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Balancing the scales—Nurses' attempts at meeting family and employer needs in a work-intensified environment

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Abstract

Aims: This paper describes findings from a survey conducted in New Zealand exploring nurses' decision-making about when to delay care, delegate care, hand care over or leave care undone. Unanticipated findings identified processes that nurses go through when deciding to take planned/unplanned leave when wards are constrained through budget limitations.

Background: Missed/rationed care is increasingly the focus of attention in international studies, identifying a complex interplay of organisational, professional and personal factors affecting nurses' decision-making when faced with limited organisational time, human and material resources to provide care.

Methods: The survey presented nurses with Likert-scale questions with option for free text comments. This paper reports on the commentaries about work–life balance.

Results: Nurses described workload pressures that lead to rationing care affected them, and the long-term effect on them as individuals. Nurses verbalized the difficulties and associated guilt about taking leaving and sick leave when wards were short staffed.

Conclusions: Nurses consider how their absence will affect the workspace and their home first, considering the impact on themselves last.

Implications: The findings may provide valuable insights for nurse managers in relation to workforce allocations and resources where acknowledgement of work–life balance is considered.

KEYWORDS

missed nursing care, nursing, rationed care, work intensification

1 | INTRODUCTION

This paper describes the decision-making processes of nurses to take leave or not. These discoveries were unanticipated and gained during the analysis of data from a larger New Zealand study examining the decision-making process around what care to ration on a shift by nurses. What these findings revealed was that nurses seek a balance that places work as first priority, followed by family and then lastly themselves. The analysis highlights work intensification

from the perspective of nurses as employees, who attempt to seek a work–life balance in the face of a constrained work environment that forces nurses to consider their options when taking leave from work (annual, carers, sick). The results also expand on the idea of maintaining a life balance that is not necessarily the work–life balance as current literature describes it (Blanchard, 2012; Lee & Sirgy, 2018). This new knowledge may assist nurse managers in workforce planning that in turn facilitates achieving positive patient outcomes whilst meeting organisational goals.

Contemporary health care is underpinned by limited operational budgets that challenge organisations in meeting the workforce requirements to provide an expected standard of care (Allen et al., 2019; Xu, Soucat, & Kutzin, 2018). In Australia and New Zealand, the health industry is one of the largest employers, positioning them at the forefront of economic considerations both as an income and an expenditure (Australian Institute of Health & Welfare, 2018; New Zealand Government, 2016). Further, the existing literature highlights the increasing strain on finite health budgets by patients with increasingly complex and chronic health conditions amidst the challenge associated with nursing workforce shortages (Buchan, O'May, & Dussault, 2013; Ouwens, Wollershiem, Hermens, Hulscher, & Grol, 2005). Furthermore, Allen et al. (2019) identify a smart health community in which nurses must be in a position to prioritize patient care over administrative tasks.

One of the casualties of the budget versus demand-for-service in health service delivery is the quality of care that focuses on risk aversion for the organisation (Aiken, Sloane, Bruyneel, Heede, & Sermeus, 2013; Bail & Grealish, 2016). Risk may not accurately fully describe the issue when quality in care is compromised, because it does not attribute it to missed or rationed care that occurs when material, time or human resource is not equitable to the essential requirements of both the consumer and health service provider (Willis, Harvey, Thompson, Pearson, & Meyer, 2018). Thus, although the quality may be adequate to meet budget needs, the compromises surrounding a resultant work intensification may be more significant and have far reaching implications (Willis et al., 2015).

2 | BACKGROUND

The phenomenon of missed nursing care (MNC) is also referred to as care left undone, unfinished nursing care, implicit rationing or rationed care (Ausserhofer et al., 2013; Jones, Hamilton, & Murry, 2015; Schubert et al., 2008). Research undertaken across multiple countries using tools such as the MISSCARE survey (Kalisch & Williams, 2009) or variations of the BERNCA study (Schubert, Glass, Clarke, Schaffert-Witvliet, & De Geest, 2007) identify that fundamental nursing care is missed in the acute hospital sector because of factors linked to reduced human, material or time resources, and this is work intensification (Blackman et al., 2018; Bragadóttir, Kalisch, & Tryggvadóttir, 2017; Palese et al., 2015). In these circumstances, nurses at the bedside are left accountable for deciding what care is completed or not,

TABLE 1 Care elements and survey questions

Questions used in survey
1. When you are struggling to complete all required cares, please tick which cares you delay until later in your shift and how often this would occur?
2. When you are struggling to complete all the required cares on a shift, please indicate what you would delegate to someone else on the shift, and how often this would occur?
3. When you are struggling to complete the required cares on a shift yourself, please indicate which cares you will leave/delay and hand over to the next shift, and how often this would occur?
4. When you are struggling to complete the required cares on a shift yourself, please indicate which cares you will leave undone and how often this would occur?
Each question to answer: Always – Fairly often - Sometimes - Not very often - Never - Not applicable
MISSCARE—24 care elements used
Ambulation
Pressure area care
Mouth care
Patient washes and attention to skin
Feeding patients
Setting up meals for patients who feed themselves
Vital signs
Monitoring fluid balance
Documentation of patient condition
Patient education about illness, tests and other diagnostic studies
Emotional support to patient and/or family/whanau
Patient education on discharge
Hand washing
Bedside glucose monitoring
Patient assessment performed each shift
Focused reassessments according to patient condition
Intravenous/central line site care and assessments
Response to call bell/light initiated within 5 min
Medications administered within 30 min before or after scheduled time
PRN medication administered within 15 min of request
Assess effectiveness of medication administration
Assist with toileting within 5 min of request
Attending to wound care
Attend general ward rounds, interdisciplinary rounds/Conferences
Work–life balance related questions
1. In the last three (3) months, how many shifts did you miss due to injury, illness, fatigue or stress?
2. In the last three (3) months, how many shifts did you work even although you were sick, injured, stressed or significantly fatigued?
3. If you indicated that you had worked whilst sick, injured, stressed or significantly fatigued, please indicate why you did this.
4. In general, how would you rate your overall health?

even though they have no control over the antecedents of such decisions (Harvey, Thompson, Pearson, Willis, & Toffoli, 2017; Jones, 2015; Papastavrou, Andreou, & Vryonides, 2014). The qualitative elements of such studies have been particularly valuable for providing data on the relationship of MNC to job satisfaction, intention to leave, sick leave, presenteeism (coming to work when sick) and hours worked, all issues influencing a work–life balance.

It is not surprising then that research and policy related to work–life balance have also proliferated over the last two decades (Husso & Hirvonen, 2012). Allen et al. (2012) describe the tensions felt by working women with families as work–family conflict. This is in response to the increasing number of women returning to the workforce whilst their children are still young, and the subsequent impact the demands of the workplace have on their care of, and responsibilities to, family as well as their employer (Kosny & MacEachen, 2009; Pocock, 2005). The ensuing debate about the term work–life balance suggests the phrase, particularly the word 'balance' is inadequate and that there is a lack of coherent theory and policy which has failed to come to grips with the issues that impact on its achievement (Rantanen, Kinnunen, Mauno, & Tillemann, 2011; Schluter, Turner, Huntington, Bain, & McClure, 2011).

The concepts of work–life balance and/or work–life conflict in relation to gender are particularly pertinent to health care organisations. Nurses comprise the greatest number of professionals in the health workforce and, combined with midwives, are estimated to be around 50% of the global health workforce (World Health Organization, 2018). Moreover, women make up between 65% and 86% of the nursing workforce compared with only 31.8% of the global workforce generally (World Bank, 2018). Therefore, recognition of gender, and the associated roles and responsibilities is essential. Further, providing a supportive workplace obviously contributes to improved workforce retention, which in turn contributes to sustainability in health provision. Sturmberg (2018) contends that workforce sustainability in a health service is achieved through a balance between social, environmental and economic concerns. This view is important in health services, given that the bulk of the nursing workforce is whose life commitments inevitably impact on work life and vice versa. Sturmburg (2018) indicates that health systems are complex, adaptive organisations that need to focus not only on health as an outcome, but also on equity and sustainability. To do this, subsystems within the health system must include person-centredness that also embraces the well-being of the workforce itself.

3 | AIMS

The aims of the larger study were to better understand the factors that influence how nurses decide to delay care, delegate care, hand care over or leave care undone on a shift. During analysis, the issues around work–life balance emerged, and so for the purposes of this paper, the aims were to examine the issues that emerged from the data in relation to nurses attempting to balance work and life commitments within a work-intensified environment.

4 | METHODS

The project survey drew on the work by Kalisch and Williams (2009) who developed a MISSCARE tool to measure self-reported barriers and enablers of capacity to undertake routine nursing care activities. We took 24 of the MISSCARE nursing care activities and asked nurses to tell us when they would delay care, delegate care, hand care over or leave care undone on a shift (Table 1). Questions referring to overtime, sick leave and work satisfaction were included. We asked respondents to self-report on personal illness, fatigue and stress, with a particular focus on missed days of work or reported well-being and readiness for work. Each of these Likert-scale questions provided a section for commentary. Surveys were anonymous and distributed with relevant research information by the NCNZ through their electronic quarterly newsletter. Submission of the survey represented the respondent's approval to participate and included a section to be completed if participants wished to participate in an in-depth interview. Informed consent was required for interviews which were then conducted over the telephone because of respondents' widespread geographical locations across New Zealand. Ethical approval to conduct the research was awarded by the researchers' academic institution's ethics committee (*Ref included on acceptance*).

For the investigation of work–life balance, the commentaries in the surveys and the in-depth interviews were analysed. For the purposes of anonymity, we have not made any delineation between quotes from interviews or commentaries from the survey. The missed care component of the survey is not the focus of attention in this paper; rather, we focus now on the work–life elements described in commentaries and interviews impact on nurses.

The analysis used a pragmatic paradigm that supports a combination of thematic analysis and descriptive statistics to explore and describe what nurses said about their work and how they manage it. Pragmatic analysis allows for interpretation of language and context where debate and difference are evident. It accepts that there is a symbiotic association between how people behave and communicate, the organisational philosophy and the social arrangements that occur within an organisational order (Duffy, 2008; Goodsell, Colling, Brown, & England, 2011). In any organisation, there is a structured order to work and communicate which is dynamic within structured boundaries of the organisation. These locations are not always accepted with consensus and can be described as 'the co-existence of competing rationalities' (Jagd, 2011, p. 343). Thus, the pragmatic approach aims to identify how people act, interact, take for granted and normalize their situation in accordance with the social order within which they are located. Pragmatic analysis examines how people reflexively justify their position within an identified social order with the researchers cognisant of the contradictions (Boltanski & The´venot, 2006; Jagd, 2011).

5 | RESULTS

Four hundred New Zealand nurses responded to the survey with forty-five consenting to individual interviews. The demographic of

the participants was reflective of the overall New Zealand nursing workforce (Nursing Council of New Zealand, 2014), with 92.7% (*n* = 366) being female; 57.3% (*n* = 224) working in a metropolitan area; 40% (*n* = 142) having more than 30 years' nursing experience; 68% (*n* = 269) being over the age of 45 years old; and 55.3% (*n* = 218) working full time. Moreover, the number of commentaries in the survey (*n* = 1,321), along with the in-depth interviews, provided a rich qualitative data source for analysis.

Throughout the narratives, regardless of the question being asked, concern for the well-being of team members was evident, along with concern for care delivery. Consistently, accounts revealed nurses' stress at not being able to complete care.

> *I often feel like there is not enough time allocated to see our patients.*

> *There generally is not enough staff on the ward to delegate to other staff. By and large if you can't do it yourself and no one is available to help you, it won't get done.*

> *Basic cares - ADL's (which are still important [activities of daily living]), are at times sacrificed to get on with skill-based interventions such as central line monitoring, IV meds, complex dressings etc.*

> *Family members are sometimes asked to do washes if they are willing and comfortable to do so.*

> *It saddens me that I have become disillusioned by nursing due to the increasing daily pressures that are upon us.*

> *Nurses in our hospital are always flat out, it seems that people wait long periods for help, it's awful.*

5.1 | Work–life balance

Factors that impact on a work–life balance were described throughout the interviews and free text responses in the survey. One nurse identified the systemic issues that negatively impact on working effectively,

> *Nursing needs a bit of a shake up with being more flexible and innovative with hours that nurses work i.e. bringing in shorter or longer shifts and parent friendly hours*

Almost half the respondents indicated that they did not miss any shifts due to injury, fatigue or stress, whilst 73% (*n* = 287/393) worked one or more shifts whilst injured, fatigued or stressed. Interestingly, 61% (*n* = 182/298) said that they worked when sick because they felt an obligation to the team, noting that 102 respondents skipped this question, suggesting a reluctance to declare their position in this question. Ninety-one per cent of the respondents (*n* = 361/394) indicated that their health was either excellent; very good; or fair, even though commentaries indicated considerable fatigue, stress and some serious illness.

During analysis, it became apparent that the work–life balance narrative crossed over from one question to another. Thus, in this section, participant responses were examined and allocated into two themes using Pocock's 'regimes of care' to guide the analysis (Pocock, 2005). The themes identified were, 'Others above self' and 'Institutional responses to work–life balance'.

5.2 | Others above Self

There was a distinct tension around taking time off work in relation to letting the team down, letting the patients down, caring for family and looking after the self when sick.

> *I don't like calling in sick because I am only entitled 10 SL [sick leave days] in a year. So even if I feel sick I go to work and push myself to the limit because I worried one day when I really need to call in sick for my kids or what I won't have sick leaves anymore.*

> *Sick leave taken to care for sick children*

> *More often I would be off due to my children being sick rather than myself*

Concern about taking sick days in regard to letting the team down was evident.

> *Do have a lot of stress, however, I always feel guilty to ring in sick, so most of times if I feel tired, fatigued or stressed out I get myself up and go to work. Also, it's hard to find a replacement for any staff member who is sick.*

> *I feel an obligation to our patients. If we do not have sufficient staff, the team left to work are seriously stressed and stretched, or a patient will be cancelled.*

> *Puts too much pressure on the other nurses in the team*

> *Didn't know how to take a sick day without putting colleagues under further pressure.*

> *I have turned up for work even when my head has been thumping with a headache because I know they wouldn't be able to find cover.*

Leaving the health service unsafe as a result of taking sick leave was of concern.

Feel an obligation to our patients. If we do not have sufficient staff, the team left to work are seriously stressed and stretched, or a patient will be cancelled.

I love the job and do not want to let the patients down (in relation to going off sick)

I did make my fears as to the safety of the ward both for the staff and the pt's, some time ago, but was made aware that this was not appreciated. This was the first time I had ever spoken up, but I now realise it is better to keep your mouth shut. (or leave, which I am now doing).

The absolute bare minimum of staff can only do so much. Management do not acknowledge or accept incidents are probably due to lack of staff.

When taking sick leave, nurses noted that specialty roles were especially difficult to backfill.

Poor skill mix, unable to get senior nurse cover at work and feeling guilty that the position won't be filled.

No cover for senior positions

Specialty role – limited clinical staff, who can do this role

If I don't go to work, no one does the level of work that I do

Fatigue or feeling tired was a common theme in the respondents' comments:

I'm not sure how you'd define 'significantly fatigued'. Maybe 'quite tired' is just my baseline.

I often feel stressed and tired.

There is pressure to work a shift that you are rostered for as there is often no cover by bureau staff and then my colleagues have to work short, which only increases the stress for everyone.

5.3 | Institutional responses to work–life balance

Nurses noted that calling in sick was frequently met with negative responses from managers.

Culture of disapproval/disbelief of staff reporting sick – not an easy process.

Reaction of managers when calling in sick is not great.

Culture of 'discouraging' staff from reporting sick at my workplace – disapproval/irritable responses when reporting ill.

Manager openly comments about it in a negative way when staff call in sick.

My manager has already felt it necessary to berate me last year for using all my sick leave

Out of the shifts I did when I was unwell, I requested to end my shift as I didn't feel good enough or safe to continue. Unfortunately, the Team Manager on that day wouldn't let me go home, due to the lack of staff.

It would have been more [sick leave] but for not wanting to be interrogated by the duty manager wanting a good enough reason or being guilt tripped about letting my colleagues down.

Nurses summed up the staffing situation that creates underlying stress and the impetus for them to come to work even when they are fatigued or sick:

We are constantly understaffed with only 3 nurses rostered for a 24 bed unit. There is no slack in nurse staff to cover any sickness or even to flex up when patient acuity requires. It is worse for night duty with only 2 nurses rostered for 24 patients. There is no patient acuity tool in my workplace only bed occupancy determines staffing.

To keep wage costs down staff sickness is not replaced unless absolutely necessary.

Thus, there were accounts of an inability to replace staff:

It's hard to find a replacement for any staff member who is sick.

…because no backfill is available

No cover for my role

Nurses find themselves struggling with the reality that if one of the team calls in sick or takes unplanned leave, patient care must be prioritized, and they recognize the added strain on the rest of the team. At the same time, nurses reported compromising on meeting personal and family responsibilities, let alone considering the physical, emotional and psychological strain on themselves. For example,

Daughter in and out of hospital … looking after 2 year old just before my grandson died, and nobody listened

In terms of their decision-making, nurses seemed to follow a process. First, they evaluate which area of their life requires their commitment at that time—family or work. They then weigh up the safety versus risk to self or others of attending or not attending work.

6 | DISCUSSION

Perhaps one of the reasons that the topic of nurses' stress and burnout remains at the forefront of workforce discussion is because of the taken-for-granted accommodations that nurses provide in relation to dealing with influencing factors, both internal and external to work (Kosny & MacEachen, 2009). Research has identified that women's work comprises not only the hours they give to their work, but also the work they provide to their families, so the actual hours of work a woman in employment undertakes is hidden and never accounted for (Dinh, Strazdins, & Welsh, 2017; Kosny & MacEachen, 2009). Additionally, Rudge (2013) argues that nurses naturally desire to please and therefore accommodate the additional workload, attempting to adapt to it in order to meet everyone's demands and/or needs. The findings of this study indicate that considerations for family (especially children) and work colleagues were prioritized over considerations for self. However, as illustrated, the impact of workplace pressures and family pressures is not mutually exclusive. When the pressures of one outweigh the other, then nurses must decide about whether or not to take days off work to recalibrate the scales, but it would seem that institutional needs consistently take precedence over family and self.

Although the existing research considers the workplace impact of both work–life balance and MNC, further consideration must be given to the nurse managers who are tasked with meeting performance indicators within a confined budget and ensuring that the legal workplace obligations are met (Harvey et al., 2016). In a family-friendly workplace, rosters and environment are common, but the reality may be not what one expects to see. Exactly how do managers, supervisors and executives implement family-friendly practices into the nursing workforce? That is not so apparent in the existing literature.

7 | IMPLICATIONS FOR NURSING MANAGEMENT

The actions and reactions of nurses taking sick leave, is one such deviant behaviour that appears to have been normalized by both the nurses, their managers and, tacitly, their organisations. The trouble is that if nurses come to work sick, they may not give of their best resulting in poorer clinical outcomes (Johns, 2010). On the other hand, if nurses take time off for their own health or that of their families, they are made to feel guilty by their managers and feel that they have let the team down, and patient care is negatively affected because staffing does not meet care demands. Reports of such responses are in direct contrast to the recommendations from the Fair Work Ombudsman, (2019, p. 2) that describes work–life balance as a 'family-friendly workplace provisions negotiated between an employer and its employees' and provides the following questions for employers to consider:

Is the concept of work and family balance and its benefits positively received and understood by managers and employees?

Is it acknowledged that employees have important roles and responsibilities outside the workplace?

Given the advice from overseeing bodies, increased management awareness and focussed professional development for managers about family-friendly and supportive workplaces are required. The findings presented in this paper have the potential to guide nursing workforce management to adopt forward-thinking mindsets to move health care into the future (Sturmberg, 2018) and may well be used as underpinning knowledge for ongoing professional development for new and experienced nurse managers. An Australian Parliamentary Senate Enquiry proposed that the 'nurse of the 21st century is required to provide high quality care to a discerning consumer whilst dealing with increasingly complex work issues that demand he/she make astute clinical judgments premised on higher-order thinking' (Parliament of Australia, 2002, Ch 6:6.1). To achieve such a goal for current and future nurses, providing a supportive workplace goes some way to ensuring the workforce has all reasonable opportunities to practice high level critical thinking and clinical decision-making.

8 | CONCLUSION

Nurses are carrying the burden and taking responsibility for the work conditions and resource shortages that should be the logistical responsibility of mid, senior, organisational management. The relationship between clinicians and management, and how they accept and communicate the need to take leave (for whatever reason) become the deciding factor on how workplace relations and work–life balance are acknowledged and implemented. A better understanding of the factors that influence how nurses decide whether to take leave or not should be gained because the well-being of the employee ultimately affects patient outcomes. These new understandings of workplace relations identified in this study can facilitate nurse managers in providing a safe and supportive workplace for the employees.

ETHICAL APPROVAL

Ethical approval was granted by the Eastern Institute of Technology Ref 03/15, 'Understanding the Reasons for Rationing Nursing Care'.

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REFERENCES

Aiken, L.H., Sloane, D.M., Bruyneel, L., Van den Heede, K., Sermeus, W. & Consortium, R. C. (2013). Nurses' reports of working conditions and hospital quality of care in 12 countries in Europe. *International Journal of Nursing Studies*, *50*(2), 143–153. https://doi.org/10.1016/j.ijnurstu.2012.11.009

Allen, S., Hammet, R., Wada, Y., de Vettori, E., Van Bergen, M., Purdy, L., … Burrill, S. (2019). *2019 Global health care outlook: Shaping the future*. Sydney: Deloitte Touche Tohmatsu Limited.

Allen, T.D., Johnson, R.C., Saboe, K.N., Cho, E., Dumani, S., & Evans, S. (2012). Dispositional variables and work–family conflict: A meta-analysis. *Journal of Vocational Behavior*, *80*(1), 17–26. https://doi.org/10.1016/j.jvb.2011.04.004

Ausserhofer, D., Schubert, M., Desmedt, M., Blegen, M.A., De Geest, S., & Schwendimann, R. (2013). The association of patient safety climate and nurse-related organizational factors with selected patient outcomes: A cross-sectional survey. *International Journal of Nursing Studies*, *50*(2), 240–252. https://doi.org/10.1016/j.ijnurstu.2012.04.007

Australian Institute of Health and Welfare. (2018). *Australia's Health 2018*. Canberra, Australia: AIHW.

Bail, K., & Grealish, L. (2016). 'Failure to Maintain': A theoretical proposition for a new quality indicator of nurse care rationing for complex older people in hospital. *International Journal of Nursing Studies*, *63*, 146–161. https://doi.org/10.1016/j.ijnurstu.2016.08.001

Blackman, I., Papastavrou, E., Palese, A., Vryonides, S., Henderson, J., & Willis, E. (2018). Predicting variations to missed nursing care: A three-nation comparison. *Journal of Nursing Management*, *26*(1), 33–41. https://doi.org/10.1111/jonm.12514

Blanchard, H.M. (2012). Work … Life … Balance? *Obstetrics & Gynecology*, *119*(1), 177–179. https://doi.org/10.1097/AOG.0b013e31823c026d

Boltanski, L., & The´venot, L. (2006). *On justification: Economies of worth*. Princeton, NJ: Princeton University Press.

Bragadóttir, H., Kalisch, B.J., & Tryggvadóttir, G.B. (2017). Correlates and predictors of missed nursing care in hospitals. *Journal of Clinical Nursing*, *26*(11–12), 1524–1534. https://doi.org/10.1111/jocn.13449

Buchan, J., O'May, F., & Dussault, G. (2013). Nursing workforce policy and the economic crisis: A global overview. *Journal of Nursing Scholarship*, *45*(3), 298–307. https://doi.org/10.1111/jnu.12028

Dinh, H., Strazdins, L., & Welsh, J. (2017). Hour-glass ceilings: Work-hour thresholds, gendered health inequities. *Social Science & Medicine*, *176*, 42–51. https://doi.org/10.1016/j.socscimed.2017.01.024

Duffy, G. (2008). Pragmatic analaysis. In A. Klotz, & D. Prakash (Ed.), *Qualitative Methods in International Relations*. *Research Methods Series*. London, UK: Palgrave Macmillan.

Fair Work Ombudsman (2019). *Best practice guide – work and family*. Canberra, Australia: Commonwealth of Australia.

Goodsell, T.L., Colling, M., Brown, R.B., & England, J.L. (2011). On Past and Future of Community: A Pragmatic Analysis. *The American Sociologist*, *42*(4), 277–287. https://doi.org/10.1007/s12108-011-9137-y

Harvey, C., Thompson, S., Pearson, M., Willis, E., & Toffoli, L. (2017). Missed nursing care as an 'art form': The contradictions of nurses as carers. *Nursing Inquiry*, *24*(3), https://doi.org/10.1111/nin.12180

Harvey, C., Willis, E., Henderson, J., Hamilton, P., Toffoli, L., Verrall, C., … Abery, E. (2016). Priced to care: Factors underpinning missed care. *Journal of Industrial Relations*, *58*(4), 510–526. https://doi.org/10.1177/0022185616638096

Husso, M., & Hirvonen, H. (2012). Gendered agency and emotions in the field of care work. *Gender, Work & Organization*, *19*(1), 29–51. https://doi.org/10.1111/j.1468-0432.2011.00565.x

Jagd, S. (2011). Pragmatic sociology and competing orders of worth in organizations. *European Journal of Social Theory*, *14*(3), 343–359. https://doi.org/10.1177/1368431011412349

Johns, G. (2010). Presenteeism in the workplace: A review and research agenda. *Journal of Organizational Behavior*, *31*(4), 519–542. https://doi.org/10.1002/job.630

Jones, T.L. (2015). A descriptive analysis of implicit rationing of nursing care: Frequency and patterns in Texas. *Nursing Economic*, *33*(3), 144–154.

Jones, T.L., Hamilton, P., & Murry, N. (2015). Unfinished nursing care, missed care, and implicitly rationed care: State of the science review. *International Journal of Nursing Studies*, *52*(6), 1121–1137. https://doi.org/10.1016/j.ijnurstu.2015.02.012

Kalisch, B., & Williams, R. (2009). Development and psychometric testing of a tool to measure missed nursing care. *Journal of Nursing Administration*, *39*(5), 211–219. https://doi.org/10.1097/NNA.0b013e3181a23cf5

Kosny, A., & MacEachen, E. (2009). Gendered, invisible work in non-profit social service organizations: Implications for worker health and safety. *Gender, Work and Organization*, *17*(4), 359. https://doi.org/10.1111/j.1468-0432.2009.00460.x

Lee, D.-J., & Sirgy, M. (2018). What do people do to achieve work-life balance? A formative conceptualization to help develop a metric for large-scale quality-of-life surveys. *Social Indicators Research*, *138*(2), 771–791. https://doi.org/10.1007/s11205-017-1673-6

New Zealand Government (2016). *New Zealand health strategy*. Wellington, New Zealand: Minster of Health.

Nursing Council of New Zealand (2014). *The New Zealand nursing workforce 2012–2013*. Wellington: Nursing Council of New Zealand.

Ouwens, M., Wollersheim, H., Hermens, R., Hulscher, M., & Grol, R. (2005). Integrated Care Programmes for Chronically Ill Patients: A review of Systematic Reviews. *International Journal for Quality in Health Care*, *17*(2), 141–146. https://doi.org/10.1093/intqhc/mzi016

Palese, A., Ambrosi, E., Prosperi, L., Guarnier, A., Barelli, P., Zambiasi, P., … Saiani, L. (2015). Missed nursing care and predicting factors in the Italian medical care setting. *Internal and Emergency Medicine*, *10*(6), 693–702. https://doi.org/10.1007/s11739-015-1232-6

Papastavrou, E., Andreou, P., & Vryonides, S. (2014). The hidden ethical element of nursing care rationing. *Nursing Ethics*, *21*(5), 583–593. https://doi.org/10.1177/0969733013513210

Parliament of Australia (2002). *Chapter 6 - Recruitment, retention and return to nursing*. Retrieved from https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2002-04/nursing/report/c06

Pocock, B. (2005). Work/Care regimes: Institutions, culture and behaviour and the Australian case. *Gender, Work & Organization*, *12*(1), 32–49. https://doi.org/10.1111/j.1468-0432.2005.00261.x

Rantanen, J., Kinnunen, U., Mauno, S., & Tillemann, K. (2011). *Introducing theoretical approaches to work-life balance and testing a new typology among professionals*. Berlin, Heidelberg: Springer, Berlin Heidelberg.

Rudge, T. (2013). Desiring productivity: Nary a wasted moment, never a missed step. *Nursing Philosophy*, *14*(3), 201–211. https://doi.org/10.1111/nup.12019

Schluter, P.J., Turner, C., Huntington, A.D., Bain, C.J., & McClure, R.J. (2011). Work/life balance and health: The Nurses and Midwives e-cohort study. *International Nursing Review*, *58*(1), 28–36. https://doi.org/10.1111/j.1466-7657.2010.00849.x

Schubert, M., Glass, T.R., Clarke, S.P., Aiken, L.H., Schaffert-Witvliet, B., Sloane, D.M., & De Geest, S. (2008). Rationing of nursing care and its relationship to patient outcomes: The Swiss extension of the International Hospital Outcomes Study. *International Journal for*

Quality in Health Care, *20*(4), 227–237. https://doi.org/10.1093/intqhc/mzn017

Schubert, M., Glass, T.R., Clarke, S.P., Schaffert-Witvliet, B., & De Geest, S. (2007). Validation of the Basel Extent of Rationing of Nursing Care Instrument. *Nursing Research*, *56*(6), 416–424. https://doi.org/10.1097/01.NNR.0000299853.52429.62

Sturmberg, J.P. (2018). *Health system redesign how to make health care person-centered, equitable, and sustainable*. Cham, Switzerland: Springer International Publishing.

Willis, E., Harvey, C., Thompson, S., Pearson, M., & Meyer, A. (2018). Work intensification and quality assurance: Missed nursing care. *Journal of Nursing Care Quality*, *33*(2), E10–E16. https://doi.org/10.1097/NCQ.0000000000000277

Willis, E., Henderson, J., Hamilton, P., Toffoli, L., Blackman, I., Couzner, L., & Verrall, C. (2015). Work intensification as missed care. *Labour & Industry: A Journal of the Social and Economic Relations of Work*, *25*(2), 118–133. https://doi.org/10.1080/10301763.2015.1060811

World Bank (2018). *Labor force, female*. Retrieved from https://data.worldbank.org/indicator/SL.TLF.TOTL.FE.ZS

World Health Organization (2018). *Nursing and Midwifery Fact Sheet*. Retrieved from http://www.who.int/mediacentre/factsheets/nursing-midwifery/en/

Xu, K., Soucat, A., & Kutzin, J. (2018). *Public spending on health: A closer look at global trends*. Geneva, Switzerland: World Health Organization.

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