Effect of Education Program about Negotiation Skills for Head Nurses on Their Time Management

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Abstract:

**Background:** Properly run effective negotiation can save time, increase productivity and produce new ideas. **Aim:** The study aimed to assess effect of education program about negotiation skills for head nurses on their time management. **Research Design:** Qusi experimental design was utilized. **Study Setting:** The study was conducted in medical, surgical and critical care units at Benha University Hospital. **The study sample:** composed of all head nurses (80) who are working in the above mentioned setting; 17 of head nurses working at medical units, 13 of head nurses working at surgical units and 50 head nurses working at critical care units. **Tools of data collection:** Three tools were used: negotiation knowledge questionnaire, negotiation process style scale and time management questionnaire. **Result:** 48.8% & 30% of head nurses had good negotiation knowledge at post and follow up program respectively. The total mean scores of head nurses' negotiation skill at post program and follow up were improved (69.30 ± 5.07 and 70.36 ±4.81) than at pre program (59.93± 4.81). The most of head nurses’ time management skill had improved at post and follow up program (73.8% and 87.5%) than at pre program (56.2 %). **Conclusion:** there was a positive correlation between head nurses' negotiation knowledge, skill and time management skills. **Recommendation:** Conducting continuous in-service training and educational programs for refreshing and increasing head nurses’ knowledge and skills about the negotiation as well as to emphasize time planning skills during negotiation process

**Key words:** Head nurses, knowledge, negotiation, skill, and time management
Introduction

In competitive health care environment, acquiring the necessary knowledge, information and technology is crucial not only for the hospital but also for the managers. The nurse managers should be prepared with technical, conceptual and human skills. The human skills are the ability of nurse managers to understand motivational needs and use the proper leadership skills to achieve hospital goals. The effective leadership techniques are the ability of the nurse manager to negotiate. The nurse manager skills could have a great influence in the negotiation processes (Mc-Clendon, 2010; Echavarria, 2015).

Negotiation is a method for resolving problems, conflicts or disagreements among two or more parties. The two parties create suggestions and counter suggestions so the communication takes place between the parties. Each party employs his effort to achieve maximum results. Negotiations take place daily on all topics, except ethics and religion (Negotiation Etymology, 2014; Zohar, 2015).

Negotiations processes have the following sequence: beginning, during, and closing; the most effective tool in the beginning of negotiation is listening; the party use the time to listen and observe, and not the time for discussing. Also it is essential to identify the ability of each party and to discuss perceptions of each party clearly in direct way to act on behalf of another. As the negotiation matures, identify areas of similarities and differentiates to begin making concessions (Oliver, 2010).

During the negotiation, each party exploring benefit, developing sound approach and putting together concessions with good results. The beginning phase involves struggle for benefit and the closing phase influenced by time pressures,
but this middle phase is a time primarily for measuring movement, first the party will listen carefully for offers and hints of offers and avoid significant concessions early in the negotiation as such a maneuver might falsely raise an opponent’s expectations. Emotions are very valuable in negotiating, but keep emotions under control. Also it is necessary to follow the patience to create a calming, supportive environment for the resolution of differences, resolve problems and reach to successful agreement (Kohonen, 2013; Echavarria, 2015).

The appropriate time to give alternatives, set deadlines for offers, and create the last agreement in the close of the negotiation. Be aware and conscious of the end of the negotiation because there is less time to correct mistakes. The hazard in negotiation process when there is no agreement of successful results (Zohar, 2015).

A good negotiator needs to develop negotiation skills to ensure the best possible outcome in the negotiation process. The negotiation process always begins with careful preparation and an expectation to make concessions with the other party. Being prepared and gathered as much information as possible will impact on the effectiveness of negotiation. Negotiator needs to know the answers for possible questions. Also it is important to leave the personal issues outside the negotiation room. In the negotiations the emotions need to be concealed and make decisions based on rational reasons and not on emotional reasons (Tu, 2011; Huber, 2014).

Every negotiation situation is different depending on the people involved. Their skills, attitudes and styles. The main key factor for successful negotiator is to communicate clearly. To achieve effective communication; the participants should ask questions to ensure received message. Talking all the time and not letting the counterpart to say anything is likely to cause fatal. A negotiator must listen not
only with his ears but also with his eyes. People send a lot of messages to interpret the other person. It is important in effective negotiation not to argue on things. Arguing is about trying to prove the other person wrong. Do not waste time on arguing. If a person disagrees with something, he should state the disagreement in a gentle assertive way which might help to find a solution with the other party (Black, 2009; Mind Tools, 2013; Kumar et al., 2014).

There are several factors that influence the negotiation process such as; time, information, environment, and personalities. The nursing staff had many responsibilities with specific deadlines so time plays a great role in an effective negotiation process. The information is important for effective negotiation therefore the lack of information always provide unclear image to the other party in negotiation. The environment is the corner stone in conducting the negotiation process because temperature affects the negotiation passage, people number, and their behavior influence the negotiation. In addition to self-esteem it is vital to influence on other party (Mahmoodi, 2012; Huber, 2014).

Negotiation is an expensive use of an organization's resource; the time of the staff. They not only take time, but having underlying cost. There are the direct costs of bringing people together and holding the negotiation. Properly run effective negotiation can save time, produce new ideas, increase organizational productivity and quality (Wellington, 2011; Zohar, 2015).

Time management is the ability of nurses to use the time to accomplish the tasks in the exact time. When nurse managers have effective time management skill, they are able to maximize use of every hour for achieving goals (Munyisia et al., 2011; Forsyth, 2013). Proper time management allows to take some measure of control during negotiation process. pre-planning the activities help to be become prepare, know exactly what the need to achieve and help to be more in control of
the future (Jones, 2012; Makridakis, 2012). The principles of good time management including; develop a personal sense of time, identify long-term goals, make medium-term goals, plan the work, make the best use of the time, organize work, delegate effectively, make use of committed time, manage the self and manage meetings during negotiating process (Bach and Ellis, 2011; Stack, 2013).

**Significance of the study**

Management tools such as planning, time management, leadership, autonomy, conflict mediation and negotiation are used to organize the management activities and support the decision making (Almeida et al., 2015). The negotiations play a major role in all aspects of daily activity of the head nurses. Every discussion that requires a decision needs negotiating and time management skills. The head nurse negotiates with patients and their families, the nurses, managers, physician and other healthcare workers to obtain their full consent and cooperation. Also negotiation helps to define responsibilities, clarify ambiguities and develop interpersonal and social relations (Miller, 2014).

Time Management is one of the strategies for successful negotiation. Time is important aspect for preparing the negotiation. It should be determine suitable time for starting negotiation according to parties desire, estimating the negotiation period and making time plan for negotiation process. Proper planning and good time organization with the accurate implementation of the plan increase goal achievement (Bresciani et al., 2010; Hashemzadeh et al., 2011).

**Aim of the study:**

The study aims to assess effect of education program about negotiation skills for head nurses on their time management.
Research hypothesis:

The head nurses’ negotiation knowledge and skills will be improved significantly after their participation in the education program about negotiation skills and will be a positive correlation between head nurse's negotiation knowledge, skills and their time management.

Subjects and Methods

Research Design

Qusi experimental design was used to achieve the aim of the present study.

Setting:

The current study was conducted in medical, surgical departments and critical care units at Benha University Hospital.

Subject:

All the available head nurses and their assistants (80) who are working in the above mention study setting. 17 of them working in medical units, 13 of them working in surgical units and other 50 head nurses and their assistant working in critical care units who have at least one years of job experience, available at the time of study, and agree to participate after clarification of purpose of the study.

Tools of data collection:

Data for the present study was collected using the following three tools:

Tool I: Negotiation knowledge questionnaire:

A structured questionnaire developed by the researchers based on the review of the related literature (Mc-Clendon, 2010; Torabi Pour, 2010) to assess the head nurses negotiation knowledge. It consisted of 16 questions (true and false "5" questions, matching "5" questions, list "5" questions, multiple choice "5" questions and arranging "1" question).
**Scoring system:**

The questions was scored as "1" for correct answer, and "zero" for incorrect answer. The total scores "40", and cut point was done at 60% = 24 points for negotiation knowledge expressed as follow; 34-40 points was considered good negotiation knowledge, 25-33 points was considered average negotiation knowledge and 24 points was considered poor negotiation knowledge.

**Tool II: Negotiation Process-Style Scale:**

It developed by (Ester and John, 2010) to assess the negotiation skills. It contains 28 statements divided into four main categories; Talker "7" items, aggressor "7" items, preparer "7" items and listener "7" items.

**Scoring system:**

The items were scored as "3" always, "2" sometime "1" never. The total score expressed as follow; 66-84 points was considered high negotiation skill, 47-65 points was considered moderate negotiation skill and 28-46 points was considered low negotiation skill.

**Tool III: Time management questionnaire:**

Self-administer questionnaire developed by the researchers based on the review of the related literature (Ahmed, 2008; Soliman, 2009; Mohammed, 2014). It consisted of "10" items to assess time management skill during negotiation process.

**Scoring system:**

The item was scored as "3" always, "2" sometime "1" never. The total score expressed as follow; 21-30 points was considered high time management skill, 11-20 points was considered moderate time management skill and 10 points was considered low time management skill.

**Educational program about negotiation skills:**
This program was designed to provide head nurses an opportunity to develop negotiation knowledge and skill, also to improve their time management during negotiation process. It covering the following items; definition, element, purpose, types, principles, effective negotiator characteristics, negotiator skills, stages and process of negotiation, negotiation strategies, preparation for negotiation, and negotiation technique.

**Tools validity and reliability:**

The tools were reviewed an expert panel of different nursing departments. The panel ascertained the face and content validity of the tools. The reliability was done by Cronbach's Alpha coefficient test which revealed that each of the three tools consisted of relatively homogenous items. The internal consistency of negotiation knowledge was 0.91, the internal consistency of negotiation process style scale was 0.72, and the internal consistency of time managing skill was 0.78.

**Pilot study:**

A pilot study was carried out on 10% from the total number of sample (8) head nurses to assess the tools clarity, objectivity and feasibility as well as to estimate the time needed for filling the tools. The pilot study was included in the main study sample.

**Field work:**

A written official letter was obtained from the Dean of the Faculty of Nursing, Benha University and delivered to the director of Benha University Hospital in order to obtain their approval for conducting the study after explaining its purpose. The study was carried out from at the beginning of September 2015 to the end of June 2016.

The head nurses and their assistants are grouped according their department location into 8 groups each group contains 10 head nurses. The preprogram conducted at September 2015. The knowledge questionnaire (test) was fulfilled by the subjects before beginning of the training program. The negotiation knowledge
questionnaire took from 30–40 minutes to be completed, 15-20 minute for completing negotiation process style scale and 5-10 minutes for completing time management questionnaire. This pre-study test was designed to allow the researchers collected a baseline assessment of nurses' knowledge and skills in order to compare it with immediate post and follow up program. The data collected two days/week in the morning and afternoon shift.

After the questionnaires were completed, the training program was implemented by the researchers. The time plan of the program implemented over the period from October 2015 to January 2016. The training program has taken 16 hours distributed as the following; 8 sessions, 2 hour/session, 2 days/week. Each researcher implemented the program with one group in the day by using available resources, relevant contents and instructional strategies for each session. Different methods of teaching were used such as lectures, group discussion, and brainstorming. Instructional media included handout prepared by the researchers and distributed to all participants in the first day.

During the period of February 2016 to May 2016 the effect of the education program was evaluated by using the same previous mentioned tools.

The data was analyzed and the result interpreted and clinical significance of findings evaluated for comprehending discussion of the data analysis.

**Ethical considerations:**

Each head nurses and their assistants was informed about the purpose and benefits of the study then oral consent was obtained before starting the data collection. Confidentiality was ensured throughout the study. The head nurses were assured that all data was used only for research purpose and each head nurses were informed of the rights to refuse or withdraw at any time of the study.

**Statistical analysis:**

Data were verified prior to computerized entry. The Statistical Package for Social Sciences (SPSS version 20.0) was used for that purpose, followed by data
analysis and tabulation. Descriptive statistics were applied (e.g., frequency, percentages, mean, and standard deviation). Test of significance (Chi-square and independent t test) were used to test the homogeneity of the outcome variables between the groups and to test the study hypothesis. Pearson correlation coefficients were used. A statistically significant difference was considered at p-value p≤0.05, and a highly statistically significant difference was considered at p-value p≤0.001.

Result

Figure (1): This figure illustrates that there was general improvement in head nurses negotiation knowledge at post and follow-up program as compared to preprogram. The highest percent (48.8% & 30%) of head nurses had good negotiation knowledge at post and follow-up program respectively. However at preprogram the most of them had poor negotiation knowledge (91.2%).

Table (1): It can be observed from this table that there was statistically significant difference among program phases. Also more than one third (45%) of head nurses always like to talk more than listen and rely on gut feelings rather than logic respectively at pre-program. but it improved at post and follow up program (47.4% and 60%) respectively.

Table (2): The table demonstrated that more than one third (46.2%) of head nurses always focused to end result at pre-program. But it improved at post program and follow up program (60% & 81.2%) respectively. There was statistically significant difference among program phases.

Table (3): The table showed that more than half (56.2%) of head nurses always reported that preparation is negotiation key at pre-program. But it improved during post and follow up program (70% & 67.4%) respectively. There wasn't statistically significant difference among program phases.

Table (4): The table revealed that one quarter (25%) of head nurses always prefer to listen at pre-program. But it enhanced after implementing the program to
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(48.8% & 56.2%) at post and follow up program respectively. There was statistically significant difference among program phases.

**Table (5):** Finding of the table illustrates that there were highly statistical significant improvement in head nurses' negotiation skills after intervention both post and follow up program, the total mean scores of head nurses' negotiation skill was low (59.93± 4.81) at pre-program and it improved to (69.30 ± 5.07 and 70.36 ±4.81) at post and follow up program respectively.

**Table (6):** this table displays that more than half of head nurses (63.8% and 62.5%) reported that always participant help to achieve aim and reach to agreement at the end of negotiation process respectively at pre-program. But it improved to (71.2%, 77.5% & 85%, 86.2%) at post and follow up program respectively. Also, this table demonstrates that half of them (50%) reported that negotiation process always take more time than deserve at pre-program. But it decreased to (26.2% & 22.5%) at post and follow up program respectively.

**Figure (2)** this figure showed that, the most of head nurses had higher time management skill in negotiation process at post and follow-up program (73.8% and 87.5%) respectively as compared to pre-program (56.2%)

**Table (7)** indicated that, there was a positive correlation between head nurses' negotiation knowledge and skill.

**Table (8)** this table displays that, there was a positive correlation between head nurses' negotiation knowledge, skill and time management skills in negotiation process.
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Figure (1): Distribution of head nurses' negotiation knowledge levels through the study phases.

Table (1): Distribution of head nurses' negotiation skills as talker through the study phases

<table>
<thead>
<tr>
<th>Negotiation Skills As A Talker</th>
<th>Pre-Program N=80</th>
<th>Post-Program N=80</th>
<th>Follow-up program N=80</th>
<th>X²</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>Some time</td>
<td>Never</td>
<td>Always</td>
<td>Some time</td>
</tr>
<tr>
<td>Prefer to talk</td>
<td>18</td>
<td>22.6</td>
<td>33</td>
<td>41.2</td>
<td>29</td>
</tr>
<tr>
<td>Rely on verbal persuasion</td>
<td>11</td>
<td>13.8</td>
<td>44</td>
<td>55</td>
<td>25</td>
</tr>
<tr>
<td>Talk more than listen</td>
<td>36</td>
<td>45</td>
<td>23</td>
<td>28.8</td>
<td>21</td>
</tr>
<tr>
<td>Influenced by feeling</td>
<td>30</td>
<td>37.4</td>
<td>23</td>
<td>28.8</td>
<td>27</td>
</tr>
<tr>
<td>Rely on gut feelings rather</td>
<td>33</td>
<td>41.2</td>
<td>20</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Skip from topic to topic</td>
<td>29</td>
<td>36.2</td>
<td>33</td>
<td>41.2</td>
<td>18</td>
</tr>
<tr>
<td>Get bored quickly with too</td>
<td>20</td>
<td>25</td>
<td>40</td>
<td>50</td>
<td>20</td>
</tr>
</tbody>
</table>

Table (2): Distribution of head nurses' negotiation skills as aggressor through the study phases

<table>
<thead>
<tr>
<th>Negotiation Skills As Aggressor</th>
<th>Pre-Program N=80</th>
<th>Post-Program N=80</th>
<th>Follow-up program N=80</th>
<th>X²</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>Some time</td>
<td>Never</td>
<td>Always</td>
<td>Some time</td>
</tr>
<tr>
<td>Use a lot of facts and logic</td>
<td>27</td>
<td>33.8</td>
<td>33</td>
<td>41.2</td>
<td>20</td>
</tr>
<tr>
<td>Have clear goals</td>
<td>34</td>
<td>42.6</td>
<td>41</td>
<td>51.2</td>
<td>5</td>
</tr>
<tr>
<td>Use detail and process</td>
<td>24</td>
<td>30</td>
<td>30</td>
<td>37.5</td>
<td>26</td>
</tr>
<tr>
<td>Focused to end result</td>
<td>37</td>
<td>46.2</td>
<td>27</td>
<td>33.8</td>
<td>16</td>
</tr>
<tr>
<td>Value details that pertinent</td>
<td>29</td>
<td>36.2</td>
<td>31</td>
<td>38.8</td>
<td>20</td>
</tr>
<tr>
<td>Use negotiation as a game to</td>
<td>14</td>
<td>17.5</td>
<td>28</td>
<td>35</td>
<td>38</td>
</tr>
<tr>
<td>Become aggressive if the</td>
<td>11</td>
<td>13.8</td>
<td>32</td>
<td>40</td>
<td>37</td>
</tr>
</tbody>
</table>
Table (3): Distribution of head nurses' negotiation skills as preparer through the study phases

<table>
<thead>
<tr>
<th>Negotiation Skills As A preparer</th>
<th>Pre-Program N=80</th>
<th>Post-Program N=80</th>
<th>Follow-up program N=80</th>
<th>χ²</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>Some time</td>
<td>Never</td>
<td>Always</td>
<td>Some time</td>
</tr>
<tr>
<td>Can be very intimidating</td>
<td>10</td>
<td>12.5</td>
<td>22</td>
<td>27.5</td>
<td>48</td>
</tr>
<tr>
<td>preparation is negotiation key</td>
<td>45</td>
<td>56.2</td>
<td>23</td>
<td>28.8</td>
<td>12</td>
</tr>
<tr>
<td>Prepared to defend my beliefs</td>
<td>41</td>
<td>51.2</td>
<td>18</td>
<td>22.6</td>
<td>21</td>
</tr>
<tr>
<td>Good listening and sizing others up</td>
<td>29</td>
<td>36.2</td>
<td>26</td>
<td>32.6</td>
<td>25</td>
</tr>
<tr>
<td>Stay on track</td>
<td>39</td>
<td>48.8</td>
<td>25</td>
<td>31.2</td>
<td>16</td>
</tr>
<tr>
<td>Able to back up my beliefs</td>
<td>44</td>
<td>55</td>
<td>22</td>
<td>27.5</td>
<td>14</td>
</tr>
<tr>
<td>Get to the end result as quickly as possible</td>
<td>34</td>
<td>42.6</td>
<td>29</td>
<td>36.2</td>
<td>17</td>
</tr>
</tbody>
</table>

Table (4): Distribution of head nurses' negotiation skills as listener through the study phases

<table>
<thead>
<tr>
<th>Negotiation Skills As Listener</th>
<th>Pre-Program N=80</th>
<th>Post-Program N=80</th>
<th>Follow-up program N=80</th>
<th>χ²</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>Some time</td>
<td>Never</td>
<td>Always</td>
<td>Some time</td>
</tr>
<tr>
<td>Guided by emotions</td>
<td>29</td>
<td>36.2</td>
<td>19</td>
<td>23.8</td>
<td>32</td>
</tr>
<tr>
<td>Defer to others for assistance</td>
<td>44</td>
<td>55</td>
<td>22</td>
<td>27.5</td>
<td>14</td>
</tr>
<tr>
<td>Prefer to listen</td>
<td>20</td>
<td>25</td>
<td>24</td>
<td>30</td>
<td>36</td>
</tr>
<tr>
<td>Not comfortable with talking through the process</td>
<td>27</td>
<td>33.8</td>
<td>29</td>
<td>36.2</td>
<td>24</td>
</tr>
<tr>
<td>Interested in the smallest details</td>
<td>29</td>
<td>36.2</td>
<td>28</td>
<td>35</td>
<td>23</td>
</tr>
<tr>
<td>Negotiate based value system</td>
<td>56</td>
<td>70</td>
<td>14</td>
<td>17.5</td>
<td>10</td>
</tr>
<tr>
<td>Concerned about the process rather than winning</td>
<td>40</td>
<td>50</td>
<td>27</td>
<td>33.8</td>
<td>13</td>
</tr>
</tbody>
</table>
Table (5) Distribution of head nurses' negotiation skills through the study phases

<table>
<thead>
<tr>
<th>Negotiating skills</th>
<th>Max Score</th>
<th>Pre-Program</th>
<th>Post-Program</th>
<th>Follow-up program</th>
<th>t test pre &amp; post program</th>
<th>t test pre &amp; follow-up program</th>
<th>t test post &amp; follow-up program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talker</td>
<td>21</td>
<td>13.21 ± 2.55</td>
<td>16.73 ± 1.94</td>
<td>16.87 ± 2.46</td>
<td>-9.817**</td>
<td>-9.225**</td>
<td>-3.91</td>
</tr>
<tr>
<td>Aggressor</td>
<td>21</td>
<td>15.42 ± 2.13</td>
<td>17.45 ± 2.17</td>
<td>17.87 ± 1.58</td>
<td>-5.945**</td>
<td>-8.243**</td>
<td>-1.412</td>
</tr>
<tr>
<td>Preparer</td>
<td>21</td>
<td>16.06 ± 2.73</td>
<td>17.71 ± 2.47</td>
<td>17.83 ± 2.53</td>
<td>3.997**</td>
<td>-4.255**</td>
<td>-3.16</td>
</tr>
<tr>
<td>Listener</td>
<td>21</td>
<td>15.23 ± 2.30</td>
<td>17.40 ± 2.05</td>
<td>17.77 ± 2.01</td>
<td>6.254**</td>
<td>-7.403**</td>
<td>-1.163</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>59.93 ± 4.81</td>
<td>69.30 ± 5.07</td>
<td>70.36 ± 4.81</td>
<td>-11.981**</td>
<td>-13.697**</td>
<td>-1.359</td>
</tr>
</tbody>
</table>

Table (6): Distribution of head nurses' time management skill through the study phases

<table>
<thead>
<tr>
<th>Time management skill</th>
<th>Pre-Program N=80</th>
<th>Post-Program N=80</th>
<th>Follow-up program N=80</th>
<th>X²</th>
<th>P- value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>Some time</td>
<td>Never</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start negotiation process at the time</td>
<td>41 51.2 25 31.2 14 17.6</td>
<td>56 70 13 16.2 11 13.8</td>
<td>57 71.3 13 16.2 10 12.5</td>
<td>5.95</td>
<td>.049</td>
</tr>
<tr>
<td>Negotiation help in aims achievement</td>
<td>25 31.2 35 43.8 20 25</td>
<td>51 63.8 20 25 9 11.2</td>
<td>53 66.2 16 20 11 13.8</td>
<td>24.97</td>
<td>.000</td>
</tr>
<tr>
<td>Can another person take your place in negotiation process</td>
<td>12 15 21 26.2 47 58.8</td>
<td>10 12.5 16 20 54 67.5</td>
<td>9 11.2 13 16.2 58 72.6</td>
<td>3.85</td>
<td>.488</td>
</tr>
<tr>
<td>Participant help to achieve aim.</td>
<td>51 63.8 27 33.8 2 2.4</td>
<td>58 72.5 19 23.7 3 3.8</td>
<td>62 77.5 15 18.8 3 3.7</td>
<td>5.01</td>
<td>.286</td>
</tr>
<tr>
<td>There is important person not present.</td>
<td>7 8.8 12 15 61 76.2</td>
<td>3 3.8 7 8.7 70 87.5</td>
<td>6 7.5 9 11.2 65 81.3</td>
<td>3.60</td>
<td>.642</td>
</tr>
<tr>
<td>Clear aims of negotiation process.</td>
<td>47 58.8 19 23.7 14 17.5</td>
<td>55 68.8 15 18.8 10 12.4</td>
<td>56 70 12 15 12 15</td>
<td>3.199</td>
<td>.525</td>
</tr>
<tr>
<td>There is important issues not discuss.</td>
<td>7 8.8 23 28.7 50 62.5</td>
<td>5 6.2 16 20 59 73.8</td>
<td>6 7.5 14 17.5 60 75</td>
<td>3.39</td>
<td>.414</td>
</tr>
</tbody>
</table>
There is another method rather than negotiation for problem solving.

Negotiation process takes more time than deserve.

Agreement at the end of negotiation process.

Figure (2) Distribution of head nurses' time management skill levels.

Table (7) Correlation coefficient between head nurses' negotiation knowledge and skills.

<table>
<thead>
<tr>
<th>Negotiation skills</th>
<th>Negotiation knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>r</td>
</tr>
<tr>
<td></td>
<td>.622</td>
</tr>
</tbody>
</table>

Table (8) Correlation coefficient between head nurses' negotiation knowledge and skills and their time management skills.

<table>
<thead>
<tr>
<th>Negotiation</th>
<th>Time management</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>r</td>
</tr>
<tr>
<td>knowledge</td>
<td>.427</td>
</tr>
<tr>
<td>Skills</td>
<td>.305</td>
</tr>
</tbody>
</table>
Discussion:

Nursing managers are required to have different leadership skills and the ability to manage his/her time effectively for conducting efficient negotiations in clinical setting including nurses' discussions, team building and dealing with conflict. Negotiation is interactive inter-human communication in which two or more person had conflict and try to reach an agreement that solves a common problem or achieve a common goal (Miller, 2014).

Concerning head nurses' negotiation knowledge, the result of present study revealed that there was general improvement in head nurses' negotiation knowledge at post and follow up program as compared to preprogram. The highest percent of head nurses had good negotiation knowledge at post and follow up program. However at preprogram the most of head nurses had poor negotiation knowledge. There was statistically significant difference among study phase. This could be the ability of the head nurses to gain knowledge easily and they are interested in the research topics.

The result of present study was in agreement with Zohar (2015) who conducted study entitled" "The art of negotiation" leadership skills required for negotiation in time of crisis". Who stated that negotiation knowledge develop a deeper level of understanding the actual rule involved in the conflict that employed in practice and personal situations.

Regarding head nurses' negotiation skills as talker through the study phases, the result of present study revealed that more than one third of head nurses always like to talk more than listen at pre-program. But it improved at post program and follow up program. There was statistically significant difference among program phases. This could be it is essential to hear and be heard, understand and be understood and read between the lines to accurately interpret the messages.

The result of present study was in agreement with Zohar (2015), who reported that the negotiator should use small talk to warm and should adjust into
the other person’s communicative manner using seeing, listening, feeling and reasoning to effect on the other parties for responding quick. Also he stated that effective communication was important to successful negotiations; the ability to listen and understand the message, express the ideas, understood by others, and finally, accurately interpret the messages through verbal and nonverbal communication.

Concerning head nurses' negotiation skills as aggressor through the study phases, the result of present study revealed that more than one third of head nurses always focused to end result at pre-program. But it improved at post and follow up program. Also there was statistically significant difference among program phases. This could be due to the negotiation aims to reach an agreement. Often the negotiators were encouraged to achieve a "win-win" agreement for the better negotiation and outcome.

Regarding head nurses' negotiation skills as preparer through the study phases, the result of present study revealed that more than half of head nurses always reported that preparation is negotiation key others up during negotiation process at pre-program. But it improved at post and follow up program. There wasn't statistically significant difference among program phases. This could be due to the negotiations begins with setting agenda to determine items of the discussion and provide the framework for the outcomes that are reached. Creating the plan prepares the negotiator to expect the negotiation process. Negotiator can persuade parties to break-off discussions over disagreements related to agenda setting. The skilled negotiators can shape the process and overcome any communications that hinder the way of an agreement.

The result of present study was congruent with Zohar (2015) stated that in preparing, planning, and practicing, a negotiator should use imagination to anticipate and predict what is needed and set justifiable regarding the outcome. Also Jacobson (2008) who conducted study entitled " is time on your side: an
examination of six dimensions of time from a negotiation and relational perspective". He reported that recognize the value of preparation and time frames in situation involved either in the negotiation process success or in the building the relationship.

As regard head nurses' negotiation skills as listener through the study phases, the result of present study revealed that only one quarter of head nurses always prefer to listen at pre-program. But it improved at post and follow up program. Also there was statistically significant difference among program phases. This could be due to when listening; a negotiator must stay patiently for insight to emerge and must trust in the outcome of the negotiation process. Therefore, negotiators must skillful to translate what is being said into what the speaker intends to say.

The result of present study was in agreement with Zohar (2015) reported that few individuals are good conversationalists because they think about what they intend to say, rather than about what the other person is saying. Therefore, the focus of a good conversationalist, as well as a good negotiator, should be not just to hear, but also to listen.

In relation to head nurses' negotiation skills through the study phases, the result of present study revealed that there were highly statistical significant improvement in the head nurses' negotiation skills after intervention both post and follow up program, the total mean scores of head nurses' negotiation skill was low at pre-program and it improved at post and follow up program. This could be due to the content of training program and different instructional methods and media were enhanced head nurses' negotiation skills.

In the same line Shomalnasab and Amini, (2015) conducted study entitled "The study of relationship of negotiation skills of business managers with sales level of food industry companies of Shooshtar city". They reported that the level of satisfaction with the negotiation was very positive and more than half of subjects
were very satisfied. Also McClendon, (2009) reported that head nurses skills required for negotiation in time of conflicts. The ability to negotiate was important to nursing managers because the negotiation skills develop critical thinking and effective communication skills.

Concerning head nurses' time management skill through the study phases, the result of present study revealed that more than half of head nurses reported that always participant help to achieve aim and reach to agreement at the end of negotiation process at pre-program. But it enhanced at the post and follow up program. Also half of them reported that negotiation process always take more time than deserve at pre-program. But the time of negotiation process decreased at the post and follow up program. This because the time is valuable, set timeline with future deadline is one of the most successful negotiations; if the negotiation is not time, it may be other sequence of problem result in. So that the negotiation at time assists to quick solve problem. The negotiation is focus on reaching agreement; the agreement is a positive outcome to any negotiation process.

Similarly, Wondwosen, (2006) reported that taking the time to negotiate the process before diving into talks was beneficial to all the parties involved. It might be time consuming, but in the long run. Also Jacobson, (2008), stated that lost negotiation opportunity involve the inefficient use of time strategies. The use of time must act as a weapon by an experienced negotiator.

In addition to Marquis & Huston, (2012); Peacock, (2013); Forsyth, (2013) they reported that using a time management system can help to develop sound plans to complete, keep and organize to do everything. Also Palmer, (2012) pointed that the common time wasters in meetings were related to; meetings without an agenda, an end time, poor communication and unclear goals.

Regard head nurses' time management skill level the result showed that, the most of head nurses had higher time management skill during negotiation process at post and follow up program as compared to pre-program. This could be due to
the head nurses appreciated and applied basic principles for good preparation of negotiation process and time management.

In the same line Alfredson and Cungu, (2008) reported that the managers and professionals must possess synchronistic time skills to be successful in almost any endeavor.

Concerning correlation between head nurses' negotiation knowledge, skills and time management skills, the result of present study revealed that there were a positive correlation between head nurses' negotiation knowledge, skill and time management skills during negotiation process.

The result of present study was congruent with Al Da Ajani,(2009) who conducted study entitled "Negotiation skills and their in confronting security crisis: a survey study on the officer of special emergency forced in Riyadh city". Stated that when the negotiators had ability to manage time effectively, they can achieve the goals of negotiation. Also Wondwosen,(2006) revealed that the deadlines, controlling timing of actions and manipulating the time situation of other parties play a significant role in negotiation process.

Conclusion:

Based on the results of the present study, the head nurses' had higher negotiation knowledge and skill at post and follow up program. The most of them had higher time management skill during negotiation process at post and follow up program as compared to preprogram. There was a positive correlation among head nurses' negotiation knowledge, skill and time management skills.

Recommendations:

Based on the findings of the current study, the following recommendations can be suggested:

1. Conduct continuous in-service training and education programs for refreshing and developing head nurses’ knowledge and skills about the negotiation as well
as to emphasize time planning skills in negotiation through hospitals training centers.
2. Periodical assessment of head nurses` knowledge to detect the areas to be covered in training education courses to improve their negotiation and time management skills.
3. Publishing posters containing tips about time planning skills in negotiation at each department.
4. Further researches: replication of the research on a large probability sample is recommended to achieve more generalization.

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