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FEATURE

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Nurses' experiences of busyness in their daily work

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Abstract

The purpose of this study is to explore and illuminate the phenomenon of busyness as experienced by nurses. The daily work of nursing practice is often characterized by a hectic pace in the execution of tasks. Previous research shows that busyness can potentially lead to a reduction in the quality of nursing. Little has been explored about nurses' own experiences of busyness. This study has a qualitative design. The method chosen is a phenomenological hermeneutical exploration of personal experiences. Results reveal that busyness is experienced as a disparity between perceived necessary tasks and time available to accomplish them. Busyness has an outer dimension of events and a dimension of internal processes. Busyness is experienced as acceptable to some extent, but feels strongly uncomfortable if important tasks remain undone. The intolerable busyness raises negative emotions, steals energy and weakens health. Coping with busyness seems to be a personal and individual struggle, even though health service enterprises are a collective matter.

KEYWORDS

busyness, health personnel, job experience, lack of time, nurses, nursing care, qualitative studies

1 | INTRODUCTION

Nurses' experience of busyness and stress has been a central issue in studies of working conditions. *Stress* and *workload* are words that are repeatedly used when nurses describe their work situation (Norman & Sjetne, 2017; Thompson et al., 2008). Key values in nursing, such as patients' dignity and respect, contrast with the profitability and productivity that are often emphasized in health care services. Being busy and short of time causes experiences of stress and physical exhaustion. Extreme busyness has a number of negative consequences for nurses and for patients and their relatives (Aiken & Sermeus, 2012; Nagington, Luker, & Walshe, 2013).

The purpose of this article is to describe nurses' experiences of busyness in their daily work. This article is based on a recent study in which four nurses were interviewed about their experiences with busy working days (Govasli, 2017). The research problem is: *How do nurses experience busyness in nursing practice?*

2 | BACKGROUND

Busyness is defined as a person's perception of internalized pressure when he or she is in a situation in which there is a shortage of time in which to accomplish valued work (Thompson et al., 2008, p. 542). Busyness tends to reduce energy levels and is objectively characterized by substantial action or motion (Thompson et al., 2008). The daily work of nurses is often characterized by a hectic pace in the execution of tasks in the workplace (Aiken & Sermeus, 2012; Kerfoot, 2007). Various conditions contribute to accelerating the rush in the health care services. Society's need for nursing care is constantly increasing (Bing-Jonsson, Foss, & Bjørk, 2016). Advanced medical

technologies provide even more treatment possibilities (Bontemps-Hommen, Baart, & Vosman, 2019). There is also an increasing need for documentation. Additionally, patients and their relatives are increasingly aware of their right to medical assistance and tend to have higher expectations for treatment and care (Mastaneh & Mouseli, 2013).

Busyness is not necessarily effective. Being in a hurry has many negative consequences (Aiken & Sermeus, 2012; Nagington et al., 2013; Shirey & Hites, 2015). Frantic and rapid actions easily become ineffective and inefficient. The work becomes fragmented by distracting details and unfocused actions. Richards (2015) notes that busyness drives actors into anxiety, worries and even bad conscience and may result in an underlying feeling of not doing things 'well enough' (Richards, 2015). A European study conducted in 12 countries reports nurses' experience of omitting important nursing tasks due to lack of time. Medications and necessary treatment were rarely omitted. The form of care that includes comfort and trusting conversations, however, could be skipped, which in turn weakens patient satisfaction (Aiken & Sermeus, 2012). Time constraints reduce the nurses' ability to provide quality nursing care. By rationalizing the care, the results for the patients are affected.

The stress experienced by nurses and the care that patients receive are negatively interrelated (McIntosh & Sheppy, 2013). Moral stress is higher if nurses experience too little time for the patients. At first glance, it may seem paradoxical that those who work more than 30–40 hr a week experience less moral distress than those who work less (De Veer, Francke, Struijs, & Willems, 2013). However, it is not the time consumed by work that represents the stress factors; rather, the lack of 'enough time' to perform required work tasks is the cause of accelerating stress.

Being busy is described as an attitude, a habit and a value that 'settles' within the practitioners: 'we are all in a hurry' and 'life is hectic at our ward' (Kerfoot, 2007; Richards, 2015). Being busy thus may be linked to the work culture of a ward. The stress creates tensions that even have physical effects. The internal stress level of one individual, when encountered by colleagues, tends to increase the group's experiences of busyness. Busy health care professionals convey stress and hurry. This situation creates a turbulent environment that can be felt and experienced by others.

In a discursive perspective, Nagington et al. (2013) find that busyness turns into a form of discourse, as patients and relatives excuse the nursing staff. The patients and relatives see that the home nurses are busy; thus, the rush becomes something that shapes their expectations of care. 'They are so busy; we can't expect more'. Thus, bustle can become a justification for inadequate care (Nagington et al., 2013).

Juthberg, Eriksson, Norberg, and Sundin (2008) studied nursing staff's lived experience of busyness in what they call the 'stress of conscience'. Experiences of inadequacy and powerlessness create feelings of guilt. The lived experience of guilt is associated with a sense of powerlessness and of falling short. When others' norms for the work do not match their own, nursing staff may perceive themselves as inadequate employees and caregivers. Interestingly, bad conscience may be used differently among health care personnel. While some acknowledged that they failed to meet the expectations of residents and relatives, others used their conscience as an emotional tool and a guide in their work (Juthberg et al., 2008).

Previous research shows that various dimensions of busyness can potentially lead to a reduction in the quality of nursing. Therefore, the topic needs to be further elucidated. The purpose of this study is to explore busyness as it is experienced by nurses.

3 | DESIGN AND METHOD

This study has a qualitative design. We have drawn on the method developed by Lindseth and Norberg (2004), which is a phenomenological hermeneutical method for interpreting personal experiences. This article is based on a recent research in which four nurses were interviewed in depth about their experiences with busy working days (Govasli, 2017). Their experiences are gathered and condensed into one story, the story of Else. By analysing the experiences from a phenomenological hermeneutic perspective, we will illuminate the phenomenon of busyness.

3.1 | Recruitment and sampling

Qualitative research is intended to illuminate variations in human meaning and understanding (Åkerlind, 2012). To achieve the desired variation, the participants in this study were recruited from four working environments, namely medical, surgical and intensive care departments and one nursing home. The first author (LG) recruited participants with clinical experiences varying from 10 to 40 years. All the participants had professional capacity building training relevant to the departments they were working in. Two of the interviews were performed at the participants' workplace, within a setting that secured no disruptions. Two participants preferred to be interviewed at home.

3.2 | Ethical considerations

The research was conducted in accordance with ethical guidelines for research. Thus, the requirements for anonymity and consent were met and the plan for the study approved by the institutes of Norwegian Centre for Research Data (*Norsk senter for forskningsdata*).

3.3 | Creating the story of Else

The story of Else was created by drawing on in-depth interviews with four nurses about their experiences of being busy. Statements

and anecdotes that relate to the overall question in this study have been extracted and collected to create a fictive story. First, the entire material was carefully read through by one of the researchers, to grasp the meaning as a whole. Next, the content corresponding to the research question was highlighted and the meaning units were transformed into a fictive story, the story of Else. Similarities as well as differences in the nurses' experiences were included. Finally, this process was critically reviewed by the second researcher.

3.4 | Analysing the story of Else

The systematic investigation of experiences in a phenomenological hermeneutical approach involves three overall steps (Lindseth & Norberg, 2004). In the first step, the story of Else was carefully read through and a brief summary written. Next, the content corresponding to the research question was highlighted, which then revealed meaning units to the phenomenon being investigated. The story was analysed through an analytical back-and-forth movement with questions and answers to the text. The point of departure for the analysis was the overall question: *How do nurses experience busyness in their work practice?* However, the story itself raised questions that in turn found their answers through rereading the story. This dialectical movement between the researcher and the text arose by asking the overall questions: What is the meaning of this text? How do nurses experience busyness in their practice? Finally, there was a dialectical movement between the understanding of the findings and appropriate literature. This step elaborated on the phenomenon and findings were discussed in the light of relevant previous research. The constant dialectical movement between questioning and answering was conducted until a new understanding was achieved. The analysis process was critically reviewed by both researchers.

3.5 | Limitations

Fictive narratives, like the one presented in this article, have limitations. One such limitation is that the reader gets only the perspective of the subject of the narrative. Else's story and her perspective establish the focus of this article. We can only sense various aspects of her perspective without fully being able to elaborate on them. Reflecting upon the narrative may, nevertheless, provide a deeper understanding of what busyness in the work situation entails for nurses. Another limitation is that the recruitment of participants was done from a small geographical area. In addition, the first author and the participants were acquaintances, which may have caused *participant bias* (Shah, 2019). In order to reduce this, the interview guide was given to the participants in advance, to give them the opportunity to be prepared. In addition, the first author kept strictly to the use of open-ended questions and thus avoided leading questions and encouraged the participants to speak freely. The interviewer also made an effort to provide a pleasant atmosphere during the interviews (Govasli, 2017). To avoid *researcher bias* (Shah, 2019), the authors critically reviewed the process of creating the story of Else. Furthermore, to reduce subjectivity, both researchers discussed and re-evaluated the impressions and responses from the text, to ensure that pre-existing assumptions were kept at bay. However, the reader will determine whether this article creates a sense of recognition that may be helpful in the facilitation of a working environment that actively addresses the nurses' experiences of busyness in their clinical practice.

4 | RESULTS

4.1 | The story

The participants in this study work in various medical contexts. Most wards have some routines and programmes for the day that have common characteristics. The patients' care needs are the starting point for nursing. Patients may be seriously ill, or they may only be in need of some assistance. For instance, they require assistance getting out of bed, taking their morning baths and engaging whatever is on their agenda for the day. In all departments, the common focus is that patients require assistance from nurses to meet their basic needs.

Else has long experience in nursing. She mainly thrives in an active unit and thinks it is 'nice to find out things'. She often takes on new challenges and manages these challenges at arm's length. Else finds it interesting to master new technology, for instance when new journaling routines were adopted and the system was implemented in the unit. However, there have been changes in recent years that make daily life busier. The basic staffing has been reduced, and there has been a greater focus on efficiency, profitability and economy. Maintaining budgets has become increasingly important. 'Now it is like hurry, hurry, hurry from the time we come until we go home', she says.

> *I applied for nursing with a sincere desire to make a difference for patients. I wanted to be something for others. What I learned in nursing school excited me: mercy, holistic care, communication, and individual approach. I was looking forward to getting started. For several years, things worked fine. I really felt that I "did everything". I spent a lot of time talking with the patients. Work could be really busy, but we always had time to look for what we had to observe in the patients. It happened, of course, that time was short, but we always knew that the person who was on duty after us could get things done. Our responsibilities for the patients were taken care of, even though it was busy. I could take the time the job required.*
>
> *Now, 10 years later, on most days, I can't finish what I'm supposed to do before the end of the day. I go home feeling that I haven't done what I should. At least I've*

had no room for the good conversations. Such a simple thing as writing food cards, really very important, is not done when we are so busy. Now I feel that I never have enough time for the patients. I get very stressed when people have to wait for me. I get unfocused, a little sad and pert, maybe. When I am stressed, my colleagues become stressed as well, and even the patients.

When it's busy and you go out into the corridor, there is always a phone call you need to take when you walk past the staff room. There is always someone who grabs you, relatives or patients who come and ask for something. All the time there are some questions to be answered, eight and a half hours daily! It feels like you're being dragged in all directions.

Being busy, serious mistakes are made. There have been medication errors, and we had a patient who was sent for monitoring because he was given too much of a painkiller; there was a confusion about the medicine in the bustle. When it is so busy at a ward, nursing tasks are often neglected, and we do not catch up with updating care plans, for instance. Many times, I have thought, "Why didn't I observe that when I was with the patient?" All of the nursing documentation is actually down-prioritized. It's very bad … all documentation is legally required.

I often think that I need to reverse this. I have to tell myself to pull myself together. But I want to follow my heart in all my actions, and I don't when it's so busy. I've just had two terrible evening duties. The ward was full, 20 patients, and many of them had heavy nursing needs. We were two health care workers on duty, a nurse and an assistant nurse. What time does that give you? On top of that, of course, several new patients were admitted, patients who required a great deal of care, in addition to those we had. The last patient was received at nine o'clock pm. He was confused but accompanied by his two sons. I wasn't gentle. The sons asked me questions: "Can you come and talk to him because we do not understand what he is saying". I overheard them. I heard them tell the patient that I didn't want to talk to him. I felt anger towards the sons and got such a guilty conscience. I felt like a fury. I was angry and annoyed at the patients, and I don't want to be that way! I sleep poorly. I go to bed at eleven pm. Get to sleep at twelve. Wake up at three am. Then, I had slept three hours after working two difficult evening shifts. No more sleep that night!

I have no more surplus energy. In addition, I begin talking with myself and think that "well, I just have to endure". I get such a bad conscience. And then, I just want to cry. I'm feeling like a black thunder cloud … inadequate. Sometimes I hide in the bathroom and cry when I'm at work, with a bad conscience and really exhausted. I've got chest pressure and pain in my stomach. It's been reported to the management, but nothing happens…

4.2 | Analysis

The narrative reveals a frustrated and despairing nurse whose experiences reveal that she is not able to do what she believes must be done. Her inner struggle and outer chaos are prominent: irritation, anger and a bad conscience. She tries to reprove herself: 'Pull yourself together!' She tries to endure but has no energy left. She staunchly declares, 'I must follow my heart'. The reflections below describe the busyness as it is experienced, with specific characteristics and consequences.

4.3 | Characteristics

4.3.1 | Busyness, disparity between tasks and time available

Busyness is about 'things being done' within a timeframe. Expressions such as 'I'm in a terrible rush' are used to indicate that there are many tasks to be done within the time available, usually within the frame of a shift. The goal is to have 'everything done' at the end of the shift. Having the opportunity 'to take the time the job requires' emphasizes that different tasks require different amounts of time and that each task must take the time that is required. Busyness involves having a lot to do, but still the experience is okay if one can get 'everything done' within a reasonable time, as the story reveals. The rush becomes uncomfortable if a relatively large amount of work remains at the end of the shift. Busyness is thus proportional to the amount of work that must be done and the timeframe that is available. Harmful busyness is a mismatch between tasks that one perceives must be done and the time available to accomplish these tasks.

4.3.2 | Outer and inner dimensions of busyness and the interaction between them

It is clear from the story that busyness has an outer dimension that is related to the tasks to be solved within the time available. Busyness also creates inner chaos, stress and despair, and these feelings constitute an inner dimension that becomes particularly intrusive in Else's story. The external events affect the inner processes. The idea that two new patients are arriving in an already full ward is more than Else can deal with. Reactions such as stress and irritation prevent her from taking care of her patients and their relatives in a proper manner. She is aware of this fact and is embarrassed and ashamed. Her failure to handle the situation causes reactions in patients and relatives. The patients

and relatives encounter a cold and dismissive nurse, which they comment on, only to cause the nurse to become even more irritated and increasingly ashamed. It becomes a vicious cycle of external events and inner processes that mutually reinforce each other. Unbearable bustle occurs when the vicious cycle cannot be broken. From time to time, speed, stress and lack of time directly result in malpractice. This situation is particularly risky in the case of tasks that require great concentration, such as medication management. Thus, busyness has an outer dimension of events and a dimension of internal processes. The dimensions of busyness, the external events and inner processes, interact and mutually reinforce each other.

4.3.3 | Acceptable busyness

Busyness can be acceptable if you find that 'things are being done'. To be 'extremely rushed' is okay as long as one has 'done everything'. It is the experience of 'being able to take the time the job requires' that makes the bustle tolerable. Even when work has not been accomplished, it feels okay, because one knows that personnel on the next shift will be able to complete the tasks. This description reveals a co-operation among the colleagues in which tasks are performed jointly. If work is not done on one shift, the next team will finish it. Despite having been in an 'awful rush', the day nevertheless left the practitioners with the experience of having 'enough time' to observe the patients. This reveals experiences of having control and overview. Additionally, the close patient contact was perceived to be maintained: 'I spent a lot of time to talk with the patients'. Thus, busyness in the sense of having a lot to do can be tolerated.

4.3.4 | Intolerable busyness

Non-endurable busyness is the type of busyness that creates inner chaos and bad conscience because nurses feel they do not manage 'to do everything'. Busyness fluctuates from day to day, but as the years pass, the experience of bustle seems to increase. This busyness feels unbearable. Some tasks remain undone, and it worries and bothers Else. Food cards are not being updated, and the nurses' documentations are not recorded. The first omission constitutes neglect, and the second is an offence because 'documentation is required by law'. Omissions also include 'the good conversation' that nurses lack time to engage in. It is the tasks that are undone that bother the nurses. Tasks that are perceived as important and remain undone make the bustle intolerable.

4.3.5 | Interruptions reinforce the experience of busyness

The experience of busyness is enhanced by disturbances and interruptions. Else can barely enter the corridor because 'there is always someone who grabs you'. The constant interruptions prevent the practitioner from carrying out an action from beginning to end in a smooth and coherent manner. These interruptions interfere with concentration and delay work. The combination of bustle and work interruptions becomes demanding. Busyness is perceived as enhanced by interruptions in the work.

4.4 | Consequences

4.4.1 | A busy satisfaction

Busyness, in the sense of having a lot to do, that still gives a feeling of having 'done everything' is experienced as satisfaction. Sometimes Else feels she has had the time to complete her work; 'I've done everything', as she puts it. The expression is interesting. It can hardly be literally understood. 'Doing everything', in the true sense of the word, is not feasible and is hardly desirable. This definition is probably not what Else intends to say. Thus, what is the substantial meaning of the expression 'the feeling of having done everything'? Without Else's having explicitly expressed it, there are obviously tasks that are silently defined as expectations of what one should do. The source from which these expectations emerge is unclear. Are the expectations and beliefs subjective or colleague-based?

Else describes the 'good conversations' as something she believes 'must be done'. She remembered earlier days where her school lesson on mercy and individual approach could be realized, and said 'I spent a lot of time talking with the patients'. In-depth knowledge of patients' needs is of course necessary for quality care. However, her expressions may give a slight impression of almost boundless work: 'talk a lot with the patients', 'she's not spending enough time with the patients' and 'is not doing enough for the patients'. These are all examples of tasks that are difficult to delimit in time. What is the meaning of 'being with the patients enough'? How much is 'enough'? Or, what is done that suggests having 'done enough' for the patient? Obviously, something is taken for granted. Expectations such as 'doing enough' for the patients are limitless and well-suited to creating feelings of defeat. It seems that the nurse takes for granted that these tasks are part of her responsibility. As a result of the rush and of feelings of 'not having been enough at the patients', the nurse fails to satisfactorily observe the patients. She accuses herself afterwards: 'Why didn't I see this when I was with the patient?' It is when the bustle becomes intolerable that the consequences also seem destabilizing.

4.4.2 | Busyness that destabilizes

When busyness becomes persistent and is no longer tolerable, it becomes harmful. Haste and rush steal energy, deprive the nurse of job satisfaction and acidify the mood, and probably also the atmosphere of the ward. Else has good contact with her own feelings and expresses what bustle does to her. She becomes 'unfocused, a little sad and pert'.

Busyness awakens irritable and angry feelings. The story becomes almost dramatic when she conveys the experiences of the two 'terrible shifts'. She finds herself, on a busy afternoon, angry and annoyed at the patients, and she feels like a 'fury' and 'a black thunderstorm inside her'. She senses her own feelings, but she is unable to hide them from patients and relatives. She neglects the persons she is supposed to help, but cannot do otherwise. Else acknowledges that this is wrong, and she regrets it, at least retrospectively. In addition, she develops a bad conscience. Busyness has bodily consequences as well. Else feels 'pain in chest and stomach'. Her strength is weakened, and she is on the verge of tears. Her sleep is inadequate. The intolerable busyness raises negative emotions, steals energy and weakens health.

4.4.3 | Privatized experience of busyness

The nurse's story provides strong and discouraging information on how busyness can be experienced; coping with busyness seems to be a personal and individual struggle, even though health service enterprises are a collective matter. However, the personal toil has a strong collective impact. The stress of one colleague affects the others. The story reveals little about how her colleagues reflect and react. Admittedly, Else says 'it's been reported to the management', indicating that the nurses have tried to approach the management but have not been heard. Here is a nurse in a collective service who has an insurmountable personal problem. She carries the problem alone and experiences little or no support from those responsible for the service.

In summary, the story of Else leads to an understanding of the meaning of being busy. Busyness is proportional to the number of tasks and the time available. In describing the characteristics of the busyness, the relationship between the inner and outer dimensions is an analytical distinction. In practical everyday life, there is a close interaction in which the external events strongly influence the inner processes. Busyness can be understood as a continuum ranging from tolerable to completely intolerable. Furthermore, it is clear from the story that the busyness affects practitioner. Surprisingly, not only are there negative consequences but also, in this respect, the experiences range from busy satisfaction to emotional and bodily instability.

5 | DISCUSSION

This study illustrates how busyness is experienced when the number of tasks to be completed is not in reasonable proportion to the time available. Furthermore, the study shows that busyness is an ambiguous phenomenon. When events and tasks occupy more time than is available, inner stress, frustration and bad conscience occur. At the same time, busyness is not necessarily experienced as unequivocally negative. It feels quite 'okay to be in a rush' if important tasks are still completed. Thus, busyness can result in the experience of doing an important job.

Richards (2015) refers to busyness as a message. Busyness communicates messages. Statements such as 'I am crazy busy' convey to others messages such as 'I am busy and have a hectic everyday life'. This situation makes people feel important and sought after and may even create a kind of enjoyment (Richards, 2015). On the other hand, busyness can be exhausting. In a British survey involving 3,000 nurses, 76% stated that they did not have enough time to talk to or comfort patients, 40% answered that they did not have time for necessary tasks, such as taking temperatures and ensuring that the patients have had sufficient fluid and nutrition, and 24% did not have time to determine whether patients were developing pressure sores (Borland, 2011). Thus, the busyness becomes doubly problematic as time constraints additionally result in malpractice and neglect of patients. If busyness conveys ambiguous messages, it will be important for nurses to be aware of the message in their bustle.

Health care professionals cannot tolerate extreme busyness over time without compromising either the quality of the care they provide or their own health (Ericson-Lidman & Åhlin, 2017). For many nurses, maladministration of relational tasks and concrete and visible negligence, such as failing to provide for the fluid and nutritional needs of patients, are perceived as a confession of failure. Anxiety, stress and exhaustion have been reported as a result of work stress. Extreme bustle contributes to poor health of the staff over time (McIntosh & Sheppy, 2013; Richards, 2015).

Bad conscience, as this study shows, can be a sign of intolerable busyness and thus should be perceived as a warning signal (Juthberg, Eriksson, Norberg, & Sundin, 2010). Some actors might be bothered by their failure to meet the expectations of residents and relatives due to their powerlessness. These individuals may feel cowardice and incompetence and suffer from a guilty conscience. Others may use their conscience as a guide to their work (Juthberg et al., 2008). The warning function of conscience can be an asset and a driving force leading one to follow one's conscience. It is important that the actors be conscious. In addition, it is possible to learn solutions. Reflection allows one to review knowledge about the actors' own situations and to develop a knowledge base through which nurses can decide on meaningful and feasible actions to be undertaken (Ericson-Lidman & Åhlin, 2017). Reflection may be a way to address busyness constructively.

The American ethicist Vicki Lachman (2016) argues for developing personal skills related to enduring high speed and high stress. Her concept of 'moral resilience' refers to the ability and the willingness to speak and take right and good action in the face of an adversity that is moral in nature. Resilience involves maintaining a set of attitudes that allow an individual to cope with a different culture without denying his or her own identity (Lachman, 2016). In periods of physical and mental strength, resilience can be an important factor that helps nurses maintain control, even during extreme bustle. At the same time, resilience can be problematic. Over time, busyness and stressful work break down people's health (McIntosh & Sheppy, 2013; Richards, 2015). Eventually, busyness and stressful work also weaken their resilience. Extreme bustle over time weakens practitioners' health and

results in sick leave. When profitability is to be preserved and no additional personnel are hired, the whole business enters a vicious cycle in which talking about resilience can be perceived as further angering the group.

This study reveals busyness as an individual experience. It is the individual who experiences the busyness and is eventually traumatized over time. The experience is privatized. The individual pattern is also evident in Thompson et al.'s definition, in which busyness is described as 'an individual perception of internalized pressure created by a situation where there is a shortage of time to accomplish valued work' (Thompson et al., 2008, p. 542). It is interesting that a complex enterprise that involves a collaborating collegium results in busyness as an individual experience. This phenomenon occurs despite the fact that nursing is performed within a collective college in the health service. Busyness becomes a burden that is carried by the individual. The coping strategies described above are also individual in character. These can be helpful in everyday life, but do they contribute to an unwanted privatization of the problem? An individual approach to the complexity of problems may result in additional personal burdens for nurses. In addition to the despair that the busyness engenders, nurses find that they are also required to train themselves to withstand stress, develop resilience and cope with challenging situations. Busyness in a ward has serious consequences for the entire health care service, including neglect of patients and health problems that affect the nurses. It seems that busyness becomes an individual trauma of collective omissions.

Who is to be responsible for the busyness in a ward? It is a serious societal problem when patients' needs are not satisfied and nurses are troubled by a guilty conscience and suffer damage to their health when at work. To put an end to the harmful bustle, it is important to understand busyness as something more than an individual experience. The imagination of busyness as an individual characteristic is a barrier to addressing it appropriately. Eliminating busyness may not be possible, but taking action must be a priority of the management lest the entire institution collapse due to their burden. The responsibility of ensuring that the business is doing well and that the staff are working under conditions of tolerable busyness must be assumed by the management.

The solution to the busyness problem is not only the nurses' personal ability to endure busyness and to become aware of their own coping mechanisms. It may be as simple as asking the question: Are there enough people on duty? Insufficient numbers of nurses are one reason for busyness (Thompson et al., 2008). A solution to the busyness problem can therefore be careful examination of the timetable. Better basic staffing will reduce the workload and, in the long run, the amount of sick leave that is taken. Hiring of extra staff will be avoided, and this will also have a positive impact on finances.

Nurses may feel that managers show little understanding of their busy situation (Thompson et al., 2008). Management's efforts to reduce workloads were not always perceived as beneficial to nurses. Some of the work nurses are required to do is perceived as unnecessary. In Thompson's study, it was noted that leaders quickly commented on nurses with 'idle time', that is nurses who were not providing direct patient care (Thompson et al., 2008). Nurses who find that the leaders do not fully understand their situation will probably not develop trusting, co-operative relationships. Nurses who consistently describe their environments as 'hurried' and 'rushed' should be a warning signal to leaders. Hectic activity in a culture can be destructive and may be counterproductive. One way to maintain the energy in the culture and stop an escalating situation is to critically assess activities and eliminate tasks that need not be done (Shirey & Hites, 2015). Social support on a daily basis appears to be an important factor of health care personnel (Ericson-Lidman & Åhlin, 2017). Leaders need to focus on more than task completion alone. To achieve optimum outcomes, leaders need to pay attention to the complex culture (Kotter, 2013).

This article deals mainly with the individual perspective of nurses' personal experience of busyness in nursing practice, as has also been the focus of previous research on the same topic. Further research is needed to also study and illuminate individual's experience of busyness, their reactions and behaviour in the interaction with other members of the team (leaders and colleagues) in the context of the working situation in a ward.

6 | RELEVANCE TO CLINICAL PRACTICE

The results in this study add to our knowledge that busyness conveys ambiguous messages. Being aware of possible messages that busyness conveys can make a difference to how nurses deal with challenging busyness in practice.

The solution to the busyness problem is not only the individual nurse's personal ability to endure busyness. The responsibility of ensuring that the staff are working under conditions of tolerable busyness must be assumed by the management.

7 | CONCLUSION

Nurses entering current practice must be prepared to meet a continually increasing demand for rushed practice within turbulent environments. When time is short, the power of health care workers may be reduced as well. The ambiguous message of busyness challenges practitioners to make it clear, both to themselves and to their colleagues, what their culture of busyness conveys. The individual image of being busy in an enterprise that is typically collective is interesting. Ultimately, facilitating good working conditions in health care services is a question of good leadership. A better understanding of how nurses experience being busy in practice can prepare nurses and their leaders to meet increasing demand for rushed practice within turbulent environments.

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REFERENCES

Aiken, L. H., & Sermeus, W. (2012). Patient safety, satisfaction, and quality of hospital care: Cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *British Medical Journal*, *344*, e1717.

Åkerlind, G. S. (2012). Variation and commonality in phenomenographic research methods. *Higher Education Research & Development*, *31*(1), 115–127. https://doi.org/10.1080/07294360.2011.642845

Bing-Jonsson, P. C., Foss, C., & Bjørk, I. T. (2016). The competence gap in community care: Imbalance between expected and actual nursing staff competence. *Nordic Journal of Nursing Research*, *36*(1), 27–37. https://doi.org/10.1177/0107408315601814

Bontemps-Hommen, C. M. M. L., Baart, A., & Vosman, F. T. H. (2019). Practical wisdom in complex medical practices: A critical proposal. *Medicine, Health Care and Philosophy*, *22*, 95–105. https://doi.org/10.1007/s11019-018-9846-x

Borland, S. (2011). *Three in four nurses say they are too busy to talk to patients*. Retrieved from https://www.dailymail.co.uk/health/article-2048933/Three-nurses-say-busy-talk-patients.html

de Veer, A. J. E., Francke, A. L., Struijs, A., & Willems, D. L. (2013). Determinants of moral distress in daily nursing practice: A cross sectional correlational questionnaire survey. *International Journal of Nursing Studies*, *50*, 100–108. https://doi.org/10.1016/j.ijnurstu.2012.08.017

Ericson-Lidman, E., & Åhlin, J. (2017). Assessments of stress of conscience, perceptions of conscience, burnout, and social support before and after implementation of a participatory action-research-based intervention. *Clinical Nursing Research*, *26*(2), 205–223. https://doi.org/10.1177/1054773815618607

Govasli, L. I. (2017). *Nærhet og distanse i pasient-pleier-forhold: Når tiden ikke strekker til. Master i praktisk kunnskap*. Nord Universitet, Bodø, Norway. [Nearness and distance in patient-nurse relationships: When one is hard up for time.] Unpublished master's thesis. Nord University, Bodø, Norway.

Juthberg, C., Eriksson, S., Norberg, A., & Sundin, K. (2008). Stress of conscience and perceptions of conscience in relation to burnout among care-providers in older people. *Journal of Clinical Nursing*, *17*, 1897–1906. https://doi.org/10.1111/j.1365-2702.2007.02184.x

Juthberg, C., Eriksson, S., Norberg, A., & Sundin, K. (2010). Perceptions of conscience, stress of conscience and burnout among nursing staff in residential elder care. *Journal of Advanced Nursing*, *66*(8), 1708–1718. https://doi.org/10.1111/j.1365-2648.2010.05288.x

Kerfoot, K. (2007). Beyond busyness: Creating slack in the organization. *MEDSURG Nursing*, *16*(1), 61–63.

Kotter, J. P. (2013). *Management is (still) not leadership*. Retrieved from https://hbr.org/2013/01/management-is-still-not-leadership

Lachman, V. D. (2016). Moral resilience: Managing and preventing moral distress and moral residue. *MEDSURG Nursing*, *25*(2), 121–124.

Lindseth, A., & Norberg, A. (2004). A phenomenological hermeneutical method for researching lived experience. *Scandinavian Journal of Caring Sciences*, *18*(2), 145–153. https://doi.org/10.1111/j.1471-6712.2004.00258.x

Mastaneh, Z., & Mouseli, L. (2013). Patients' awareness of their rights: Insight from a developing country. *International Journal of Health Policy and Management*, *1*(2), 143–146. https://doi.org/10.15171/ijhpm.2013.26

McIntosh, B., & Sheppy, B. (2013). Effects of stress on nursing integrity. *Nursing Standard*, *27*(25), 35–39. https://doi.org/10.7748/ns2013.02.27.25.35.e7199

Nagington, M., Luker, K., & Walshe, C. (2013). 'Busyness' and the preclusion of quality palliative district nursing care. *Nursing Ethics*, *20*(8), 893–903. https://doi.org/10.1177/0969733013485109

Norman, R. M., & Sjetne, I. S. (2017). Measuring nurses' perception of work environment: A scoping review of questionnaires. *BMC Nursing*, *16*, 66. https://doi.org/10.1186/s12912-017-0256-9

Richards, K. (2015). Work/life balance: The disease of 'busyness'. *Nursing Economics*, *33*(2), 117–119.

Shah, S. (2019). *7 Biases to avoid in qualitative research*. Retrieved from https://www.editage.com/insights/7-biases-to-avoid-in-qualitative-research

Shirey, M. R., & Hites, L. (2015). Orchestrating energy for shifting busyness to strategic work. *Journal of Nursing Administration*, *45*(3), 124–127. https://doi.org/10.1097/NNA.0000000000000169

Thompson, D. S., O'Leary, K. L., Jensen, E., Scott-Findlay, S., O'Brien-Pallas, L., & Estabrooks, C. A. (2008). The relationship between busyness and research utilization: It is about time. *Journal of Clinical Nursing*, *17*(4), 539–548. https://doi.org/10.1111/j.1365-2702.2007.01981.x

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