

Sketching the temporal landscape: The case of night nursing

Reva Berman Brown

Oxford Brookes University, Business School

Ian Brooks

University College Northampton, Northampton Business School

Abstract. We take for granted that we exist in dimensions of time and space. We accept that time passes and that space extends as a matter of course. Just as our personal space is important to us, so is time of our own. The individual is capable of developing a variety of time perspectives or orientations, each applicable to a different aspect of life, for instance, home, leisure, economic, political and organisational. Our temporal perspective influences a wide range of psychological processes, from motivation, emotions and spontaneity to risk-taking creativity and problem-solving.

Our temporal landscapes are made up of recognisable domains, with permeable borders – private time and public time, home time and work time, past, present and future time, cyclical time. Just as a geography of space contains recognisable natural features – rivers, deserts, mountains – and features created by human beings – canals, roads, skyscrapers – so our temporal landscape contains natural features – day and night, the seasons – and features created by us – the ordering of social, economic, legal, and organisational time into, among others, the practices of family life, financial periods, prison sentences and workloads.

This paper views the temporal landscapes of night nurses, and is based on longitudinal ethnographic research. It highlights areas such as shift work, workload, and the temporal aspects of caring. The result is the production of a map, albeit a rough one, of the temporal landscape inhabited by night nurses as they go about their working lives.

Introduction

The painter's term 'landscape' refers to a picture representing a prospect of inland scenery such as can be taken in at a glance from one point of view, as distinct from a portrait, or a sea pic-

Address: Oxford Brookes University, School of Business, Wheatley, Oxford OX33 1HX, United Kingdom.

ture, or a still life depicting objects. Used metaphorically, a landscape is an abstract territory with detectable features, and a temporal landscape is made up of recognisable areas, with permeable borders – for example, private time and public time, home time and work time, past, present and future time, cyclical time – all of which exist within a literal geography of space.

The paper is concerned, first of all, to develop the concept of a temporal landscape, and then to investigate a specific temporal landscape – that of night nurses. The first section elaborates on the metaphor of temporal landscapes, and then focuses on temporal landscapes in organisations. The second section provides information about the research undertaken, and this is followed by the findings concerning the facets of temporal landscapes applicable to night nurses. The final section draws the threads of the discussion together.

Temporal Landscapes

Adam (1998) has developed the concept of the ‘timescape’. Aspects of Adam’s timescape are present in our view of the temporal landscape, which rather than Adams’ structure of dimensions, modi, forms and relations (see Table 1), is made up of frames, and spans contained within the horizon (see Table 2).

Table 1
Temporal Structures of Timescape

Temporal Dimensions	Temporal Modi	Temporal Forms	Temporal Relations
Time frame	Past	Duration	Simultaneous
Time point	Present	Sequence	Synchronous
Temporality	Future	Spontaneity	Parallel
Tempo		Repetition	
Timing		Begin/end	
		Pause	

Source: Adam (1994)

In our metaphor, the temporal landscape contains dimensions which echo those of the spatial one. What we call ‘frames’ are the structural aspects, ‘spans’ are the bridging and linking features, and the time horizon is as real and as unreachable as the geographic one, receding as one approaches it.

Horizon

The temporal horizon, like the spatial horizon, recedes as one approaches it. It is defined by duration, as the spatial horizon is defined by extent. Within the temporal horizon are the frames and spans of the temporal landscape, which are of varying size and significance, as are the dimensions of the spatial landscape.

For Jaques (1976; 1989; 1991; 1994), a time horizon is the boundary within which a person is able to construct a subjective picture of a project, its goal, and the plans for reaching it within an ordered block of time. Where managerial work is concerned, Jacobs and Jaques (1987) propose that the time horizons within which managers work range from a few weeks for those managers who interact with their subordinates and direct superior, and twenty years for leaders at the apex of an organisation, who are concerned with multiple organisations, diverse consumer markets, wide ranges of suppliers, and political issues.

Time frames

The concept of time frame has been explored by Jaques (1976; 1989; 1991; 1994) who defines it as a bounded period within which an event or a series of events occurs. We suggest that, within the temporal landscape, the dimension of ‘time frame’ is a structure, containing features of varying ‘size’ and significance, which define its extent (another spatial term). Events involve

Table 2
The Temporal Landscape

Dimensions	Features of the Dimensions
Horizon	Duration
Frames	Tempo Timing Simultaneity Synchronicity Sequence Parallels Pausing and interrupting Repeating
Spans	Past, present, future Passage and direction Continuity and lastingness Flux and change Beginning and ending Pausing and interrupting Repeating

tempo, timing, simultaneity, synchronicity, sequence, parallels, pauses and interruptions, and repetition.

Time spans

For Jaques (1976; 1989; 1991; 1994), the duration of an event or events is its time span. We suggest, however, that the features of the dimension of time span serve a bridging function, connecting the past, present, and future, and are made up of passage and direction, continuity and lastingness, flux and change, beginning and ending, pauses and interruptions, and repetition.

Thus, just as people live within a spatial landscape and treat, view and deal with it differently, so they treat, view, and deal with time differently – and live in different temporal landscapes.

Perception of the Temporal Landscape

In order to navigate one's temporal landscape, one needs to have a fully-developed time orientation. According to Green (1975, p. 3), the self forms in a progression of stages, each of which involves a previous organisation of time, grows out of a problem in that time organisation, and is resolved by reaching a new and more complex level of time orientation. Just as it is bound to space, the self is inextricably bound to time because neither exists without the other. It is this personal, but in Western culture, universal temporal landscape, which the individual takes to work, and uses to cope with the organisational temporal landscape (Green, 1975).

Although the Newtonian concept of absolute time is still generally held intuitively and instinctively, most people have experienced their sense of time as appearing to speed up or slow down: time perhaps seeming endless when one is bored, or conversely, when looking back at an enjoyable weekend, one cannot imagine how quickly the time had passed.

There are cultural differences, too, in time perception – the word 'tomorrow' tends to be used to mean the day after today in England, while in Spain, it has both the literal meaning plus the meaning of 'sometime'. These differences have a historical dimension – we were far less precise about time before the invention and widespread use of pocket/personal watches. Before this, we note that Mr X arranges to meet Mr Y "on Wednesday before the sun has set», whereas, once personal watches were common, Mr X could say «on Wednesday at 6.30".

Temperature can affect subjective time perception. Cohen (1964) cites Hudson Hoagland who plotted the actual length of a patient's subjective minute at different body temperatures. His Results show a clear correlation between increased temperature and an increase in subjective time duration, a minute seeming to last only 35 seconds at a temperature of 103°F.

The influence of drugs can also distort time perception. Friedman (1990, pp. 15-16) cites the ingestion of LSD and THC (the active constituent of marijuana) as leading to exaggerated estimates of clock time, as if the subject's internal 'clock' was running too fast. Such depressant drugs

as alcohol, tranquillisers and anaesthetics have the reverse effect, leading subjects to underestimate duration as if their internal 'clock' was running too slow.

Such influences can have long-term effects too. Lauer (1981, p. 71) cites research that shows that alcoholics 'have constricted future orientation', being more interested in short-term, present-orientated gratification and having problems coping with long-term goals.

Friedman (1990, p. 20) lists six phenomena which may distort subjective time duration:

1. Absorbing tasks shorten the impression of time in passing.
2. A greater number of events lengthens impressions of a given duration.
3. We experience an acceleration of the passage of time as we grow older.
4. An interval seems longer if one knows in advance that it is to be judged.
5. An interval of time seems exaggerated if we are frustrated with waiting, anticipating a pleasant experience, perceiving ourselves to be in danger, or carefully watching for some event to occur.
6. An interval seems longer if we remember more of its contents or if it was made up of more distinct segments. It seems shorter if we think of it in a simpler way.

It can be seen from the above examples that the human mind does not treat time as an absolute but as a highly variable phenomenon, dependant on a variety of internal and external factors.

Philosophers, being philosophers, question the fundamental nature of things and some question whether time exists at all. This is especially true of the existentialists, typified by Heidegger (1972) who claimed that the concepts of Past, Present and Future are a product of our mind and have no existence in reality and that there is no time without man (p. 16).

Others take a less robust stand. Whitrow, quoted by Green (1975, p 2), says that

We do not experience time, per se, but only what goes on in time, and the experience of time has both quality and quantity.

Gibson (1975, p 295), argues that:

There is no such thing as the perception of time, but only the perception of events and locomotion.

He argues that the sense of **now**, that is, of the present, is a function of our travelling through life and trying to relate our position in relation to the environment through which we move: we perceive ourselves as being **here**, at a particular point in space and time. Such 'travelers', he argues (p. 300),

are tempted to think of the linear path as the dimension of time and to see the path travelled as the Past, that to be travelled as the Future, and the division point as the Present. The point **here** and the moment **now** coincide. One has 'foresight' of the Future and «hindsight» of the Past. ... But this does not mean that the dimension of time, pure time, is experienced during locomotion. What is experienced is a moving self in a stationary environment. (Original emphasis)

This philosophical distinction is important; it helps explain our acceptance of linear time despite its artificiality: it seems ‘natural’ because we are accustomed to the spatial equivalents of ‘before’ and ‘after’.

Just as some travellers will tend to look forward at the view ahead, others tending to look back, and still others stopping to look around them, people put different emphasis on their temporal horizons – being past- or present- or future-orientated.

Kastenbaum (1964; 1975) and Kastenbaum and Durkee (1964) show that older people tend to be more past-oriented than younger people. Equally, similar studies show that older people perceive of time as moving more quickly than younger people (Fraisse, 1964, p. 247).

Some people will exhibit different ‘degrees of freedom’, in other words, they do not conform to the social pressures of schedules as much as others: they will sleep when they feel like it, not at the socially-defined ‘bed-time’; they will eat when they are hungry, not waiting until a socially-defined mealtime.

The Research Undertaken

The field investigation took place over a 8-month period in a National Health Service (NHS) medium-sized general hospital in the Midlands of England. Time was spent in the hospital environment around the clock, on wards and in meeting rooms, observing routines and activities, and chatting with staff informally about hospital and healthcare issues. Wherever possible, notes were taken on-site, although there were occasions when the recording of data was delayed until a more opportune moment. Eighteen permanent night shift nurses, with an average of twelve years’ night shift experience, and, additionally, twelve permanent day nurses were interviewed at length.

The central issues being investigated were those of change management within the unit and the wider NHS. New structures and working arrangements were being introduced in order to create increased flexibility, productivity and efficiency. It was considered necessary to observe and to interview respondents from both day and night shifts in order to compare views and perceptions of the proposed changes.

It became evident, once the taped semi-structured interviews had been transcribed, that the data assisted an exploration of nurses’ temporal landscape, and facilitated the production of a rough map of certain of its central dimensions. Because the interviews were not directly about ‘time issues’, researcher-generated stimuli were minimised. In the main, the language and content of the interview was dictated by the respondent and focused on workplace issues, such as the roles and responsibilities of nurses on all shifts and the relationships between these groups. It is the temporal aspects of these which have been extracted and which form the data on which this paper is based.

Over 40-hours of tape-recorded discourse resulted in ‘rich description’ (Geertz, 1973), which contained ample evidence to support the analysis presented in the paper. The features being looked for were acknowledgements of the ideas derived from the literature presented above, con-

cerning the horizon, frames and spans of the temporal landscape. The ‘practical’ issues which illustrate these aspects concern shift work, workload and the temporal aspects of caring. Comparison and contrast is provided by using the perceptions and comments of both day and night nurses, with the deeper focus on those of night nurses.

The Findings

The findings are divided into three domains of temporal experience and perception, namely shiftwork, workload and temporal aspects of caring. In each, we have attempted to allow the data, in the form of respondent discourse, to tell the story. These findings are then examined using the model depicting the dimensions of the temporal landscape to explore the constructs within the socially-constructed context illuminated by nurse discourse.

Shift Work

The shift system used at the hospital is structured in terms of an early shift, which is from 7.00 to 3.00, a late shift from 1.15 to 9.00, and a night shift, from 8.30 to 7.30 in the morning, making it the longest of the three shifts. Each shift has its own temporal features, and the transition from one to another has its own temporal routines.

“I come on at 8.30 and take report, which basically means a handover of the patients I’m going to look after throughout the night. It can be anything from 14 to 16 patients. There is a visual handover and there are usually two of us. We go round the beds and say hello to all the patients. I introduce myself, if they don’t know me. The nurse from the day staff will tell me what has happened with that patient during the day. It doesn’t take that long, so the day staff will go off anywhere between 8.45 and 9.30, depending on how long the report goes on. About 5.30 in the morning, you go round to make sure the patients are clean and tidy, and they have slept okay. If they need any analgesia or drugs or whatever, you sort that out. You do the handover to the day staff at 7.00 in the morning.” (Bernadette, nights, 6 years)

The time spans of past, present and future are very obvious here. It is necessary to find out what happened in the past in order to work the present shift, to provide for the needs of the staff who will arrive in the morning for the future shift, and to know what had happened to patients earlier which might affect later treatment.

The routines of a nursing shift are predictable within it. The contrast between day and night shifts is obvious – day shifts tend to be experienced as a sporadic present in comparison with the flowing present of the night shifts. For example,

“In the day, it is all rush and bustle. The porters are in with their noisy bleeps and the phones going all day. At night, it’s very quiet and subdued and everything. There is so

much fragmentation of work during the day – you begin that, then drop it, go back to that, answer the phone. The night staff, although they said the time went quicker in the day, they said they got more satisfaction at night because they did a job, they completed it and it was a job well done.” (Phil, days, 15 years)

But changing from working night shift to one of the day shifts can be what one of the respondents called ‘a long shock’, an example of beginning and ending, pausing and interrupting creating discontinuity.

“Someone coming from nights to days will get a long shock if they’ve been off days for a long time. To see all the people. There’s relatives all day, there’s the ECG people, the path lab people, the doctors, the nursing staff, the patients, porters, ward clerks, domestics, tea ladies, physiotherapists occupational therapists, speech therapists. There are masses of people. I couldn’t believe it.” (Mary, nights, 14 years)

Workload

Those nurses who have mainly worked day shifts consider that the night shift is much less busy, though the perception of night nurses is that they are working throughout the shift.

“I think a lot of the day staff think the night staff don’t do much, don’t do a great deal of work. I know that differently, because I’ve done night work. But a lot of day staff have never done a night shift, and they think they just sit there and just wait for the bell to ring. I know it’s different because I did six months on nights.” (Billie, days, 4 years)

The cyclic nature of the work, particularly the night shift, exhibits the time span feature of continuity and lastingness.

“Well, it starts in the evening with observations, blood pressures, temperatures, and there is the drug round to be done, settling down, any other dressings or things like that that need doing. Then there are theatre cases – observations of theatre cases when they come back. At some stage in the night, the other nurses have a break, so you are left and you are responsible for the whole ward for that hour that she is away.” (Denise, nights, 26 years)

“You aim to get lights off by 11.00 or 11.30, midnight at the latest. By then, what with the doing observations, turning patients, cleaning patents, you need a cup of coffee. Then, during the night, you do paperwork. Patients will buzz in the night. You still get admissions in the night.” (Linda, nights, 6 years)

“When the early hours come, we then start breaks. Everybody has an hour’s break over the 11-hour shift. We tend to start them about 2 o’clock onwards. So then you have two on the ward at any one time for the next three hours. There again, the breaks are quite flexible, so if the ward is busy, they won’t go.” (Dorothy, nights, 3 years)

It is when talking about changes in workload and procedures that passage and direction in terms of before and after becomes apparent.

“The most noticeable change for me is the huge increase in paperwork. We have to write a report on all the patients, even if there is no change or anything. We’ve just got to say that there is no change, date and time, sign it. Every patient has 3 or 4 pieces of paper that you have to write something on.” (Izabella, nights, 26 years)

Nevertheless, where there is no internal rotation, and night staff and day staff are permanently different sets of people, the view remains –

“Yes, the day staff are busier. Obviously they are, because they’ve got all the baths and hygiene and everything. There’s a lot of get them out of bed. There’s a lot more for them to do. But if the patients have got any problems, they wait for the night staff. I find they wait for you to come. Then they will come up with this problem, and you will say, when did it happen? Well, this morning. But they wait until you come at night.” (Sandra, nights, 20 years)

“The attitude of the patients are more demanding at night. They don’t mind bothering the night staff, but they won’t bother them during the day – something that could have been sorted out during the day – oh, they are too busy, didn’t like to bother them.” (Zena, nights, 32 years)

The human and living time of intentions and goals is evident in statements such as

“At night, it’s everybody pulling together. If there’s a problem on one ward, there will be help coming from the other wards. Whereas during the day, they are very individual. Even down to emergencies. They will deal with it on a ward. Whereas at night, because I suppose there are not so many of us, we will deal with it as a unit. I think we are closer.” (Sallie, nights, 9 years)

“Despite the noise and the different people you have to deal with during the day, there is the support of working in a big team. I would imagine that night nurses would have to be more self-reliant in the fact that they haven’t got so many people to turn to for support, as it were.” (Gill, days, 7 years).

The Temporal Aspects of Caring

The time span features of beginnings and endings comes to the fore when one considers the temporal aspects of caring. For a nurse, a patient’s hospital stay has a distinct beginning, middle and end, and is imbued with intentions and goals concerning his or her cure. Flux and change, past/present/future, and experience of a flowing present – touches both nurse and patient. The time frame features of sequence, timing, repeating, pausing and interrupting are evident when the nurses talk about the caring aspects of their role.

“People think that patents sleep all night. That is a myth. That isn’t true. If you are

poorly or had an operation, I think you would feel worse at night. Especially when the lights are turned out. The fear sets in. You are lonely. You think everybody else is asleep and you are the only one that is awake. This is where we find we do a lot of counselling. Just reassure them, make those cups of tea, let them talk and be there. There are more deaths at night, between 3 and 4 in the morning” (Jill, nights, 32 years)

“When it goes dark, the problems arise. A little problem, might be, is my budgie all right? You get a lot of personal problems related to you at night. Some people at night think we babysit. We don’t babysit. But they know that we’ve not so many people around, so you must have a bit more time. The other patients are asleep. I can see she’s not busy, she can talk to me tonight.” (Vindalyn, nights, 6 years)

“Things seem twice as bad at night, when there’s not so much going on and they’ve got more time to dwell on themselves and think about their problems. So you can get to know them quite well. At night, there’s more time for talking, which I don’t think can be a bad thing. You can get involved in the emotions of the people on the ward. I have cried with the relatives.” (Diane, nights, 3 years)

The time span features of flux and change, and before and after are evident in statements about the changes in the way that caring can now be expressed.

“The greatest change that has been in my career is that you are allowed to cry now with them and show your emotions. You couldn’t before. That was bad. You weren’t classed as a good nurse if you couldn’t hide this. I think it’s lovely now. You give people a cuddle and cry with them. They cry more at night. They put on such a brave face during the day because of the other people about. They don’t want to upset the other people in their bay. And they don’t want to upset their relatives. They put on a brave face. We get a lot of tears at night.” (Elaine, nights, 32 years)

“Years ago, you were always guarded. Don’t get too involved. That has gone by the way now. We do get involved. There are times that, yes, maybe we do get too involved with our patients and if something happens to them, we are upset. But that in some way is part of nursing. We are allowed to be upset or to be angry. That is permissible. Years ago, no it wasn’t. We are allowed to be human beings now, and laugh and cry with the patients.” (Josephine, nights, 9 years)

Continuity and lastingness of care and caring is revealed by the statement of a nurse who has undertaken a night shift for 20 years.

“I like caring for people. I feel at night, I’ve got more time to spend with my patients. If they can’t sleep, if they ask me for a chat, I’m there.” (Geraldine, nights, 20 years)

“A very important part of a night nurse’s role is communication. Because it is a lot quieter at night, we do have a lot more time to sit and spend that time with patients.” (Angela, nights, 3 years)

“I enjoy doing my role. I trained to be a nurse, and at night you can be a nurse to a

high standard. Because you have the time to do it. I also have the opportunity to extend my role to become a quite a skilled member of the team. Yes, I am very lucky, I think. (Laura, nights, 3 years)

Drawing the Threads of the Discussion Together

While the nurses do not express their perceptions and activities in terms of the time dimensions of horizon, frames and spans, these are present and can be extracted from their comments.

The perspective of repetition and seasonal time is present. The seasons are recognised by the existence of vases of spring daffodils in the wards or the decoration of the wards with Christmas decorations. Nursing is highly 'seasonal' especially in certain areas – for instance, 'the winter crisis', stimulated by the rise in the incidence of influenza in cold weather; accidents at work, home and play differ in nature and number in different seasons; respiratory diseases increase in winter; sunburn rises in summer. As a result of all this, workload on nurses tends to be greater and demand for nursing is greater in the winter – some annualised hours contracts are designed to require nurse to work longer hours in winter and most overtime occurs in winter.

The nurses are acutely aware of the perspective of the human and living time of intentions and goals, both as aspects of their nursing work and also as aspects of their patients' lives. They recognise the importance of timing and tempo and sequence in their nursing activities, and chronological time is present in the duration of shifts, in the intervals between the giving of medication, the times of meals and so on. Nurses also carry watches both as an essential piece of professional equipment use, for example, to measure pulse rates or to ensure accurate measurement times for temperature readings, and as a symbol of their professional status (often pinned to their left breast pocket and worn with pride like a soldier displays his medals).

The features of the time spans that emerged clearly from the comments are the perception and experience of past, present, future, passage and direction, continuity and lastingness, flux and change, and experience in a flowing present, as well as those of earlier and later, before and after, discontinuity, constancy and permanence, and experience in a sporadic present. It is evident that these features provide the nurses with a sense of coherence about their work.

As a generalisation, it can be said that the night nurses tend to experience their shift as one of a flowing present, while the day nurses, who are more active, and whose activities tend to be more fragmented, tend to experience the shift as a sporadic present.

Whether on permanent day shift, permanent night shift, or working both shifts, the nurses interviewed have evidently been successful in developing the time-orientation suggested by Green (1975), and this enables them to navigate successfully through the hospital's temporal landscape, and to integrate their personal temporal landscapes into that of the hospital. The three 'structures' highlighted in this research – work shifts, workloads, and caring – are only small aspects of the overall temporal landscape – other structures of interest could have been chosen – for instance, the ward system, or career progression, or productivity and quality indicators.

Although nurse discourse contained frequent reference to a variety of conceptions of time, a more contextualised series of temporal themes emerged from their descriptions and stories of organisational and professional life. It is these themes, illustrating the horizon, frames, and spans of the temporal landscape, which are discussed below. They define the profession within a complex temporal landscape which both shapes and interacts with organisational 'employment' processes and nurses' caring. We illustrate a number of these themes which emerged from the data by the nurse discourse below.

Duration expressed as series of time (Horizon)

Nurses frequently refer to temporal aspects of their work life as series of either continuous/predictable or discontinuous sequences of time. A few examples will illustrate this theme. When asked to identify patterns in work experiences, nurses frequently comment on their shift arrangements, such as "a series of 'lates' last week which encroached on my personal life" or "this week I'm on early, early, then three lates» while others refer to days of the week when they will be working, such as, «this week I'm doing early Monday, day off Tuesday, work Wednesday, Thursday, Friday nights, then sleep Saturday and have Sunday off". Another nurse responded with relating a series of temporal passages over a longer period of time, "when I first started nursing, I did internal rotation, days-nights-days-nights, but this got me down, so now I do 'earlies' and 'lates' and try to avoid nights unless they're really short".

Temporal series are not always articulated in the present or past tense, such as those presented above, although nurse's predictive powers appear infrequently exercised. The present dominates, such that even past events and future expectations are often couched in the present tense. What is more, when the future is discussed, it is often located in the past. An example will illustrate. A senior nurse attempting to identify sources of stress in her role commented, "when I've got no sister coming on duty, especially when there were three on the previous shift, and someone else phones in sick and they'll be four scheduled on tomorrow and I won't need them, it drove me demented". The story referred to a two-day period in the previous month but related past, present and future events.

Continuity of Care (Frames)

Another theme to emerge from the data is nurses concern for 'continuity of care'. The articulated need to ensure that patients experience a "seamless" care process and that "information about patients is carried over between named nurses at shift end", appears of great importance to the profession. Lack of continuity is often cited as an argument against various shift patterns (the argument appearing largely rational to an outsider). For example, 12-hour shifts are widely viewed as better, ensuring that fewer nurses care for each patient each day, such that "24-hour care is provided with minimal opportunity for discontinuity". Interestingly, the shift hand over does not occur

at or near 12 midnight (or 12 noon), such that the 24 continuous hours in question always span two sequential clock days.

Caring aspects of time stress continuity with emphasis placed on the special relationship between a nurse and a patient. Curiously, this represents a change. Previously, nursing was organized as a series of tasks, and specialization and consequent division of labour dominated, such that any one patient might have experienced many caring interventions from different nurses during their illness. Continuity of relationship through time was viewed as yielding greater benefit than specialisation and division of labour.

Off duty (Frames)

Nurses temporally divide their life experience in two, and frequently articulate and reinforce this division. It is commonplace across nursing in the UK for individuals to flag 'off-duty' requests prior to scheduling. Nurses do not identify (to their ward managers) on-duty requests. There is an 'off-duty' diary, calendar or register in most wards where nurses record, usually a limited number of entries, requesting free time for social/domestic experiences. The 'off-duty' concept is enshrined in self-rostering software packages now quite commonplace in ward-based units. In the absence of 'off-duty' requests, nurses are deemed to be available for work, hence the limits to flexibility are defined by this limited 'personal' time.

Time defining routine (Spans)

Nurses often refer to the duties they perform "having" to take place in a sequence and order. For example, when describing a 'typical' day, one nurse suggested this comprised "a series of activities focusing on the patient. We wake them and get them up and about and ready for breakfast in time for the drugs round and doctors visit". When nurses report the workload being particularly heavy or them being understaffed, they talk of 'catching up' and bemoan the lack of time they can spend with patients, because that causes them to "fall behind". As one nurse commented "you have a routine on the ward and if you've not done something by 10 o'clock you think, Oh God, then you race around". Night nurses are encouraged "to settle everyone down for the night so that the lights can be dimmed at around 11 p.m." Those nurses then perform four-hourly observations and regular 'turning' of some patients.

The routine appears reinforced by 'external' interventions in the nurse-patient caring relationship, such as the doctor's visits, the prescribed interval between drug intakes, the working hours of professionals allied to medicine, and drink and meal times.

When attributing temporal perceptions to patients, time is often considered as an atomised and unreal experience. Hence, "the nights seem very long for patients" who "sometimes tell you things that they would not possibly say in the day", such that "night duty is like a truth drug". The mystery of the night carries with it myth, as many night nurses comment, "we're not babysitters, it's a myth that staff sit and do nothing, it's a myth that patients sleep all night".

Blocks of time (Spans)

Time is frequently defined within blocks of experience, or 'passages', and articulated in phrases, such as "we have somebody who works within school hours", meaning that her hours of work are defined by those in which her children are at school. The duration of this compartment of time varies, for example, many nurses and their managers suggest that they are "exploring the feasibility of annualised hours contracts", while others frequently refer to "days made up of three shifts".

Temporal passages are labelled, the most frequent being 'days' and 'nights', not necessarily referring directly to the passage of 24 hours but corresponding more to 'daylight' and 'night-time' shifts: the former being sub-categorised into 'earlies' and 'lates'. Here managerial and professional activity has decreed that 'days' are longer than 'nights' irrespective of any seasonal variation in the chronological length of daylight. The labels carry a fiscal significance, with the shorter 'nights' carrying an enhanced payment. Hence, cost effectiveness and 'value for money' influences the chronological duration of these labelled passages of time. What is more, 'days' and 'nights' represent "the other side of the fence, like larks and owls", and night nursing has been likened to "doing life". Nurses frequently refer to their collective responsibility as "24-hour round-the-clock care": the block, in this case, 24 clock hours, although their shifts never correspond to a clock day.

Characteristics are often attributed to certain blocks of time, thus enlivening them and giving them character. Hence, on surgical wards Monday 'earlies' are "tense and hectic", night shifts are often "long, slow and sleepy"; they can also be times when "relationships flourish and you really get to know your colleagues and some patients", while lates "interfere with social lives".

It is in choosing or being allocated to such passages of 'labelled' time that nurses are considered flexible, or indeed, inflexible. The flexible nurse, for example, may work a mixture of 'days', 'lates' and 'nights' within any calendar month. Nurses requiring 'flexibility', from their perspective, to combine social, domestic and worklife responsibilities often attempt to negotiate different blocks of time which cut across these embedded norms. It is this latter, previously small, category of 'flexible nurses' who occasion most attention and concern: they redefine the temporal landscape. Discourse is peppered with stories alluding to those who appears not to 'fit', and are, therefore alien to, the existing landscape. Hence, a ward manager suggested that "you have to balance what flexibility you can accommodate while still getting the job done", while a staff nurse suggested, "how realistic can you be in offering people what hours they want"? One nurse commented, when referring to a colleague who starts work mid-way through the early shift, "when she comes in at 10 o'clock, we have to stop everything and do a handover (to better ensure continuity of care) – two hand overs in one morning, its not right". Productivity is assumed to be maximised when the existing temporal landscape is undisturbed. Curiously, this is also apparent when considering the contribution of nurses and managers who work fewer 'passages' of time in any calendar month than others, usually referred to as 'part-timers', such that one nurse commented when discussing her workload, "how can you expect someone to achieve that on two days a week?" There remains illegitimacy concerning part-time work or reduced shift length employment.

A senior manager's comment on this apparent arationality suggested that temporal understandings are embedded in cultural meaning as "changing this will involve implementing long-term cultural change. And instilling recognition that people's needs, and the contribution they make, vary".

Final Comment

What this paper has achieved is to draw attention to the all-embracing totality of the temporal landscape. The main purpose of the study was to consider attitudes towards the implementation of changes to working practices that the hospital hoped would increase flexibility, efficiency and productivity. Yet the comments on these issues made by the nurses interviewed are embedded in the temporal landscape in which they operate – a landscape which can be mapped and its significant features highlighted. In a sense, these comments are the more valuable because they were made within another research context. There is a certain richness and immediacy that has emerged from the oblique approach that might not have been present had the nurses been interviewed directly about the temporal landscape in which they work.

The abstractness of temporal concepts, the subjectiveness of time perception and the all-pervasiveness of time itself render the precise mapping or measurement of temporal landscapes far more difficult than spatial ones. Thus, what we have been able to provide in this exploratory study is a general overview of the temporal terrain, and a confirmation that more detailed mapping is both feasible and desirable, in order to throw more light on organisational life.

References

- Bluedorn, A. C., & Denhardt, R. B. (1988). Time and organisations. *Journal of Management*, 14 (2), 299-320.
- Burrell, G., & Morgan, G. (1979). *Sociological paradigms and organisational analysis: Elements of the sociology of corporate life*. London: Heinemann.
- Cohen, J. (1968). Subjective time. In J. T. Fraser (Ed.), *The voices of time*. London: Penguin Press.
- Fraisse, P. (1964). *The psychology of time*. London: Eyre & Spottiswoode Ltd.
- Friedman, W. (1990). *About time*. Cambridge, Mass: MIT Press.
- Geertz, C. (1973). *The interpretation of cultures*. New York: Basic Books.
- Gibson, J. (1975). Events are perceivable but time is not. In J. T. Fraser, & N. Lawrence (Eds.), *The study of time II. Proceedings of the Second Conference of the International Society for the Study of Time*. New York: Springer-Verlag.
- Green, H. (1975). Aging. In J. T. Fraser, & N. Lawrence (Eds.), *The study of time II. Proceedings of the Second Conference of the International Society for the Study of Time*. New York: Springer-Verlag.
- Heidegger, M. (1972). *On time and being*. New York: Harper & Row.

- Jacobs, T. O., & Jaques, E. (1987). Leadership in complex systems. In J. Zeidner (Ed.), *Human productivity enhancement*, Vol. 2. New York: Praeger.
- Jaques, E. (1976). *A general theory of bureaucracy*. Exeter, NH: Heinemann.
- Jaques, E. (1982). *The form of time*. London: Heinemann.
- Jaques, E. (1986). The development of intellectual capacity. *Journal of Applied Behavioral Science*, 22, 361-383.
- Jaques, E. (1989). *Requisite organisation*. London: Cason, Hall & Co.
- Jaques, E. (1991). *Human capacity*. London: Cason, Hall & Co.
- Jaques, E. (1994). *Executive leadership*. London: Cason, Hall & Co.
- Kastenbaum, R. (1964). Cognitive and personal futurity in later life. *Journal of Individual Psychology*, 19, 216-219.
- Kastenbaum, R. (1975). Time, death and ritual in Old Age. In J. T. Fraser, & N. Lawrence (Eds.), *The study of time II. Proceedings of the Second Conference of the International Society for the Study of Time*. New York: Springer-Verlag.
- Kastenbaum, R., & Durkee, N. (1964). Elderly people view Old Age. In R. Kastenbaum (Ed.), *New thoughts on Old Age*. New York: Springer-Verlag.
- Lauer, R. H. (1981). *Temporal man: The meaning and uses of social time*. New York: Praeger Publishers.

Resumo. Partimos do princípio que existimos em dimensões de tempo e espaço. Aceitamos a passagem do tempo e a expansão do espaço. O nosso espaço pessoal é importante para nós, assim como o nosso tempo. O indivíduo é capaz de desenvolver uma variedade de perspectivas e orientações temporais, aplicáveis a cada aspecto da sua vida, como por exemplo, casa, lazer, dimensões económica, política e organizacional. As nossas perspectivas temporais afectam variadíssimos processos psicológicos, desde a motivação e emoções à espontaneidade, criatividade de tomada de risco, e resolução de problemas.

Os nossos horizontes temporais são constituídos por domínios reconhecidos e com fronteiras permeáveis – tempo público e privado, tempo de trabalho e tempo em casa, tempo passado, presente e futuro, ciclos temporais. Tal como a geografia do espaço contem elementos reconhecidamente naturais – rios, desertos, montanhas – e elementos que são criação humana – canais, estradas, arranha-céus –, também os nossos horizontes temporais contêm elementos naturais – dia e noite, estações do ano –, e elementos por nós criados – ordenação do tempo social, económico, legal e organizacional em, entre outros, práticas da vida de família, períodos financeiros, sentenças de prisão, e cargas de trabalho.

Este artigo revê os horizontes temporais das enfermeiras nos turnos nocturnos, e baseia-se numa investigação etnográfica longitudinal. Ilustra áreas como por exemplo mudanças de turno, carga de trabalho, e os aspectos temporais dos cuidados a prestar. O resultado é um mapa, ainda que pouco elaborado, dos horizontes temporais das enfermeiras de turnos nocturnos.