COMMENTARY

Effective Time Management in Healthcare Leadership: Moving from Prioritization to Performance

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Abstract

Time is an irreplaceable resource, and its effective management is central to delivering quality healthcare. In busy clinical environments, healthcare professionals often confuse being constantly busy with being productive. As a result, they spend significant portions of their shifts on tasks that do not meaningfully contribute to patient care. Poor time management in healthcare settings has been linked to increased burnout, reduced staff satisfaction, compromised patient safety, and a decline in overall service quality.

This commentary explores the distinction between basic time management and effective time management, emphasizing that true productivity lies not in doing more tasks but in doing the right tasks at the right time. Based on a hypothetical case scenario from a district hospital, the paper illustrates how the absence of structured planning, task prioritization, and delegation can escalate a manageable situation into a crisis. It further examines how established frameworks such as Covey's Time Management Matrix, the Pareto Principle, the Ivy Lee Method, and the Pomodoro Technique can be practically applied to improve both individual performance and team efficiency. Overall, effective time management requires a thoughtful and structured approach to achieve better outcomes in healthcare.

Keywords: Covey's Time Management Matrix, Healthcare, Healthcare leadership, Pareto principle, Patient care, Pomodoro technique, Time management.

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Introduction

Time is one of the most valuable resources; once it passes, it cannot be regained, and therefore, its effective utilization is essential for both personal and professional success. Many people end up doing tasks partially or by compromising on the quality if their time is not effectively managed. This not only creates dissatisfaction, frustration, and demotivation for work, but it also affects one's personal life and disturbs the work-life balance. Therefore, the importance of time management is becoming more and more apparent in the current era. Time management is defined as the skill of managing the available time efficiently to complete tasks as per a plan or schedule. It involves prioritizing tasks, planning the right time to work on each one, and avoiding procrastination and interruptions. Effective time management is crucial for increasing efficiency, output, and personal growth in both personal and professional settings.[1–3]

However, there is a thin line between time management and effective time management. Time management mostly deals with reducing idle time in day-to-day activities. It emphasizes efficiency, doing tasks properly, completing them faster, and using simple tools such as to-do lists or prioritization to stay organized. In contrast, effective time management is concerned with the completion of activities in a specified time period to move toward an intended goal/mission. It is about spending time on activities that truly matter, selecting high-impact tasks that align with long-term goals. It focuses more on effectiveness rather than efficiency.[4] Most of us focus mainly on time management and underestimate the importance of effective time management. In simple terms, time management helps people use their time efficiently, while effective time management ensures that the time spent leads to meaningful results. If people only focus on efficiency, they may stay busy without making real progress. Therefore, balancing both efficiency and effectiveness is essential for achieving true productivity.[5] The same goes in healthcare settings. In practice, 66.1% of health professionals demonstrate time management through goal setting and delegation, without laying emphasis on effective time management, which prioritizes strategic task alignment over mere efficiency, thus leading to reactive workflows.[6] In healthcare settings, common time wasters significantly undermine productivity and patient care, with professionals often allocating 16%–34% of shifts to preventable activities. Key culprits include paper-based documentation (rated highest by both nurses and doctors), frequent interruptions such as phone calls and multitasking during consultations or medication administration, intraunit travel (e.g., between wards, restrooms, and stations), socializing or gossiping, waiting for lab results or service delivery, searching for equipment, and low patient health literacy leading to repeated explanations.[7] These time wasters are consistently linked to suboptimal time management practices (TMP) across recent studies. Addis et al.[6] found in their study that low time-wasting behaviors (unplanned interruptions, equipment searches) significantly predict better time management among Ethiopian health professionals. Similarly, in a study by Yimer et al.,[8] it was reported that frequent interruptions and poor planning hinder 57.1% of health professionals; whereas Getahun et al.[9] highlighted that procrastination, unpunctuality, and service delays in public hospitals were significantly associated with poor time management. These factors divert time from direct care, exacerbating errors and increasing dissatisfaction

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among staff as health workers spend more effort on nonproductive tasks than core responsibilities.[6] Effective time management is also vital for providing high-quality healthcare to patients, and at the same time, health workers feel less job-related stress as the activities are completed quickly without any interference.[1,6] Poor time management, on the other hand, has been linked to poor job quality, low productivity, a negative impact on the career path, and a high level of stress.[10] Missed deadlines, financial losses, stressful relationships, and job loss are all potential consequences of poor time-management skills.[11]

Theoretical Frameworks

To address these challenges systematically, several established theoretical frameworks underpin time management in healthcare, providing structured approaches to prioritization of available time. Besides routine environments, these models are also relevant in high-pressure environments such as district hospitals, where professionals juggle emergencies, interruptions, and heavy administrative demands.

Covey's Time Management Matrix

One of the most widely applied frameworks is Stephen Covey's Time Management Matrix, which categorizes tasks into four quadrants based on urgency and importance, guiding healthcare workers toward proactive planning. This model helps healthcare professionals prioritize their work more effectively and focus on activities that improve patient care and system efficiency.[12,13]

Quadrant 1 (urgent and important) includes tasks that require immediate attention and cannot be delayed. In healthcare settings, these are often emergencies such as managing a patient with cardiac arrest in the emergency department, attending to a patient with severe trauma after a road traffic accident, or responding to sudden deterioration of a patient in the intensive care unit. These situations demand quick decisions and immediate action to save lives.

Quadrant 2 (important but not urgent) focuses on activities that are essential for long-term effectiveness but do not require immediate action. Examples in healthcare include planning the daily ward schedule, reviewing patient treatment plans, conducting team briefings, mentoring junior staff, maintaining proper documentation, and engaging in continuous self-improvement through training, skill enhancement, etc. Spending more time on these activities helps prevent crises and improve overall healthcare delivery.

Quadrant 3 (urgent but less important) consists of tasks that appear urgent but do not contribute significantly to important goals. These are likely items that can be reduced or removed from your workflow. In hospitals, this may include frequent interruptions, such as phone calls, emails, nonurgent administrative requests, meetings, or repeated queries that other team members could handle or could be delegated. These tasks often interrupt workflow and can be delegated or scheduled appropriately.

Quadrant 4 (neither urgent nor important) includes activities that do not add meaningful value and may waste time if not controlled. Examples in healthcare settings include prolonged casual conversations during duty hours, excessive checking of mobile phones, or spending time on nonwork-related activities while important tasks remain pending. Minimizing these activities helps healthcare professionals maintain productivity and focus on patient care.

This matrix helps healthcare professionals better understand the prioritization of their responsibilities, which reduces unnecessary stress and improves both efficiency and effectiveness in their daily work. Figure 1 depicts the different quadrants of Covey's Time Management Matrix.

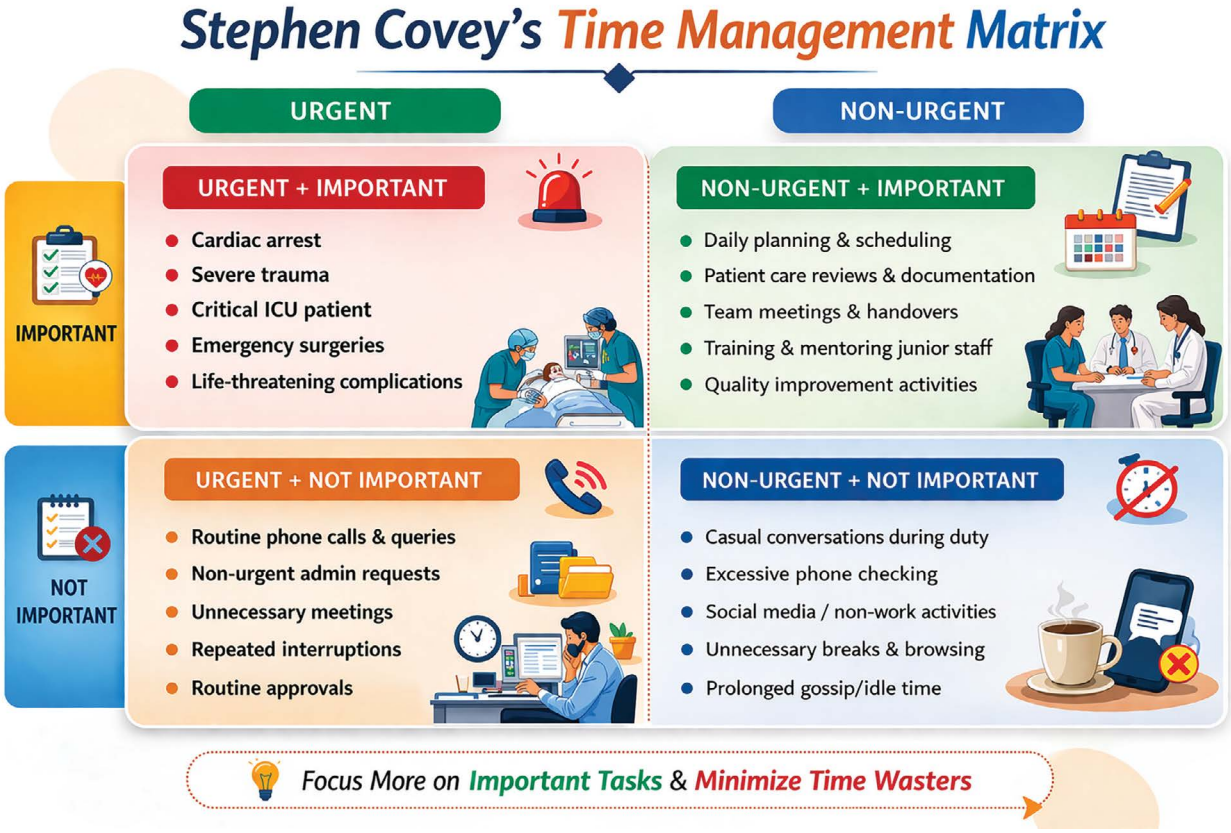

Fig. 1: Covey's Time Management Matrix for healthcare professionals (generated from ChatGPT)

Pomodoro Technique

This model involves breaking work into 25-minute intervals (pomodoros), followed by a short break, with longer breaks after a certain number of pomodoros. The short breaks can be taking a few minutes to stretch after ward rounds, having a quick hydration or tea break, practicing deep-breathing exercises, or simply stepping away from the workstation for a short walk in the corridor. This can help individuals stay focused and productive and avoid mental fatigue.[14]

The Ivy Lee Method

This method involves identifying the six most important tasks for the day and prioritizing them in order of importance. Then, you focus on completing one task at a time without moving on to the next until the previous task is finished.[14]

The Pareto Principle

Also known as the 80/20 rule, this principle states that 80% of the effects come from 20% of the causes. Applied to time management, this means that 80% of your results come from 20% of your efforts. You can use this principle to identify the most valuable tasks and focus your time and energy on them.[14] Empirical evidence further validates the theoretical foundations of time management discussed above. The application of structured prioritization frameworks such as Covey's Matrix and Lean principles was associated with a 25% reduction in burnout risk.[15] Supporting the principle of prioritization, studies using Pareto analysis in hospital management have shown that nearly 80% of operational delays are often caused by only 20% of underlying factors, such as documentation bottlenecks or administrative inefficiencies. Identifying and addressing these key issues has been shown to significantly reduce workflow delays and improve efficiency.[16] Similarly, a cross-sectional study assessing TMP among health professionals in public and private hospitals reported that 57.1% of participants demonstrated good TMP, with significantly higher prevalence in private hospitals (70.9%). The study showed that in public hospitals, professionals were more likely to manage their time well if they were satisfied with hospital policies, had more independence in their work, and had a positive attitude toward time management.[17]

The practical implications of these concepts are further illustrated through the following hypothetical case scenario.

Case Scenario

Dr. Meera Sharma was a 34-year-old medical officer working in the cardiology department of a district hospital. She was sincere, hardworking, and deeply committed to patient care. In the initial days of her job, she was enthusiastic and motivated, and caring for patients gave her a deep sense of satisfaction. Over time, however, Dr. Meera began working relentlessly, often for long and continuous hours, sometimes stretching up to 36 hours at a time. Like many healthcare professionals, she believed that being constantly busy meant being productive. Despite her efforts, she gradually started feeling stressed, physically exhausted, and emotionally drained. The urgent tasks were frequently delayed, important meetings were missed, and she found herself carrying work-related anxiety back home every day.

A Chaotic Start to the Day

One Monday morning, Dr. Meera reached the hospital slightly late due to traffic. She arrived rushed and unsettled, without having planned her tasks for the day. As soon as she entered the outpatient department (OP D), she was met with a long queue of waiting patients, which immediately increased her anxiety.

She began consultations without organizing her work. Her phone kept ringing—the ward nurse needed instructions, the laboratory technician requested signatures, and reminders about an important administrative meeting kept flashing on her screen. Dr. Meera responded to each interruption as it occurred, answering calls between patient consultations and signing files hurriedly. By the time she realized the importance of the administrative meeting, it had already begun, and her absence delayed key decisions on patient service scheduling. Dr. Meera lacked a clear plan and daily objectives, and she treated all tasks as equally urgent and allowed frequent interruptions to disrupt her workflow. As a result, important responsibilities were missed, leading to stress and inefficiency.

When Poor Time Management Turns into a Crisis

As days passed and Dr. Meera continued with the same unstructured routine, patient waiting time increased, and the OPD became increasingly tense. One day, an elderly patient grew anxious due to long waiting hours, while another patient demanded immediate attention for a minor complaint. At the same time, a nurse informed Dr. Meera about an emergency admission in the casualty.

As usual, Dr. Meera treated every situation as urgent. She abruptly left the OPD to attend the emergency without handing over responsibilities or briefing her junior doctors. She avoided delegating tasks, believing she could manage everything herself. This led to confusion among junior doctors, unattended OPD patients, and piling documentation. The nursing officers tried to manage the growing crowd by reassuring waiting patients and prioritizing those with serious complaints, while the junior doctors attempted to continue consultations without clear instructions. However, due to the absence of proper communication and delegation from Dr. Meera, the team remained uncertain about responsibilities. Frustrated, Dr. Meera blamed her juniors and took over tasks herself, which further worsened the delay. A lack of prioritization, poor delegation, and reactive decision-making led to confusion, delays, and stress.

Learning

In reality, only the emergency case was truly urgent. Some tasks, such as routine phone calls, minor complaints, and administrative signatures, were urgent but less important and could have been delegated to junior staff. At the same time, several important but not urgent tasks, such as reviewing patient records, planning OPD workflow, completing documentation, and briefing junior doctors, required attention earlier in the day but were overlooked. Dr. Meera's inability to differentiate between these tasks turned a manageable workload into a crisis.

End-of-day Realization

That evening, Dr. Meera reflected on her day and realized that despite working continuously, she had missed an important administrative meeting, delayed patient documentation, and left several reports incomplete. She felt physically exhausted and mentally dissatisfied. Seeking guidance, she spoke to her senior colleague, Dr. Rao, the Head of the Surgery Department, whose unit was well known for its efficient patient care, strong management, and high-quality outcomes.

As Dr. Meera shared her frustration, Dr. Rao calmly explained that effective time management was not about doing more work or working longer hours, but about doing the right work at the right time. Together, they reviewed how she had spent her day—largely reacting to interruptions, multitasking, and attending to low-priority demands—while important but nonurgent activities such as planning, coordination, and timely documentation were repeatedly postponed.

Learning

Dr. Meera's reflection illustrates a key principle that productivity is not about doing more work, but about doing the right work. By reacting continuously to interruptions and low-value demands, she spent most of her time on tasks that did not significantly contribute to patient care or system improvement. Awareness of how time is actually spent is the first step toward identifying inefficiencies and realigning efforts toward high-value activities.

Reframing the Day with Clear Priorities

The next morning, Dr. Meera arrived early and spent a few minutes planning her day. She listed her tasks and consciously categorized them with an effective division of time for each task. Patient care and emergencies were treated as urgent and important, whereas she focused on urgent and important tasks along with urgent and nonimportant tasks. Report writing, meeting preparation, and coordination were identified as important but nonurgent tasks and scheduled for later. Routine calls and minor requests were recognized as urgent but not important. The casual discussions and unnecessary phone use were consciously avoided. She also focused on completing one task at a time before initiating other tasks. She acknowledged that while traffic and sudden emergencies were uncontrollable, her response to them was directly controllable.

Learning

Dr. Meera's approach of beginning her day with structured planning demonstrates the practical application of both the Ivy Lee Method and Covey's Time Management Matrix. By clearly listing and categorizing her tasks into urgent-important, important-nonurgent, and prioritizing them accordingly, she was able to align her efforts with clinical priorities while minimizing distractions. Also, "prioritization" and "undertaking one task at a time" allowed her to move from a reactive approach to a proactive workflow, which is a key element of effective time management in healthcare settings.

Focusing on High-impact Work

Dr. Meera made a conscious effort to handle one task at a time instead of responding to constant interruptions. To support this, she asked her staff to note nonurgent issues and bring them up at fixed intervals, allowing her to give full attention to each patient. She also restructured her day by working in short, focused intervals followed by brief breaks, during which she would have tea, stretch, or take a short walk. This helped her stay refreshed and maintain her concentration throughout the day.

At the same time, she became more aware of which tasks truly needed her expertise and delegated other tasks to her fellow staff. By prioritizing these high-impact tasks and organizing her work into focused periods, her consultations became smoother, errors were reduced, patient satisfaction improved, and her overall efficiency increased. Dr. Meera's approach also influenced her entire team. The junior doctors became more confident in handling delegated responsibilities, nursing staff experienced less confusion during patient flow, and communication within the unit became more structured.

Learning

By working in focused time blocks with short breaks, Dr. Meera applied the principles of the Pomodoro Technique, which helped her maintain concentration and avoid fatigue. At the same time, she recognized that a small number of high-priority tasks (20% of the tasks), mainly clinical decision-making and patient care, created the most impact (80%), reflecting the Pareto Principle. By combining focused work with smart delegation, she was able to use her time more effectively, reduce errors, and improve the quality of care.

Flexibility in a Healthcare Setting

Dr. Meera has now introduced a visible agenda chart in her cabin that displays the daily duty roster and assigned responsibilities of all staff members. This ensured clarity, accountability, and smoother delegation, as everyone knew their roles for the day. With tasks planned in advance, the OPD workflow became more organized.

One afternoon, when an emergency case arrived, Dr. Meera calmly reviewed her schedule. She postponed nonurgent paperwork and shifted her focus to emergency care. Since her day was not overburdened and buffer time had been intentionally kept, she managed the situation without panic and completed the pending tasks later in the day.

Learning

Healthcare environments are unpredictable, and effective time management requires flexibility and buffer time. By planning her schedule and assigning clear responsibilities through the duty roster, Dr. Meera created space to respond to emergencies without disrupting the entire workflow, which highlighted the practical application of prioritization and flexibility, as seen in all theoretical frameworks. This structured yet adaptable approach helped her maintain control, avoid stress, and ensure both efficiency and quality of care.

A Balanced End to the Day

Dr. Meera now ends her workday with her clinical duties completed, meetings attended, and reports finalized, allowing her to leave the hospital on time. She now has a short 10–15-minute team break each day, during which the staff briefly reflect on the day's work, discussing what tasks were accomplished, what challenges remained, and what could be improved. Even if around 70% of the planned tasks were completed, the team acknowledges and celebrates the progress made.

Dr. Meera feels calmer, more organized, and in better control of her responsibilities. Over time, this structured and planned approach has become a routine, significantly reducing stress and improving patient care, team efficiency, and her overall sense of professional satisfaction.

Learning

Dr. Meera's improved routine demonstrates that effective time management is achieved through prioritization, delegation, focused work, and regular reflection. These practices reduce unnecessary stress, improve delegation and team coordination, strengthen workplace communication, and enhance the quality of patient care.

The case reinforces a key message from healthcare management literature: time saved from low-value activities can be reinvested

into high-impact clinical work, team communication, and professional and personal well-being, which ultimately improves both patient outcomes and staff satisfaction.

Conclusion

Effective time management is essential for healthcare professionals working in complex and high-pressure environments. Evidence from healthcare settings also highlights that inefficient workflows, interruptions, and poor planning can significantly reduce productivity and increase stress among professionals. The case scenario of Dr. Meera illustrates how the absence of clear prioritization, delegation, and structured planning can lead to confusion, delays, and burnout, even among dedicated clinicians. The theoretical models discussed in the case, such as Covey's Time Management Matrix, emphasize prioritizing tasks based on urgency and importance, helping professionals focus on what truly matters. The Pareto Principle suggests that a small proportion of tasks often contributes to the majority of outcomes, encouraging focus on high-impact activities. The Ivy Lee Method promotes listing and prioritizing key tasks at the start of the day to maintain clarity and direction, while the Pomodoro Technique supports working in focused intervals with short breaks to sustain concentration and reduce fatigue. Ultimately, effective time management is not about working longer hours but about working strategically and purposefully.

Author Contributions

AS contributed to writing—original draft, writing—review and editing, and visualization. KU contributed to writing—review and editing. SG contributed to conceptualization, supervision, and writing—review and editing. All authors read and approved the final manuscript.

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AI Use Disclosure

During the preparation of this commentary, the authors used Chat GPT and Grammarly for the language editing and grammar checking. The authors reviewed and edited the final content and take full responsibility for the accuracy, integrity and originality of all AI-generated content.

Participant Consent

Informed consent was not applicable as this commentary does not involve the collection or use of primary data from human participants.

Data Availability

No new data were generated or analysed for this commentary. Therefore, data sharing is not applicable.

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