

The Effect of Educational Workshop on Nurse Interns toward Setting Priority of Nursing Care at Zigzag University Hospital in Egypt

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Abstract: Setting priority of nursing care is important because outcomes from hospitals have significant implications for health care costs and outcomes in the health system as a whole. Accordingly, the internship period is an opportunity for student nurse interns to apply theoretical knowledge to the clinical setting, enhancing interpersonal skill, and observing clinical area to be a competent one. **The aim** of this study was to evaluate the effect of educational workshop on nurse interns perception and skills toward setting priority of nursing care and identify the time waster affecting application of setting priority at Zagazig University Hospital. **Design:** Quasi-experimental design with three periods of data collection: a pre-test and two post-test periods. **Setting:** the faculty of Nursing, Zagazig University and Zagazig University hospitals, Egypt. **Sample:** A convenience sample of (70) nurse interns who were invited to attend a two-day workshop was used. **Tools:** Three tools were used: Personal characteristics form; self-constructed questionnaire based on setting priority perception scale and time wasters questionnaire; setting priority observation checklist. **Results:** The most of nurse interns (85.8%) they were female and common academic grade was very good, there were increase in total mean scores of nurse intern's perception related to assessment, analyzing, out comes, planning, implementing and evaluating of setting priority were low in the pretest compared with the total mean scores in the post test and follow-up test, there were statistically significant improvement in ability to carry out all steps of setting priority of nursing care at ($P < 0.001$) and the majority of nurse interns reported that the major time wasters always affecting application of setting priority were; spending too much time on low priority matters, everything is urgent, inability to say "no" to extra work (70.0%, 70.0%, 70.0% respectively). **Conclusion:** education workshop was useful to improve the levels of nurse interns perception and develop skills concerning setting priority of nursing care, which all nurse interns 100% achieved high awareness about setting priority in the post period which continued to the follow up. **Recommendations:** More advanced workshop and training are warranted to expand learning managerial and clinical skill to become competent nurse interns. Future studies should link nurse interns with patients' outcomes.

Keywords – Education workshop, setting priority, nurse interns, time wasters, nursing care

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I. Introduction

Studies on priority setting in hospitals are rare. Priority setting for patient care is important because outcomes from hospitals have significant implications for health care costs and outcomes in the health system as a whole. in addition, one of the important things to think about when setting goals and priorities is the time available to you (1). Priority setting means to decide about resource allocation between different patient groups or different elements of care (2). Moreover Priority setting is a challenge because it involves making tough decisions about how finite healthcare resources will be utilized. Invariably, the needs assessment will lead to detection of multiple problems and unmet patient health needs that will be unattainable to address all at once (3).

The principle of priority setting is to utilize the results for further decision-making . to make these decisions, the competing interventions or services are placed in a rank order. The ranking is based on decided criteria that may differ between countries and contexts (4). Priority setting takes place at various levels in the health care system. It is useful to clarify which level is being addressed because this makes a difference concerning explicitness, responsibility, and methods for priority setting (5). furthermore levels of priority setting classify as

critical, important, normal, low. Another way to categories priority setting decisions is as vertical or horizontal (6).

Kelly and Marthaler mention steps for priority setting included; describe the problem situation, analyze and understand factors contributing to unmet health needs, finally establish a clear process and criteria for identifying priorities(7). Besides, process of priority setting included assessment, analysis, outcome identification, planning, and point to consider in planning intervention, implementation and evaluation. In prioritizing it is important to construct a “to do” list .The list is a planning tool can give a hand in coordinating daily operations. Secondary, rank the items on your “to do” list in order of priority and thirdly, should be reviewed periodically to see what was not accomplished also list should set aside adequate time for each task and allows you to say “no” to activities that do not fit your priorities (8 -10).

Above all factors influence priority setting as personality/skills, influence of the colleagues, management style of the superior, demands made by own staff, the nature of the job, The organization culture and various causes time wasters and poor management that leads to the loss of time and obstacles in setting priority for many nurse interns such as; poor planning, failure to establish goals and objectives, inability to delegate ,inability to say no, number of meetings, communication system, unplanned visits, fears of taking decisions and of making mistakes and procrastination (11-12). therefore the need for time management and setting priority become very important not only as a motivating for nurse interns performance, more satisfaction, less pressured and productivity on job, but as the bases for the overall performance of the organization (13&14).

Internship period is an opportunity for student nurse interns to apply theoretical knowledge to the clinical setting, enhancing interpersonal skill, and observing clinical area to be a competent one. The internship program is considered as a service learning educational experience. Nurse interns provide service to patient and learn about major fields in order to earn academic credit (15). The internship program is the bridge between the undergraduate study years and the practical life after graduation; it facilitates transition and adjustment to staff nurse position. Student nurse interns integrate and apply all the skills they have learned during schooling in real life situations under supervision (16).

Significance of the study

interns tends to focus on one problem at a time rather than seeing the whole picture, in addition to may have difficulty in priority setting through the assessment process, patients help out the nurse to define their needs, set up interventions, and put into action the plan of care. This is where individualized priority-setting between patients and nurses occurs by necessity some care needs will be delayed in preference to more pressing needs of other patients. last but not least workshop toward setting priority of nursing care was concerned by giving insight into time-wasters, changing time expenditure, and increasing workday efficiency by learning nurses interns planning their work based on prioritize nursing care of the patient , the activities, and how to manage unexpected tasks. Therefore, the researcher was designed consistent education workshop may help nurses interns to improve and build positive perception and skills on setting priorities are vital to get better nursing care to the patients in clinical practice.

Aim of the study: a) to evaluate the effect of educational workshop on nurse interns perception and skills toward setting priority of nursing care; b) Identify the time waster affecting application of setting priority at Zagazig University Hospital.

Research questions were:

1. Is there a difference in perception toward setting priority of nursing care among workshop participants over time, compared data obtained before, immediately following and three months following the workshop?
2. Is there a difference in application of setting priority among workshop participants over time, compared data obtained before, immediately following and three months next the workshop?
3. Is there a relationship between perception and application of setting priority among workshop participants over time, compared data obtained before, immediately following and three months following the workshop?
4. What are the time waster affecting application of setting priority at Zagazig University Hospital?

II. Subjects and Methods

1-Research design:

The study used a quasi-experimental design with survey-style paper questionnaires. There were three periods of data collection: a pre-test and two post-test periods. One post-test period immediately followed the workshop and the next occurred three months after the workshop.

2-Sample and Setting

A convenience sample of (70) nurse interns assigned to complete their internship training at Zagazig University hospitals. At least passed six month training in the hospital who were invited to attend a two -day workshop titled “setting priority of nursing care was used. The educational workshop conduct in faculty of Nursing, Zagazig University during February2016 - February 2017.

3-Data collection tools.

The study tools questionnaire and checklist were designed by the study investigator after scanning related studies and literature, about setting priority and time waster affecting setting priority, also supported by previous studies (17-20). Three tools were used in this study:

Tool (1): Personal characteristics form was investigator-developed and collected the nurse intern's age, residence, grade in academic years and marital status.

Tool (2): self-constructed questionnaire:

Was used to asked participants before and at three months after the workshop if they were working towards achieving a goal of implementing a setting priority based processes identify and applied during the workshop. comprised of two parts:

Part I: Setting priority questionnaire to collect data about perception and application of participants on priority setting skill and processes. consisted of (49 items) were grouped under (6) categories namely; assessment, analysis, outcome identification, planning, implementation and evaluation. The participants responses were in five-point Likart scale ranging from strongly agree (5) to strongly disagree (1) for perception of pre, post and follow up test.

Part II: Time wasters questionnaire consisted of (19 items) to identify obstacles affecting nurse interns setting priority. the Scoring system was allocated as follow: (1) Always, (2) Sometime and (3) Never.

Tool (3): Setting priority observation checklist:

The observational checklist to observe application of the sample on priority setting skill and processes also, categorized into seven main parts: assessment, analysis, outcome identification, planning, point to consider in

planning intervention, implementation and evaluation. The scoring system for the observation checklist items was evaluated as score (2) for done, score (1) for not done.

4-Content validity and reliability:

The content validity of both the knowledge questionnaire and observation checklist was evaluated by 6 faculty staff members from Administration nursing department in different faculty of nursing. Modifications were carried out on clarity of the contents and appropriateness of sentences according to the expert comments. Test-retest reliability was done. Using Cranach's alpha to compute correlation between the items on the first and second time of applied tools. This was done with four weeks interval on the same nurse interns. Test-retest reliability for knowledge questionnaire (0.940, 0.83, 0.961, 0.945& 0.900) and observation checklist (.858, .929, .751, .906, 868, .922, &.961) **(21 -22)**.

5-Pilot Study:

A pilot study was administered among 10 pilot nurse interns training at Zagazig University hospitals. The rationale of the pilot study was to determine the clarity, applicability, and relevance of the questions. It also gave the researcher experience how to estimate the needed time to fill in questionnaire sheet and checklist and how the content was clear for the nurses. Based on the results of the pilot study no modify was done and the sample was added to the total study.

6-Ethical consideration.

Before any attempt to collect data, an official approval was obtained from dean of the faculty and medical director of the hospitals. The aim of the study was fully explained before obtaining the study sample and oral consent to participate. Even so in this study, the principles of anonymity and confidentiality were assured.

7-Filed work:

A questionnaire and observation checklist were developed by the researcher as a tool to collect data in order to evaluate the effect of educational workshop on nurse interns to improve perception and skills toward setting priority of nursing care. Three periods of data collection: a pre-test, reassessed immediately after the educational workshop implementation and then 3 months after the first assessment. Data collection was conducted through two phases: assessment phase, Intervention and evaluation phase.

Assessment phase:

It should be noted that the researchers conducted the study with regard to the results obtained from the needs assessment of interns training at Zagazig University hospitals. As well as during the first session the researcher explained the aim of the study and the components of the tools. The knowledge assessment sheet was distributed for nurse interns (pre) to assess nurses' knowledge about setting priority of nursing care. Then observational checklist (pre) to assess nurses' skill about implementing setting priority of nursing care. The workshop prepared and designed according to the nurse's needs of knowledge and skill that can help them and covered the following topics; Introduction of time management - definition of setting priority, setting priority process, Levels of setting priority, time waster and application setting priority of nursing care through situation.

Intervention and evaluation phase:

Two days of the workshop, each day contain two session were applied each session was take from 60 -90 minutes. The researcher provided all lectures and implemented all portions of the educational workshop. The workshop teaching method employed in this study was lecture, question and answer, and group work. Too teaching aids integrated power point slides, handouts, a reference list of sources cited in the workshop, and sources for additional content. After the last activity, content was summarized by the speaker along with the outcome of the activities. Further, participants were invited participants to stay and complete the immediate post-workshop. Then were reassessed three months after the first assessment.

8-Data analysis:

Frequencies were calculated to describe demographic characteristics of the study sample. Continuous variables were summarized by means with standard deviations and categorical variables were summarized by frequencies. Repeated measures analysis of variance (RM-ANOVA) was used to answer the first research question. Paired independent sample t-tests were used to answer the second research question. The statistical package for social sciences (SPSS) version 22 software was used to build a database and for all analyses. An alpha of .05 was

selected as significant. Data were examined for violations of assumptions for each of the statistical models used (23).

III. Results

Table 1. Personnel characteristics of the study participants (N = 70)

Seventy nurse interns attended the workshop and agreed to participated at times 1 and 2, yielding a consent rate of 100%. At time 3, three months after the workshop, 70 participants completed data collect. All participants were from Zagazig University hospitals. Table 1 summarizes demographic characteristics of the sample. The most of nurse interns (85.8%) they were female and common academic grade was very good. Additionally, study participant was about 22 years old. The highest (61.4%) number of them was single.

Table 2. Differences in nurse intern's perception about setting priority of nursing care over time.

Table 2 revealed the mean scores of each setting priority subscale at each data collection time point, there were increase in total mean scores of nurse intern's perception related to assessment, analyzing, out comes, planning, implementing and evaluating of setting priority were low in the pretest compared with the total mean scores in the post test and follow-up test. As well as, the last two columns detail the results of analyzing differences in scores over time (i.e., RM-ANOVA F and p values) there were statistically significant differences between the pre-, post- and follow- up nurse intern's perception about setting priority of nursing care subscale at ($P < 0.001$).

Figure 1. Percent of nurse intern's achieving improvement of total perception about setting priority of nursing care over time.

Figure 1. Summarizes the percent of nurse intern's regarding total perception of setting priority. This figure reveals that only 2.9% of nurse intern's awareness about setting priority of nursing care in the pre workshop period compared with the total percent 100.0 % in the post test, which achieved high awareness in the post period which continued to the follow up.

Table 3. Differences in nurse intern's implementing setting priority steps of nursing care over time.

Table 3. shows the mean scores of each steps of setting priority subscale at each data collection time point, there were increase in total mean scores for the observations related to assessment, analyzing, out comes, planning, implementing and evaluating of setting priority were low in the pretest compared with the total mean scores in the post test and follow-up test. And there were statistically significant improvement in ability to carry out all steps of setting priority of nursing care at ($P < 0.001$).

Table 4. Relationship between nurse intern's perception and practice about setting priority of patient care over time.

Table 4 illustrates that there were no statistically significant relations between nurse intern's total perception and total practice pre-, post- and follow-up scores in setting priority of nursing care.

Table 5. Frequency distribution of nurse intern's awareness about time wasters affecting application of setting priority.

Table 5 clarifies that, the majority of nurse interns reported that the major time wasters always affecting application of setting priority were; spending too much time on low priority matters, everything is urgent, inability to say "no" to extra work (70.0%, 70.0%, 70.0% respectively). Additionally, attending ineffective meetings (61.4%) and arrived late for work (Traffic congestion and parking) (61.4%). The next time wasters, identified by more than half of nurse interns agreed that too many interruptions by people and my colleagues, problems and lack of crisis management and lack of organization and untidiness (58.6%, 58.6%, 58.6% respectively).

Table 1. Personnel characteristics of the study participants (n = 70)

Personnel characteristics		frequency	%
Gender	female	60	85.8
	male	10	14.2
age in year	21-	4	5.7
	22-	55	78.6
	23-	11	15.7
	<u>Mean±SD</u>	22.1000±.45524	
Grade	excellent	28	40.0
	very good	30	42.9
	good	2	2.9
	pass	10	14.2
Marital status	Married	27	38.6
	Single	43	61.4

Table 2. Mean scores of nurse intern's perception about setting priority of nursing care before, immediately and after three months of participation in the workshop.

Setting priority subscale	Pre-intervention			Immediate post intervention			Follow-up			F test	P value
	Mean	±	SD	Mean	±	SD	Mean	±	SD		
Assessment	12.0143	±	3.95442	27.2000	±	3.05315	26.3714	±	2.96438	229.64	.000
Analyzing	12.5714	±	5.32038	26.3857	±	2.95028	25.8286	±	3.00710	116.11	.000
Out comes	8.8571	±	3.12208	22.4571	±	2.30114	22.4571	±	2.30114	765.64	.000
Planning	34.9857	±	11.52627	82.4429	±	6.78155	80.1286	±	6.87554	354.69	.000
Implementing	8.1571	±	2.96176	24.2857	±	7.11834	23.5714	±	5.27936	202.21	.000
Evaluating	13.2000	±	5.43899	32.5286	±	3.22904	32.0857	±	3.13809	302.73	.000

Statistically significant at $p < 0.05$
 Statistically significant at $p < 0.001$

Figure 1. Percent of nurse intern's achieving improvement of total perception about setting priority of nursing care over time.

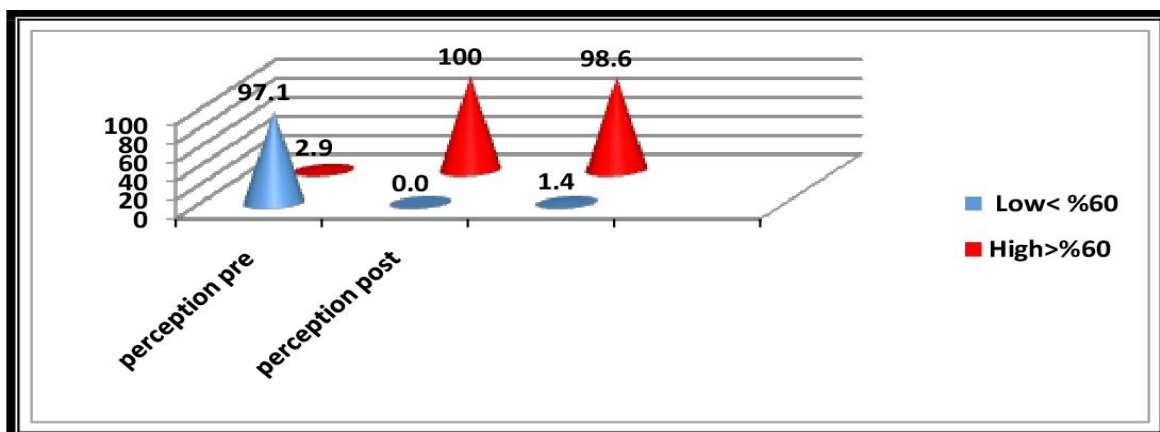


Table 3. Mean scores of nurse intern’s implementing setting priority steps of nursing care before, immediately and after three months of participation in the workshop.

Setting priority steps	pre-intervention			Immediate post intervention			follow-up			F test	P value
	Mean	±	SD	Mean	±	SD	Mean	±	SD		
Assessment	6.3000	±	.46157	9.7143	±	2.83428	9.1143	±	2.86176	58.66	.000
Analyzing	6.0000	±	.00000	9.6000	±	2.96061	9.0286	±	2.96829	51.00	.000
Outcomes	5.3000	±	.46157	8.1143	±	2.34393	7.7143	±	2.39651	59.92	.000
Planning	19.6000	±	.92313	28.8000	±	8.64367	27.2571	±	8.60853	43.73	.000
Implementing	5.3000	±	.46157	8.1000	±	2.33530	7.6714	±	2.35736	59.95	.000
Evaluating	7.3000	±	.46157	11.3143	±	3.32554	10.7000	±	3.36801	57.67	.000

Statistically significant at $p < 0.05$

Statistically significant at $p < 0.001$

Table 4. Relationship between nurse intern’s total perception and total practice about setting priority of patient care over time.

Total perception score	Total practice pre-workshop		Total practice Immediate post		Total practice At follow-up	
	r	p-value	r	p-value	r	p-value
pre-intervention	.070	.563	-.133	.274	-.086	.478
Immediate post intervention	.039	.749	.160	.187	.212	.078
follow-up	-.006	.960	.154	.205	.228	.057

Table 5. Frequency distribution of nurse intern’s awareness about time wasters affecting application of setting priority.

Time Wasters affecting application of setting priority.	Nurse intern’s (N= 70)					
	Always		Sometime		Never	
	N	%	N	%	N	%
spending too much time on low priority matters .	49	70.0	18	25.7	3	4.3
pending too much time on the telephone and personal Communications(social media and email)	31	44.3	30	42.8	9	12.8
Attending ineffective meetings	43	61.4	25	35.7	2	2.8
spending time doing the wrong things because of lack of clarity at outset	31	44.3	25	35.7	14	20
A tendency to postpone unpleasant or difficult tasks (procrastination).	39	55.7	28	40	3	4.3
Everything is urgent .	49	70.0	16	22.8	5	7.1
inability to say “no” to extra work, (thereby causing problems)	49	70.0	18	25.7	3	4.3
Too many interruptions by people and my colleagues	41	58.6	25	35.7	4	5.7
Lack of planning, prioritizing and focus	34	48.6	18	25.7	9	12.8
Failing to ask for help or follow directions	35	50.0	25	35.7	10	14.2
Focusing on smaller, less important tasks	35	50.0	26	37.1	9	12.8
Lack of delegation	31	44.3	25	35.7	14	20
Problems and Lack of crisis management	41	58.6	22	31.4	7	10
Lack of organization and untidiness	41	58.6	24	34.2	5	7.1
Not enough time-off or time for yourself	31	44.3	30	30	9	12.8
Lack of administration time management	35	50.0	25	35.7	10	14.2
Arrived late for work (Traffic congestion and parking)	43	61.4	25	35.7	2	2.8
Loss of desire to work and boredom	27	38.6	39	55.7	4	5.7
Excessive desire in idealism	35	50.0	24	16.8	11	7.7

II. Discussion

This study was conducted to construct an educational workshop to improve the levels of nurse Interns perception and skill concerning setting priority of nursing care at Zagazig University Hospital in Egypt. The obtained results revealed the mean scores of each setting priority subscale at each data collection time point, there were increase in total mean scores of nurse intern's perception related to assessment, analyzing, out comes, planning, implementing and evaluating of setting priority were low in the pre-test compared with the total mean scores in the post test and follow-up test . As well as, there were significant Statistically differences between the pre-, post- and follow- up nurse intern's perception about setting priority of nursing care subscale at ($P < 0.001$). This might be due to lack knowledge about each of assessment, analyzing, out comes, how to manage their time, planning, implementing prioritize competing tasks in a way that best serves patients needs and nursing care, evaluating and maintains energy and focus throughout the shift. So the researcher provide education workshop include educational materials on proper time management and setting priority. In fact, education of nursing does not end in a university, but should go on during professional activities (24).

In the same line Agree with (25) who summarized that novice nurses is delayed in patient care, due to their failure to administer in a timely manner, prioritize nursing care, failure to recognize and failure to intervene in relation to patient care. Also, (26) mentioned that nurse interns assessed themselves as being not able to carry out time management skills. Those interns were not able to setting priority, manage distractions moreover use time saving strategies, avoid doing others' work, or even refuse responsibility they cannot manage. Many researches supported this result: Price and Reichert (27) they stated that educational workshop / program helped nurses in keeping up to data with new concepts, increasing knowledge, and competences, modifying their skills, attitudes and developing their abilities to deal with patients and problems. Moreover, In the same respect, (28) study about novice nurse's clinical decision-making and how to avoid errors support the present study results and found that the issues of time management, setting priority and critical thinking are items that are potentially dependent upon each other. Furthermore, (29) says in evaluation of the educational workshop effect on participant knowledge in nursing cares the finding revealed that participant knowledge and awareness had notably increased.

Regarding Differences in nurse intern's implementing setting priority steps of nursing care over time.

The present study clarifies that there were increase in total mean scores for the observations related to assessment, analyzing, out comes, planning, implementing and evaluating of setting priority were low in the pretest compared with the total mean scores in the post test and follow-up test. And there were statistically significant improvement in ability to carry out all steps of setting priority of nursing care at ($P < 0.001$). This result in the same way with (30) who stated that: nurse interns cannot priority subscales write pros and cons for options or priorities tasks according to goals. In addition, they cannot do each of put clear goals and objectives, organize their thoughts or even take time to plan their activities and intervention for priority cases which nursing care can prevent its deterioration.

Also, (31) reported that novice nurses had poor time management skills and prioritization, and a general inability to convert theoretical training to real-world situations. also adds those nurse interns need intervention. The significant improvement in the post test and follow-up test may be due effect of educational workshop therefore nurse interns should attend workshop and internship orientation programs to help them to refresh their knowledge and management standards needed to be applied during their internship year. This result was supported with Obied et al, 2013 who mentioned that, nurse interns' capability to perform management skills of interpersonal, organizational, priority setting and delegation skills were significantly improved, in three months post intervention comparison with pre-intervention. Above all, literature review of various studies mention the effect of educational workshop and programs on nurses' well improvement and increase knowledge, attitude, and practice(32-33).

Another important result is related to, relationship between nurse intern's perception and practice about setting priority of patient care over time. My findings illustrates that there were no statistically significant relations between nurse intern's total perception and total practice pre-, post- and follow-up scores in setting priority of nursing care. In the same respect (26) found that, no statistical significant correlation between NIs' knowledge on clinical and management skills. As well as, (34) who found in summary a remarkable disparity between nurse interns' knowledge and the level of their practical skills. Most probably this contradiction is due to their overestimation of their abilities. Therefore, nurse interns' have need of continuous in addition to

constructive feedback on their abilities and progress to discover gaps between their practice and related basic perception and knowledge.

Finally, The results of the present study clarified that the majority of nurse interns reported that the major time wasters always affecting application of setting priority were; spending too much time on low priority matters, everything is urgent, lack of ability to say “no” to extra work. Additionally, attending ineffective meetings and arrived late for work (Traffic congestion and parking). The next time wasters, identified by more than half of nurse interns agreed that excessively many interruptions by people and my colleagues, problems and be deficient in crisis management and lack of organization and untidiness . It may be due to priorities are unclear, planning takes time or sticking to planned work requires self-discipline, others simply making unreasonable demands and due to a desire to be helpful or fear of causing offence or appearing difficult. Attending meetings that have: unclear purpose, no conclusion, no follow-up, no agenda (or agenda not followed), poorly chaired and no action points or timescales agreed.

Also, it may be due to lots of interruptions because people ask for things when they should ask someone else and interrupted by colleagues or juniors because they feel they have to ask my opinion or endorsement or simply feel like chatting. These findings are in agreement with study in Egypt, by Mohamed (35) who founded that the common time wasters were due to poor planning, unproductive meeting, socializing, phone interruptions, lack of information, poor communication, , lack of sufficiently described policies and procedures, incompetent coworkers, failure to delegate, inability to say no, and sometimes paper work. Also, in the same respect, (36)who summarize that, waste of time and lack of time management in the domain of nurse cause a reduction in efficiency. Furthermore, portrays the total score of time waster knowledge among the studied head nurses. Then, (37) it was observed that the mean score are 119.18 and 104.36 of them had high knowledge score level regarding time waster in the post immediate test and post after 3month compared to the pre-test .

V. Conclusion

Based on the results of this study, education workshop was useful to improve the levels of nurse interns perception and develop skills concerning setting priority of nursing care, which all nurse interns 100% achieved high awareness about setting priority in the post period which continued to the follow up. And there were statistically significant improvement in ability to carry out all steps of setting priority of nursing care at ($P < 0.001$). Conversely, there were no statistically significant relations between nurse intern’s total perception and total practice pre-, post- and follow-up scores in setting priority of nursing care. Lastly, the majority of nurse interns reported that the major time wasters always affecting application of setting priority were; spending too much time on low priority matters, everything is urgent, inability to say “no” to extra work. Additionally, attending ineffective meetings and arrived late for work.

VI. Recommendation

More advanced workshop and training are warranted to expand learning managerial and clinical skill to become competent nurse interns. Future studies should link nurse interns with patients' outcomes.

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