Original Article

Nurse managers in mental health units: from activities to time management*

Gestor de Enfermagem em unidades de saúde mental: das atividades à utilização do tempo

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ABSTRACT

Objective: to understand the use of time by nurse managers in psychiatry and mental health units, as they carry out their daily tasks. **Methods:** cross-sectional study, carried out by 48 managers from public psychiatric units and from the social sector. Data collection was made through an online questionnaire that is part of the Scale of Perception of Nurse Manager Work, including 43 items separated in five functional domains of nurse managers. The responses were in a Likert scale: does not take time, takes little time, takes some time, takes much time. **Results:** the activities inherent to ethical and legal professional practices and to the management of care and of human resources required more time from the manager when compared to policy interventions, and consulting and professional development. **Conclusion:** the managers recognize that managing time implies organization, planning work, and establishing priorities in the tasks to be developed.

Descriptors: Nursing; Mental Health; Health Services Administration; Time; Health Manager.

RESUMO

Objetivo: compreender a utilização do tempo dos gestores de enfermagem em unidades de Saúde Mental e Psiquiatria no desempenho das atividades diárias. **Métodos:** estudo transversal, constituído por 48 gestores de unidades psiquiátricas públicas e do setor social. Coleta de dados por meio de questionário online que integrava a Escala de Percepção do Trabalho dos Gestores em Enfermagem, inclui 43 itens, distribuídos por cinco domínios funcionais dos enfermeiros gestores. Respostas cotadas em escala tipo *Likert*: não ocupa tempo; ocupa pouco tempo; ocupa algum tempo; ocupa muito tempo. **Resultados:** as atividades inerentes às competências prática profissional ética e legal, e gestão de cuidados e de recursos humanos consumiam mais tempo ao gestor comparativamente com intervenção política e assessoria e desenvolvimento profissional. **Conclusão:** os gestores reconhecem que gerir o tempo implica organização, planejamento do trabalho e estabelecer prioridades nas tarefas a desempenhar.

Descritores: Enfermagem; Saúde Mental; Administração de Serviços de Saúde; Tempo; Gestor de Saúde.

Introduction

Health management is a relevant and current topic, where time management is especially important. Time is a scarce and valuable resource that traverses all contexts of action of nurses, and, as a result, it can have a significant influence over one's ability to reach their professional goals[1].

Currently, mental health and psychiatry nurses must be efficient, especially focused on their ability to manage time in relational competences, since work environments must promote the quality of life of workers, favoring an optimal professional practice[2].

Experience with evolution in mental health and psychiatry services in Portugal shows that nurse managers adjusted to change, modifying the standards of their intervention and their knowledge. As a result, a more significant nurse is emerging, aggregating specific competences that are consolidated in accordance with the vision of the institution. This nurse inspires change in work environments, defending the understanding and support of the team and of ethical values, promoting significant improvements in the context of practice and on the quality of the care provided to the customer[3-4].

The manager nurse is an essential figure, having the competence to assume a commitment with the organization, the workers, and the customers. These nurses take charge of strategic, intermediate, and operational management interventions and their managing competences demand their involvement with different structures of health institutions[3].

Currently, the nurse manager must have diversified knowledge, especially about administrative theories; working processes; management ethics; culture and organizational power; quality of life and health in the professional context; labor law; management of human, material, and structural resources; health costs; information and documentation systems; decision making processes; negotiation capabilities; and team work[5].

Different factors can influence the management of health organizations. However, the profile of the health managers and the theories that have given substance to the science of time management are essential for the success of organizations. Being able to use time efficiently promotes knowledge and increases the likelihood that the any actions undertook will be successful[1].

Planning is the key for time management. When planning, it is important to determine what is not a priority, making time for essential activities and never leaving important ones for the last minute, thus avoiding stress and achieving the balance necessary to reach one's goal[1]. The success of the performance is intrinsically connected to changeable factors, such as those inherent to the personality of the manager, since administrating time is a behavioral process that depends on variables that can be manipulated not only by the external environment, but also by individuals themselves[6]. In this paradigm, the manager is responsible for the careful administration and use of time. Managing time means finding a balance and having control over the activities that must be executed. Considering the empirical perception of our daily experience, time management becomes significantly more serious when we ask ourselves how much time we spend in each of the functions attributed to us as managers. As a result, this work aims to assess how nursing managers in Portugal divide their time between the five competences determined by the Portuguese Order of Nurses, which are, according to legislation: Ethical and legal professional practices; Care management; Human resource management; Policy intervention; and Consulting and professional development.

The guiding questions were: On which activities psychiatry and mental health managers believe they spend most of their time? Are there activities on which nurse managers believe they spend no time?

This study aimed to understand the use of time by nurse managers in psychiatry and mental health units, as they carry out their daily tasks.

Methods

This is a cross-sectional study whose data collection took place in public and social psychiatric care institutions from Mainland Portugal and its Autonomous Regions, Azores, and Madeira. The institutions in Mainland Portugal were identified with the help of the Information Newsletter from the Administration of the Health System[7], which includes all public and social psychiatric care institutions. The institutions out of the mainland were identified by contact with the hospitals from Azores and Madeira, leading to a total of 45 institutions.

The professionals were contacted through the nurse directors of the hospitals, who received an e-mail on their institutional e-mail addresses with a link to access the questionnaire, which they were asked to forward to the service managers.

The population was formed by 147 nurse managers of psychiatric health services. There was a non-probabilistic, intentional sampling, formed by 48 individuals, leading to a study with a 12% margin of error and a degree of confidence of 95%.

A self-applying questionnaire was used for data collection. It was formed by an initial presentation that included instructions on how to answer and two sets of questions. The first included questions for the collection of sociodemographic, professional, academic, and context questions. The second included the Scale of Perception of Nursing Manager Work, a Likert scale including 43 questions related to the functional domains of managing nurses: Ethical and legal professional practices (5 questions); Care management (14 items); Human resource management (14 items); Policy intervention (6 items); and Consulting and professional development (4 items). For the elaboration of the scale, the measures used were: Goodness of Fit Index (GFI): 0.759; Adjusted Goodness of Fit Index (AGFI): 0.607; and Root Mean Square, Residual (RMSR): 0.041. All of them found that, globally, there is a good fit. The study of the scale showed a high factor analysis with overall internal consistency (Cronbach's alpha 0.950), indicating adequate psychometric properties and a good factor analysis of the correlation matrix[8].

The use of time was evaluated according to the option selected by the nurse manager in the scale: does not take time; takes little time; takes some time; and takes much time.

The questionnaire was available online, on the Google Drive platform, from November 2019 to March 2020. The answered questionnaires were codified and inserted in a file in the SPSS 25.0, and the analyses were carried out using descriptive statistical procedures.

The variables being studied respected the sociodemographic and contextual characteristics of the professionals that were considered to be necessary to trace a profile from the sample of the nurse managers in mental health and psychiatry units, and the competences of their professional practices were addressed by the five domains of action in the scale.

The Administration Councils of the health organizations identified were asked for an authorization to carry out the study, and the ethics committee of the Centro Hospitalar Tondela Viseu gave its approval, under number 3/2019. The anonymity of participants was guaranteed.

Results

The sample mostly comprised women (58.3%; n=28), 56.3% were above 50 years old (mean (M)=50.79; standard deviation (SD)=9.574), 83.3% (n=40) were specialists in Psychiatry and Mental Health, and 6.3% (n=3) were specialists in Rehabilitation Nursing. Most of them had worked in their current posts for more than 20 but less than 40 years (62.6%; n=30), have had a management role in their current work from 1 to 30 years (M=10.08; SD=8.2), 37.5% (n=18) have been managers of the same service for less than 5 years and 8.3 % (n=4) have done so for less than 5 years and more than 10 years. In regard to their time managing psychiatric services, 43.8%

(n=21) have done so for more than 15 years while 35.4% (n=17) have done so for less than 5 (M=13.85; SD=9.91).

Below, we present the results of the five domains of the competences of the nurse manager, which show where psychiatry and mental health managers believe they spend most of their time and where they do not spend time.

Regarding Ethical and legal professional practices, the participants believe to spend time in all of the activities involved. The most common (39.6%) was "Worries about the values of the diseased" (Table 1).

In regard to Policy intervention and Consulting, most (58.3%) believe that they do not spend time carrying out the activity "Participates in the definition and implementation of health policies in the hospital". The activity which most managers (39.6%) mentioned as occupying a lot of time was "Conceiving and operationalizing projects in service, implying yourself

and the team in the development and implementation of organizational projects".

Regarding Professional development, the activity in which most managers (56.3%) stated not to spend time was "Promotes evidence-based nursing". However, this was also the activity that, along with "Makes available spaces for reflection about the practices to promote the engagement of the team in the management of their own competences", the highest percentage of managers (27.1%) stated to occupy a lot of their time (Table 1).

In regard to Care management, the activity that the highest number of managers consider that occupies much of their time was "Makes decisions to guarantee the best care for the diseased" (41.7%; n=20), while the activity that most (12.5%) indicated that does not take time was "Guaranteeing safe personnel sizing in accordance with the quality standards of the profession" (Table 2).

Table 1 – Distribution of the time of the managers in the activities of Ethical and legal professional practices; Policies and consulting, and Professional development. Porto, Portugal, 2020

Competences/Activities*	Time spent			
	None	Little	Some	Much
	n (%)	n (%)	n (%)	n (%)
Ethical and legal professional practices				
Worries about the values of the nurses	-	4 (8.3)	30 (62.5)	14 (29.2)
Worries about the values of the diseased	-	3 (6.3)	26 (54.2)	19 (39.6)
Discusses care-related ethical issues with the team	-	8 (16.7)	25 (52.1)	15 (31.3)
Controls the respect for the privacy and individuality of the diseased	-	10 (20.8)	21 (43.8)	17 (35.4)
Guarantees the legal conditions for providing care and exercising the profession	-	12 (25.0)	21 (43.8)	15 (31.3)
Policy intervention and consulting				
Participates in the definition and implementation of health policies in the hospital	28 (58.3)	20 (41.7)	-	-
Participates in the strategic planning of the service	26 (54.2)	9 (18.8)	-	13 (27.1)
Elaborates service reports	21 (43.8)	10 (20.8)	-	17 (35.4)
Conceives and operationalized service projects, implying him/herself and the team in the development and implementation of organizational projects	17 (35.4)	12 (25.0)	-	19 (39.6)
Adapts the material resources to the needs, considering the cost-benefit ratio	23 (47.9)	12 (25.0)	-	13 (27.1)
Participates in work groups and committees in the field of clinical and non-clinical risk management	23 (47.9)	16 (33.3)	-	9 (18.8)
Professional development				
Promotes evidence-based nursing	27 (56.3)	8 (16.7)	-	13 (27.1)
Promotes formal and informal team formation	25 (52.1)	11 (22.9)	-	12 (25.0)
Encourages the self-actualization of nurses	25 (52.1)	11 (22.9)	-	12 (25.0)
Makes available spaces for reflections about the practices to promote the engagement of the team in the management of their own competences	20 (41.7)	15 (31.3)	-	13 (27.1)

**Variables elaborated considering the Scale of Perception of Nursing Manager Work

Table 2 – Distribution of time of managers in the Care management activities. Porto, Portugal, 2020

Competences/Activities*	Time spent			
	None	Little	Some	Much
	n (%)	n (%)	n (%)	n (%)
Care management				
Discusses decisions about care with the nurses	-	3 (6.3)	28 (58.3)	17 (35.4)
Promotes clinical decision-making	1 (2.1)	5 (10.4)	26 (54.2)	16 (33.3)
Has plans for the monitoring of care	-	10 (20.8)	23 (47.9)	15 (31.3)
Predicts and secures the means and resources needed to provide care	-	8 (16.7)	23 (47.9)	17 (35.4)
Discusses the risks of the diseases considering the care and the conditions of the service	-	7 (14.6)	24 (50.0)	17 (35.4)
Makes decisions to guarantee the best care for the diseased	-	2 (4.2)	26 (54.2)	20 (41.7)
"Guaranteeing safe personnel sizing in accordance with the quality standards of the profession"	6 (12.5)	10 (20.8)	19 (39.6)	13 (27.1)
Analyzes and evaluates the quality of care and implements corrective measures	-	7 (14.6)	29 (60.4)	12 (25.0)
Advises about more complex care	1 (2.1)	11 (22.9)	23 (47.9)	13 (27.1)
Develops plans for the continuous improvement of quality	3 (6.3)	13 (27.1)	18 (37.5)	14 (29.2)
Elaborates, applies, evaluates, and updates procedures to guide the use of equipment and material	1 (2.1)	14 (29.2)	24 (50.0)	9 (18.8)
Contributes for the development of good practices through the adequate use of the material resources in the unit	-	11 (22.9)	25 (52.1)	12 (25.0)
Guarantees safe environments, identifying and managing risks and implementing corrective measures	1 (2.1	14 (29.2)	16 (33.3)	17 (35.4)
Manages grave clinical situations, in regard to the diseased, their families, and the team	-	11 (22.9)	21 (43.8)	16 (33.3)

*Variables elaborated considering the Scale of Perception of Nursing Manager Work

In the Management of human resources, it was found that one nurse manager (2.1%) stated not to spend time in the activities "Witnesses shift transitions", "Coordinates the process of integrating collaborators, being a reference for them", and "Acts as an educator in the multi- and intra-disciplinary teams". "Evaluates the performance of nurses" was the activity that the highest percentage of them (35.4%) stated that took them much time (Table 3).

Table 3 – Distribution of the time of managers in the activities of Human resource management. Porto, Portugal, 2020

Competences/Activities*	Time spent			
	None	Little	Some	Much
	n (%)	n (%)	n (%)	n (%)
Human resource management				
Carries out meetings with the nurses	-	7 (14.6)	32 (66.7)	9 (18.8)
Witnesses shift transitions	1 (2.1)	7 (14.6)	25 (52.1)	15 (31.3)
Evaluates the performance of nurses	-	5 (10.4)	26 (54.2)	17 (35.4)
Coordinates the process of integrating collaborators, being a reference for them	1 (2.1)	10 (20.8)	27 (56.3)	10 20.8)
Calculates the needs of nurses according to the conditions of the services	-	13 (27.1)	25 (52.1)	10 (20.8)
Affects nurses according to the intensity and complexity of care, through methodologies that allow to calculate, beforehand, the number of hours and care needed.	-	15 (31.3)	25 (52.1)	8 (16.7)
Creates, maintains, and develops cohesion, team spirit, and the work environment, managing conflict	-	8 (16.7)	25 (52.1)	15 (31.3)
Distributes the nurses according to the needs of the diseased	-	15 (31.3)	27 (56.3)	6 12.5)
Promotes the engagement and motivation of the team (global perspective)	-	6 (12.5)	27 (56.3)	15 (31.3)
Guarantees mechanisms for the formal communication of the team and other collaborators	-	7 (14.6)	28 (58.3)	13 (27.1)
Guarantees the planning, organization, coordination, and evaluation of the quality of support services	-	8 (16.7)	30 (62.5)	10 (20.8)
Acts as an educator in the multi- and intra-disciplinary teams	1 (2.1)	12 (25.0)	28 (58.3)	7 (14.6)
Promotes and evaluates the professional satisfaction of nurses and other collaborators	-	8 (16.7)	32 (66.7)	8 (16.70)
Creates and maintains the conditions for cooperative work within the team	-	9 (18.8)	29 (60.4)	10 (20.8)

*Variables elaborated considering the Scale of Perception of Nursing Manager Work

Discussion

The limits of this study were the type of sampling and size of the sample. A non-probabilistic sampling was thought to be best for this study because it was focused on a specific group of nurses who had managing roles in Portugal. However, this type of sampling has shown the limitations that are associated with it in literature, namely, a higher than regular sampling mistake (12%) and a confidence degree of 95%, which can make unfeasible the generalization of the results of this investigation. However, we must have in mind that the universe is small, since each unit/service has only one manager nurse.

This study contributes to clarify which activities the nurse managers, in the context of mental health and psychiatry, believe they spend the most time with, as well as those on which they believe they do not spend any time. This enables a reflection on how they divide their time among the activities that are their responsibility, improving administrative practices.

No manager stated not to spend time with the activities that form the domain of Ethical and legal professional practices. The activity among these found to occupy most of their time was "Worries about the values of the diseased". These values can be understood globally as human values in all their dimensions, and this result is in accordance with studies that consider this activity to have a high factor weight, taking up much of the time of the manager[8].

Regarding Management of care, it was found that the activity on which most managers believe they do not spend time was "Guaranteeing safe personnel sizing in accordance with the quality standards of the profession". No data was found to explain why this was the case. We suggest that qualitative studies should be carried out to understand the reasons for managers not to spend time in this activity, considering its relevance to guarantee safe and quality nursing care.

The concept of safe personnel sizing is related to the number of nurses/patients in a service, that is,

to the presence of an adequate number of nurses considering the demand and the complexity of care in a specific context. This result can jeopardize nursing assistance, which is one of the most relevant pillars for the management of human resources and work processes. It is only possible to have quality when the institution promotes proper work conditions, including physical and human resources for a safe practice[9].

It was found that the participants spent much time in the activity "Making decisions to guarantee the best care for the diseased". Better care means a more quality nursing assistance. So, the practices of mental health and psychiatry are in accordance with the evidence, considering that the management of assistance is one of the main fields of action of nurses, demanding an articulation between the dimensions of assistance and work management [10], improving health results[11].

Regarding Human resource management, there were three activities in which a single participant stated to not spend any time. The first, "Witnesses shift transitions", is not in accordance with existing evidence, since nurses carry out shift transitions as a team, to guarantee that the information is transmitted objectively and clearly, ensuring that care continues safely and reporting the occurrences that took place in the previous work shift[12].

As for not spending any time in the activity "Coordinates the process of integrating collaborators and becomes a reference for them", it can be understood that this is not good for the role of the manager or for the service, since the manager must administrate the team by showing his commitment with work colleagues while, simultaneously, demonstrating professional ethics[13]. Not spending any time in the activity "Acts as an educator in the multi- and intra-disciplinary teams" is not the ideal accepted as extremely important in health teams, since this is a continuous activity in the management of the knowledge and growth of the teams. Learning is essential during an individual's life. Being able to learn allows one to transform and change reality, to produce better results, to create and in-

novate, and the organizations are no exception to this principle, since, in the context of work, being able to learn is essential to guarantee that effective services will be provided to the citizens[14].

"Evaluating the performance of the nurses" was the activity in which the participants stated to spend the most time, which shows their preoccupation with the assessment of the nurses. This evaluation is relevant as it aims towards an effective professional action, with positive repercussions in the health care provided[15].

Analyzing the competence Policy intervention and consulting, the results indicate that the activity "Participates in the definition and implementation of health policies in the hospital" is the one that most participants mentioned not to take time. It is also the only one that no participant stated that occupies much time, showing how little relevance they attribute to this activity and indicating managers who lack initiative and do not intervene in the organizations' health policies. These findings go against the need for active, with participation in society, decision-making, and health policies[16].

The activity "Conceiving and operationalizing projects in service, implying yourself and the team in the development and implementation of organizational projects" was the element that the highest number of managers considered that takes much time. This finding is in accordance with a study carried out with director nurses about the intervention of head nurses, when they implement the management of projects aimed at improving performance and, naturally, to respond to the needs of the patients[11].

In the competence Professional development, most managers stated that they do not spend time in the activity "Promotes evidence-based learning", which reflects findings in literature and also goes against 27.1% of this same sample, who state they spend much time in this activity. Several authors believe that evidence-based practices are relevant for the growth and evolution of nursing and for the improvement of care, since this collaborates with the reliability of interventions[17].

The activity "Makes available spaces for reflection about the practices to promote the engagement of the team in the management of their own competences" is the one that most stated to occupy much time. This corroborates the idea that a good leader is the one who tries to get the best out of his team, inspiring them, leading them to inspire themselves, and continuously challenging them[18].

Conclusion

It has been found that the domains of Ethical and legal professional practices, Care management, and Human resource management are important for nurse managers in the context of mental health and psychiatry, since they spend a significant portion of their time in activities related to them. Activities related to the values of the patients, decision making to guarantee the best care possible, and evaluation of the performance of nurses, respectively, stand out for taking much of the time of these managers.

The domains of Political intervention and consulting and Professional development occupy little of their time, and it has also become clear that they do not spend much time participating in the definition and implementation of health policies in the hospitals. The activities to promote the formal and informal education of the nurses, as well as their motivation for self-actualization, also occupied little time of the manager nurses.

Authors' Contribution

Conception, design, analysis and interpretation of data, writing of the article and relevant critical review of the intellectual content: Alferes LPSP, Martins MMFPS, Santos MR.
Relevant critical review of the intellectual content: Teixeira MJR, Poeira AFS.
Analysis and interpretation of data and for the relevant critical review of the intellectual content: Pires RMF, Alferes RPA. All authors approved the final version to be published.

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