းခွင်ဘဝ၏ အရည်အသွေး

သုတေသနအဖွဲ့။ ဒေါ်ဖြူဇင်မိုးဇော၊ ဒေါက်တာ Petsunee Thungjaroenkul

အဖွဲ့အစည်း ။ သူနာပြုဌာနကြီး၊ ချင်းမိုင်တက္ကသိုလ်။

သုတေသနဘဏ္ဍာငွေ။ Thailand International Cooperation Agency (TICA)

သုတေသနလုပ်ရန် သတ်မှတ်ထားသောဆေးရုံတွင် တာဝန်ထမ်းဆောင်နေသော လူကြီးမင်းသည် သတ်မှတ်ချက်နှင့်ကိုက်ညီသောကြောင့် သုတေသနလုပ်ငန်းတွင် ပါဝင်ရန်ဖိတ်ခေါ်ပါသည်။ သုတေသနလုပ်ငန်းတွင် ပါဝင်ရန် သတ်မှတ်ချက်မှာ ၁) လူနာများကို တိုက်ရိုက်ပြုစုနေသူဖြစ်ပြီး မြန်မာနိုင်ငံသူနာပြုနှင့် သားဖွားကောင်စီမှ အသိအမှတ်ပြုလိုင်စင်လက်မှတ်ရထားသော သူနာပြု၊ ၂) ရွေးချယ်ထားသောဆေးရုံများတွင် လုပ်သက်အနည်းဆုံး ၁နှစ်တို့ ဖြစ်ပါသည်။ ဤသုတေသနအတွက်လိုအပ်သော သတ်မှတ်ချက်နှင့်ကိုက်ညီသည့် သူနာပြုဦးရေ ၂၈၀ကို ရန်ကုန်ရှိ အထွေထွေရောဂါကုဆေးရုံ ၄ ရုံ (ရန်ကုန်အထွေထွေရောဂါကုဆေးရုံသစ်ကြီး၊ ရန်ကုန်အရှေ့ပိုင်း အထွေထွေရောဂါကုဆေးရုံ၊ ရန်ကုန်အနောက်ပိုင်းအထွေထွေရောဂါကုဆေးရုံနှင့် အင်းစိန် အထွေထွေရောဂါကု ဆေးရုံ)တို့မှ ရွေးချယ်မည်ဖြစ်ပါသည်။

ဤသုတေသနတွင်ပါဝင်မည်ဟု မဆုံးဖြတ်ခင် လူကြီးမင်းကို သုတေသန၏ အစိတ်အပိုင်းဖြစ်သည့် မေးမြန်းမည့် အကြောင်းအရာကို နားလည်စေရန် ဤစာရွက်ကို ကျေးဇူးပြု၍အချိန်ပေးဖတ်စေလိုပါသည်။ ဤသုတေသနနှင့် ပတ်သက်၍ သိလိုသည်များရှိပါက ကျေးဇူးပြုပြီး သုတေသနဆိုင်ရာ ဝန်ထမ်းကို လွတ်လပ်စွာ မေးမြန်းနိုင်ပါသည်။ လူကြီးမင်းဆုံးဖြတ်ချက်မချခင် လူကြီးမင်းယုံကြည်ရသော တစ်စုံတစ်ယောက်နှင့် ဆွေးနွေးတိုင်ပင်လိုပါကလည်း ဆွေးနွေးတိုင်ပင်နိုင်ပါသည်။

ထို့အပြင် ဤသုတေသနတွင်ပါဝင်ရန် လူကြီးမင်းသည် မိမိ၏ကိုယ်ပိုင်သဘောဆန္ဒအလျောက် ဆုံးဖြတ်နိုင်ပါသည်။

ပုံစံ - ၁ ဤသုတေသနတွင် ပါဝင်ခြင်းမှာ မိမိသဘောဆန္ဒအလျောက်သာ ဖြစ်သည်။

- လူကြီးမင်းသည် ဤသုတေသနတွင် ပါဝင်ရန် ငြင်းဆိုပိုင်ခွင့်ရှိသည်။
- လူကြီးမင်းသည် ဤသုတေသနမှ အချိန်မရွေးနုတ်ထွက်ခွင့်ရှိသည်။

ဤသုတေသနနှင့် ပတ်သက်သော သတင်းအချက်အလက်

လုပ်ငန်းခွင်ဘဝ၏ ကျန်းမာရေးသာမက လုပ်ငန်းခွင်ဘဝ၏ အရည်အသွေးကို သက်ရောက်စေနိုင်သည့် ပြဿနာအရည်အသွေး အလုပ်တွင် စိတ်မကျေနပ်မှု၊ စိတ်ဖိစီးမှုနှင့် အလုပ်ထွက်ခြင်း၊ မနိုင်ဝန်ထမ်းစေမှုနှင့် ပါဝင်မှုကဏ္ဍဝေဝါးစေမှုစသည်ကဲ့သို့ သူနာပြုများနှင့် သူနာပြုဆရာမကြီးများအပေါ် ကိုပါထိခိုက်နစ်နာစေသော သက်ရောက်မှုရှိပါသည်။ သူနာပြုရှားပါးမှုကြောင့် မြန်မာနိုင်ငံရှိ သူနာပြုများသည် အခြားသော နိုင်ငံများထက် ပြင်းထန်သောအလုပ်ဝန်ပိုမှုနှင့် မြင့်မားသော အလုပ်လိုအပ်ချက်များကို ကိုင်တွယ်ဖြေရှင်းနေရသည်။ ထို့အပြင် မြန်မာနိုင်ငံရှိ သူနာပြုများသည် အလုပ်တွင် စိတ်ကျေနပ်မှုမရခြင်း၊ စိတ်ဖိစီးမှုခံစားရခြင်းနှင့် အချိန်နည်းပါးခြင်းတို့ ကြုံတွေ့နေရသည်။ ထို့ကြောင့် ဤသုတေသနသည် ရန်ကုန်ရှိ အထွေထွေရောဂါကုဆေးရုံများတွင် တာဝန်ကျနေသော သူနာပြုများ၏ အချိန်စီမံခန့်ခွဲခြင်းနှင့် လုပ်ငန်းခွင်ဘဝ၏အရည်အသွေးကြားရှိ ဆက်သွယ်ချက်ကို ရှာဖွေမည်ဖြစ်ပါသည်။

ပုံစံ - ၂ ဤသုတေသနမှ ဖြစ်ပေါ်လာနိုင်သော ဆိုးကျိုးများ

ဤသုတေသနမှ ဘေးထွက်ဆိုးကျိုးမရှိပါ။

ပုံစံ - ၃ သုတေသနပုံစံဒီဇိုင်း

ဤသုတေသနတွင် သရုပ်ဖော်ဆက်နွယ်ချက်ပုံစံကို အသုံးပြုမည်ဖြစ်ပါသည်။

ပုံစံ - ၄ ပါဝင်သူများ၏ တာဝန်

ဤသုတေသနသည် ၂၀၁၉ ဖေဖော်ဝါရီလမှ မတ်လအတွင်း ၂ ပတ်ခန့် ကြာမည်ဖြစ်ပါသည်။ လူကြီးမင်းသည် ဤသုတေသနတွင် ပါဝင်ရန် သဘောတူပါက အောက်ပါအတိုင်းလုပ်ဆောင်ရန် မေတ္တာရပ်ခံ

ပါသည်။

၂ ပတ်အတွင်း လူကြီးမင်း၏ အားလပ်ချိန်တွင် အပိုင်း ၃ ပိုင်းပါသော မေးခွန်းတစ်စုံ (အပိုင်း၁- ကိုယ်ရေးအချက်အလက် ၁၂ခု၊ အပိုင်း၂ - အချိန်စီမံခန့်ခွဲခြင်းဆိုင်ရာ အပြုအမူ ၂၉ခုနှင့် အပိုင်း၃- ဘဝ၏ အလုပ်နှင့်ဆိုင်သောအရည်အသွေး ၂၄ခု) ကို ဖြည့်ပေးစေလိုပါသည်။ မေးခွန်းများကို ပြည့်စုံစွာ ဖြေခြင်းကို မိနစ် ၃၀ခန့် အချိန်ယူသင့်ပါသည်။ မေးခွန်းများပြန်ပေးရာတွင် စာအိတ်ပိတ်ပြီး သဘောတူညီမှုဖောင်ကို သီးသန့် အိတ်တွင်ထည့်၍ ward တစ်ခုစီတွင်ပေးထားသော ပုံးထဲသို့ ၂ပတ်အတွင်းထည့်ပေးကြပါရန် လေးစားစွာ မေတ္တာရပ်ခံပါသည်။ ထို့အပြင် သုတေသနပြုလုပ်သူအနေဖြင့် လူကြီးမင်းသဘောဆန္ဒအလျောက်ပါဝင်မှုကို ကျေးဇူးတင်ကြောင်းနှင့် ကျင့်ဝတ်ဆိုင်ရာအချက်များအတွက် အာမခံပါသည်။

ပုံစံ - ၅ ပါဝင်သူများကို လေ့လာရာတွင် မျှော်လင့်ထားသော ဆိုးကျိုးနှင့် အကျိုးကျေးဇူး

သုတေသနပြုလုပ်သူသည် ပါဝင်သူများအတွက် ဆိုးကျိုးနှင့် အကျိုးကျေးဇူးများကို အကျဉ်းချုပ်ရေးထားပါသည်။

ဆိုးကျိုးများနှင့် ထိုဆိုးကျိုးများရှောင်ကြဉ်နည်း သို့မဟုတ် လျော့ပါးစေနည်း	အကျိုးကျေးဇူးများ
ဆိုးကျိုးများ ဤသုတေသနတွင် မေးခွန်းတစ်စုံကို ပြီးမြောက်စေရန် မိနစ် ၃၀ခန့် ပါဝင်သူ၏ အချိန်ကို နှောင့်ယှက်မိပါလိမ့်မည်။ တစ်ချို့သော မေးခွန်းများသည် ပါဝင်သူများကို စိတ်မသက်မသာဖြစ်စေခြင်း သို့မဟုတ် ဖြေကြားရန် အဆင်မပြေခြင်းများ ဖြစ်စေတတ်ပါသည်။ ပါဝင်သူများ၏ ဆိုးကျိုးများကို ရှောင်ကြဉ် သို့မဟုတ် လျော့နည်းစေနည်းစာရင်း ပါဝင်သူများ၏ အလုပ်နှင့် ဘဝ နှောင့်ယှက်မှုရှောင် တိမ်းနိုင်စေရန် မေးခွန်းများကို ၂ ပတ်ခန့်ပေးထားမည် ဖြစ်သည်။ အချို့သော မေးခွန်းများသည် ပါဝင်သူများကို ဖြေဆိုရန် အနည်းငယ် ခက်ခဲစေပါက သို့မဟုတ် ထိခိုက်လွယ်သော မေးခွန်း	တိုက်ရိုက်/ သွယ်ဝိုက်သော အကျိုးကျေးဇူးများ ဤသုတေသနမှ ပါဝင်သူများကို တိုက်ရိုက် အကျိုးကျေးဇူးရရှိမည် မဟုတ်ပါ။ သို့သော် ဤသုတေသန၏ အဖြေများသည် သူနာပြုများ၏ ခံယူထားသော အချိန်စီမံခန့်ခွဲခြင်းနှင့် လုပ်ငန်းခွင်ဘဝ၏ အရည်အသွေးတို့အကြောင်း အခြေခံသတင်းအချက်များ ပေးပါလိမ့်မည်။ ထို အကြောင်းအရာသည် အဖွဲ့အစည်း၏ အကျိုးရှိမှုနှင့် ကျွမ်းကျင်မှုတိုးတက်စေရန်အလို့ငှာ သူနာပြုအကြီးအကဲများနှင့် အုပ်ချုပ်သူများကို သူနာပြုများ၏ အချိန်စီမံခန့်ခွဲခြင်းနှင့် လုပ်ငန်းခွင်ဘဝ၏ အရည်အသွေး

များဖြစ်ပါက ပါဝင်သူများ၏ အကျိုးဆုံးရှုံးမှု မရှိစေပဲ ထိုမေးခွန်းများကို ကျော်ဖြေခွင့်ရှိပါသည်။	တိုးတက်စေရန် နည်းလမ်းများရစေရန် ကူညီပေးသည်။

ပုံစံ - ၆ သုတေသနလုပ်နေစဉ် ဖြစ်ပေါ်လာနိုင်သော အခြေအနေများ သုတေသနပြုလုပ်သူသည် သုတေသနပြုလုပ်နေစဉ်အတွင်း ဖြစ်ပေါ်လာနိုင်သော အခြေအနေအမျိုးမျိုးတို့၏ စိုးရိမ်စရာများ၊ လက်တွေ့လမ်းညွှန်ချက်များကို အတိုချုပ်ရေးထားသည်။	
အခြေအနေများ	**လက်တွေ့လမ်းညွှန်ချက်များ**
လူကြီးမင်းသည် သုတေသနပြုလုပ်နေစဉ် နုတ်ထွက်ရန် ရွေးချယ်ပါက	လူကြီးမင်းသည် သုတေသနမှ အချိန်မရွေး နုတ်ထွက်ခွင့် ရှိသည်။ လူကြီးမင်းသည် သုတေသနလုပ်ငန်းမှ နုတ်ထွက်ရန် ဆုံးဖြတ်ထားပါက ကျေးဇူးပြုပြီး သုတေသနပြုလုပ်သူကို အကြောင်းကြားပါ။ နုတ်ထွက်ခြင်းသည် လူကြီးမင်း၏ အခွင့်အရေးနှင့် အကျိုးကျေးဇူးများကို ထိခိုက်စေမည် မဟုတ်ပါ။
သုတေသနတွင်ပါဝင်ရန် လူကြီးမင်း၏ ဆုံးဖြတ်ချက်ကို သက်ရောက်စေသော အရေးပါသည့် သတင်းအချက်အလက်ထုတ်ပြန်ခြင်း	ကျွန်ုပ်သည် ဤသုတေသနနှင့် ဆက်စပ်သော သို့မဟုတ် သက်ရောက်စေနိုင်သော မည်သည့်သတင်းအချက်မျိုးကို မဆို လက်ခံရရှိပါက တတ်နိုင်သမျှ အမြန်ဆုံး လူကြီးမင်းကို အကြောင်းကြားပါမည်။ လူကြီးမင်းသည် ထိုအကြောင်းအရာကို သိရှိပြီးနောက် ဤသုတေသနတွင် ဆက်လက်ပါဝင်၊ မပါဝင်ကို လူကြီးမင်းတွင် ဆုံးဖြတ်ခွင့် ရှိသည်။ သတင်းအချက်အသစ်တွင် အကျိုးခံစားခွင့်နှင့် ဆိုးကျိုးများပါဝင်ပါက ဖေါ်ပြမည်ဖြစ်ပါသည်။ သဘောတူညီမှုကို ပြန်လည်ပြုလုပ်မည်ဖြစ်ပါသည်။

ဤသုတေသနတွင် လူကြီးမင်းထံမှရသော အကြောင်းအရာအားလုံးကို လျို့ဝှက်အနေဖြင့် သိမ်းထားမည်ဖြစ်ပြီး လူကြီးမင်း၏ အချက်အလက်များအတွက် ကုတ်နံပါတ်ကို အသုံးပြုမည်ဖြစ်သည်။ ဥပမာ သို့မဟုတ်

ကျနော်တွင် သုတေသနအဖြေများကို တင်ပြပါက လူကြီးမင်း၏ နာမည်ကို ဖေါ်ပြမည်မဟုတ်ပါ။ သို့သော် သုတေသနကျင့်ဝတ်ကော်မတီ၊ ဤသုတေသနကို ကြီးကြပ်ကွပ်ကဲသူများနှင့် ထိုင်းအစားအသောက်နှင့် ဆေးဝါးဆိုင်ရာအဖွဲ့မှ ဝန်ထမ်းများမှာမူ သုတေသနအချက်အလက်များနှင့် သုတေသနလုပ်ငန်းစဉ်များကို သုံးသပ်ရာတွင် လူကြီးများ၏ အချက်အလက်များကို ကြည့်ရှုနိုင်ချေရှိပါသည်။ လူကြီးမင်းတွင် ပုဂ္ဂိုလ်ရေးအချက်အလက်များ အတွက် ဥပဒေဆိုင်ရာ အခွင့်အရေးရှိပါသည်။ ထိုရပိုင်ခွင့်ကို အသုံးပြုလိုပါက သုတေသနပြုလုပ်သူကို ကျေးဇူးပြုပြီး အကြောင်းကြားပါ။ ဤသုတေသနမှရရှိနိုင်သော အကျိုးအမြတ်များကို ချင်းမိုင်တက္ကသိုလ်၏ စည်းမျဉ်း စည်းကမ်းအတိုင်းပေးပါမည်။

ဤသုတေသနသည် လူကြီးမင်း၏ပါဝင်မှုအတွက် ငွေပေးချေမှု သို့မဟုတ် အကျိုးအမြတ်ခံစားခွင့်များ ရရှိမည်မဟုတ်ပါ။ ဤသုတေသနမပါဝင်ခင်နှင့် ပါဝင်နေစဉ် မည်သည့် မေးခွန်းဖြစ်စေ၊ ဆိုးကျိုးတစ်စုံတစ်ရာရှိပါက လူကြီးမင်းသည် **ပုံစံ - ၇** ထံမှ ပုဂ္ဂိုလ်ကို ဆက်သွယ်နိုင်ပါသည်။

ပုံစံ - ၇ သုတေသနအတွက် ဆက်သွယ်ရန် ပုဂ္ဂိုလ်

၁။ ဒေါ်ဖြူငြိမ်းဝေ	အခန်း ၄၃၃၊ ပိတောက်ဆောင်၊ သူနာပြုတက္ကသိုလ် (ရန်ကုန်)၊ ရန်ကုန်မြို့။ ဖုန်း- +၉၅-၉၄၂၅၀၈၁၆၉ Email: phyunyeinwai.pnw@gmail.com
	သို့မဟုတ် အခန်း ၃၁၉၊ အဆောင် ၅၅၊ သူနာပြုဌာနကြီးဝန်း၊ ချင်းမိုင်တက္ကသိုလ်၊ ထိုင်းနိုင်ငံ။ ဖုန်း - +၆၆-၉၉၃၅၉၀၄၄၉
၂။ ဒေါက်တာ Petsunee Thangjaroenkul (လက်ထောက် ပါမောက္ခ)	သူနာပြုဌာနကြီး၊ ချင်းမိုင်တက္ကသိုလ်၊ ထိုင်းနိုင်ငံ။ Email: petsunee@gmail.com, ဖုန်း- +၆၆-၀၈၅-၀၀၅-၅၆၄၃ (ရုံးချိန်အတွင်းသာ)

ဤသုတေသနတွင် မပါဝင်ခင်နှင့် ပါဝင်နေစဉ်အတွင်း လူကြီးမင်း၏ ရပိုင်ခွင့်နှင့် ပတ်သက်၍ မေးမြန်းလိုပါက ကျေးဇူးပြုပြီး ချင်းမိုင်တက္ကသိုလ်၊ သူနာပြုဌာနကြီးရှိ သုတေသနကျင့်ဝတ်ကော်မတီသို့ ဆက်သွယ်မေးမြန်းနိုင်ပါသည်။

ဤသုတေသနနှင့် ပတ်သက်၍ အငြင်းပွားမှု တစ်စုံတစ်ရာမရှိပါ။

ဖုန်း - +၆၆-၅၃-၉၃၆၈၀ (ရုံးချိန်အတွင်းသာ) သို့မဟုတ် Fax - +၆၆-၅၃-၈၉၄၁၀

APPENDIX C

Volunteer Research Agreement Form (English and Myanmar)

Volunteer Research Agreement Form	
I have already read the above information thoroughly and have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate in this study by signing my signature in this form as an evidence of my decision making (However, this signature does not mean that I waive any right provided by law) _____ Name of study participant _____ Signature of study participant _____ Day/Month/Year	I certify that the study participant has been given an opportunity to have any questions and has been received answers clearly. The study participant voluntarily agrees to participate in this study. _____ Name of a person who requests agreement from study participants (or the investigator) _____ Signature of a person who requests agreement from study participants (or the investigator) _____ Day/Month/Year

Volunteer Research Agreement Form

သဘောဆန္ဒအရ သုတေသနတွင် ပါဝင်ရန် သဘောတူညီလွှာ	
ကျွန်ုပ်သည် အထက်ပါသတင်းအချက်များကို သေချာစွာ ဖတ်ပြီးဖြစ်ပြီး ကျွန်ုပ်၏ စိတ်ကျေနပ်မှုရရှိသည်အထိ သုတေသနနှင့် ပတ်သက်၍ မေးခွန်းများမေးမြန်းခွင့်လည်း ရရှိပါသည်။ ကျွန်ုပ်သည် ဤသုတေသနတွင် ပါဝင်ရန် သဘောတူညီမှုအတွက် ဆုံးဖြတ်ချက်ကို ဤဖောင်တွင် လက်မှတ်ထိုးခြင်းအားဖြင့် သဘောတူပါသည်။ (သို့သော် ဤလက်မှတ်သည် ဥပဒေကြောင်းဆိုင်ရာ အခွင့်အလမ်းများအတွက် မရည်ရွယ်ပါ)	ကျွန်ုပ်သည် သုတေသနပါဝင်သူများကို မေးခွန်းများ မေးခွင့်နှင့် အဖြေများကို ရှင်းလင်းစွာ ဖြေကြားမည်ဟု ကတိပြုပါသည်။ ဤသုတေသနတွင် ပါဝင်ရန်သုတေသန ပါဝင်သူများအနေဖြင့် မိမိသဘောဆန္ဒအလျောက် သဘောတူညီသည်။
_____	_____
သုတေသနပါဝင်သူ၏ နာမည်	သုတေသနပါဝင်သူများဆီမှ သဘောတူညီမှုလွှာ တောင်းခံသူ (သုတေသနပြုလုပ်သူ)၏ နာမည်
_____	_____
သုတေသနပါဝင်သူ၏ လက်မှတ်	သုတေသနပါဝင်သူများဆီမှ သဘောတူညီမှုလွှာ တောင်းခံသူ (သုတေသနပြုလုပ်သူ)၏ လက်မှတ်
_____	_____
နေ့ /လ /နှစ်	နေ့ /လ /နှစ်

APPENDIX D

Questionnaire

This questionnaire aims to collect data regarding time management and quality of working life among nurses in general hospitals in Yangon, the Republic of the Union of Myanmar. It is consists of three parts: Part I-Demographic Data Form, Part II-Time Management Behavior scale, and Part III- Work related Quality of Life (WRQoL) scale. You can complete this questionnaire in your available time and please be as honest as you can when answering the questions in each part.

Part I: Demographic Data Form

Please check "√" in the boxes or fill the answers to each item.

1. Gender: ☐ Male ☐ Female
2. Age: ____ years old
3. Marital Status: ☐ Single ☐ Married ☐ Other: Identify_____
4. If you are married, does your spouse work? ☐ YES ☐ NO

Do you have any children? ☐ YES ☐ NO

If YES, how many? _____

What are their ages? _____

5. Level of Education:

☐ Nursing Diploma ☐ Nursing Bachelor degree

☐ Graduate degree (Master degree or Ph.D)

☐ Other: _____ (please specify)

6. Professional Title: ☐ Trained Nurse ☐ Staff Nurse
7. Tenure (years of experience in nursing): _____years
8. Working shift: ☐ Morning shift ☐ Evening shift ☐ Night shift
9. Income _____

Other benefits (example: Accommodation, opportunities for learning): _____

_____

10. Work Department:

☐ Medical ☐ Surgical ☐ Gynecology and Obstetrics ☐ Pediatric ☐ ICU

☐ Operating Room ☐ OPD ☐ Other: Identify_____

11. Have you ever read books on time management or stress management?

☐ YES ☐ NO

12. Have you ever attended stress or time management seminars/workshops?

☐ YES ☐ NO

If YES, how many? _____

How long ago was the last one you attended? _____ years _____ months

စစ်တမ်းမေးခွန်းလွှာ

ဤစစ်တမ်းမေးခွန်းလွှာသည် ပြည်ထောင်စုသမ္မတမြန်မာနိုင်ငံ၊ ရန်ကုန်မြို့ရှိ အထွေထွေရောဂါကုဆေးရုံ၌ သူနာပြုများ၏ အချိန်စီမံခန့်ခွဲခြင်းနှင့် လုပ်ငန်းခွင်ဘေးဖြစ်ပွားမှုနှင့်စပ်လျဉ်း၍ အချက်အလက်များ ကောက်ခံ ရန် ရည်ရွယ်ပါသည်။ ထို မေးခွန်းလွှာတွင် အပိုင်း ၁ - ကိုယ်ရေးရာဇဝင်အချက်အလက်များ၊ အပိုင်း ၂ - အချိန်ကို စီမံခန့်ခွဲခြင်းအပြုအမူဆိုင်ရာ မေးခွန်းနှင့် အပိုင်း ၃ - ဘေးဖြစ်အလုပ်နှင့်သက်ဆိုင်သော အရည်အသွေး မေးခွန်းတို့ ပါဝင်ပါသည်။ ဤမေးခွန်းများကို သင်အားလပ်ချိန်များတွင် ဖြည့်စွက်နိုင်ပါသည်။ ဤမေးခွန်းများသည် သူနာပြုအလုပ်နှင့် သက်ဆိုင်သော မေးခွန်းများဖြစ်ပြီး အပိုင်းတစ်ခုစီ၏ မေးခွန်းများကို ဖြေဆိုရာတွင် ကျေးဇူးပြု၍ တတ်နိုင်သမျှ လက်ရှိအခြေအနေ နှင့် အနီးစပ်ဆုံးဖြစ်အောင် ရိုးသားစွာ ဖြေပေးစေလိုပါသည်။

အပိုင်း ၁ - ကိုယ်ရေးရာဇဝင်အချက်အလက်များ

ကျေးဇူးပြုပြီး သင်၏ ကိုယ်ရေးရာဇဝင်နှင့် သူနာပြုဆိုင်ရာမေးခွန်းတစ်ခုစီ၏ အဖြေများကို ကွက်လပ်ဖြည့်ပါ (သို့မဟုတ်) လေးထောင့်ကွက်ထဲတွင် အမှန် (√) ခြစ်ပါ။

၁။ လိင်၊ ☐ ကျား ☐ မ

၂။ အသက်၊ ----------နှစ် (ပြည့်ပြီးနှစ်)

၃။ အိမ်ထောင်ရှိ၊ မရှိ၊ ☐ မရှိ ☐ ရှိ

☐ အခြား၊ ရှိပါက ဖေါ်ပြရန် ----------

၄။ အိမ်ထောင်သည်ဖြစ်ပါက အိမ်ထောင်ဖက်၏ အလုပ်အကိုင်၊ ☐ ရှိ ☐ မရှိ

ကလေးရှိပါသလား၊ ☐ ရှိ ☐ မရှိ

ရှိပါက ကလေးအရေအတွက်၊ ----------

ကလေး၏ အသက်အရွယ်၊ ----------

၅။ ပညာအရည်အချင်း၊

☐ သူနာပြုဒီပလိုမာ ☐ သူနာပြုသိပ္ပံဘွဲ့ ☐ သူနာပြုသိပ္ပံဘွဲ့လွန် (မာစတာ သို့မဟုတ် ဒေါက်တာဘွဲ့)

☐ အခြား၊ ----------

(အသေးစိတ်ဖေါ်ပြရန်)

၆။ ရာထူး၊ ☐ သူနာပြု ဆရာမ ☐ အထက်တန်းသူနာပြု

၇။ လုပ်သက် ----------နှစ်

၈။ တစ်နေ့တာ အလုပ်ချိန်၊ ----------

တစ်လအတွင်း အများဆုံးအလုပ်ချိန်၊ ☐ မနက်ပိုင်းအဆိုင်း ☐ ညနေပိုင်းအဆိုင်း ☐ ညအဆိုင်း

၉။ ဝင်ငွေ (လစာ+ အခြား)၊ ----------

တခြားသောအကျိုးခံစားခွင့်များ (အိမ်ခန်း၊ ပညာဆက်လက်လေ့လာနိုင်မည့် အခွင့်အရေး)၊ ----------

---

၁၀။ အလုပ်ဌာန၊

☐ ဆေးကုသဆောင် ☐ ခွဲစိတ်ကုသဆောင် ☐ မီးယပ်သားဖွားဆောင်

☐ ကလေးကုသဆောင် ☐ အထူးကြပ်မတ်ကုသဆောင် ☐ ခွဲစိတ်ခန်း ☐ ပြင်ပလူနာဆောင်

☐ အခြား ----------

၁၁။ အချိန်စီမံခန့်ခွဲခြင်း သို့မဟုတ် စိတ်ဖိစီးမှုစီမံခန့်ခွဲခြင်းစာအုပ်ကိုသင်ဖတ်ဖူးပါသလား၊

☐ဖတ်ဖူးသည် ☐မဖတ်ဖူးပါ

၁၂။ စိတ်ဖိစီးမှု သို့မဟုတ် အချိန်စီမံခန့်ခွဲမှုဆိုင်ရာ စာတမ်းဖတ်ပွဲများ၊ အလုပ်ရုံဆွေးနွေးပွဲများကို သင်

တက်ရောက်ဖူးပါသလား၊ ☐ တက်ရောက်ဖူးပါသည် ☐ မတက်ရောက်ဖူးပါ

တက်ရောက်ဖူးပါက အကြိမ်အရေအတွက်၊ ----------

နောက်ဆုံးတက်ခဲ့သော နေ့စွဲ၊----------နှစ်----------လ

Part II- Time management behavior (TMB) scale

(1= Never True, (2) Very Less True, (3) Sometimes True (4) Often True (5) Always True)

		Never True	Very Less True	Some-times True	Often True	Always True
1	When I decided on what I will try to accomplish in the short term, I keep in mind my long term objectives.					
2	I review my goals to determine if they need revising.					
3	I break complex, difficult projects down into smaller manageable tasks.					
	-					
	-					
	-					
28	When I am somewhat disorganized, I am better able to adjust unexpected events.					
29	I find that I can do a better job if I put off tasks that I don't feel like doing than if I try to get them done in the order of their importance.					

အပိုင်း ၂ - အချိန်ကို စီမံခန့်ခွဲခြင်းအပြုအမူဆိုင်ရာ မေးခွန်း

၁= မမှန်သလောက်ရှိ၊ ၂= မှန်သည်မှာအလွန်နည်း၊ ၃= ယေဘုယျအားဖြင့်မှန်၊ ၄= မကြာခဏမှန်၊
၅= အမြဲတမ်းနီးပါးမှန်

	အချိန်ကို စီမံခန့်ခွဲခြင်းအပြုအမူဆိုင်ရာ မေးခွန်း	မမှန်သလောက်ရှိ	မှန်သည်မှာအလွန်နည်း	ယေဘုယျအားဖြင့်မှန်	မကြာခဏမှန်	အမြဲတမ်းနီးပါးမှန်
၁	ကျွန်ုပ်သည် အချိန်တိုအတွင်း ပြီးမြောက်အောင် ဆောင်ရွက်ရမည့် အလုပ်ကို လုပ်ဆောင်ရန် ဆုံးဖြတ်ချက်ချသည့်အခါ ရေရှည်ရည်မှန်းချက်များကို ထည့်သွင်းစဉ်းစားပါသည်။					
၂	ကျွန်ုပ်သည် ရည်မှန်းချက်ပန်းတိုင်များကို ပြုပြင်ရန် လို၊မလို ဆုံးဖြတ်ရန် ပြန်လည်သုံးသပ်ပါသည်။					
၃	ကျွန်ုပ်သည် ရှုပ်ထွေးခက်ခဲသော လုပ်ငန်းအစီအစဉ်များကို ပိုမိုစီမံခန့်ခွဲရလွယ်ကူသော လုပ်ငန်းငယ်များအဖြစ် ခွဲ၍ ဆောင်ရွက်ပါသည်။					
	-					
	-					
	-					
၂၈	ကျွန်ုပ်သည် အစီအစဉ်တကျမရှိသောအခါ မမျှော်လင့်ထားသော ကိစ္စများကို ပို၍ အလိုက်သင့်ပြုမူနေထိုင်နိုင်စွမ်း ရှိပါသည်။					
၂၉	ကျွန်ုပ်သည် အရေးပါသော အလုပ်ကို ပြီးစီးအောင် ကြိုးစားရြေးထက် ကျွန်ုပ် မကြိုက်သည့် အလုပ်များ ကို ရှောင်ကြဉ်ခြင်းက ပိုကောင်းသော အလုပ်တစ်ခုကို လုပ်နိုင်ကြောင်း တွေ့ရပါသည်။					

Part III- Work-Related Quality of Life (WRQoL) Scale

(1)= Strongly disagree, (2) = Disagree, (3)= Neutral (4) =Agree (5) =Strongly agree.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	I have a clear set of goals and aims to enable me to do my job					
2	I feel able to voice opinions and influence changes in my area of work					
3	I have the opportunity to use my abilities at work					
	-					
	-					
	-					
23	I am involved in decisions that affect members of the public in my own area of work					
24	I am satisfied with the overall quality of my working life					

အပိုင်း ၃ - ဘဝ၏ အလုပ်နှင့်သက်ဆိုင်သော အရည်အသွေးမေးခွန်းများ

၁= ခိုင်မာစွာ သဘောမတူ၊ ၂= သဘောမတူ ၊ ၃= သဘောမတူသည်လဲမဟုတ် သဘောတူသည်လဲမဟုတ်၊ ၄= သဘောတူ၊ ၅= ခိုင်မာစွာ သဘောတူ။

		ခိုင်မာစွာ သဘောမတူ	သဘောမတူ	သဘောမတူသည်လဲမဟုတ် သဘောတူသည်လဲမဟုတ်၊	သဘောတူ	ခိုင်မာစွာ သဘောတူ
၁	ကျွန်ုပ်တွင် အလုပ်ကို စတင်လုပ်နိုင်ရန် ရှင်းလင်းပြတ်သားသော ရည်မှန်းချက်ပန်းတိုင်နှင့် ရည်ရွယ်ချက်တစ်စုံရှိပါသည်။					
၂	ကျွန်ုပ်လုပ်ဆောင်ရမည့်လုပ်ငန်းပိုင်းတွင် ကျွန်ုပ်၌ ထင်မြင်ချက်များ ပြောဆိုနိုင်စွမ်းနှင့် ပြောင်းလဲ မှုများကို လွှမ်းမိုးနိုင်စွမ်းရှိသည်ဟု ခံစားရသည်။					
၃	အလုပ်၌ ကျွန်ုပ်၏ စွမ်းဆောင်ရည်များကို အသုံးပြုရန် ကျွန်ုပ်တွင် အခွင့်အလမ်းရှိပါသည်။					
	-					
	-					
	-					
၂၃	ကျွန်ုပ်လုပ်ဆောင်ရမည့်လုပ်ငန်းပိုင်းတွင် လူအများကို အကျိုးသက်ရောက်မှုရှိသော ဆုံးဖြတ်ချက်များ၌ ပါဝင်သည်။					
၂၄	ကျွန်ုပ်သည် ကျွန်ုပ်၏ လုပ်ငန်းခွင်ဘဝ အရည်အသွေးကို ခြုံငုံကြည့်ရာတွင် ကျေနပ်မှုရှိပါသည်။					

APPENDIX E

Reliabilities of Time Management Behavior Scale and Work Related Quality of Life Scale

Table E1

Time Management Behavior

Time Management	No. of items	Cronbach's alpha
Overall TMB	29	0.85
Dimensions of TMB:		
Setting goals and priorities	10	0.85
Mechanics	11	0.82
Preference of organization	8	0.65

Table E2

Quality of Working Life

Quality of Working Life	No. of items	Cronbach's alpha
Overall WRQoL	23	0.95
Dimensions of QoWL:		
General well-being	6	0.89
Home-work interference	3	0.72
Job Career satisfaction	6	0.89
Control at work	3	0.87
Working Conditions	3	0.87
Stress at work	2	0.84

APPENDIX F

Permission of Time Management Behavior Scale

Thank you for your interest in my research. My colleagues and I are glad to grant you permission to use the scale for research purposes. Please find it attached.

With regard to question about scoring, please see the first page in the attachment for the scale. Also, no, we do not recommend your scoring as the scale is the various dimensions. We also recommend using the full number instead of losing data by putting people into categories.

Dr. Macan

From: Phyu Nyein laypaing533@gmail.com
To: "Therese.Macan@umsl.edu" <Therese.Macan@umsl.edu>
Date: Nov 1, 2018, 12:42 AM
Subject: asking the permission to use instrument

Hello Prof. Dr. Therese Hoff Macan,

My name is Phyu Nyein Wai (Student ID- 601235818), attending Master of Nursing Science (administration) in Chiang Mai University, Thailand. I would like to ask the permission to use time management behavior scale developed in 1994 (29 items) which has three dimensions: goal setting and priorities, mechanics and preference of organization. Moreover, I would like to know the scoring level. Can I divide the scoring as following? Thank you so much.

Level	Total score
Poor time management	29.00 – 68.00
Moderate time management	68.01 – 107.00
Better time management	107.01 – 145.00

With regards,
Phyu Nyein Wai
Master Candidate,
Chiang Mai University, Thailand

APPENDIX G

Permission of Work Related Quality of Life (WRQoL) Scale

Dear Phyu,
Please go ahead, the WRQoL scale is free to use for non-profit research.
For further information about using the WRQoL scale, including permissions and the basis on which we offer our scale, please see the following link:
http://www.qowl.co.uk/researchers/qowl_research_validation.html
You can find the scales themselves, the user manual, scoring keys and other resources in our downloads area. http://www.qowl.co.uk/researchers/qowl_download_intro.html
You can also find more information about translating the scale here:
http://www.qowl.co.uk/researchers/qowl_translate_scale.html
Best of luck with your research, and please let me know if I can help further.
Dr Darren Van Laar

Director of the Graduate School
University of Portsmouth
St Andrew's Court
St Michael's Road
Portsmouth PO1 2PR
02392 84 2980

From: Phyu Nyein <laypaing533@gmail.com>
To: Darren Van Laar <Darren.Van.Laar@port.ac.uk>
Date: Oct 20, 2018, 3:56 PM
Subject: request for permission of instrument usage

Hello Dr. Van Laar,

My name is Phyu Nyein Wai and Student Code 601235818, attending in Master Program in Nursing administration at the Faculty of Nursing, Chiang Mai University. My thesis title is *Time management and Quality of working life among nurses in the Republic of the Union of Myanmar*. I would like to ask you for permission to use the instrument (WRQOL scale, 24 items) in my future thesis. Thank you very much.

With best regards,
Phyu Nyein Wai
M.N.S candidate, Faculty of NursingChiang Mai Universtiy, Thailand

APPENDIX H

List of Experts for Back Translation

1. Professor Naw Clara
   Head of Community Health Nursing Department
   University of Nursing, Yangon

2. Ms. Ruth leatherman
   English Expert

APPENDIX I

Certificate of Ethical Clearance

Research Ethics Office
Faculty of Nursing, Chiang Mai University

AF 04-021

No. 013/2019

Certificate of Approval

Name of Committee : Research Ethics Committee, Faculty of Nursing, Chiang Mai University **Address of Committee:** 110/406 Intavaroros Rd., Amphoe Muang, Chiang Mai, Thailand 50200
Principal Investigator : Ms Phyu Nyein Wai Master of Nursing Science (International Program) Faculty of Nursing, Chiang Mai University
Protocol Title : Time Management and Quality of Working Life of Nurses in General Hospitals, the Republic of the Union of Myanmar **Research ID:** 2019 – 004 ; **Study Code :** 2019 – EXP003 **Sponsor : -**

Documents filed	Document reference
Research protocol	Version 1 Date December 28, 2018
Informed consent documents	Version 2 Date January 18, 2019
Patient information sheet	Version 1 Date December 28, 2018
Instrument	Version 1 Date December 28, 2018
Principal Investigator Curriculum vitae	Version 1 Date December 28, 2018
Advertisements : (if any)	-

Opinion of the Ethics Committee/Institutional Review Board: Expedited Review in January, 2019

The Ethics Committee has reviewed the protocol and documents above and give the favorable opinion

Date of Approval : January 21, 2019 Expiration Date : January 20, 2020

Progress report is required to be submitted to the Ethics Committee for continuing review

[ ] at 3 month interval
[ ] at 6 month interval
[✓] annually (in this case please submit at least 60 days prior to expiration date)

This Ethics Committee is organized and operates according to GCPs and relevant international ethical guidelines, the applicable laws and regulations.

Signed : wichit Srisp

(Professor Emerita Dr.Wichit Srisuphan)

Chairperson, Faculty of Nursing, Chiang Mai University

Signed :

(Professor Dr.Wipada Kunaviktikul)

Dean, Faculty of Nursing, Chiang Mai University

GENERAL CONDITION OF APPROVAL:

1. Research Ethics Committee approval is required before implementing any changes in the consent documents or protocol unless those changes are required urgently for the safely of subjects.
2. Any event or new information that may affect the benefit/risk ratio of the study must be reported to the REC promptly.
3. Any protocol deviation/violation must be reported to the REC.
4. Review of close study report is required to be submitted to the REC.
5. Review of progress report to the REC before expiration date at 2 months.

APPENDIX J

Ethical Clearance to Conduct in Myanmar

The Government of the Republic of the Union of Myanmar
Ministry of Health and Sports
Department of Human Resource For Health
University of Nursing, Yangon

Dated: 21 . 2 . 2019

The Ethics and Research Committee of the University of Nursing, Yangon approves the conduct of the following proposed research project.

Time Management and Quality of Working Life of Nurses in General Hospitals, Yangon

Principal Investigator: Phyu Nyein Wai

Professor Dr. Nang Voe Phan
Chairperson
Ethics & Research Committee
University of Nursing, Yangon

(* Approval of the research is for the period of one year from the date mentioned)**

The Government of the Republic of the Union of Myanmar
Ministry of Health and Sports
Department of Human Resource For Health
University of Nursing, Yangon

Approval is subject to following conditions:

- The principal investigator (PI) must notify immediately to the ERC of any changes or deviation in the conduct of the research activity. Only with the ERC's approval such changes in the study must be pursued. The PI must also make a prompt report to the ERC of any new and significant information that may impact a research subject's safety or willingness to continue in the study and any anticipated problems involving risks to the participants or other.

- PI is responsible for submitting the progress report at least 6 weeks prior to the expiry of the approved date to allow adequate time for the ERC for substantive and meaningful review and for assuring that the research is not conducted beyond the approved date.

- Final report is to be provided to ERC at the end of the study.

APPENDIX K

Permission Letter for Reliability Test and Data Collection

Permission from Rector of University of Nursing, Yangon

ပြည်ထောင်စုသမ္မတမြန်မာနိုင်ငံတော်အစိုးရ
ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာန
ကျန်းမာရေးလူစွမ်းအားအရင်းအမြစ်ဦးစီးဌာန
သူနာပြုတက္ကသိုလ်၊ ရန်ကုန်

စကားပြောကြေးနန်း
ပါမောက္ခချုပ် -၀၁-၂၂၂၂၅၈
ရုံး(၀၄၆) -၀၁-၂၂၂၈၈၃
-၀၁-၂၂၂၈၈၄
-၀၁-၂၂၂၈၈၅
-၀၁-၂၂၂၈၉၉
ရုံး(တိုးချဲ့) -၀၁-၂၂၈၂၀၅

စာအမှတ် ။ ။ ၃။သတရ(၁၁)၂၀၁၉/ ၄၂၇
ရက်စွဲ ။ ။ ၂၀၁၉ခုနှစ်၊ဖေဖော်ဝါရီလ၊(၂၆)ရက်

သို့

ညွှန်ကြားရေးမှူးချုပ်
ကျန်းမာရေးလူစွမ်းအားအရင်းအမြစ်ဦးစီးဌာန
နေပြည်တော်

အကြောင်းအရာ ။ ။ သုတေသနစာတမ်းအတွက်အချက်အလက်များကောက်ယူခွင့်ပြုပါရန်အစီရင်ခံတင်ပြခြင်းကိစ္စ။

ရည်ညွှန်းချက် ။ ။ ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာန၏ (ဧ.ဧ.၂၀၁၇)ရက်စွဲပါစာအမှတ်၊ IRD/ပညာသင်-ခ(၂၀၁၇)/၇၅။

အထက်ပါကိစ္စနှင့်စပ်လျဉ်း၍ ထိုင်းနိုင်ငံ၊ Chiang Mai University ၌ Master of Nursing Science (International Program) တွင် တက်ရောက်လျက်ရှိသော ဒေါ်ဖြူဇြိမ်းဝေ၊ ဒု-နည်းပြ၊ ပြည်သူ့ကျန်းမာရေးသူနာပြုစုပူပဒေသာဌာန၊ သူနာပြုတက္ကသိုလ်(ရန်ကုန်)မှ သုတေသန "Time Management and Quality of Working Life of Nurses in General Hospitals, The Republic of the Union of Myanmar" ပြုလုပ်ခွင့်ပြုရန် သူနာပြုတက္ကသိုလ်(ရန်ကုန်) သုတေသနနှင့်ကျင့်ဝတ်ကော်မတီသို့ (၁၁.၂.၂၀၁၉)ရက်တွင် တင်သွင်းလာပါသဖြင့် သုတေသနအတွက် အထွေထွေရောဂါကုဆေးရုံသစ်ကြီး(ရန်ကုန်)၊ အင်းစိန်အထွေထွေရောဂါကုဆေးရုံကြီး(ရန်ကုန်)၊ရန်ကုန်အရှေ့ပိုင်းပြည်သူ့ဆေးရုံကြီးနှင့် ရန်ကုန်အနောက်ပိုင်းပြည်သူ့ဆေးရုံကြီးတို့တွင် (၂၂.၂.၂၀၁၉) မှ (၁၀.၄.၂၀၁၉) အထိ လိုအပ်သောအချက်အလက်များကို ကောက်ယူလိုပါ၍ လမ်းညွှန်မှုပြုနိုင်ပါရန်နှင့် လိုအပ်သလို ဆက်လက်ဆောင်ရွက်နိုင်ပါရန် တင်ပြအပ်ပါသည်။

(ပါမောက္ခဒေါက်တာမြတ်သန္တာ)
ပါမောက္ခချုပ်
သူနာပြုတက္ကသိုလ်၊ ရန်ကုန်

Permission Letter from Director of Nursing

ပြည်ထောင်စုသမ္မတမြန်မာနိုင်ငံတော်အစုးရ
ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာန
ကုသရေးဦးစီးဌာန

စာအမှတ်-၁၀၀၈/ သနပ-ထွေ/ ၂၀၁၉/ ၂၆၂.
ရက်စွဲ-၂၀၁၉ခုနှစ်၊မတ်လ ၁၉ ရက်

သို့

- တိုင်းဒေသကြီးကုသရေးဦးစီးဌာနမှူး
  ရန်ကုန်တိုင်းဒေသကြီး၊ရန်ကုန်မြို့
- ဆေးရုံအုပ်ကြီး
  ----------ဆေးရုံကြီး
  ----------မြို့

အကြောင်းအရာ။ **စာတွေ့/လက်တွေ့ လေ့လာဆည်းပူးခွင့်ပြုပါရန်ကိစ္စ။**

ရည်ညွှန်းချက်။ ကျန်းမာရေးလူစွမ်းအားအရင်းအမြစ်ဦးစီးဌာန၏ (၁၅- ၃ - ၂၀၁၉) ရက်စွဲပါ စာအမှတ်-၁ (က) (၁) ၂၀၁၉ (၅၂၈၅) ကလရ။

အထက်ရည်ညွှန်းချက်ပါစာအရ ထိုင်းနိုင်ငံ၊Chiang Mai University တွင် (၁၅-၈ -၂၀၁၇) မှ (၃၁-၈-၂၀၁၉) ရက်နေ့ထိ သင်ကြားပို့ချမည့် Master of Nursing Science (International Program) သင်တန်းသို့ တက်ရောက်လျက်ရှိသော ဒေါ်ဖြူငြိမ်းဝေ (ဒု-နည်းပြ၊ ပြည်သူ့ကျန်းမာရေး သူနာပြုစုမှုပညာဌာန၊ သူနာပြုတက္ကသိုလ်၊ ရန်ကုန်)အား ၎င်း၏ သုတေသနစာတမ်းဖြစ်သော "Time management and quality of working life of nurse in General Hospitals, The Republic of the Union of Myanmar" ခေါင်းစဉ်ဖြစ် သုတေသနစာတမ်းပြုလုပ်နိုင်ရန်အတွက် လူကြီးမင်း၏ဆေးရုံကြီးတွင် လိုအပ်သောစစ်တမ်း ကောက်ယူခွင့်ပြုပါရန် အကြောင်းကြားလာခြင်း အပေါ် ခွင့်ပြုပါကြောင်းနှင့် လိုအပ်သည်များကို စီစဉ်ဆောင်ရွက်ပေးနိုင်ပါရန် အကြောင်းကြား အပ်ပါသည်။

ညွှန်ကြားရေးမှူးချုပ် (ကိုယ်စား)
(ခင်မာကြည်၊ညွှန်ကြားရေးမှူး)

မိတ္တူကို

- ညွှန်ကြားရေးမှူးချုပ်၊ ကျန်းမာရေးလူစွမ်းအားအရင်းအမြစ်ဦးစီးဌာန
- ပါမောက္ခချုပ်၊သူနာပြုတက္ကသိုလ်၊ရန်ကုန်
- ညွှန်ကြားရေးမှူး(သူနာပြု)၊ကျန်းမာရေးလူစွမ်းအားအရင်းအမြစ်ဦးစီးဌာန
- လက်ထောက်ညွှန်ကြားရေးမှူး(သူနာပြု)၊ရန်ကုန်တိုင်းဒေသကြီးကုသရေးဦးစီးဌာန၊ရန်ကုန်မြို့
- သူနာပြုအုပ်ကြီး၊ အင်းစိန်အထွေထွေရောဂါကုဆေးရုံကြီး၊ရန်ကုန်မြို့
- သူနာပြုအုပ်၊ အထွေထွေရောဂါကုဆေးရုံသစ်ကြီး၊ရန်ကုန်မြို့/ အရှေ့ပိုင်းပြည်သူ့ဆေးရုံကြီး၊ ရန်ကုန်မြို့/ အနောက်ပိုင်းပြည်သူ့ဆေးရုံကြီး၊ရန်ကုန်မြို့
- မျှော်စာတွဲ - ရုံးလက်ခံ

Permission Letter of Insein General Hospital

ပြည်ထောင်စုသမ္မတမြန်မာနိုင်ငံတော်အစိုးရ
ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာန
ကုသရေးဦးစီးဌာန
အထွေထွေရောဂါကုဆေးရုံကြီး-အင်းစိန်
ဆေးရုံအုပ်ကြီးရုံး
ဖုန်း- ၀၁၃ ၆၄၀၁၃၂၊ ၀၁၃ ၆၄၀၅၅၃၃၊ ဖက်(စ်)- ၀၁၃၆၄၀၅၅၃၃

စာအမှတ်၊ ဝ(အ)/အစဆရ/၂၀၁၉/သုတေသန
ရက်စွဲ။ ။၂၀၁၉ခုနှစ် မတ်လ ၂၂ ရက်

သို့/-

ပါမောက္ခချုပ်
သူနာပြုတက္ကသိုလ်၊ရန်ကုန်မြို့။

အကြောင်းအရာ။ သုတေသနစာတမ်းအတွက် အချက်အလက်များ ကောက်ယူသွားပြီးဖြစ်ပါကြောင်း အစီရင်ခံခြင်း။

ရည် ညွှန်း ချက် ။ သူနာပြုတက္ကသိုလ် ၊ရန်ကုန်၏(၂၆ -၂-၂၀၁၉)ရက်နေ့စွဲပါ စာအမှတ်၊၃၃။ သတရ(၁၁) ၂၀၁၉/၄၂၇

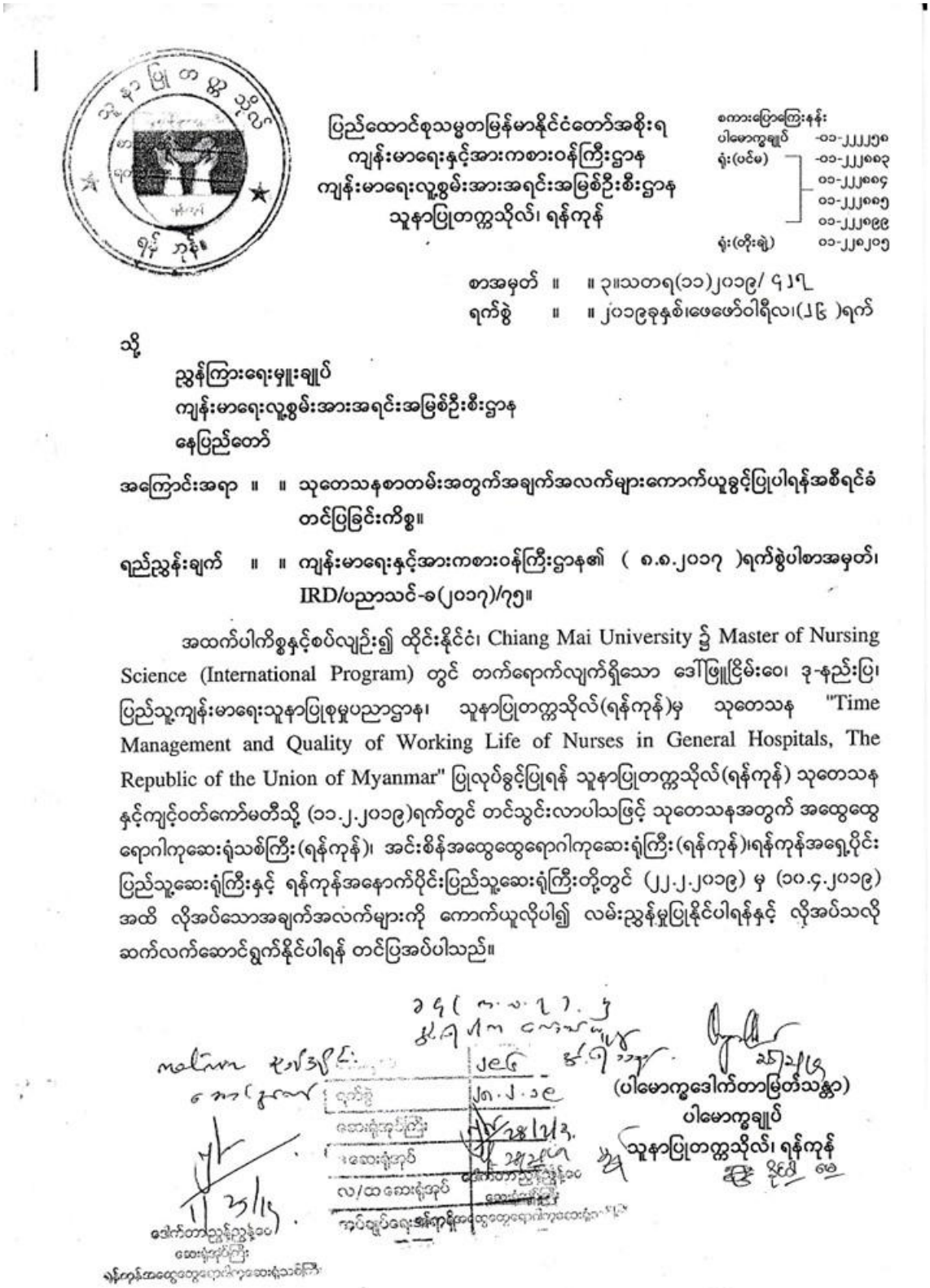
အထက်ရည်ညွှန်းပါစာအရ ထိုင်းနိုင်ငံChiang Mai University ၌ Master of Nursing Science (International Program)တွင် တက်ရောက်နေသော ပြည်သူ့ကျန်းမာရေးသူနာပြုစုမှုပညာဌာန၊ သူနာပြုတက္ကသိုလ်၊ ရန်ကုန်မှ ဒု-နည်းပြ ဒေါ်ဖြူငြိမ်းဝေ သည် သုတေသန "Time Management and Quality of Working Life of Nurse in General Hospitals, The Republic of The Union of Myanmar" အချက်အလက်များကို အင်းစိန်အထွေထွေရောဂါကုဆေးရုံကြီးမှ (၄.၃.၂၀၁၉) ရက်နေ့မှ (၂၂.၃.၂၀၁၉) ရက်နေ့တို့တွင် ကောက်ယူပြီးစီးသွားပြီဖြစ်ပါကြောင်း တင်ပြအစီရင်ခံအပ်ပါသည်။

၂၃. ၃.၁၉
ဒေါက်တာ မေစန်းချို
ဆေးရုံအုပ်ကြီး(ဆမ-၁၅၄၅၂)
အထွေထွေရောဂါကုဆေးရုံကြီး-အင်းစိန်

မိတ္တူကို/-

- သူနာပြုအုပ်ကြီး၊ အင်းစိန်အထွေထွေရောဂါကုဆေးရုံကြီး။
- သူနာပြုအုပ်၊ အင်းစိန်အထွေထွေရောဂါကုဆေးရုံကြီး။
- ရုံးလက်ခံ။

Permission Letter of New Yangon General Hospital



ပြည်ထောင်စုသမ္မတမြန်မာနိုင်ငံတော်အစိုးရ
ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာန
ကျန်းမာရေးလူစွမ်းအားအရင်းအမြစ်ဦးစီးဌာန
သူနာပြုတက္ကသိုလ်၊ ရန်ကုန်

စကားပြောကြေးနန်း
ပါမောက္ခချုပ် -၀၁-၂၂၂၂၅၈
ရုံး(၀င်ပေါက်) -၀၁-၂၂၂၈၈၃
-၀၁-၂၂၂၈၈၄
-၀၁-၂၂၂၈၈၅
-၀၁-၂၂၂၈၈၆
ရုံး(တိုးချဲ့) -၀၁-၂၂၈၂၀၅

စာအမှတ် ။ ။ ၃။သတရ(၁၁)၂၀၁၉/ ၎၂၇
ရက်စွဲ ။ ။ ၂၀၁၉ခုနှစ်၊ဖေဖော်ဝါရီလ၊(၂၆)ရက်

သို့

ညွှန်ကြားရေးမှူးချုပ်
ကျန်းမာရေးလူစွမ်းအားအရင်းအမြစ်ဦးစီးဌာန
နေပြည်တော်

အကြောင်းအရာ ။ ။ သုတေသနစာတမ်းအတွက်အချက်အလက်များကောက်ယူခွင့်ပြုပါရန်အစီရင်ခံတင်ပြခြင်းကိစ္စ။

ရည်ညွှန်းချက် ။ ။ ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာန၏ (ဧ.ဧ.၂၀၁၇)ရက်စွဲပါစာအမှတ်၊ IRD/ပညာသင်-ခ(၂၀၁၇)/၇၅။

အထက်ပါကိစ္စနှင့်စပ်လျဉ်း၍ ထိုင်းနိုင်ငံ၊ Chiang Mai University ၌ Master of Nursing Science (International Program) တွင် တက်ရောက်လျက်ရှိသော ဒေါ်ဖြူငြိမ်းဝေ၊ ဒု-နည်းပြ၊ ပြည်သူ့ကျန်းမာရေးသူနာပြုစုပျိုးထောင်ဌာန၊ သူနာပြုတက္ကသိုလ်(ရန်ကုန်)မှ သုတေသန "Time Management and Quality of Working Life of Nurses in General Hospitals, The Republic of the Union of Myanmar" ပြုလုပ်ခွင့်ပြုရန် သူနာပြုတက္ကသိုလ်(ရန်ကုန်) သုတေသနနှင့်ကျင့်ဝတ်ကော်မတီသို့ (၁၁.၂.၂၀၁၉)ရက်တွင် တင်သွင်းလာပါသဖြင့် သုတေသနအတွက် အထွေထွေရောဂါကုဆေးရုံသစ်ကြီး(ရန်ကုန်)၊ အင်းစိန်အထွေထွေရောဂါကုဆေးရုံကြီး(ရန်ကုန်)၊ရန်ကုန်အရှေ့ပိုင်းပြည်သူ့ဆေးရုံကြီးနှင့် ရန်ကုန်အနောက်ပိုင်းပြည်သူ့ဆေးရုံကြီးတို့တွင် (၂၂.၂.၂၀၁၉) မှ (၁၀.၄.၂၀၁၉) အထိ လိုအပ်သောအချက်အလက်များကို ကောက်ယူလိုပါ၍ လမ်းညွှန်မှုပြုနိုင်ပါရန်နှင့် လိုအပ်သလို ဆက်လက်ဆောင်ရွက်နိုင်ပါရန် တင်ပြအပ်ပါသည်။

(ပါမောက္ခဒေါက်တာမြတ်သန္တာ)
ပါမောက္ခချုပ်
သူနာပြုတက္ကသိုလ်၊ ရန်ကုန်

Permission Letter of West Yangon General Hospital

ပြည်ထောင်စုသမ္မတမြန်မာနိုင်ငံတော်အစိုးရ
ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာန
ကုသရေးဦးစီးဌာန
ပြည်သူ့ဆေးရုံကြီး၊ရန်ကုန်အနောက်ပိုင်း

စာအမှတ်၊ ဝဂ၅၅၃ / အစီရင်ခံ / ၂၀၁၉။
နေ့စွဲ၊၂၀၁၉ခုနှစ်၊ မတ်လ (၂၈)ရက်။

သို့
ပါမောက္ခချုပ်
သူနာပြုတက္ကသိုလ်
ရန်ကုန်မြို့။

အကြောင်းအရာ။ ။သုတေသနစာတမ်းအတွက် အချက်အလက်များကောက်ယူပြီးဖြစ်ပါကြောင်း အစီရင်ခံခြင်း။

ရည်ညွှန်းချက် ။ ။ကျန်းမာရေးလူစွမ်းအားအရင်းအမြစ်ဦးစီးဌာန၊ သူနာပြုတက္ကသိုလ်၊ရန်ကုန်၏ (၂၆-၂-၂၀၁၉)ရက်စွဲပါစာအမှတ်၊၃။သတရ(၁၁)၂၀၁၉/၄၂၇။

အထက်အကြောင်းအရာပါကိစ္စနှင့်ပတ်သက်၍ ရည်ညွှန်းပါစာအရ ထိုင်းနိုင်ငံ Chiang Mai University ၌ Master of Nursing Science(International Program)တွင် တက်ရောက် နေသော ပြည်သူ့ကျန်းမာရေးသူနာပြုစုပညာဌာန၊ သူနာပြုတက္ကသိုလ်၊ရန်ကုန်မှ ဒု-နည်းပြ ဒေါ်ဖြူဦးမိုးဝေသည် သုတေသန " Time Management and Quality of Working Life of Nurse in General Hospital, The Republic of The Union of Myanmar အချက်အလက်များကို ရန်ကုန်အနောက်ပိုင်းဆေးရုံကြီး မှ (၁၃-၃-၂၀၁၉)ရက်နေ့မှ (၂၆-၃-၂၀၁၉)ရက်နေ့တို့တွင် ကောက်ယူပြီးစီးပြီဖြစ်ပါကြောင်း တင်ပြအစီရင်ခံအပ်ပါသည်။

ဒေါက်တာဇော်လွင်
ဆေးရုံအုပ်ကြီး
ပြည်သူ့ဆေးရုံကြီး၊ရန်ကုန်အနောက်ပိုင်း

မိတ္တူကို-
၁။သူနာပြုအုပ်၊ ရန်ကုန်အနောက်ပိုင်းဆေးရုံကြီး၊
၂။ရုံးလက်ခံ။
၃။မျှောစာတွဲ။

Permission Letter of East Yangon General Hospital

ပြည်ထောင်စုသမ္မတမြန်မာနိုင်ငံတော်အစိုးရ
ကုသရေးဦးစီးဌာန
ရန်ကုန်အရှေ့ပိုင်းပြည်သူ့ဆေးရုံကြီး
အမှတ်(၂၆၂)ကုန်သည်လမ်း၊ရန်ကုန်မြို့.
စာအမှတ်၊ ၅၃၈ / ရရဆ/သနပ/၂၀၁၉
ရက် စွဲ ၊ ၂၀၁၉-ခုနှစ်၊ မတ်လ(၂၈)ရက်။

သို့

ညွှန်ကြားရေးမှူးချုပ်
ကုသရေးဦးစီးဌာန
နေပြည်တော်။

အကြောင်းအရာ။ **သုတေသနစာတမ်းအတွက် စစ်တမ်းကောက်ယူခြင်း ဆောင်ရွက်ပါကြောင်း တင်ပြခြင်း။**

ရည် ညွှန်း ချက် ။ ကုသရေးဦးစီးဌာန၏(၁၉-၃-၂၀၁၉)ရက်စွဲပါစာအမှတ် ၊ ၁၀က/သနပ-ထွေ/ /၂၀၁၉/၂၆၂

အထက်ပါကိစ္စနှင့်ပတ်သက်၍ ထိုင်းနိုင်ငံ၊ Chiang Mai University တွင် (၁၅-၈-၂၀၁၇) မှ (၃၁-၈-၂၀၁၉)အထိ Master of Nursing (International Program) တက်ရောက်နေသော သူနာပြုတက္ကသိုလ်(ရန်ကုန်)၊ ပြည်သူ့ကျန်းမာရေးသူနာပြုစုမှုပညာဌာန မှ ဒု-နည်းပြ၊ ဒေါ်ဖြူဦမိမ်းဝေ သည် "Time management and quality of working life of nursing in General Hospitals, The Republic of the Union of Myanmar" ခေါင်းစဉ်ဖြင့် သုတေသနစာတမ်း အတွက် ရန်ကုန်အရှေ့ပိုင်းဆေးရုံကြီးတွင် လိုအပ်သောစစ်တမ်းကောက်ယူခြင်းကို(၁၃-၃-၂၀၁၉)မှ (၂၈-၃-၂၀၁၉) အထိ ဆောင်ရွက်ခဲ့ပါကြောင်းတင်ပြအပ်ပါသည်။

ဒေါက်တာခင်စိုးမိုးဝင်း
ဆေးရုံအုပ်ကြီး
ရန်ကုန်အရှေ့ပိုင်းပြည်သူ့ဆေးရုံကြီး။

မိတ္တူကို-
၁။ ညွှန်ကြားရေးမှူး(သူနာပြု)၊ ကုသရေးဦးစီးဌာန၊ နေပြည်တော်။
၂။ ရုံးလက်ခံ။
၃။ မျှောစာတွဲ ။

APPENDIX L

The Expert Person for Content Validity of Instruments (Myanmar version)

1. Prof. Dr. Nang Voe Phan	Professor/Head (Retd) Department of Maternal & Child Health Nursing, University of Nursing, Yangon Honorary Professor, University of Nursing, Yangon
2. Prof. Maung Maung	Professor/ Head (Retd), Department of Mental Health Nursing University of Nursing, Yangon
3. Prof. Tin Tin Kyaw	Pro-Rector (Teaching) University of Nursing, Yangon
4. Prof. Naw Clara	Head, Department of Community Health Nursing, University of Nursing, Yangon
5. Asso. Prof. Aye Aye Soe	Head, Department of Maternal & Child Health Nursing, University of Nursing, Yangon
6. Asso. Prof. Aye Aye Kyi	Head, Department of Mental Health Nursing University of Nursing, Yangon

APPENDIX M

Mean SD, Frequency and Percentage of Time Management and Quality of Working Life

Table M

Mean SD, Frequency and Percentage of Time Management (n= 252)

	Time Management	x̄	SD	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
	Setting goals and priorities							
1	When I decided on what I will try to accomplish in the short term, I keep in mind my long term objectives.	3.13	1.06	23 (9.1)	26 (10.3)	132(52.4)	38 (15.1)	33 (13.1)
2	I review my goals to determine if they need revising.	3.53	1.09	10 (4.0)	24 (9.5)	104(41.3)	50 (19.8)	64 (25.4)
3	I break complex, difficult projects down into smaller manageable tasks.	3.54	.99	8 (3.2)	17 (6.7)	108(42.9)	69 (27.4)	50 (19.8)
4	I set short-term goals for what I want to accomplish in a few days or weeks.	3.50	1.08	12 (4.8)	24 (9.5)	96 (38.1)	66 (26.2)	54 (21.4)
5	I set deadlines for myself when I set out to accomplish a task.	3.70	1.14	12 (4.8)	18 (7.1)	86 (34.1)	53 (21.0)	83 (32.9)
6	I look for ways to increase the efficiency with which I perform my work activities.	3.75	.94	2 (.8)	13 (5.2)	99 (39.3)	69 (27.4)	69 (27.4)
7	I finish top priority tasks before going on to less important ones.	4.40	.83	1 (.4)	5 (2.0)	36 (14.3)	60 (23.8)	150(59.5)

Table M (continued)

	Time Management	x̄	SD	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
8	I review my daily activities to see when I am wasting time.	3.42	1.07	8 (3.2)	38 (15.1)	96 (38.1)	60 (23.8)	50 (19.8)
9	During a workday I evaluate how well I am following the schedule I have set down for myself.	3.52	.98	4 (1.6)	28 (11.1)	104(41.3)	66 (26.2)	50 (19.8)
10	I set priorities to determine the order in which I will perform tasks each day.	3.77	1.00	4 (1.6)	17 (6.7)	86 (34.1)	71 (28.2)	74 (29.4)
	Mechanics of time management							
11	I carry a notebook to jot down notes and ideas.	3.12	1.24	28 (11.1)	51 (20.2)	83 (32.9)	44 (17.5)	46 (18.3)
12	I schedule activities at least a week in advance.	2.81	1.13	34 (13.5)	64 (25.4)	92 (36.5)	40 (15.9)	22 (8.7)
13	When I find that I am frequently contacting someone, I record the person's name, address and phone number in a special file.	3.36	1.40	33 (13.1)	41 (16.3)	58 (23.0)	42 (16.7)	78 (31.0)
14	I block out time in my daily schedule for regularly scheduling events.	3.76	1.12	11 (4.4)	9 (3.6)	101(40.1)	39 (15.5)	92 (36.5)
15	I write notes to remind myself of what I need to do.	3.23	1.20	25 (9.9)	39 (15.5)	88 (34.9)	54 (21.4)	46 (18.3)

Table M (continued)

	Time Management	x̄	SD	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
16	I make a list of things to do each day and check off each task as it is accomplished.	3.29	1.21	18 (7.1)	48 (19.0)	86 (34.1)	44 (17.5)	56 (22.2)
17	I carry an appointment book with me.	2.74	1.29	51 (20.2)	63 (25.0)	72 (28.6)	32 (12.7)	34 (13.5)
18	I keep a daily log of my activities.	2.76	1.35	51 (20.2)	68 (27.0)	66 (26.2)	24 (9.5)	43 (17.1)
19	I use an in-basket and out-basket for organizing paperwork.	3.01	1.38	45 (17.9)	48 (19.0)	74 (29.4)	29 (11.5)	56 (22.2)
20	I find places to work that will allow me to avoid interruptions and distractions.	2.41	1.12	63 (25.0)	73 (29.0)	77 (30.6)	27 (10.7)	12 (4.8)
21	If I know I will have to spend time waiting, I bring along something I can work on.	3.46	1.04	7 (2.8)	31 (12.3)	106(42.1)	55 (21.8)	53 (21.0)
	Preference for organization							
22	At the end of the workday I leave a clear, well-organized workspace.	3.78	1.07	4 (1.6)	25 (9.9)	77 (30.6)	62 (24.6)	84 (33.3)
23	When I make a things-to-do list at the beginning of the day, it is forgotten or set aside by the end of the day. ®	2.17	1.15	92 (36.5)	69 (27.4)	60 (23.8)	18 (7.1)	13 (5.2)

Table M (continued)

	Time Management	x̄	SD	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
24	I can find the things I need for my work more easily when my workspace is messy and disorganized than when it is neat and organized. ®	1.57	.92	164 (65.1)	49 (19.4)	28 (11.1)	6 (2.4)	5 (2.0)
25	The time I spend scheduling and organizing my workday is time wasted ®	1.80	1.03	134(53.2)	58 (23.0)	43 (17.1)	11 (4.4)	6 (2.4)
26	My workdays are too unpredictable for me to plan and manage my time to any great extent. ®	2.63	1.21	51 (20.2)	71 (28.2)	76 (30.2)	29 (11.5)	25 (9.9)
27	I have some of my creative ideas when I am disorganized. ®	2.62	1.03	45 (17.9)	54 (21.4)	114 (45.2)	30 (11.9)	9 (3.6)
28	When I am somewhat disorganized, I am better able to adjust unexpected events. ®	2.75	1.01	33 (13.1)	58 (23.0)	109 (43.3)	43 (17.1)	9 (3.6)
29	I find that I can do a better job if I put off tasks that I don't feel like doing than if I try to get them done in the order of their importance. ®	2.48	1.23	66 (26.2)	72 (28.6)	63 (25.0)	30 (11.9)	21 (8.3)

(1) Strongly disagree, (2) Disagree, (3) Neutral (4) Agree (5) Strongly agree.

® is reverse item.

Table M2

Mean, SD, Frequency and Percentage of Quality of Working Life (n = 252)

	Quality Of Working Life	x̄	SD	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
	General Well Being (GWB)							
1	I feel well at the moment	3.23	.98	15 (6.0)	42 (16.7)	75 (29.8)	110 (43.7)	10 (4.0)
2	Recently, I have been feeling unhappy and depressed ®	2.58	1.06	35 (13.9)	98 (38.9)	69 (27.4)	37 (14.7)	13 (5.2)
3	I am satisfied with my life	3.24	1.00	13 (5.2)	48 (19.0)	73 (29.0)	102 (40.5)	16 (6.3)
4	In most ways my life is close to ideal	2.76	.92	19 (7.5)	80 (31.7)	102 (40.5)	44 (17.5)	7 (2.8)
5	Generally things work out well for me	3.28	.82	2 (.8)	43 (17.1)	98 (38.9)	100 (39.7)	9 (3.6)
6	Recently, I have been feeling reasonably happy all things considered	3.22	.92	10 (4.0)	45 (17.9)	86 (34.1)	101 (40.1)	10 (4.0)
	Home-Work Interface (HWI)							
7	My employer provides adequate facilities and flexibility for me to fit work in around my family life	2.69	1.05	42 (16.7)	58 (23.0)	91 (36.1)	57 (22.6)	4 (1.6)
8	My current working hours / patterns suit my personal circumstances	2.91	.97	17 (6.7)	72 (28.6)	85 (33.7)	72 (28.6)	6 (2.4)
9	My line manager actively promotes flexible working hours / patterns	3.08	.94	17 (6.7)	45 (17.9)	97 (38.5)	87 (34.5)	6 (2.4)

Table M2 (continued)

	Quality Of Working Life	$\bar{x}$	SD	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
	Job and Career Satisfaction (JCS)							
10	I have the opportunity to use my abilities at work	3.38	.88	7 (2.8)	34 (13.5)	81 (32.1)	117 (46.4)	13 (5.2)
11	When I have done a good job it is acknowledged by my line manager	3.10	.93	14 (5.6)	48 (19.0)	94 (37.3)	90 (35.7)	6 (2.4)
12	I am encouraged to develop new skills	3.02	.86	14 (5.6)	46 (18.3)	115 (45.6)	75 (29.8)	2 (.8)
13	I have a clear set of goals and aims to enable me to do my job	3.55	.80	4 (1.6)	23 (9.1)	70 (27.8)	141 (56.0)	14 (5.6)
14	I am satisfied with the career opportunities available for me here	3.16	.94	12 (4.8)	47 (18.7)	91 (36.1)	92 (36.5)	10 (4.0)
15	I am satisfied with the training I receive in order to perform my present job	3.06	.95	12 (4.8)	63 (25.0)	82 (32.5)	88 (34.9)	7 (2.8)
	Control at Work (CAW)							
16	I feel able to voice opinions and influence changes in my area of work	2.81	.87	15 (6.0)	76 (30.2)	106 (42.1)	52 (20.6)	3 (1.2)
17	I am involved in decisions that affect me in my own area of work	3.18	.81	5 (2.0)	43 (17.1)	112 (44.4)	86 (34.1)	6 (2.4)

Table M2 (continued)

	Quality Of Working Life	$\bar{x}$	SD	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
18	I am involved in decisions that affect members of the public in my own area of work	3.91	.71	1 (.4)	12 (4.8)	34 (13.5)	167 (66.3)	38 (15.1)
	Working Conditions (WCS)							
19	My employer provides me with what I need to do my job effectively	.16	.90	10 (4.0)	47 (18.7)	96 (38.1)	92 (36.5)	7 (2.8)
20	I work in a safe environment	3.25	1.05	18 (7.1)	47 (18.7)	56 (22.2)	117(46.4)	14 (5.6)
21	The working conditions are satisfactory	2.83	.97	29 (11.5)	52 (20.6)	111 (44.0)	54 (21.4)	6 (2.4)
	Stress at Work (SAW)							
22	I often feel under pressure at work ®	3.81	1.01	12 (4.8)	16 (6.3)	37 (14.7)	131 (52.0)	56 (22.2)
23	I often feel excessive levels of stress at work ®	3.36	1.12	12 (4.8)	52 (20.6)	61 (24.2)	87 (34.5)	40(15.9)
	Overall Quality of Working Life (OVL)item							
24	I am satisfied with the overall quality of my working life	3.10	1.01	22 (8.7)	45 (17.9)	77 (30.6)	102 (40.5)	6 (2.4)

(1) Strongly disagree, (2) Disagree, (3) Neutral (4) Agree (5) Strongly agree.

® is reverse item.

CURRICULUM VITAE

Name Ms. Phyu Nyein Wai

Date of Birth March 26, 1990

Educational Background

2006-2010	Bachelor of Nursing Science (Generic), University of Nursing (Yangon), Myanmar

Scholarship Thailand International Development Cooperation Agency (TICA)

Professional Experiences

2011-2013	Junior Staff, Asia Royal Private Hospital, Yangon, the Republic of the Union of Myanmar
2013-2015	Trained Nurse, 1000 Bedded General Hospital, Nay Pyi Taw, the Republic of the Union of Myanmar
2015-2016	Staff Nurse, 1000 Bedded General Hospital, Nay Pyi Taw, the Republic of the Union of Myanmar
2016-Present	Clinical Instructor, Community Health Nursing Department, University of Nursing (Yangon), the Republic of the Union of Myanmar