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# Boredom in the Workplace: Reasons, Impact, and Solutions

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**Boredom in the workplace is not uncommon, and has been discussed widely in the academic literature in relation to the associated costs to individuals and organizations. Boredom can give rise to errors, adverse patient events, and decreased productivity—costly and unnecessary outcomes for consumers, employees, and organizations alike. As a function of boredom, individuals may feel over-worked or under-employed, and become distracted, stressed, or disillusioned. Staff who are bored also are less likely to engage with or focus on their work. In this article, we consider the nature of boredom and also the reasons why employees, including mental health nurses, become bored in the workplace. We also discuss the role that can be taken by employees and employers to recognise and address the problem of boredom and we consider how best to develop sustainable workplaces that are characterised by engaged employees who provide the best possible service in healthcare settings.**

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The experience of boredom is frequently encountered in contemporary practice environments, including mental health settings (Binnema, 2004; Fahlman, Mercer, Gaskovski, Eastwood, & Eastwood, 2009; Lawn & Champion, 2013). Indeed, some commentators suggest that boredom in the workplace is experienced by 87% of employees at some time in their working lives (van der Heijden, Schepers, & Nijssen, 2012). Others argue, however, that it is unlikely employees will report their feelings or experiences of boredom—either because it is a socially unacceptable emotional state (Barbalet, 1999) or employees fear being encumbered with additional work or potential disciplinary action—thereby suggesting the proportion of bored employees could be even higher. This situation is problematic, particularly

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in health care settings, with the outcomes of boredom including adverse patient outcomes, under-utilization of staff, low job satisfaction, employee dissatisfaction, work strain, and counter-productive work practices (Guglielmi, Simbula, Mazzetti, Tabanelli, & Bonfiglioli, 2013; Nakhleh, 2008; Skowronski, 2012; Wan, Downey, & Stough, 2014). Moreover, despite these issues, boredom in the workplace is largely ignored by managers and employing organizations (van der Heijden et al., 2012).

This article discusses boredom in the workplace, with a focus on nursing and mental health care settings. The article commences with an overview of boredom typologies, including associated mood and behaviours. This is followed with a discussion of the workplace contributors to boredom, and the consequent outcomes of boredom, including adverse events. Solutions to the difficulties that are generated by experiences of boredom are then considered, including the role that can be taken by managers and team members alike to develop creative solutions to a common, costly, but often overlooked problem.

## BOREDOM TYPOLOGIES

Heidegger (2001) described boredom as a state of being that involves the feeling of being in limbo and a lengthening of time. Boredom involves a lack of interest in, or connection and engagement with, an event or situation (Mercer & Eastwood, 2010). Bored individuals can feel oppressed or weary, to the point where they are unable to plan or reflect (Gibbs, 2011). According to Nett, Goetz, and Daniels (2010), there are a number of different components to the experience of boredom, including “unpleasant, aversive feelings (affective components), as well as an altered perception of time (cognitive components), reduced arousal (physiological components), facial, vocal, and postural expressions of boredom (expressive components), and

the motivation to change the activity, or to leave the situation (motivational components)” (p. 627). This description suggests the multifaceted and complex nature of boredom.

Goetz et al. (2014) identified five different types of boredom: indifferent, calibrating, searching, reactant, and apathetic. Each of these boredom types is associated with varying levels of emotional valorisation, personal arousal, and environments or situations. For example, the affective components of indifferent boredom have a slightly positive emotional valorisation, including feelings of relaxation and a comfortable disconnection from the external world. For this reason, indifferent boredom is not generally associated with workplace settings. In contrast, calibrating boredom has more negative emotional valorisation, with slightly higher arousal (Goetz et al., 2014). Typically, with calibrating boredom, there are feelings of a lack of direction, including wandering thoughts, and a passive motivation to change the experience. In the workplace, calibrating boredom could be experienced during the completion of short-term repetitive or tedious tasks.

Searching boredom is similar to calibrating boredom, and involves feelings of restlessness, together with the pursuit of distraction. More emotionally negative and unpleasant is reactant boredom, which is commonly associated with contextual circumstances (Goetz et al., 2014). In this type of boredom, there is high arousal and strong motivation to leave the situation. Reactant boredom can be felt in response to long-term exposure to work that is perceived as unchallenging, tedious, or unnecessary.

Another type of boredom is apathetic boredom, which is comparable to reactant boredom because it involves emotionally negative components—however, with this type of boredom, there is little arousal (Goetz et al., 2014). Apathetic boredom has similar features to learned helplessness or depression, suggesting the importance of considering the affective and motivational components of boredom in the workplace, particularly in mental health care settings. For example, consumers with apathetic boredom may be misdiagnosed with depression. This suggests the need to explore with consumers the many different facets of their life, rather than applying “labels” or diagnoses based on short-term observation alone.

### Associated Mood and Behaviours

The emotions and behaviours that are most commonly linked to workplace boredom include, but aren't limited to, restlessness, lethargy, frustration, loneliness, and low levels of energy (Harasymchuk & Fehr, 2010). Another term, “presenteeism,” also is used in relation to boredom and work, and describes the absence of engagement with their work by staff (Wan et al., 2014). This means that an employee, although present in the workplace, is not focussed on the activities at hand.

Overt signs of boredom or presenteeism in workers include yawning or the twiddling of thumbs, along with more ambigu-

ous signs, such as doodling or day dreaming (Conrad, 1997); socialising or using social media to enhance stimulation; ignoring work tasks and undertaking personal activities instead; and substance misuse (Skowronski, 2012). All of these actions or behaviours will impact the worker or employing organization, with consequences that can include burnout, job dissatisfaction, reduced performance, workplace errors, and staff attrition (Skowronski, 2012; Wan et al., 2014).

### The Relative Nature of Boredom

It is important to note that boredom is relative—that is, it is experienced in different ways by different people, existing “in the relationship between individuals and their interpretation of their experience” (Conrad, 1997, p. 468). For example, some individuals and even entire population groups have been identified as being boredom prone—that is, they are more likely to experience boredom than others when exposed to similar situations (Game, 2007). Specifically, in psychiatric populations, the consumers who are most likely to be bored are those with depression or who have been admitted voluntarily to acute inpatient facilities (Newell, Harries, & Ayers, 2012). This suggests particular challenges for those, including mental health nurses, who work with people who are depressed or in voluntary units. Questions for mental health staff to consider include, how can depressed or boredom-prone consumers be helped to manage their boredom?

In the same way, employees prone to boredom are more likely to experience tedium and a lack of personal involvement, enthusiasm, or interest in the activities that are occurring around them; they also have lower levels of self-actualization (Watt & Hargis, 2010). When compared to other employees, boredom-prone individuals are more likely to view their jobs as under-utilizing their skills and feel as though they lack opportunities to learn new tasks, leading to higher perceptions of under-employment (Watt & Hargis, 2010). Again, this suggests challenges, this time for managers. Questions to reflect upon could include, how can boredom-prone employees be supported to take the initiative or learn new tasks?

Interestingly, a person's affective reaction to their work, expressed as boredom, differs from the feelings of monotony that are usually elicited by a continued absence of variety or by undertaking repetitive tasks (Game, 2007). Indeed, conceptualizing boredom as an unpleasant emotional state can give rise to the notion that people self-regulate boredom through individualised coping behaviours—thereby eliciting the constructive or destructive behaviors that have been associated with boredom (Skowronski, 2012). For example, boredom can be a cue or trigger to suggest that something is not quite right, requiring a response to address the issues involved (Harasymchuk & Fehr, 2010). So, while the experience of boredom for some people may lead to presenteeism, the same experience may motivate other employees into taking the initiative for other opportuni-

ties. Boredom, then, may be described as a double-edged sword that can be potentially harnessed for better or worse.

### WORKPLACE CONTRIBUTORS TO BOREDOM

There are a number of different contributors to the experience of boredom in the workplace. These include repetitive work or limited variation; senior staff who control or micromanage workers; an absence of direction; inadequate resources; limited opportunities for career progression; restrictive practices; underemployment, including inappropriate level of work or allocation of work, in terms of low levels of challenge or difficulty; limited power or control over, or engagement with, the work; or too much or high levels of difficulty in the work (Cleary, Hungerford, Lopez, & Cutcliffe, 2015; Mann, 2007; Martin, Sadlo, & Stew, 2012; Pekrun, Goetz, Daniels, Stupnisky, & Perry, 2010; Reijseger et al., 2013). This list of factors demonstrates a common theme. For example, repetition, control, limited opportunities, limited power, and restrictive practices suggest a lack of options and also serve to limit the use of initiative or creativity. There also is a correlation between the time someone has been in a job and their level of boredom (McNeese-Smith, 2000)—a situation that may be linked to feeling a lack of challenge in the all-too-familiar work at hand.

Other factors that increase the likelihood of employees experiencing boredom include an absence of, or limited interactions, with colleagues, with such interactions a necessary ingredient for many people to feel stimulated or to persevere with, for example, repetitive bureaucratic tasks (Conrad, 1997; Loukidou, Loan-Clarke, & Daniels, 2009). Baumann (2013) goes on to suggest that an environment without personal objects or meaningful symbols, the absence of opportunity to partake in meaningful activities, and being impeded from achieving one's goals, also may account for feelings of boredom in employees. This suggests particular issues for workplaces in which there are limited opportunities to progress.

Of course, health settings are known for providing workplaces in which staff make a difference in the lives of others (Harrison, Hauck, & Hoffman, 2014; Lehman, 2012). Those who work in such environments, however, are not exempt from experiences of boredom (Carlson, 2015). Indeed, one possible reason for workplace boredom in health settings is an increase in the levels of staff education, with the skill set of employees often exceeding the requirements of the position or role (Skowronski, 2012; van der Heijden et al., 2012). Another factor is the practice gap between the rhetoric and reality of the work (Cleary, Hunt, Horsfall, & Deacon, 2012). For example, in the field of nursing, those who have been educated and trained to practice in advanced, expanded, or extended roles may be constrained in their scope of practice by economic, organizational, or clinical governance imperatives—thereby potentiating boredom (Hader, 2011). Specifically, some nurse practitioners experience low levels of job satisfaction and high levels of frustration and boredom (De Milt, Fitzpatrick, & McNulty, 2011) due to the political

pressure applied by some medical professional bodies to restrict their work (Weiland, Mackinlay, & Jelinek, 2010) and the limitations placed on their scope of practice by some employers (Maten-Speksnijder, Grypdonck, Pool, Meurs, & Staa, 2014).

Also of concern are the reports made by nursing students of the boredom they experience when undertaking clinical placements (Carlson, 2015). One reason for such feelings is the repetitive tasks that students can be assigned by some Registered Nurses—tasks that the Registered Nurses themselves find onerous or lacking in challenge (Carlson, 2015). Alternatively, some nursing students may have a particular set of expectations regarding the activities in which they would like to engage in the clinical environment, with these expectations being quite different from those of the supervising Registered Nurses or organizations (Baron & Corbin, 2012; Heslop, McIntyre, & Ives, 2001). As a consequence, there is a lack of engagement by the nursing students with clinical work—leading to boredom and possible disenchantment with the profession.

Likewise, there may be a mismatch between the expectations of nursing students of the work they will be doing in their graduate year, and the reality of nursing practice upon graduation (Cleary, Matheson, & Happell, 2009). Such a mismatch may give rise to boredom, as graduates find themselves in workplaces that lack the stimulation for which they were hoping. In mental health settings, this can be of particular concern, where the scope of practice or nature of the work differs in many ways from the work undertaken in mainstream settings (Kane, 2015). With a focus on the therapeutic relationship, rather than routines and tasks, many graduates may find themselves looking for things to do. There is a need, then, to educate those new to the area of mental health nursing on the differences in practice—and the opportunities that are presented by these differences in the real world of mental health care.

Such principles, of course, do not apply only to new graduates. The failure of any new job to meet expectations can contribute to experiences of boredom (Conrad, 1997). In health settings, an important reason for such disappointed expectations includes the burgeoning requirements and demands of meetings, increasing volumes of information to process, and the bureaucratization or the routinization of many tasks (Bail, Cook, Gardner, & Grealish, 2009). This situation has given rise to feelings in health workers of powerlessness, being bogged down or controlled, a lack of flexibility, and limited options (Mann, 2007). In turn, these problems give rise to standards of work that are less than acceptable, including ongoing errors or adverse events (Lomas, 2012).

### BOREDOM AND MANAGING RISK

Risk management is influenced by many factors, including the quality of health care provided (McFadden, Stock, & Gowen, 2015). Understanding human limitations and human performance—such as the way in which boredom affects the standard of work produced by team members—enables an un-

derstanding of the factors associated with errors and adverse events (Russ et al., 2013). For example, any situation that generates feelings or experiences of boredom in a staff member, such as undertaking lengthy and repetitive activities, may lead to that staff member being less vigilant (Nakhleh, 2008). This situation has the potential to impact upon the safety of patient and staff, as well as the quality of nursing care and outcomes.

In mental health settings, the link between boredom and safety is particularly notable. For example, consumers often complain that mental health inpatient units are boring (Bin-nema, 2004); the reduction of boredom is identified as a key factor in preventing the escalation of violence and aggression (Healthcare Commission, 2005). Within inpatient mental health settings, being prone to boredom is not associated with gender, age, or length of stay—however, people who are less prone to boredom are more likely to engage in autonomous activities (Newell et al., 2012). In another study related to boredom and boredom-aversion in the lives of young people confined to secure care, participants spent much time “doing nothing,” and were unable to relate to the unit’s routines (Bengtsson, 2012, p. 526). Such findings resonate with the wider mental health literature and suggest that services must commit to continued consumer consultation in relation to programs so that they are not only inclusive, appropriate, and flexible (Cleary, Horsfall, & Escott, 2013), but also interesting. Indeed, mental health nurses, by creating robust therapeutic environments, have an important role to play in preventing patient boredom. This could include the adoption of strengths-based approaches to service provision, thereby enabling consumers’ self-determination, including their capacity to develop their own strategies to prevent boredom, while at the same time engaging in the activities provided within the ward (Janner, 2007).

Likewise, there is a need for all employees to consider how they can develop their capacity to manage their feelings of boredom and make changes in their work environment to minimise the experiences of boredom. For example, although mental health nurses have been subject to criticism for not spending enough time with patients, much of their work occurs behind the scenes (Cleary et al., 2012). Certainly, although consumers and mental health nurses alike value personal interactions, the acute inpatient literature identifies the work of mental health nurses as including mundane housekeeping and coordination duties, such as organising a cleaner or electrician; synchronising the work of other professionals; and undertaking work outside the nursing remit, such as organising patients’ possessions and even evicting drug dealers (Cleary, Hunt, Horsfall, & Deacon, 2011; Cleary et al., 2012). Such activities are often determined by processes that lie outside of the nurses’ control; moreover, they are viewed by nurses as irrelevant, even boring. According to the research evidence, however, such activities serve to meet the everyday needs and concerns of patients (Cleary et al., 2011). For this reason, there is value in the professional considering the bigger

picture when designating a task irrelevant or boring—with this bigger picture often casting such activities in a different light.

One final point in relation to boredom and the management of risk relates to the correlation between a worker’s level of stress and feelings of boredom (Wan et al., 2014). Employees who present for work but disengage from that work as a consequence of stress, may be less productive and more open to risk of error (Wan et al., 2014). This suggests the need to consider how best to reduce levels of stress for staff and increase engagement with consumers, colleagues, and the work itself. This, in turn, will serve to reduce experiences of boredom—and the various challenges involved.

## STRATEGIES FOR MANAGING BOREDOM

### Giving Employees Control over Their Work

When managing boredom in the workplace, it is important to achieve a balance between two things: requiring employees to undertake the necessary day-to-day and sometimes repetitive tasks that are a part of many jobs; and over-challenging/stimulating employees with a variety of new and exciting opportunities. Achieving such a balance will give rise to an optimal workload for, and performance in, employees (Pattyn, Neyt, Henderickx, & Soetens, 2008). One strategy for managing boredom is to develop practices that enable people to choose or organize their own work schedules, thereby empowering employees (Game, 2007; Mann, 2007). When choice is involved—and the burden of repetitive tasks shared collectively—tasks may be imbued with meaning or a purpose that is otherwise absent.

### Providing Breaks

Managers also are advised to consider how best to align different activities or situations with indifferent boredom—in the short term—to provide a much needed break or respite from high stimulation workplaces. Such alignment will allow employees to use the quiet time involved with so-called mindless activity, to rest and contemplate—and also rejuvenate! (Loukidou et al., 2009) Indeed, it is important to remember that experiences of boredom are subjective, with these experiences open to a variety of interpretations or attributions. An absence of interest or the undertaking of mindless activity does not necessarily lead to boredom—rather, it is an absence of meaningfulness in an activity or circumstance that gives rise to bored feelings (Barbalet, 1999).

### Creating Meaningful Environments

Although managers have a responsibility to create more meaningful environments, there also is a need for employees to take responsibility for their experiences at work. How we decide to perceive and deal with boring situations may minimize boredom or the length of time that we endure boredom. To this

end, using strategies to cope with, avoid, or minimise boredom may enhance job satisfaction (Nett et al., 2010).

As already noted, individuals will experience higher levels of job satisfaction when they feel that their work is important and worthwhile or that the relationships they develop at work are meaningful (Powell, 2013). For this reason, engaging with colleagues, consumers, carers, and other service providers can be a useful means of alleviating boredom. For example, boredom can be mediated by seeking out interesting coworkers or building strong relationships with colleagues and helping or supporting those colleagues to complete the boring or repetitive tasks required (Powell, 2013).

Another way in which job satisfaction can be facilitated is through job crafting—a coping behaviour that changes the characteristics of a work activity (van Hooff & van Hooff, 2014). Job crafting is a strategy initiated by the employees themselves, rather than their supervisors or employers, to change boring work situations and involves balancing job demands and job resources with personal abilities (Tims, Bakker, & Derks, 2012). For example, when high boredom-copers are challenged by potentially boring work situations, they endeavour to change the nature (actually or perceptually) of the work. This is achieved by using coping techniques, such as creative, innovative, and satisfying ways of completing their work, or focusing their cognitive and behavioural attention to restructuring the boring situations (Game, 2007). Potentially, such coping techniques could be taught to staff as a means of supporting them to overcome the challenges of boring situations.

### Using Humour

Using humour also can offer relief from boredom in the workplace, as it is considered a meaningful human experience relevant in organizational contexts (Westwood & Rhodes, 2007). Moreover, it can make work environments more pleasant and interesting (Romero & Pescosolido, 2008), as well as contributing to team cohesiveness and collegiality (Holmes, 2000). The key theoretical perspectives of humour include cognitive-perceptual, social-behavioural, and psychoanalytical theories (Gruner, 1999). Studies have found that humour is an important component of organizational life and is integral to the best workplace cultures (Holmes & Marra, 2002) because it helps employees get through repetitious tasks or unchallenging work activities (Plester, 2009). It is important to note, however, that even though humour can contribute to social cohesion in the workplace, what is humorous to one employee may not be humorous to another, with this disparity sometimes contributing to dysfunctional behaviours in the workplace (Plester, 2009). Therefore, managers and other employees must consider the cultural differences evidence in the workplace and use humour with caution.

### Managing Time Efficiently

The development of effective time management skills can make individuals less vulnerable to engaging in distracting

workplace behaviours when feelings of boredom are encountered (van der Heijden et al., 2012). Organizing one's week allows boring moments to be dispersed over the course of the week, and this strategy may help the individual keep a sense of purpose and perspective (van der Heijden et al., 2012). For example, studies in people management have examined how employees allocate their attention in the workplace and found that the attentional state fluctuates throughout the day, depending on the task and other contextual factors (Mark, Iqbal, Czerwinski, & Johns, 2014). Boredom has its highest peaks in the early afternoons on Mondays—so this becomes a time when employees will be most stressed if doing focused work. It is important, then, for managers and employees alike to recognise that feelings of boredom may vary based on the day and hours of the week and, in response, stagger work assignments more appropriately or consider when best to take a break.

In combination, these strategies suggest the importance of understanding boredom and the skills that employees possess in order to manage the effects of boredom and its various outcomes. Experiences of boredom in the workplace can be wearisome, challenging, and counterproductive. In health settings, including mental health settings, boredom can give rise to adverse outcomes. The delivery of effective health care requires an engaged and motivated workforce. It is the responsibility of employers and employees alike to consider the issues and solutions pertaining to boredom in the workplace and take action to ensure that experiences of boredom are managed in the best way possible.

To summarise, the following options may be used by workers and managers alike to minimize boredom and maximise engagement in the workplace:

- Allow employees to take responsibility for organising their own work schedule.
- Encourage employees to organize their work to allow boring moments to be dispersed. This may help to keep a sense of purpose.
- Strive to achieve a balance between repetitive and over-challenging/stimulating tasks.
- Collaborate and work in teams so that tasks can be imbued with a purpose that may otherwise be absent.
- Take the initiative and work towards creating a meaningful and satisfying workplace, using the workplace systems and resources available.

### CONCLUSION

Energetic, vibrant workplaces are characterised by the active engagement of employees who achieve personal, professional, and organizational goals. Not all employees are engaged with their work or workplaces, however. This article has highlighted the issues that can arise from workplace boredom and its negative effects on individuals, their performance, and outcomes. Boredom potentially gives rise to errors, adverse patient events, and decreased productivity—costly and unnecessary outcomes

for consumers, employees, and organizations. Boredom is a negative response to low arousal and highlights the dissatisfaction that comes from under-stimulation with work tasks that need completion. Turning this negative response into positive outcomes requires the individual to recognise the situation for what it is and actively seek opportunities to engage in valued, satisfying, and challenging work. Managers also have a responsibility to co-opt staff into developing sustainable, creative workplaces characterised by happy, satisfied, and engaged employees who have little time or incentive to be bored or provide suboptimal care.

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