

Effect of Time Management on Quality of Life Among Working Mothers

Dr. Akoijam Bimolata Devi¹, Dr. Lisham Sarjubala Devi²

¹Department of Home Science, Waikhom Mani Girls' College, Thoubal Okram(Manipur)

²Department of Home Science, Standard College, Kongba(Manipur)

Corresponding Email: bimolataakoijam@gmail.com



<https://doi.org/10.55041/ijst.v2i8.090>

Cite this Article: Devi, A. B. & Devi, L. S. (2026). Effect of Time Management on Quality of Life Among Working Mothers. International Journal of Science, Strategic Management and Technology, 02(8), 1-9. <https://doi.org/10.55041/ijst.v2i8.090>

License:  This article is published under the Creative Commons Attribution 4.0 International License (CC BY 4.0), permitting use, distribution, and reproduction in any medium, provided the original author(s) and source are properly credited.

Abstract

Working mothers balance work, childcare, household chores and personal downtime. Because of this, they may view time management differently. For example, they may see it as a way of managing their time in a way that may help them decrease the overload on their time and also maintain their health and well-being. This study sought to understand the relationship that time management (planning, prioritising, and organising) and the perceived control of time have, with the multidimensional quality of life of working mothers. The study used a cross-sectional correlational design and a 12-item Time Management Practices Questionnaire, as well as the WHOQOL-BREF to obtain domain scores. The provided secondary data included 200 records that had been anonymised, and the data was subjected to descriptive statistics, reliability analysis, Pearson correlation and multiple linear regression. The mean time management score was 3.18 (SD 0.60), and the mean overall quality of life score was 53.81 (SD 13.92). Time management and its practices correlated positively and moderately with overall quality of life ($r = 0.549$, $p < 0.001$). In the adjusted model, time management practices emerged as a strong positive predictor of quality of life ($B = 10.27$, 95% CI 7.69– 12.84, Beta [standardised] = 0.444, $p < 0.001$). Weekly work hours were negatively related to quality of life, while sleep and perceived support positively predicted quality of life. The model accounted for an overall quality of life variance of 47.6% (adjusted R-squared = 0.457). The study also sought to understand time management practices and how they may impact quality of life, especially in relation to the physical, psychological and social environments. The study also sought to understand the balance working mothers make between work and family life. The accompanying outline states that the provided secondary data is simulated/illustrative and therefore should not be interpreted as data collected from human subjects, but as a study manuscript in its development. The study should be cited as it is, until real field data replaces the simulated data.

Keywords: time management; quality of life; working mothers; work-family interface; WHOQOL-BREF

1. Introduction

1.1 Background and Context

Time management describes how one organizes, safeguards, and adjusts their time with respect to their obligations and aims. Planning, prioritizing and scheduling are the obvious building blocks of time management. How one perceives their control over their time plays a key role in this discipline. From the evidence compiled in various employment and educational settings, time management impacts subjective well-being more than it does performance. Aeon, Faber and Panaccio conducted a meta-analysis in which they found that having time management systems positively impacts one's life satisfaction and negatively impacts distress, which combats the dominant perspective that time management is primarily a set of productivity tools.

Working mothers give time management a practical meaning due to having many roles to manage at the same time. These include having a paying job, looking after children, managing the house, looking after elderly family members, commuting, and the invisible mental load of managing and organizing the family. The classical work-family management model posits that time, strain and behavior conflicts can limit the resources available to other domains of life. A number of reviews and meta-analyses have shown that work-family management conflicts create the opposite of healthy life satisfaction, which can manifest as psychological strain. Recent research has shown that management conflicts for working mothers create limits and imbalances in the work-home management systems instead of within the individual.

These concepts are relevant because being "time poor" should not be seen as a personal shortcoming. A mother can be a good planner and still have a lack of time and a great deal of inconvenience because of long and irregular work hours, long commutes, no child care and/or an inequitable distribution of housework. On the other hand, planning and prioritization may be more effective where there is adequate planning, flexible work, sufficient sleep and a regular workload. A useful analysis should examine the behavioral and contextual aspects of time management rather than suggesting that better scheduling can overcome the structural limitations of time that mothers face.

Quality of life (QOL) encompasses more than the singular experiences of happiness or dissatisfaction with one's job. The World Health Organization's (WHO) component of QOL includes the individual's description of his or her living situation in the context of the culture and the hierarchy of values and in relation to his or her aspirations and expectations [5,15]. The WHOQOL-BREF is the instrument that is used to measure this description in the areas of physical and psychological health, social relationships and the environment [5,6]. This framework fits working mothers well because the demands of work and family can simultaneously impact fatigue and sleep, emotional well being, relationships, safety, financial resources, transportation, leisure and the availability of a supportive and accommodating environment.

1.2 Problem Statement

While studies have found connections between time management behavior and perceived control (and perhaps well-being) [1,3,4], and different studies have addressed the costs of work-family conflict [7-13], the links between time management and working mothers' multidimensional QOL have not yet been addressed. This study attempts to fill this gap by evaluating the time management practices of working mothers and their relationship to overall QOL and domain specific QOL. It also seeks to determine whether these relationships remain after the inclusion of employment, family and recovery-related covariates.

1.3 Significance of the Study

This study offers new ideas and practices and has social relevance. Theoretically, it expands time-management research by considering QOL as a multidimensional outcome. Practically, it suggests some individual and organizational goals, such as the use of realistic prioritization and control of workload, predictability of work schedules, and work flexibility and support. Socially, the framework is constructed so that the responsibility is not fully placed on the mothers. This is accomplished by displaying the contextual resources and constraints together with the individual time-management practices.

1.4 Scope and Delimitations

This study is aimed at mothers who are between the ages of 18 and 55, work at least 20 hours a week, and have at least one child under the age of 18. This is a cross-sectional and correlational study, so any relationships found should be interpreted as associations, not cause and effect. The study location, where participants will be recruited, date of the study, and ethics approval details are currently unavailable and will need to be added before data can be collected.

1.5 Review of Literature and Conceptual Framework

1.5.1 Time Management and Perceived Control

According to Macan, the chronicle model asserts that the ability to set goals and priorities, the ability to plan and a preference for order and systematic organization, combine to create a greater sense of control of time. This, in turn, is associated with less stress and more satisfaction. Subsequent reviews found that time management behaviors were consistently related to perceived control and well-being, though the effects on objective performance were less consistent. Looking at the findings of the most recent meta-analysis, well-being is the primary outcome of effective time management, and not a secondary one.

1.5.2 Work-Family Demands Among Mothers

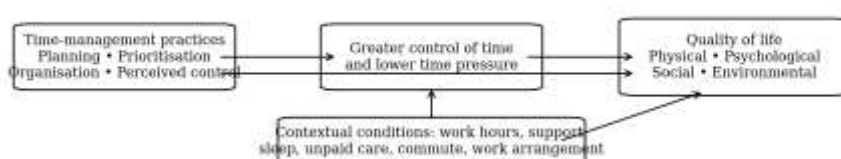
Work-family conflict occurs when a job and family role are at odds [7]. Demands from either role can be experienced as negative. For instance, long work hours and accumulated strain reduce the time available to interact with family. As a result, family strain can have a negative impact on work as well [8-12]. There has been a great deal of interest in working mothers and the resources available to them to help deal with these demands, including the flexibility of the workplace, support from partners, and social support systems [10,13].

1.5.3 Quality-of-Life Domains

The WHOQOL-BREF evaluates constituencies of physical health, psychological health, social relationships, and environmental domains [5,6]. Analysis of the four domains allows the question of whether the practices of time management are associated with the well-being of several domains of daily life as opposed to a single domain of well-being. The mean of the transformed scores of the domains will be used in this study as the main indicator of overall QOL.

Figure 1. Proposed conceptual framework

Source: Developed from references [1,3,5,7,13].



1.6 Objectives and Hypotheses

Objective 1 detailed the relationship between the time management practices and QOL and described the relation between the two. This was the focus of Objective 2. This Objective examined the relationship between the total time management score and the overall QOL. The main aim of Objective 3 was to examine the predicted relationship in a different way. Hypothesis 1 (H1) anticipated the relationship between time management practices and QOL to be positive. Hypothesis 2 (H2) estimated time management practices would be a positive predictor in all of the adjusted models.

2. Methodology

2.1 Research Design

The statistical analysis outlined utilized a quantitative, cross-sectional, and correlational research design. This research design is appropriate for identifying and describing patterns and relationships at a single point in time. However, this design does not allow for determining the order and the cause of events.

2.2 Study Setting and Population

The target study population is working mothers with dependent children.

The draft suggests hiring in schools, hospitals, workplaces, banks, government offices, and online professional groups. The provided materials did not specify a particular city or district. Therefore, this will remain a field study detail to be filled in by the researcher.

2.3 Eligibility Criteria

Inclusion criteria are: Eligible participants are women aged between 18 and 55 years, who are employed for 20 hours or more per week, have at least one child under 18 years of age, have been in their current employment for at least six months, and who can provide informed consent. Women who are currently on long leave, do not provide full consent, have been found to have submitted two entries, or do not respond to 80% of the scales will be excluded.

2.4 Sample Size and Sampling

It is estimated that 200 valid cases will comprise the planned analytic sample. Inviting about 220 participants will allow for removal of respondents who are ineligible or who provide substantially incomplete responses. The outline

proposes the use of stratified convenience sampling across the employment sectors and work arrangements. To address potential selection bias, record the employment recruitment sources. The provided workbook has 200 complete sample illustrative records and matches the planned analytic sample size.

2.5 Instruments and Variables

Section A includes demographic, employment, and family-context variables such as age, marital status, level of education, occupation, work type, hours worked per week, distance of commute, number and age of dependents, perceived, supportive presence, nightly rest, length of unpaid care, and self-reported time-management variables. Section B has a self-reported time-management inventory (N=12), developed by the authors, with a five-point response-mode (1: Never; 5: Always). The inventory is divided into the time-management planning, time-management prioritisation, time-management organisation, and time-management perceived-control domains. Section C is a 26-item QOL assessment, based on the WHOQOL-BREF, with the domains of the four-item WHOQOL-BREF structured QOL framework [5,6,15]. Item wording of the WHOQOL is copyrighted and therefore is not displayed in this manuscript.

2.6 Pilot Testing

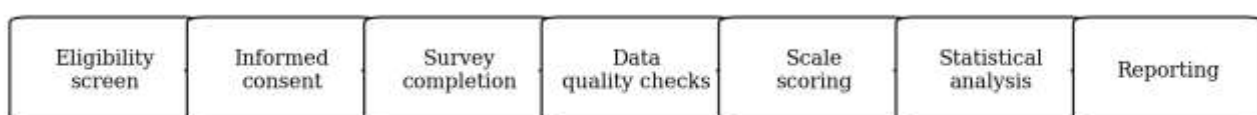
Prior to the field administration of the survey, the researcher-developed time-management survey should be piloted with about 20 to 30 mothers who are eligible but excluded from the main sample. The pilot should determine clarity, completion time, results with missing values and internal consistency. Revisions should be limited to researcher-developed survey items. For the translated versions of the WHOQOL-BREF the survey should use no permissions and following WHO guidance [15].

2.7 Data Collection Procedure

For the field study, eligible mothers will be provided study details, and their informed consent will be obtained. Additionally, mothers will complete a structured questionnaire. Any contact details or identifiers related to consent will be stored separately from the analytic dataset. The workflow below demonstrates that recruitment and consent activities, as well as scoring and analytical processes, will be separated so that the final dataset will have only de-identified records.

Figure 2. Proposed participant and data workflow

Source: Developed for the planned field implementation described in the uploaded outline.



Proposed workflow for field implementation; raw survey data and consent records should be stored separately.

2.8 Scoring and Data Quality

Each participant's data fills one row for each variable in one column. The sum of TM1 to TM12 computes the Time-management total. For the purpose of drawing descriptive graphs, scores below 3.00 are deemed Low, scores between 3.00 and 3.99 are deemed Moderate, and scores over and including 4.00 are deemed High. The scoring procedure of the WHOQOL-BREF entails reversing the scoring of items QOL3, QOL4, and QOL26, computing scores for the four domains, and then in the scoring procedure transforming the scores to a 0 - 100 scale. Any blank responses should be considered as missing data, not as zero. The completeness and the plausibility of the data, duplicates, outliers, data reliability, and documentation of the reason(s) for exclusion should be checked for data quality.

2.9 Statistical Analysis

Frequency and percentage for categorical variables and minimum, maximum, mean and standard deviation for continuous variables are reported. Cronbach alpha was used to measure internal consistency. As both principal scores

were approximately continuous, Pearson correlation was used for the primary bivariate relation, while Spearman correlation was used for cases where the assumptions were materially violated. Multiple linear regression was used to model the prediction of the total overall QOL by total score of time management, total weekly working hours, total number of children, total number of hours of sleep at night, total hours of perceived support and care given, total hours of commuting per day. Unstandardized B, standard error, standard beta, 95% confidence interval and two tailed p values at the 0.05 alpha were used for reporting the results. Patterns of the residuals, homoscedasticity and multicollinearity were also assessed.

2.10 Ethical Considerations and Data Status

The detailed outline you supplied defines the workbook as simulated/illustrative and clearly explains that it must not be classified as human-participant evidence. Accordingly, this manuscript describes the workbook analysis transparently as an illustrative dataset analysis. No study location, ethics approval number, consent record or collection dates have been fabricated. Prior to any submission based on actual participants, the author must obtain institutional ethics approval, informed consent, permission for the chosen version of WHOQOL-BREF and the necessary data protection safeguards.

3. Results and Discussion

The dataset had 200 records. Age averaged 35.4 years (SD 6.5) with 1.77 children (SD 0.81) and 40.7 (SD 6.0) hours of work averaged per week. 110 (55.0%) records showed on-site work, 59 (29.5%) hybrid work and 31 (15.5%) remote work. Time management was reported Low for 80 (40.0%) of the records, Moderate for 98 (49.0%) and High for 22 (11.0%).

Table 1. Profile of the supplied illustrative sample

Source: Analysis of the supplied workbook (n = 200).

Characteristic	Result
Age, years	35.4 (6.5)
Number of children	1.77 (0.81)
Weekly work hours	40.7 (6.0)
Work arrangement	On-site 110 (55.0%); Hybrid 59 (29.5%); Remote 31 (15.5%)
Time-management category	Low 80 (40.0%); Moderate 98 (49.0%); High 22 (11.0%)

The time management scale (12 items) showed good internal consistency (Cronbach's alpha = 0.873). For the WHOQOL-BREF, alpha values for the Physical, Psychological, Social, and Environmental domains were 0.758, 0.745, 0.638, and 0.797, respectively. The Social domain's lower alpha value can be justified due to the domain's smaller three-item structure.

Table 2. Descriptive statistics and correlations with overall QOL

Source: Analysis of the supplied workbook (n = 200). Domain-to-overall correlations are descriptive because overall QOL is derived from the domain scores.

Measure	Mean	SD	r with QOL
Time management total	3.18	0.60	0.549
Overall QOL	53.81	13.92	1.000
Physical QOL	52.07	14.62	0.901
Psychological QOL	52.90	14.77	0.895
Social QOL	55.42	17.97	0.884
Environmental QOL	54.88	14.68	0.914

The primary bivariate result supported H1. Time-management total was moderately and positively correlated with overall QOL ($r = 0.549$, $p < 0.001$). The direction is consistent with evidence that effective management of time is

linked more strongly with well-being than is often assumed [1] and with recent research reporting positive relationships between free-time management and quality of life [14].

3.1 Adjusted Association

The adjusted regression model was statistically significant, $F(7, 192) = 24.90$, $p < 0.001$, and explained 47.6% of the variance in overall QOL (adjusted R-squared = 0.457). Time-management total was the strongest positive predictor in standardised terms. Each one-point increase in the 1-5 time-management mean was associated with an estimated 10.27-point increase in overall QOL, holding the other model variables constant.

Table 3. Multiple linear regression predicting overall QOL

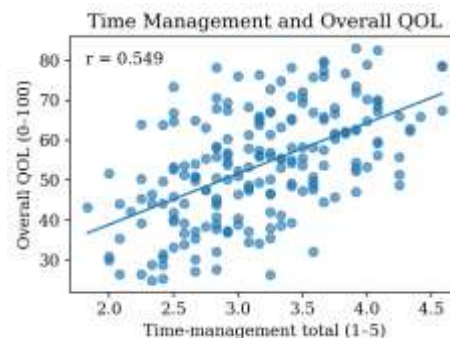
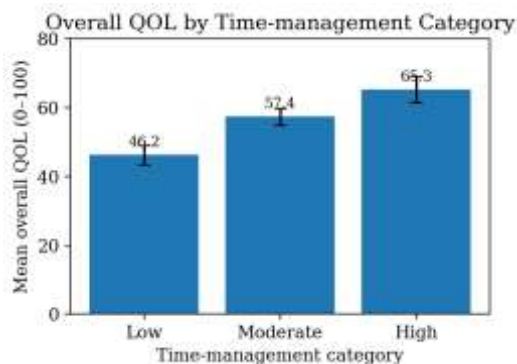
Source: Analysis of the supplied workbook (n = 200). B = unstandardised coefficient; beta = standardised coefficient; CI = confidence interval.

Predictor	B (SE)	beta	95% CI	p
Time-management total	10.266 (1.304)	0.444	7.69 to 12.84	<0.001
Weekly work hours	-0.453 (0.136)	-0.195	-0.72 to -0.18	0.001
Number of children	0.484 (1.041)	0.028	-1.57 to 2.54	0.643
Sleep hours/night	3.470 (1.556)	0.151	0.40 to 6.54	0.027
Perceived support	4.478 (1.175)	0.223	2.16 to 6.79	<0.001
Unpaid care hours/day	-0.910 (0.676)	-0.082	-2.24 to 0.42	0.180
Commute minutes/day	-0.020 (0.030)	-0.036	-0.08 to 0.04	0.498

Model fit: R-squared = 0.476; adjusted R-squared = 0.457. Weekly work hours were negatively associated with QOL, while sleep and perceived support were positive predictors. Number of children, unpaid care hours and commute time were not statistically significant after adjustment. Variance-inflation factors for the predictors were low (approximately 1.0-1.7), indicating no concerning multicollinearity.

Graphs 1 and 4. Main time-management and QOL displays

Source: Review of delivered workbook (n = 200). In Graph 1, error bars reflect 95% confidence intervals.



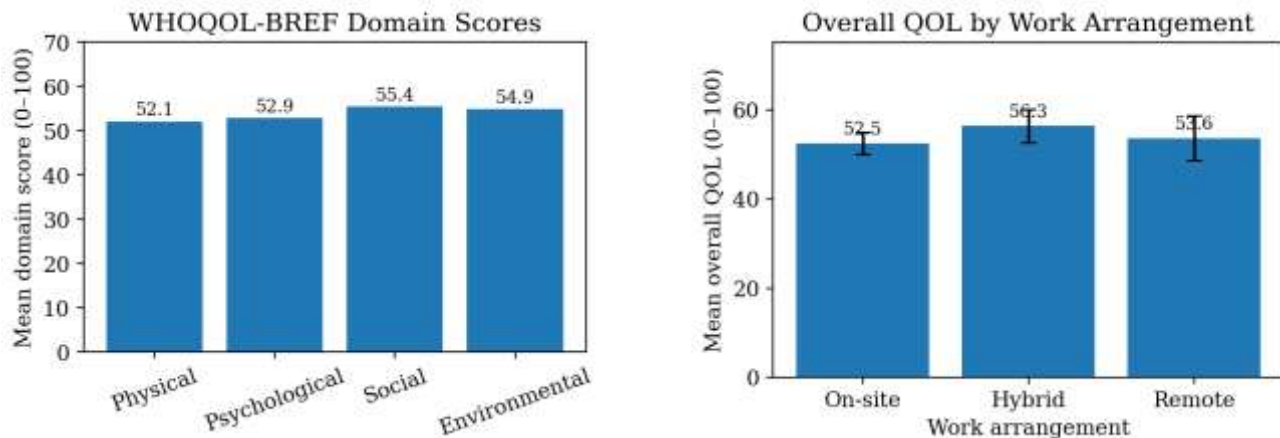
Graph 1 shows a graded increase in mean QOL from the Low to High time-management categories, while Graph 4 preserves participant-level variability and shows the positive continuous trend. The categorical display is descriptive; the continuous score is preferred for correlation and regression because it retains more information.

3.2 Domain and Work-Arrangement Patterns

Across WHOQOL-BREF domains, the mean scores ranged from 52.07 to 55.42. Social QOL had the highest illustrative mean (55.42), followed by Environmental (54.88), Psychological (52.90) and Physical QOL (52.07). These differences are small and should not be over interpreted as substantive domain effects. Mean overall QOL was 52.51 for on-site, 56.34 for hybrid and 53.64 for remote records. A descriptive one-way comparison of work arrangement was not statistically significant ($p = 0.234$), suggesting that arrangement alone does not explain the observed variation in QOL.

Graphs 2 and 3. QOL domain scores and work-arrangement pattern

Source: Analysis of the supplied workbook (n = 200). Error bars in Graph 3 represent approximate 95% confidence intervals.



3.3 Integrated Discussion

The provided dataset validates both hypotheses. With the moderate correlation, it can be said that time management and QOL are likely to move together, while the adjusted model reflects that the relationship holds after consideration of a number of competing demands and resources. This finding aligns with Macan's perceived-control model [3] and with the findings of the meta-analysis that time management relates to well-being [1] as well as with the recent finding that the management of discretionary time relates to quality of life [14].

The mechanism is likely the time management practices of working mothers. The management and prioritisation of time helps working mothers mitigate the stress of too many decisions, protects the time of important tasks, including recovery, and helps working mothers to feel more in control of their time, and their psychological well-being, as well as more easily fulfilling the needs of their family and their job. The regression results also provide evidence that the explanation cannot be solely the time management practices of working mothers. Longer work hours related to lower QOL, however sleep and perceived support had positive outcomes. The findings are consistent with the work-family well-being studies [7-13].

4. Conclusion

The supplied illustrative dataset clearly shows that working mothers' time-management practices positively correlate with their overall quality of life. In general, working mothers with high planning, prioritisation, organisation, and perceived control reported better physical, psychological, social and environmental QOL. This high reported QOL remained when accounting for a few chosen work and family variables. Time management was shown to work alongside other variables. Longer work hours negatively impacted quality of life, while adequate sleep and perceived support improved overall quality of life. Individual time-management skills are important, but the impacts of time management depend on the work and family conditions, as well as recovery time and support. The source outline indicates that the dataset is illustrative and simulated, and considering the cross-sectional nature of the study, the results cannot confirm the impacts of time management on the overall quality of life of working mothers, nor can they be presented as verified human participant findings. Future studies should explore time management and workplace support and their relatives impacts longitudinally on the overall quality of life of working mothers.

5. Recommendations

For working mothers: Make use of weekly planning, prioritisation, task batching and specially designated rest time. In a shared household, scheduling can clearly allocate both cognitive and domestic tasks; however, the idea that time management should be geared toward the maximisation of productivity is a misconception.

For employers: Provide predictable workloads, flexible start and end times, hybrid options where feasible, protected leave, childcare support and manager training that reduces unnecessary schedule volatility.

For families and communities: Promote equitable sharing of domestic labour and practical support networks, particularly during periods of high employment or caregiving demand.

For researchers: Validate the 12-item time-management scale in working-mother populations, use multi-site or probability sampling, examine mediation through time pressure or work-family conflict, and conduct longitudinal or intervention studies.

6. References

- Aeon, B., Faber, A., & Panaccio, A. (2021). Does time management work? A meta-analysis. *PLOS ONE*, 16(1), e0245066. <https://doi.org/10.1371/journal.pone.0245066>
- Allen, T. D., Herst, D. E. L., Bruck, C. S., & Sutton, M. (2000). Consequences associated with work-to-family conflict: A review and agenda for future research. *Journal of Occupational Health Psychology*, 5(2), 278–308. <https://doi.org/10.1037/1076-8998.5.2.278>
- Claessens, B. J. C., van Eerde, W., Rutte, C. G., & Roe, R. A. (2007). A review of the time management literature. *Personnel Review*, 36(2), 255–276. <https://doi.org/10.1108/00483480710726136>
- Cooklin, A. R., Westrupp, E., Strazdins, L., Giallo, R., Martin, A., & Nicholson, J. M. (2015). Mothers' work-family conflict and enrichment: Associations with parenting quality and couple relationship. *Child: Care, Health and Development*, 41(2), 266–277. <https://doi.org/10.1111/cch.12137>
- Gerçek, M. (2025). Balancing demands and resources along the work-family continuum of working mothers: Insights from a meta-synthesis study. *Journal of Family Issues*, 46(5), 827–858. <https://doi.org/10.1177/0192513X241299418>
- Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of Management Review*, 10(1), 76–88. <https://doi.org/10.5465/amr.1985.4277352>
- Haar, J. M., Russo, M., Suñe, A., & Ollier-Malaterre, A. (2014). Outcomes of work-life balance on job satisfaction, life satisfaction and mental health: A study across seven cultures. *Journal of Vocational Behavior*, 85(3), 361–373. <https://doi.org/10.1016/j.jvb.2014.08.010>
- Kossek, E. E., & Ozeki, C. (1998). Work-family conflict, policies, and the job-life satisfaction relationship: A review and directions for organizational behavior-human resources research. *Journal of Applied Psychology*, 83(2), 139–149. <https://doi.org/10.1037/0021-9010.83.2.139>
- Macan, T. H. (1994). Time management: Test of a process model. *Journal of Applied Psychology*, 79(3), 381–391. <https://doi.org/10.1037/0021-9010.79.3.381>
- Macan, T. H., Shahani, C., Dipboye, R. L., & Phillips, A. P. (1990). College students' time management: Correlations with academic performance and stress. *Journal of Educational Psychology*, 82(4), 760–768. <https://doi.org/10.1037/0022-0663.82.4.760>
- Skevington, S. M., Lotfy, M., & O'Connell, K. A. (2004). The World Health Organization's WHOQOL-BREF quality of life assessment: Psychometric properties and results of the international field trial. *Quality of Life Research*, 13(2), 299–310. <https://doi.org/10.1023/B:QURE.0000018486.91360.00>



Shockley, K. M., Shen, W., DeNunzio, M. M., Arvan, M. L., & Knudsen, E. A. (2017). Disentangling the relationship between gender and work-family conflict: An integration of theoretical perspectives using meta-analytic methods. *Journal of Applied Psychology*, 102(12), 1601–1635. <https://doi.org/10.1037/apl0000246>

Terzi, E., Isik, U., Inan, B. C., Akyildiz, C., & Ustun, U. D. (2024). University students' free time management and quality of life: The mediating role of leisure satisfaction. *BMC Psychology*, 12, 239. <https://doi.org/10.1186/s40359-024-01745-2>

World Health Organization. (n.d.). *WHOQOL: Measuring quality of life*. Retrieved August 7, 2026, from <https://www.who.int/tools/whoqol>

World Health OrganizationQOL Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological Medicine*, 28(3), 551–558. <https://doi.org/10.1017/S0033291798006667>