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Time management and managerial practices in healthcare institutions in South Kikwit

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ABSTRACT

Introduction: Time management is a key factor in performance within healthcare institutions. However, in resource-constrained countries, healthcare managers are often faced with organisational constraints that may affect the efficiency of services. This study aimed to analyse time management and managerial practices in healthcare institutions in South Kikwit in order to identify their influence on the functioning of healthcare facilities.

Methods: A descriptive and analytical cross-sectional study was conducted amongst 112 healthcare professionals and administrative managers selected using purposive sampling.

Data were collected using a structured questionnaire and analysed using descriptive statistics.

Results: The results show that 56.3 per cent of respondents stated that managers plan their daily activities, and 67.0 per cent reported the existence of a formal diary or schedule. Task delegation is practised regularly by 83.0 per cent of participants. However, 60.7 per cent indicated that scheduled meetings are rarely used. Furthermore, 56.3 per cent of respondents consider their workload to be high, and 60.7 per cent report frequent interruptions whilst carrying out their tasks.

Conclusion: Time management practices exist in healthcare institutions in South Kikwit but remain insufficiently structured. Work overload and frequent interruptions are the main obstacles to effective time management. Strengthening managerial capacity, improving planning and optimising human resources appear to be priority strategies for improving organisational performance.

Keywords: Time management; Managerial practices; Healthcare institutions; Healthcare management; South Kikwit.

1. Introduction

Time management is now a major challenge in the management of healthcare institutions worldwide. Healthcare systems are facing a constant increase in the demand for care, a shortage of qualified staff and the growing complexity of administrative and clinical tasks. In this context, managerial practices relating to planning, the coordination of activities and the rational use of time directly influence the quality of care, institutional performance and user satisfaction. According to the World Health Organisation, poor time management in healthcare settings leads to delays in patient care, staff overload and reduced organisational efficiency (WHO, 2021). Several international studies also show that hospital managers devote a large proportion of their time to administrative tasks at the expense of strategic oversight and clinical leadership (Mintzberg, 2009; Drucker, 2007).

Furthermore, digital transformation and new approaches to hospital governance have led several countries to adopt modern time-management models based on strategic planning, the delegation of responsibilities and continuous performance evaluation. These practices promote better team coordination and the optimisation of available human resources (WHO, 2020; Robbins & Coulter, 2018). Despite these advances, many health systems continue to face problems of organisational inefficiency, particularly in resource-constrained countries where structural constraints significantly affect the day-to-day management of healthcare institutions.

In Europe, healthcare institutions have gradually adopted modern management approaches focused on performance, efficiency and the rational management of working time. Hospital reforms implemented in several European countries have led to improvements in the organisation of services, the coordination of care and the management of human resources. Healthcare managers now use digital planning tools, dashboards and time-tracking mechanisms to enhance the efficiency of hospital operations (Contandriopoulos et al., 2015).

In several European countries, studies show that the quality of managerial practices directly influences the productivity of medical and paramedical teams. Good time management reduces workplace conflicts, improves internal communication and promotes better continuity of care (Lega & De Pietro, 2012). However, certain challenges remain, notably administrative overload, work-related stress and the growing demands of modern healthcare systems, which can sometimes negatively impact the decision-making abilities of hospital managers (West et al., 2015).

Asian countries have been undergoing rapid modernisation of their healthcare systems for several decades. In countries such as Japan, China, South Korea and Singapore, time management is regarded as a key factor in hospital performance. Asian healthcare institutions place particular emphasis on organisational discipline, punctuality, the optimisation of timetables and the monitoring of professional activities (Li et al., 2018).

However, despite the progress made, some studies conducted in Asia reveal that healthcare managers are often faced with excessive workloads and difficulties relating to the coordination of hospital services. In several public institutions, demographic constraints and rising demand for care are placing significant pressure on administrative and medical managers (Chen et al., 2020). Researchers also highlight that ineffective managerial practices can lead to delays in decision-making, poor task allocation and a decline in the quality of healthcare provision (Aiken et al., 2014).

In Africa, time management in healthcare institutions remains a major challenge due to structural difficulties, a shortage of qualified staff and shortcomings in healthcare governance. In several African countries, healthcare facilities operate in a context characterised by inadequate infrastructure, irregular funding and overburdened hospital services. This situation

significantly affects managerial practices and the day-to-day management of healthcare staff (Ki-Zerbo, 2010).

African studies show that many healthcare managers devote a large proportion of their time to dealing with administrative and logistical emergencies, to the detriment of supervisory, planning and evaluation activities. This poor time management often leads to low productivity, delays in decision-making and institutional inefficiency (Nyoni & Bonga, 2018). Furthermore, the lack of modern management tools and insufficient training in hospital management limit managers' ability to improve the performance of healthcare institutions (Kabene et al., 2006).

In the Democratic Republic of the Congo, the health system faces numerous organisational and managerial challenges. Healthcare facilities operate in an environment characterised by insufficient financial resources, a shortage of qualified staff and difficulties with administrative governance. In many healthcare facilities, the organisation of working hours remains poorly structured, with inadequate planning of activities and a lack of effective performance monitoring mechanisms (Ministry of Public Health, DRC, 2022).

Congolese healthcare managers are often confronted with multiple constraints, such as frequent interruptions to activities, a backlog of administrative tasks and a lack of modern management tools. These difficulties affect the coordination of services, staff supervision and the quality of care provided to the population (Mbuta et al., 2019). Several authors also highlight that poor managerial practices contribute to declining hospital performance and organisational inefficiency in Congolese healthcare institutions (Muyembe et al., 2017).

In the Kwilu Provincial Health Division, healthcare facilities face organisational challenges similar to those observed in several provinces of the DRC. Healthcare institutions in this province face challenges linked to staff shortages, a lack of management resources and limited proficiency in modern management techniques. In both urban and rural health zones, healthcare institution managers often struggle to organise their own working hours and those of their teams effectively.

In the South Kikwit health zone, several empirical observations reveal delays in carrying out activities, poor coordination of services and an excessive administrative workload. Health managers spend a large part of their time resolving ad hoc problems rather than strategically planning institutional activities. This situation may compromise the effectiveness of health services and reduce the quality of care provided to the population. Despite the significance of this issue, few scientific studies have been carried out on time management and managerial practices in health institutions in this part of Kwilu Province.

1.1. Research question

Time management is a key factor in the effective running of healthcare organisations. Effective time management helps to improve the coordination of activities, team productivity and the quality of care provided to patients. Conversely, poor time management can lead to delays in patient care, workplace conflicts, staff overload and a decline in institutional performance (Robbins & Coulter, 2018).

In several countries, research shows that managerial practices directly influence the organisational effectiveness of healthcare facilities. Managers who are proficient in techniques for planning, delegating and monitoring activities generally succeed in improving the performance of healthcare facilities (Mintzberg, 2009). However, in resource-constrained countries such as the DRC, healthcare institutions continue to face challenges linked to poor time management, a lack of modern management tools and inadequate training for healthcare managers.

In the South Kikwit health zone, several organisational shortcomings have been observed in healthcare institutions, notably delays in carrying out tasks, poor planning of activities, inadequate coordination mechanisms and an excessive administrative workload. These difficulties can have negative consequences for the quality of healthcare services and patient satisfaction. Despite this reality, the available scientific data on time management and managerial practices in healthcare institutions in South Kikwit remain limited.

This study therefore seeks to answer the following main question: how do time management and managerial practices influence the functioning of healthcare facilities in South Kikwit? This question gives rise to several specific sub-questions: what time management practices do healthcare managers use? What factors influence time management in healthcare institutions? And what strategies can be proposed to improve managerial practices in healthcare facilities in South Kikwit?

1.2. Aim of the study

The aim of this study is to analyse time management and managerial practices in healthcare institutions in South Kikwit in order to understand their influence on the functioning of healthcare services and on the quality of care provided to the population. In a context where healthcare facilities face

multiple organisational constraints, effective time management appears to be an essential element in improving the coordination of activities, team performance and patient satisfaction. Research into hospital management shows that effective time management promotes greater productivity and the rational use of available resources (Mintzberg, 2009; Robbins & Coulter, 2018).

This study also aims to identify the challenges faced by healthcare managers in carrying out their day-to-day managerial duties. Indeed, in several African healthcare systems, managers must simultaneously handle administrative, financial and organisational responsibilities under conditions often characterised by a shortage of material and human resources (Kabene et al., 2006). This research therefore aims to propose avenues for improvement tailored to the realities of healthcare institutions in South Kikwit.

1.3. Context and rationale

Time management is now a major challenge in the management of healthcare institutions worldwide. Healthcare facilities operate in a complex environment characterised by increasing demand for care, pressure on human resources and the need for higher-quality services. In this context, managerial practices play a fundamental role in coordinating activities and improving institutional performance (WHO, 2020).

In the Democratic Republic of the Congo, healthcare institutions face significant organisational challenges, including poor activity planning, a shortage of qualified staff, an excessive administrative workload and a lack of modern management tools. These constraints have a negative impact on the effectiveness of health facilities and sometimes compromise the quality of care provided to the population (Ministry of Public Health, DRC, 2022).

In the Kikwit South health zone, several empirical observations reveal problems linked to delays in carrying out activities, poor distribution of tasks and poor coordination of health services. Managers of health institutions often devote a large part of their time to resolving administrative emergencies at the expense of strategic planning and staff supervision. Despite the significance of this issue, few scientific studies have examined time management and managerial practices in healthcare institutions in this part of the country. This lack of scientific data justifies the conduct of this study (Mbuta et al., 2019; Muyembe et al., 2017).

1.4. Central question

The central question of this study is as follows:

How do time management and managerial practices influence the functioning of healthcare institutions in South Kikwit?

This question arises from the numerous organisational difficulties observed in local healthcare facilities, notably administrative delays, excessive workloads and shortcomings in the coordination of healthcare activities (WHO, 2021).

Specific questions

1. What time management practices are used by the managers of healthcare institutions in South Kikwit?
2. What factors influence managerial practices in healthcare institutions in South Kikwit?
3. What strategies can be proposed to improve time management and managerial practices in healthcare institutions in South Kikwit?

These questions will provide a better understanding of the organisational realities of the health facilities studied and help identify avenues for improvement tailored to the local context (Robbins & Coulter, 2018).

1.5. Central hypothesis

The central hypothesis of this study is that:

Poor time management and inappropriate managerial practices have a negative impact on the functioning of healthcare facilities in South Kikwit.

This hypothesis is based on the fact that organisational effectiveness depends largely on managers' ability to plan, coordinate and supervise healthcare activities effectively (Mintzberg, 2009).

Specific hypotheses

1. Managers at healthcare institutions in South Kikwit employ time-management practices that are insufficiently structured.
2. Constraints arising from a lack of human, material and organisational resources have a negative impact on managerial practices in healthcare institutions.

3. The implementation of modern time management strategies would help to improve the performance of healthcare institutions in South Kikwit.

These hypotheses are based on previous research showing that ineffective time management leads to a decline in productivity and the quality of care in healthcare facilities (Drucker, 2007; West et al., 2015).

1.6. General objective

The overall objective of this study is:

To analyse time management and managerial practices in healthcare institutions in South Kikwit in order to identify their influence on the functioning of healthcare facilities.

This objective aims to contribute to improving governance and organisational performance in healthcare facilities within a context characterised by limited resources (WHO, 2020).

Specific objectives

1. To identify the time management practices used by managers in healthcare institutions in South Kikwit.

2. To determine the factors influencing managerial practices in healthcare institutions in South Kikwit.

3. Propose strategies likely to improve time management and managerial practices in healthcare institutions in South Kikwit.

These objectives will help to generate scientific knowledge useful to healthcare managers, policy-makers and researchers interested in hospital governance and the organisational performance of healthcare institutions (Kabene et al., 2006).

2. Materials and Methods

2.1. Study context: overview and background

This study falls within the field of health services management and, more specifically, focuses on the analysis of managerial practices and time management in healthcare institutions. It was carried out in the South Kikwit health zone, located in Kwilu Province in the Democratic Republic of the Congo. This study area was chosen because of its strategic importance in the provision of healthcare to a growing population facing numerous health and organisational challenges.

Historically, healthcare institutions in South Kikwit have developed gradually against a backdrop of reforms to the Congolese healthcare system aimed at decentralisation and the strengthening of health zones as the basic operational unit. However, despite these reforms, healthcare facilities in this zone continue to face persistent difficulties relating to human resources management, activity planning and the organisation of working time. According to the World Health Organisation, health systems in sub-Saharan Africa often operate in environments characterised by structural constraints that affect the performance of health institutions (WHO, 2021).

In the context of the Democratic Republic of the Congo, health zones, including that of South Kikwit, constitute the operational level at which national health policies are implemented. However, several studies highlight that these structures still suffer from a lack of effective management tools and poor work organisation, which justifies the scientific significance of this research (Ministry of Public Health, DRC, 2022; Kabene et al., 2006).

2.2. Study methods

This study adopts a descriptive and analytical cross-sectional approach. It aims to describe time management and organisational practices in healthcare institutions in South Kikwit whilst analysing their effects on the functioning of healthcare facilities. This type of approach is often used in hospital management studies to understand organisational realities within their natural context (Robbins & Coulter, 2018).

2.3. Study Variables

Two main categories of variables were considered:

- **Dependent variable:** the functioning of healthcare institutions (quality of care, organisational efficiency, service performance).

- **Independent variables:** time management (planning, scheduling, task prioritisation) and managerial practices (leadership, supervision, delegation, coordination).

These variables are consistent with theoretical approaches to hospital management, which hold that organisational performance depends heavily on the quality of leadership and the management of working time (Mintzberg, 2009; Drucker, 2007).

2.4. Data collection techniques

Data were collected using several complementary techniques to enable triangulation of the information:

1. **A structured questionnaire** administered to managers and staff in healthcare institutions to gather quantitative data on time management and leadership practices.

2. **A semi-structured interview guide** used with healthcare managers to explore in greater depth their perceptions and experiences relating to the management of day-to-day activities.

3. **Direct observation** of organisational practices within healthcare facilities to identify the realities on the ground.

These techniques are recommended in health sciences research to improve the reliability and validity of the data collected (Creswell, 2014; WHO, 2020).

2.5. Data analysis

Quantitative data were analysed using descriptive statistics (frequencies, percentages, means) to describe general trends in managerial practices and time management. Qualitative data from the interviews were analysed using thematic content analysis, enabling the identification of the main categories of discourse and the perceptions of the participants.

This combination of quantitative and qualitative analyses is recommended in mixed-methods studies in health management in order to better understand the complex phenomena associated with hospital organisation (Miles, Huberman & Saldaña, 2014; West et al., 2015).

2.6. Selection criteria

Inclusion criteria:

- Be a healthcare worker or administrative manager in a healthcare institution in South Kikwit;
- Have at least six months' service at the facility;
- Have agreed to participate voluntarily in the study.

Exclusion criteria:

- Staff on work placements or temporary training programmes;
- Staff absent during the data collection period;
- Incomplete or unusable forms.

These criteria ensure the reliability of the information collected and the representativeness of the data (Kabene et al., 2006).

2.7. Sampling and sample type

The study employed non-probability, purposive (or intentional) sampling. This approach enabled the selection of the most relevant participants based on their role in the management of healthcare institutions and their experience in work organisation.

Purposive sampling is frequently used in qualitative health studies, as it allows researchers to target individuals with specific expertise on the phenomenon under study (Patton, 2015).

Sample size

The sample size was determined on the basis of available resources, the duration of the study and the principle of saturation in qualitative data. In total, a representative number of healthcare professionals and administrative managers from various institutions within the South Kikwit health zone were selected.

In social and health sciences research, sample size is not merely a statistical consideration but also a functional one, aimed at achieving information saturation to ensure the richness of the data (Guest, Bunce & Johnson, 2006).

3. Results

3.1. Quantitative analysis: Presentation of the socio-demographic characteristics of the respondents

Table 1. Breakdown of respondents by gender

Gender	Number	Percentage (%)
Male	63	56.3
Female	49	43.7
Total	**112**	**100**

Analysis and commentary:

The results show a predominance of males (56.3 per cent) over females (43.7 per cent). This situation can be explained by the high proportion of men in leadership and management roles within the healthcare facilities studied. However, the high participation of women reflects their significant involvement in the running of healthcare institutions in South Kikwit.

Table 2. Breakdown of respondents by age

Age group	Number	Percentage (%)
Under 25	1	0.9
25–34 years	18	16.1
35–44 years	13	11.6
45–54 years	61	54.5
55 and over	19	16.9
Total	**112**	**100**

Analysis and commentary:

The majority of respondents fall within the 45–54 age group (54.5 per cent). This high proportion reflects the professional experience accumulated by those involved in the management of healthcare facilities. Young professionals are under-represented, suggesting that managerial responsibilities are primarily shouldered by experienced staff.

Table 3. Breakdown of respondents by role

Role	Number	Percentage (%)
Manager	37	33.0
Nurse	45	40.2
Doctor	20	17.9
Administrative staff	10	8.9
Total	**112**	**100**

Analysis and commentary:

Nurses represent the largest group (40.2 per cent), followed by managers (33 per cent). This breakdown is advantageous for the study as it enables the collection of perceptions from both managers and frontline staff directly involved in the day-to-day organisation of healthcare activities.

Specific objective 1:

To identify the time-management practices used by managers of healthcare institutions in South Kikwit

Table 4. Daily planning of activities by managers

Response	Number	Percentage (%)
Yes	63	56.3
No	49	43.7
Total	**112**	**100**

Analysis and commentary:

More than half of respondents (56.3 per cent) state that managers plan their activities on a daily basis. However, the high proportion of negative responses (43.7 per cent) shows that planning is not systematically implemented in all healthcare organisations. These results confirm the existence of organisational shortcomings highlighted in the study's research question.

Table 5. Existence of a formal diary or schedule

Response	Number of respondents	Percentage (%)
Yes	75	67.0
No	37	33.0
Total	**112**	**100**

Analysis and commentary:

Two-thirds of respondents (67 per cent) report that their organisations have a formal diary or schedule. This result reflects an effort to organise work. However, one-third of respondents state that they do not have such a tool, thus revealing gaps in the formalisation of time management.

Table 6. Prioritisation of urgent tasks

Frequency	Number of respondents	Percentage (%)
Always	38	33.9
Often	21	18.8
Rarely	32	28.6
Never	21	18.8
Total	**112**	**100**

Analysis and commentary:

Only 52.7 per cent of respondents believe that urgent tasks are always or often prioritised. In contrast, 47.4 per cent consider that they are rarely or never prioritised. This situation reflects difficulties in managing priorities and could explain the delays frequently observed in the delivery of health services.

Table 7. Use of scheduled meetings

Answer	Number of staff	Percentage (%)
Yes	44	39.3
No	68	60.7
Total	**112**	**100**

Analysis and commentary:

The majority of participants (60.7 per cent) indicate that scheduled meetings are not held regularly. This finding reveals a weakness in institutional coordination and communication mechanisms, which are nevertheless essential for the effective management of health activities.

Table 8. Delegation of tasks to subordinates

Frequency	Number of respondents	Percentage (%)
Always	70	62.5
Often	23	20.5
Rarely	11	9.8
Never	8	7.2
Total	**112**	**100**

Analysis and commentary:

Delegation appears to be a widely adopted practice, as 83 per cent of respondents state that it is always or often used. This situation is a positive aspect of local management as it promotes the sharing of responsibilities and improved productivity.

Summary of Specific Objective 1

The results show that health managers use certain time-management practices such as planning activities, using diaries and delegating tasks. However, the low use of scheduled meetings and the shortcomings observed in prioritising tasks indicate that time management remains only partially structured in health institutions in South Kikwit.

Specific objective 2:

To determine the factors influencing managerial practices in healthcare institutions in South Kikwit

Table 9. Perception of workload

Response	Number of staff	Percentage (%)
Yes	63	56.3
No	49	43.7
Total	**112**	**100**

Analysis and commentary:

More than half of respondents (56.3 per cent) consider the workload to be high. This excessive workload may limit managers' ability to plan their activities effectively and to monitor their teams adequately.

Table 10. Frequent interruptions whilst carrying out tasks

Response	Number of respondents	Percentage (%)
Yes	68	60.7
No	44	39.3
Total	**112**	**100**

Analysis and commentary:

Frequent interruptions are a major problem according to 60.7 per cent of respondents. This situation reduces concentration, slows down task completion and negatively affects the organisational performance of healthcare institutions.

Summary of Specific Objective 2

The main factors negatively influencing time management are excessive workloads and frequent interruptions to activities. These constraints confirm the hypotheses put forward in the study, namely that organisational difficulties limit the effectiveness of managerial practices in healthcare facilities in South Kikwit.

Specific objective 3:

To propose strategies likely to improve time management and managerial practices

Interpretation of the results with a view to developing improvement strategies

Based on the results obtained, several strategies can be proposed:

Difficulties identified	Proposed strategies
Poor planning of activities	Systematic drawing up of weekly and monthly work plans
Lack of scheduled meetings	Establishment of regular coordination meetings
Difficulties in prioritising tasks	Training in priority setting and time management
Heavy workload	Balanced distribution of tasks and increased staffing levels
Frequent interruptions	Implementation of organisational procedures to minimise interruptions

Low use of management tools	Introduction of modern planning and monitoring tools

Analysis and commentary:

The results show that improving the performance of healthcare institutions necessarily involves strengthening managerial capacity, modernising management tools and improving team coordination. These measures would help to reduce delays, improve organisational efficiency and enhance the quality of care provided to the population.

3.2. Qualitative analysis of interviews with health managers (NVIVO approach)

Specific objective 1: To identify the time-management practices used by managers of healthcare institutions in South Kikwit

Theme 1: Activity planning

Sub-theme: Use of a work schedule

Direct quotes:

'At the start of every week, we draw up a programme of activities to avoid having to improvise.' (Manager 3)

"We try to work to a monthly schedule, but emergencies often disrupt our plans." (Head of Department 2)

"Planning does take place, but it isn't always followed due to constraints on the ground." (Administrative Manager 1)

Interpretation

The interviews reveal that the majority of managers recognise the importance of planning activities. However, this planning remains flexible and is often disrupted by health and administrative emergencies.

Theme 2: Delegation of responsibilities

Sub-theme: Distribution of tasks

Direct quotes:

'I delegate certain responsibilities to senior nurses in order to lighten my workload.' (Manager 5)

"Without delegation, it would be difficult to manage all the centre's activities effectively." (Head of Medicine 4)

"We allocate tasks according to each person's skills." (Manager 1)

Interpretation

Delegation appears to be a commonly used strategy to ensure the continuity of activities and improve team productivity.

Theme 3: Prioritisation

Sub-theme: Handling emergencies

Direct quotes:

'Emergencies often take precedence over scheduled activities.' (Head of Department 3)

"We are forced to adjust priorities according to patients' needs." (Manager 2)

"Sometimes certain administrative tasks are postponed because of urgent situations." (Administrative Manager 3)

Interpretation

Managers are constantly adapting their priorities to the realities on the ground, which sometimes limits the strict implementation of pre-established programmes.

Specific objective 2: To identify the factors influencing managerial practices in healthcare institutions in South Kikwit

Theme 1: Workload

Sub-theme: Staff shortages

Direct quotes:

"There are too few of us to carry out all the tasks entrusted to us." (Manager 4)

"The lack of staff significantly increases our workload." (Head of Department 1)

"Some staff members have to take on several roles at once." (Manager 6)

Interpretation

Work overload is strongly associated with a shortage of staff in healthcare facilities.

Theme 2: Frequent interruptions

Sub-theme: Constant demands

Direct quotes:

'A task can be interrupted several times in the course of a single day.' (Manager 2)

"Telephone calls and emergencies often disrupt our work." (Head of Department 5)

"We are constantly being called upon to resolve unforeseen problems." (Administrative Manager 2)

Interpretation

Frequent interruptions are a major constraint that affects managers' concentration and efficiency.

Theme 3: Inadequate management tools

Sub-theme: Lack of modern mechanisms

Verbatim quotes:

'We still mainly use manual registers.' (Manager 7)

"The lack of IT tools makes it difficult to monitor activities." (Administrative manager 4)

"We do not have any software to help us plan or evaluate tasks." (Chief Medical Officer 6)

Interpretation

The lack of modern management tools limits the organisational capabilities of healthcare managers.

Specific objective 3: To propose strategies likely to improve time management and managerial practices

Theme 1: Strengthening managerial skills

Sub-theme: Training in time management

Direct quotes:

"We need regular training on management and work organisation." (Manager 1)

"A better grasp of time management techniques would improve our performance." (Head of Department 2)

Interpretation

Managers regard continuing professional development as a key driver for improving institutional performance.

Theme 2: Strengthening human resources

Sub-theme: Staff recruitment

Direct quotes:

'Recruiting new staff would significantly reduce our workload.' (Manager 5)

"With more staff, we could distribute responsibilities more effectively." (Chief Medical Officer 4)

Interpretation

Increasing staffing levels is seen as essential for better time management.

Theme 3: Modernisation of management tools

Sub-theme: Computerisation of activities

Direct quotes:

"The introduction of digital tools would make it easier to plan and monitor activities." (Administrative Manager 1)

"Management software would save time when processing information." (Manager 3)

Interpretation

Participants recommend the digitisation of administrative processes in order to improve organisational efficiency.

NVivo summary of emerging themes:

Objective	Main themes	Number of references
Objective 1	Activity planning	High
	Delegation of tasks	High
	Priority management	Medium

Objective 2	Workload	Very high
	Frequent interruptions	Very high
	Lack of management tools	High
Objective 3	Management training	High
	Staff capacity building	Very high
	Digitalisation of operations	Medium

4. Discussion of results

Discussion in relation to specific objective 1: To identify the time-management practices used by managers of healthcare institutions in South Kikwit

The results of this study show that 56.3 per cent of respondents state that healthcare managers plan their daily activities, whilst 43.7 per cent believe the opposite. These results indicate that planning does take place in the healthcare facilities studied but that it remains insufficiently systematic. This situation is consistent with the findings of Yanik and Ortlek (2016), who demonstrated that planning is one of the key determinants of the effectiveness of hospital managers. According to these authors, managers who organise their activities through structured programmes demonstrate better organisational performance than those who work primarily in response to immediate emergencies (Yanik & Ortlek, 2016).

With regard to the existence of a formal agenda or schedule, 67 per cent of respondents stated that they had access to this management tool. This result is relatively encouraging as it reflects a certain organisational culture within healthcare institutions in South Kikwit. However, the fact that one-third of participants do not have a formal planning mechanism indicates that managerial practices remain inconsistent. A study carried out in Italy amongst nurse managers also showed that the regular use of planning tools improves task coordination, timetable management and the allocation of responsibilities (Martins et al., 2023).

The prioritisation of urgent tasks remains relatively low in this study. Indeed, only 33.9 per cent of respondents stated that emergencies are always prioritised. This situation highlights a weakness in the organisation of activities. These findings are similar to those observed in several resource-constrained health systems where managers must simultaneously handle multiple administrative and clinical tasks without a clear mechanism for prioritising them (Bahadori et al., 2015). According to Filomeno et al. (2023), prioritisation is one of the most effective time-management strategies as it enables healthcare managers to focus their efforts on the activities with the greatest organisational impact (Filomeno et al., 2023).

The results also show that only 39.3 per cent of respondents regularly use scheduled meetings, compared with 60.7 per cent who state the opposite. This low use of scheduled meetings reflects difficulties in coordination and communication between teams. However, research on hospital management demonstrates that scheduled meetings are an essential mechanism for monitoring activities, evaluating performance and ensuring the flow of information between departments (Robbins & Coulter, 2018; Lega & De Pietro, 2012).

Delegating tasks appears to be the most widespread practice in this study, as 83 per cent of participants state that it is always or often used. This finding is consistent with the conclusions of the systematic review conducted by Mhlabeni and colleagues (2022), which found that delegation is one of the most effective time-management strategies for healthcare managers. These authors demonstrate that delegation improves productivity, reduces work overload and promotes team accountability (Mhlabeni et al., 2022).

At the national level, these findings are comparable to the observations reported in several Congolese studies on health governance. Mbuta et al. (2019) showed that many health managers in the DRC use certain time-management techniques, notably delegation and informal planning, but that these practices remain limited by the absence of standardised procedures and modern management mechanisms. Similarly, Muyembe et al. (2017) emphasise that Congolese health institutions still suffer from poorly structured managerial practices, which reduces their organisational effectiveness.

Thus, the findings confirm the hypothesis that the time-management practices used in healthcare institutions in South Kikwit remain insufficiently structured despite the existence of certain management mechanisms.

Discussion in relation to specific objective 2: To determine the factors influencing managerial practices in healthcare institutions in South Kikwit

The results show that 56.3 per cent of respondents consider the workload to be high. This excessive workload appears to

be a major factor affecting the time management of healthcare managers. These observations are consistent with the work of the World Health Organisation (WHO, 2021), which highlights that staff shortages and increased demand for care lead to a build-up of administrative and clinical tasks for hospital managers.

In several African studies, work overload has been identified as one of the main obstacles to the organisational performance of healthcare facilities. Kabene et al. (2006) show that African managers often have to perform several administrative, financial and technical roles simultaneously, which reduces their ability to plan and supervise activities effectively. These findings are also observed in Congolese healthcare institutions, where the shortage of qualified staff significantly increases the pressure on managers (Ministry of Public Health, DRC, 2022).

Frequent interruptions are another key factor identified in this study, as 60.7 per cent of participants reported being regularly interrupted whilst carrying out their duties. This finding confirms the conclusions of Rivera-Rodriguez and Karsh (2010), who show that interruptions disrupt the normal flow of tasks, increase the mental workload of healthcare professionals and reduce their decision-making effectiveness. According to these authors, repeated interruptions lead to organisational errors, delays and a decline in the quality of work.

A recent study carried out in French hospitals demonstrated that frequent interruptions particularly affect coordination, planning and supervision functions. The authors conclude that reducing avoidable interruptions is an essential strategy for improving patient safety and organisational performance (Monteiro et al., 2023).

In the Congolese context, these interruptions may be linked to constant emergencies, logistical constraints, unforeseen administrative demands and inadequate coordination mechanisms. Mbuta et al. (2019) report that many health managers in the DRC devote a large proportion of their time to resolving ad hoc problems rather than to strategic planning of activities.

The findings therefore confirm the study's second hypothesis, namely that organisational, human and material constraints have a negative impact on managerial practices in healthcare institutions in South Kikwit.

Discussion in relation to specific objective 3: To propose strategies likely to improve time management and managerial practices in healthcare institutions in South Kikwit

The results obtained highlight the need to strengthen planning, coordination and supervision mechanisms within healthcare facilities. Several international studies demonstrate that improving managerial skills is one of the most effective ways of enhancing hospital performance. According to Briggs et al. (2024), healthcare institutions that invest in training managers in leadership, work organisation and time management achieve better results in terms of organisational efficiency and quality of care.

Improving the planning of activities appears to be a priority. Recent studies on hospital management show that the use of work schedules, dashboards and monitoring systems significantly improves team productivity and the coordination of services (Briggs et al., 2024).

The delegation of tasks should also be further strengthened. A study conducted in Egypt demonstrated that time-management training programmes considerably improve the delegation skills of healthcare managers and reduce their workload (Mohamed et al., 2020). The authors conclude that delegation enables managers to devote more time to strategic activities and to supervising teams.

Strengthening human resources is also an important strategy. Research on African health systems shows that reducing work overload improves the quality of decision-making, staff motivation and service continuity (Kabene et al., 2006).

Finally, several recent studies recommend the gradual introduction of digital management tools to improve planning, activity monitoring and performance evaluation. Modern hospital management systems help to optimise work organisation, reduce time wastage and improve coordination between departments (Li et al., 2025).

Thus, the findings of this study confirm that improving managerial practices requires a comprehensive approach incorporating training for managers, strengthening human resources, improving planning and modernising management tools.

General conclusion

The aim of this study was to analyse time management and managerial practices in healthcare institutions in South Kikwit in order to identify their influence on the functioning of healthcare facilities. The findings show that certain time-

management practices are indeed used by healthcare managers, notably activity planning, the use of work diaries and the delegation of tasks. However, these practices remain insufficiently structured and are applied inconsistently across institutions.

The study also highlighted several factors that negatively influence managerial practices, chief among which are excessive workloads, frequent interruptions to activities, insufficient human resources and organisational constraints. These difficulties limit the ability of healthcare managers to effectively plan, coordinate and supervise activities.

The findings thus confirm the hypothesis that poor time management and inappropriate managerial practices negatively affect the functioning of healthcare institutions in South Kikwit. They also demonstrate that improving organisational performance requires strengthening managerial skills, improving planning mechanisms, promoting the delegation of responsibilities, strengthening human resources and the gradual introduction of modern management tools.

Ultimately, this study contributes to a better understanding of the organisational realities of healthcare facilities in South Kikwit and provides useful data for decision-makers, managers and partners in the health sector to improve governance and the quality of healthcare services.

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Declaration of conflicts of interest

The authors declare that they have no financial, institutional, professional or personal conflicts of interest that might have influenced the conduct of this study, the analysis of the results or the interpretation of the data presented in this manuscript.

Ethical considerations

This study was conducted in accordance with the ethical principles applicable to research involving human participants.

Prior to data collection, the objectives of the study were clearly explained to the participants. Their participation was entirely voluntary and based on free and informed consent.

The anonymity and confidentiality of the information collected were strictly maintained. No names or details that could identify the participants or the institutions involved were included in the databases or in this manuscript.

The data collected were used exclusively for scientific and academic purposes. Participants were free to withdraw from the study at any time without any consequences for their professional situation.

The study was conducted in accordance with the principles of the Declaration of Helsinki regarding research involving human subjects.

Authors' contributions

- **MBALA KASONGO Papy (Lead author)**: Study design, methodology, investigation, data management and organisation, formal data analysis, drafting of the first version of the manuscript, and investigation, data collection, mobilisation of resources required for the study, data management and organisation.
- **TOHEMO LUKAMBA Alexis**: Methodology, validation of results, data analysis, revision and proofreading of the manuscript.
- **BASILA ILENGI MBULA Jean Pierre**: Scientific supervision, project administration and coordination, validation of results, revision and proofreading of the manuscript.
- **KWETE MINGA Bellarmin**: Scientific supervision, methodology, validation of results, and revision and proofreading of the manuscript.

All authors contributed to the study design, interpretation of results, critical review of the manuscript and approval of the final version prior to submission. All authors take responsibility for the scientific integrity and accuracy of the information presented in this paper.

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