

## **Exploring Gender Differences in Self-Management Skill among Hospital Managers and Chief Executive Officers: A Survey of Nigerian Hospitals in Abuja?**

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### **Abstract**

*Hospital management functions of planning, organizing, leading and controlling are required knowledge and expertise that enable managers' performance in the hospital. However, there are required skills that enhance the performance of these functions; one of which is self-management skill. Self-management skill entails those abilities that allow a manager to be more productive while performing his traditional functions example of which is self-management. This study explored the extent of gender differences in self-management skill among hospital managers in Abuja, Nigeria. Data for this study came from a cross-sectional survey using self-administered questionnaire distributed among management staff in twenty five (25) hospitals in the Federal Capital Territory (FCT) Abuja. One hundred and twenty (125) questionnaires were distributed, out of which one hundred and four (104) were answered and returned giving a response rate of 83.2%. The managers reported good to excellent skills in self-management skill components of time management, acting independently, awareness of personal weaknesses, balancing work and life issues, ability to*

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*learn from experience, self-development and being open to constructive criticisms but only showing a significant difference in ability to learn from previous experience in favour of the female managers (Pearson 0.210 and  $P= 0.033$ ). Self-management skill remains a good attribute for aspiring hospital managers and those who are versed in this are able to perform optimally in the management functions of planning, organizing, leading and controlling.*

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**Key words:** *Self-management skills, gender differences, hospital management, managers, Nigeria*

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## **Introduction**

Academicians and practitioners see the term management as the achievement of organisational goals with and through people using available resources in the most efficient manner possible (Mujtaba et al; 3013), (Mujtaba, 2007), (Tajaddini et al; 2009). Generally, according to (Mujtaba et al; 3013), (Mujtaba, 2007) people use the four functions of management which are planning, organizing, leading, and controlling (POLC) to achieve their organisational objectives. *Planning* means clarifying an organisation's goals and specific strategies for achieving these stated objectives. *Organizing* includes determining what tasks must be done, who will do them, how the tasks will be grouped, who will report to whom, and where decisions will be made. *Leading* includes motivating and directing employees, and communicating and resolving conflicts. *Controlling*, on the other hand, means monitoring performance, comparing results and goals, and making corrections and adjustments as needed in a timely manner. Making these management functions work well for the organisation is a key function or responsibility of the managers (Mujtaba et al; 3013), (Mujtaba, 2007).

To function very effectively and efficiently, managers must possess some skills to excel in these functions, one of which is self-management skill. Self-management skill entails those abilities that allow an employee or manager to feel more productive when doing daily routine regardless of the working environment (Linman, 2011). Well-developed self-management skill will help managers efficiently communicate with co-workers, management and customers, make the right decisions, plan working time, and keep the body healthy (Linman, 2011). Managers with well-developed self-management skill are known to excel better than others in the application of management functions and organisations at times encourage their managers to acquire self-management skills for the ultimate benefits they bring to the organisation and the managers themselves (Linman, 2011).

However, there remain unsubstantiated lingering differences between women and men on self-management skill. Self-management is a requirement for proper functioning of a manager because he/she needs to be conscious of not just the timely delivery of tangibles but must be on top of his/her game by being prepared at all times to act. He must have a top priority for self-development and be versed in virtually all aspects of management and policy development pursuits (Linman, 2011).

The modern workplace is diverse, filled with men and women professionals from different generations and years of management experience. Workers bring different values and expectations; as such managers and organisational leaders must create an all inclusive workplace and this necessity comes from the pluralization of society (Mujtaba et al; 3013), (Tajaddini et al; 2009), (Cooper, 1998). Creating an inclusive workplace requires special skills as self-management (Mujtaba et al; 3013), (Tajaddini et al; 2009), (Cooper, 1998).

Without the personal efforts at developing self-organisation and self-development skills which are all parts of self-management skill, it's hard to imagine a productive manager who succeeds in career promotion and professional advancement (Linman, 2011).

Self-management entails skills on stress resistance, problem solving, communication, time management, ability to memorize events and physical activities that keep the managers on top of their game. It's hard to remain at your best as a manager without the extra effort put to developing these attributes of self-management skill (Linman, 2011).

There is paucity of information in the management literature on gender differences concerning self-management skill between male and female hospital managers. However, self-management as reported by (Job-interview-sites.com) is also the ability to plan, organize, implement, and complete tasks, and then takes responsibility for your success. It requires you to lead others, develop relationships with those individuals, and communicating clearly (Job-interview-sites.com)

A checklist for self-management skill components entails developing foremost, a make to-do list, prioritization of tasks, scheduling of tasks and being flexible. Managers are able to function at their best by conforming to this checklist while performing management functions (Linman, 2011). Managers need to possess several competencies that will enable them to perform these functions effectively and efficiently. Of particular importance are strategic skills which relate to setting of key objectives based on an understanding of what is happening inside and outside the organisation; task related skills which encompass functional and operational competencies which enable one to define the best approach to achieving objectives, given the resources available; people related skills which enable one to achieve objectives through and with others; and self-management skills which enable one to take responsibility for one's life at work and beyond (Hellriegel, 2004), (Pillay, 2006). This paper shall explore self-management skills as it pertains to time management, acting independently, awareness of personal weaknesses, balancing work and life issues, ability to learn from experience, self-development and being open to constructive criticisms between female and male managers.

Time management is the act or process of exercising conscious control over the amount of time spent on specific activities, especially to increase efficiency or productivity (Qteat et al; 2014), (Hassanzabeh et al; 2007). Time management may be aided by a range of skills, tools, and techniques used to manage time when accomplishing specific tasks, projects and goals. This process encompasses a wide scope of activities, including: planning, setting goals, delegation, analysis of time spent, monitoring, organizing, scheduling, and prioritizing (Qteat et al; 2014), (Adams et al; 2000). Initially, time management was referred to just business or work activities, but eventually the term broadened to include personal activities as well (Qteat et al; 2014), (Adams et al; 2000). According to (Qteat et al; 2014), (North,2004), time management is the organization of tasks or events by first estimating how much time a task will take to be completed, when it must be completed, and then adjusting events that would interfere with its completion is reached in the appropriate amount of time. Time management is also a method for managers to increase work performance effectiveness according to (Qteat et al; 2014), (Bahadori et al; 2015). In their study (Hasoomi et al; 2014) have found that there are three principles of time management which include setting the goal, determining the priorities and adhering to the priorities. (Araghieh et al; 2012) also have described time management as the prioritization of objectives and the use of available resources to achieve short-term and long-term goals. Time management is an extensive concept that is associated with promoting the performance of managers within the known functions of management (Araghieh et al; 2012). Time management is an extensive concept in various executive and managerial domains and is related to the promotion of the managers' qualitative performance (Macan, et al; 2010), (Ziapour, et al, 2015). Finding in this research (Ziapour, et al, 2015), indicates a statistically significant difference between males and females in terms of time management behaviours, with males showing more time management behaviours in that

study which is entitled evaluation of time management behaviours and its related Factors among Senior Nurse Managers (Ziapour, et al, 2015). In another study by (Guoqing et al, 2000) on gender differences of managers in time management, it was found that female managers were lower than males in total time management effectiveness; the total amount of male managers' working time per week was more than their female counterparts. Differences were seen in the amount and structure of working time as well as non-working time. Finally, there was no significant difference between male and female managers in the serious degree of each wasting time factor but difference in sequence (Guoqing et al, 2000).

Acting independently or more simply autonomy is the degree to which one may make important decisions without the consent of others. The level of autonomy depends on the decision type, the organisation's governance structure, and the managers' own abilities as put forward by (Brock, 2003). Autonomy in nursing is the freedom and the authority to act independently. It implies control over one's practice, and it applies to both decisions and actions (Nursing Management, 2010). Autonomy refers to the ability to act according to one's knowledge and judgment, providing nursing care within the full scope of practice as defined by existing professional, regulatory, and organizational rules (Nursing Management, 2010), (Weston, 2008). Nurses in Magnet facilities have described their culture as supporting autonomous practice, expecting and encouraging them to utilize their nursing expertise to deliver the best in patient care. They perceived that the organization supported their nursing actions and clinical judgment (Kramer et al; 2003). The value and contribution of nurse autonomy and control over nursing practice (CONP) in creating a healthy work environment—both in terms of nurse satisfaction and the quality and safety of patient outcomes—have been consistently demonstrated (Aiken et al; 2008), (Lake et al; 2006). Nursing work environments with higher levels of autonomy and (CONP) have also been associated with increased performance and improved patient outcomes. Autonomy and (CONP) have been identified as important work environment attributes for enhancing patient safety (Institute of Medicine. 2004).

Self-development reflects the ability to continue to improve on the job performance through managed efforts at attaining some level of proficiency and competency through formal and informal trainings and on the job experience. Managerial competencies are sets of knowledge, skills, behaviours and attitudes that a person needs to be effective in a diverse managerial job (Khadka et al, 2014). Findings from (Khadka et al, 2014) back up the belief of the lacking of managerial competency in hospital management among the managers and enormous need for the development of managers to perform optimally. The ability to perform an activity, a skill, can be the result of natural talent or acquired through education or training. In (Leggat, 2007) study, leadership was identified as important by more than 50% of the respondents as a needed skill to be developed by managers. The male respondents were significantly more likely than the female respondents to identify ability to influence as an important skill, while the female respondents were significantly more likely to identify negotiation as an important skill to be acquired by managers. Lack of management capacity was identified by (Pillay, 2008) as the key stumbling block to the transformation and reconceptualization of the public sector in South Africa into a more effective, efficient, and responsive system of health delivery as an overall development strategy of the public health sector regardless of gender.

Although self-management skill remain an important tool to overcoming the challenges faced by hospital managers in the application of management functions in Nigeria, there has been very little evaluation of how much of these skills are possessed by the management staff, let alone the differences that may exist between male and female managers. Therefore this paper

was aimed at evaluating the perceived lingering differences between male and female hospital managers concerning the possession of self-management skill. It is hoped that the information obtained in this project will help in enhancing the design for the acquisition and application of self-management skills to boost managers' capacity for effectively performing management functions in our hospitals as it concerns male and female managers.

### Subjects and Methods

Data for this study came from a cross-sectional survey using self-administered questionnaire distributed among management staff in twenty five (25) hospitals that were purposively selected. The criteria for selection were that each of the hospitals must be at least twenty (20) bedded and employs at least twenty five [25] persons. A pre-tested structured self-administered questionnaire was used during the period March to April 2015 to collect the preliminary data from each respective respondent. The pre-testing of the instrument was done four months earlier before the commencement of this study to strengthen the validity and reliability of the questionnaire. The responses from the pre-testing contributed to the restructuring of the questions to measure exactly what was intended. More so, the questions were first translated into the local language (*Igbo*) and back to English language to strengthen their content validity. The questionnaire which was developed by the authors after a careful review of previous works on the subject was used by the managers in self-assessing their self-management skill.

### Reliability results

The reliability result assured an understanding of the contents of the questions between the managers and the researchers as the responses to both the Igbo and English variances of the questions were the same from different sets of respondents. The responses to the questions from smaller groups produced same results over time. Questions that were confusing and did not make any sense to the respondents were either amended or discarded. This indicates that the study could be replicated with similar population groups and producing similar results.

### Questions assessing managers' biographic details

- 1 Biographic details
  - 1.1 Gender: Male ( ) Female ( )
  - 1.2 Age: 25-35 ( ) 35-45 ( ) 45-60 ( )
  - 1.3 Type of hospital: private, government, Non-governmental, faith based  
( ) ( ) ( ) ( )
  - 1.4 Hospital beds 25-50 ( ) 50-100 ( ) above 100 ( )
  - 1.5 Current designation
    - (a) Administrative officer ( )
    - (b) Hospital administrator ( )
    - (c) CEO/hospital director ( )
    - (d) Medical director ( )
    - (e) Others (please specify) -----

### Questions assessing managers' self-management skills were stated thus:

Please indicate your level of competence in the following skills:

	Very poor	poor	good	excellent
4.4 SELF ASSESSMENT				
(a) Time management	( )	( )	( )	( )
(b) Acting independently	( )	( )	( )	( )

- |   |     |     |     |     |
|---|-----|-----|-----|-----|
| (c) Awareness of personal weakness and strength | ( ) | ( ) | ( ) | ( ) |
| (d) Balancing work and life issues              | ( ) | ( ) | ( ) | ( ) |
| (e) Ability to learn from experience            | ( ) | ( ) | ( ) | ( ) |
| (f) Self-development                            | ( ) | ( ) | ( ) | ( ) |

Hospitals in the federal capital territory (FCT) Abuja, Nigeria with a minimum of 20 beds and 25 staff as employees were used in the study with the surveyed staff being designated as Hospital Director, Hospital Manager, Hospital Administrator, Hospital Chief Executive Officer or Chief Medical Director. Those provided with the questionnaire were also heads of units responsible for the day to day administration and operation of hospital amenities with a minimum of diploma or bachelor's degree (or equivalent) obtained in any academic discipline. Questionnaires were distributed directly to the respondents. One hundred and twenty (125) questionnaires were distributed, out of which one hundred and four (104) were answered and returned giving a response rate of 83.2%.

### Ethics approval and consent to participate

Ethical approvals were obtained from the respective research ethical committees of the individual hospitals. While the data were being collected, verbal consent was obtained from respective respondent. The respondents were assured of their confidentiality and were provided with the choice of not partaking in the study if they so wished. The research was conducted according to Helsinki declaration and local legislations.

### Data Analysis

The questionnaire was cross checked and validated for completeness. The data was entered and analyzed using the Statistical Package for Social Sciences (SPSS). Descriptive statistics like frequency, percentages and in place of mean, median was used to determine the averages (since the data was on ordinal scale. Again inter-quartile range (in place of the standard deviation) was used to determine the consensus or polarity of opinion on each of the phenomenon examine. Cross tabulation was done for inferential aspect of the statistics and at this point, Pearson Chi-square was used to determine associations between some explanatory variables and dependents variables. Correlations were as well done where appropriate. The researchers also went further to carry out some Regression analysis and this helped to ascertain possible predictors on the dependent variables.

### Results

**Table 1: showing the socio-demographics of the respondents, hospital type, respondents designation and academic qualification**

Socio demographic variables	Frequency	Percentages
<b>Gender</b>		
Male	66	64.5
Female	38	35.6
<b>Age category</b>		
25-35	14	13.5
36-45	55	52.9
45-60	35	33.7
<b>Type of hospital</b>		
Private	63	60.6
Public	41	39.4

<b>No of hospital beds</b>		
25-35	27	26.0
36-45	52	50.0
46-60	25	24.0
<b>Current designation</b>		
Admin officer	25	24.0
Hosp Admin	19	18.3
CEO/ Hospital Director	19	18.3
Medical Director	41	39.4
<b>Academic qualification</b>		
Bachelor's degree	36	34.6
Post graduate	29	27.9
Master's Degree	35	33.7
Others	4	3.8
<b>Training</b>		
Formal training	75	72.1
No formal	29	27.9

The table 1 above shows that 66(63.5%) of the respondents were males while the rest were females. It as well showed that majority 55 (52.9%) of the respondents were aged between 36-45 years. Again it reveals that the least age group was those between 25-35 years old 14(13.5%). One hundred and four hospitals responded to the survey of which 63(60.6%) were private hospitals. Majority of the respondents were medical directors 41 (39.4%) and those with master's degree were 35(33.7%).

**Table 2: showing respondents scores on self-management skills**

Self-management skills	Frequency	Percentages
<b>Time management</b>		
Very poor	2	1.9
Poor	4	3.8
Good	46	44.2
Excellent	52	50.0
<b>Acting independently</b>		
Very poor	-	-
Poor	4	3.8
Good	37	35.6
Excellent	63	60.6
<b>Awareness of personal weaknesses</b>		
Very poor	2	1.9
Poor	5	4.8
Good	45	43.3
Excellent	52	50.0
<b>Balancing work and life</b>		
Very poor	5	4.8
Poor	2	1.9
Good	33	31.7
Excellent	64	61.5

<b>Ability to learn from previous experience</b>		
Very poor	3	2.9
Poor	-	-
Good	37	35.6
Excellent	64	61.5
<b>Self-development</b>		
Very poor	-	-
Poor	2	1.9
Good	46	44.2
Excellent	56	53.8
<b>Maintain a work style that is open to constructive criticism.</b>		
Very poor	-	-
Poor	2	1.9
Good	40	38.5
Excellent	62	59.6

The table 2 above shows that there is a high level of reported developed skill concerning time management among the hospital managers and executives. It shows that half (50.0%) of the respondents had excellent skill on time management while 44% had good skill on the same. Altogether, about 94% of the respondents had reported a positively developed skill on time management. The table as well showed that more than half of the hospital managers had already developed excellent skill on acting independently while less than 5% reported poor skill on acting independently. Also half of the respondents had developed excellent skill with respect to awareness of personal strengths and weaknesses as shown by their responses. And about 62% of the hospital managers said they had developed excellent skill in balancing work and life. Again as high as 54% of the hospital managers reported having developed excellent skill on self-development. Finally, the table shows that 62% of the respondents have developed excellent skill on maintaining a work style that is open to constructive criticism.

**Table 3: showing correlation between gender and time management**

<b>Correlations</b>			
		Gender	Time_mgt
Gender	Pearson Correlation	1	.088
	Sig. (2-tailed)		.372
	N	104	104
Time_mgt	Pearson Correlation	.088	1
	Sig. (2-tailed)	.372	
	N	104	104

The table 3 above shows that there is no correlation between the gender of the respondents and time management skill of the hospital managers. At this time the authors decided to correlate the other self-assessment skills (like balancing work and life, ability to act independently and ability to learn from previous experience) with the gender of the respondents. The authors did so because it is believed that these variables could have some relationship with time management and the result is presented below.



**Table 4: showing the correlation between respondent's gender and self-management skills**

Correlations		Gender	Time_mgt	Acting_independently	Balancing_work_and_life	Ability_to_learn_from_performance_
Gender	Pearson Correlation	1	.088	.121	.184	.210*
	Sig. (2-tailed)		.372	.221	.061	.033
	N	104	104	104	104	104
Time_mgt	Pearson Correlation	.088	1	.796**	.537**	.617**
	Sig. (2-tailed)	.372		.000	.000	.000
	N	104	104	104	104	104
Acting independently	Pearson Correlation	.121	.796**	1	.569**	.761**
	Sig. (2-tailed)	.221	.000		.000	.000
	N	104	104	104	104	104
Balancing_work_and_life	Pearson Correlation	.184	.537**	.569**	1	.801**
	Sig. (2-tailed)	.061	.000	.000		.000
	N	104	104	104	104	104
Ability_to_learn_from_performance_	Pearson Correlation	.210*	.617**	.761**	.801**	1
	Sig. (2-tailed)	.033	.000	.000	.000	
	N	104	104	104	104	104

\*. Correlation is significant at the 0.05 level (2-tailed).

The result in the correlation Table 4 above shows that there is a relationship between the gender of the respondents and the ability to learn from past experience. It shows that the female respondents had better skills on learning from previous experience when compared to their male counterparts (see Pearson 0.210 and P= 0.033 above). The result as well showed that there is a positive relationship between time management, acting independently, balancing work and life and ability to learn from previous experience. It shows that any increase in any of these abilities would bring about an increase in the others. (See results above).

## Discussion

The result shows that there is no correlation between the gender of the respondents and time management skill of the hospital managers. However, the result shows that there is a relationship between the gender of the respondents and the ability to learn from past experience. It shows that the female respondents had better skills on learning from previous experience when compared to their male counterparts. The result equally established that there is a positive relationship between time management, acting independently, balancing work and life and ability to learn from previous experience. It shows that any increase in any of these abilities would bring about an increase in the others.

Time management is very important in a manager's life, ineffective management of which will cost an organisation a fortune. The lack of time management by a manager will definitely lead to inappropriate apportionment of a manager's available time and will definitely increase inability to organize. Lack of being organized will likely affect the determination of which tasks must be done, who will do them, how the tasks will be grouped, who will report to whom, and where decisions will be made. The study finds no significant difference between the gender on time management meaning the male and female managers performed equally on the issue of time management. Inability of managers to effectively practice time management in their daily activities at work will reduce their ability to plan, organize, implement, and complete tasks on schedule. It is really interesting and a welcomed event that there was no significant difference between female and male managers on time management. However our result is different from (Ziapour et al; 2015) which indicates a statistically significant difference between male and female managers in terms of time management behaviours, with males showing more time management behaviours in that study. Further our result was also significantly different from (Guoqing et al; 2000) on gender differences of managers in time management which found that female managers were lower than male managers in total time management effectiveness; the total amount of male manager's working time per week being more than his female counterpart.

However, the female respondents were found in our study to be better in learning from previous experience when compared to their male counterparts. Ability to learn from previous experience enhances a manager's chance to be more error free in future endeavors concerning required management functions and decision making. It also enhances appropriate decision making when encountering similar problems of the past. Successful previous decisions are retained with necessary modifications concerning present business climate and failures are also learned from regarding what needs to be done to change failures into successes. Male managers should keep a score card on their previous performances and refer to them in negotiating future business endeavours.

Lastly, the result did establish a positive relationship between time management, acting independently, balancing work and life and ability to learn from previous experience which meant that an increase in any of these abilities would bring about an increase in the others. This generally shows that both male and female managers scored the same on time management and the rest of self-management attributes except the ability to learn from previous experience. This is very encouraging, as there were no differences between the gender and time management skill. All the respondents are seen to have performed equally on all the examined attributes of self-management as an increase in time management will result in an equal increase in all the other attributes of self-management.

## Conclusion

Self-management skills remain a good attribute for aspiring hospital managers and those who are versed in this are able to perform optimally in the management functions of planning, organizing, leading and controlling. The result shows no much of a difference between male and female hospital managers on the attributes of self-management except the ability to learn from previous experience which favoured the female managers the most. Score cards of reminders of previous management experiences ought to be kept foremost by male hospital managers and used as compass in negotiating future management endeavours in the pursuit of organisation's vision and objectives. In this way, male managers will be able to incorporate their previous management experiences in negotiating future hospital engagements and undertakings.

## Strength and weaknesses

This study has an underlying weakness in that the self-assessed self-management skills by the managers may not reflect the true position of the managers as some may provide contrary responses. So, we are cautious in drawing our conclusions. However, it is shows how self-prepared our managers are in performing their management functions in our hospitals.

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