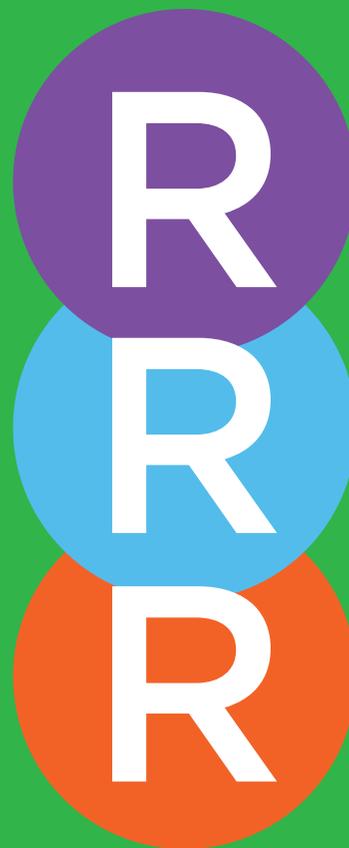


# Rest, Rehydrate, Refuel

A resource to  
improve the working  
environments for  
nursing staff



Rest

Rehydrate

Refuel





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# Foreword



After hearing about members' experiences at RCN Congress 2017, and connecting this to the growing evidence base linking the health and wellbeing of the nursing workforce to improved patient outcomes, the RCN is promoting the importance of rest breaks, hydration and nutrition for the nursing workforce. This is part of our wider *Healthy workplace, healthy you* campaign.

With the RCN continuing to campaign for safe and effective staffing levels throughout the UK, I recognise that it is a particularly challenging time in terms of workforce shortages. There will be occasions where nursing staff miss their breaks, but when this becomes a regular occurrence it is unsustainable. It should never be the norm. If nursing staff are not enabled to self-care and have a poor working environment, they are more likely to become unwell, burn out or want to leave the job.

Whether you are a manager or an RCN safety representative, I encourage you to read this resource and think about what practical steps you can take to support and improve the health and wellbeing of the nursing workforce.

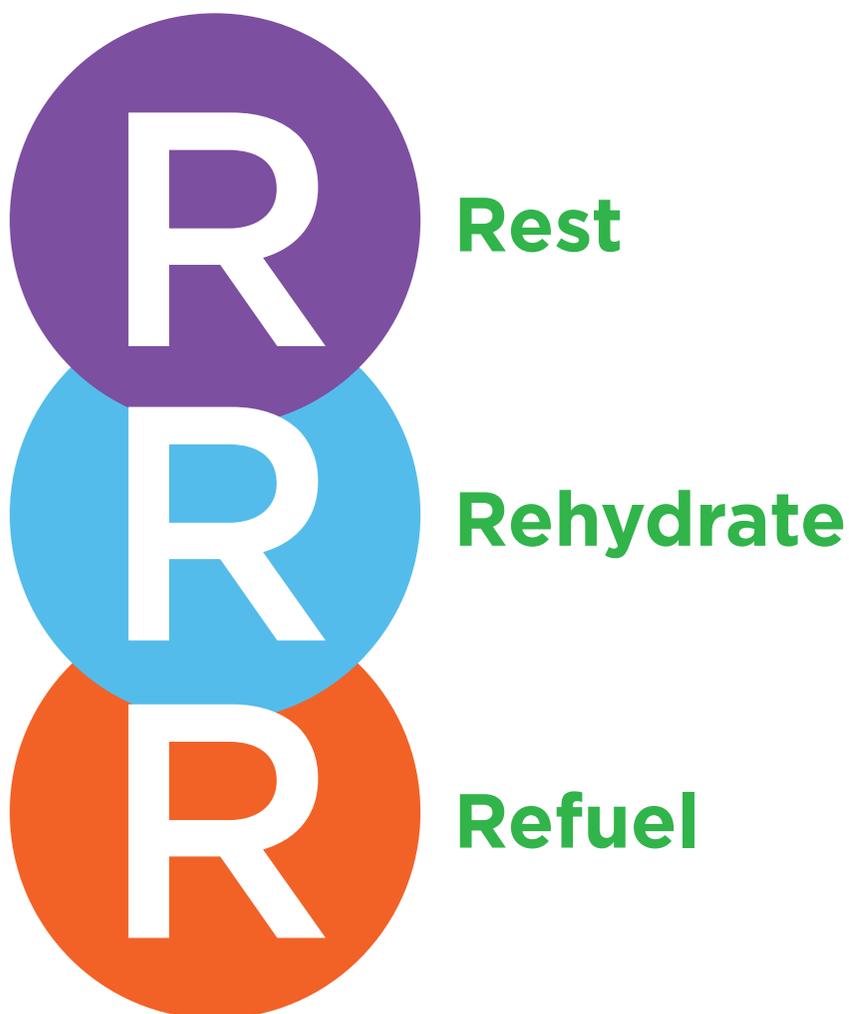
**Denise McLaughlin**  
**Chair, RCN Safety Representatives Committee**

# Introduction

As part of the *Healthy workplace, healthy you* campaign, the RCN has developed this resource to encourage health and social care managers to ensure that nursing staff are taking their at-work breaks, are well hydrated and have access to nutritional food.

This resource outlines the case for making improvements and the legal responsibilities of employing organisations, and provides tips and case studies to support the implementation of improvements.

This resource is supported by a short guide for nursing staff and posters to encourage nursing staff to self-care and take steps to rest, rehydrate and refuel.



# Making the case for improvements

Nursing is a physically and emotionally demanding profession and nursing staff can risk ill health and burn out.

Shift work, long working hours and a lack of rest breaks, all exacerbated by low staffing levels, can make it challenging for nursing staff to self-care and look after their own health and wellbeing.

Nursing staff will be familiar with Maslow's Hierarchy of Needs (see Figure 1 below) and its application to patient care, with physiological needs such as food, water, warmth and rest being the base of the pyramid. But how about application to the nursing workforce? Nursing staff also have these basic physiological needs when at work.

There is a growing body of evidence linking positive staff experience, good staff health and wellbeing with improved patient outcomes. The *Boorman Review* (NHS Health and Wellbeing, 2009) investigating health and wellbeing in the NHS demonstrated the relationship between staff health and wellbeing and key dimensions of service quality including patient safety, patient experience and the effectiveness of patient care. Furthermore, work led by Aiken (2012) in the RN4CAST study reported that improvement in hospital working environments may be a cost-effective means of improving safety and quality in hospital care.

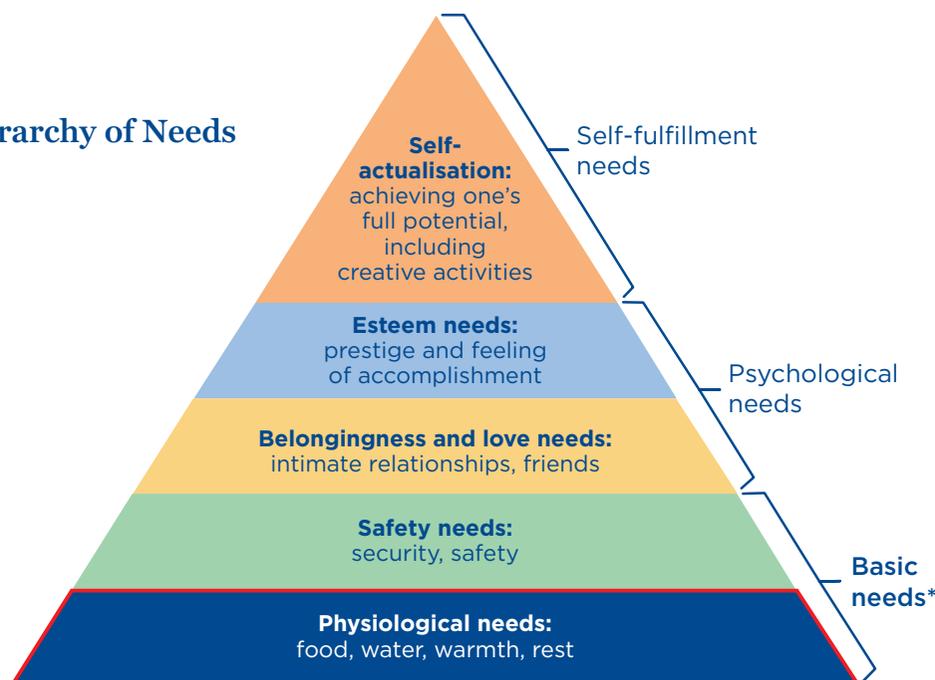
A report commissioned by NHS Employers (Dawson 2014) concluded that there is now a substantial amount of evidence that the experiences of staff are associated with the care provided to patients.

Health Education England (2014) found that at least 10% of nurses want to leave the profession. They add that it is less expensive to retain the nurses than to recruit, train and place new ones. Investing in improved nursing work environments is a key strategy to retain nurses. Furthermore, a survey carried out by the Nursing and Midwifery Council (2017) found that 44% of nurses leaving the register for reasons other than retirement cited working conditions as the reason they left.

In 2018 a Health Select Committee report (House of Commons, 2018 ) looking at the the nursing workforce and factors such as retention recognised the importance of nurses being able to take breaks and having access to facilities to make food and drink near their place of work.

At a time of low morale, high levels of work-related stress and intentions to leave the profession, improving the working conditions for nursing staff is essential if we are to retain the nursing workforce in order to deliver quality care to patients.

**Figure 1:**  
**Maslow's Hierarchy of Needs**



\*also referred to as fundamentals of nursing care

# Rest, rehydrate, refuel

## Rest

In the RCN's survey on safe and effective staffing levels, 59% of survey respondents said they did not get to take sufficient breaks on their last shift. This was more pronounced in community settings, where 69% of nursing staff did not take sufficient breaks, compared to 56% of those working in hospitals (Royal College of Nursing, 2017).

In a health care environment where nursing staff are making important and often safety critical decisions about patient care, at-work **breaks should be seen as a necessity rather than a luxury**. Fatigue-related errors and accidents are a very real risk for shift workers and the patients they care for and fatigue-related incidents can occur during a shift or when driving home after a long shift.

The intensity of work is increasing; 12-hour or longer shifts and increased patient demands make the need for breaks even more important. Frequent shorter breaks are better for reducing fatigue and improving productivity. For community staff who drive during their shift, rest breaks are of additional importance to avoid fatigue-related road traffic accidents.

A rest break is also a stress-reduction measure, particularly where the work is emotionally demanding. It provides an opportunity to network and socialise with other colleagues and rest the mind as well as the body.

Employers need to comply with the requirements of the Working Time Regulations 1998\* and ensure that staff who work more than six hours a day have a minimum of a 20-minute uninterrupted break away from their immediate workstation. Employers need to ensure that staff are able to take their at-work breaks. A 20-minute break is the legal minimum and for those working long hours in safety critical roles, two or more longer breaks may be needed. The regulations do recognise that in certain occupations, such as health care, it may not always be possible to take breaks all of the time, such as in emergencies. In such cases staff should

be able to have compensatory rest. In instances where staff are unable to leave the site and required to be 'on call' for colleagues and maintain oversight of care, for example if there is one registered nurse on duty in a residential home, they should still be able to have a break away from residents and be paid for this time.

Suitable rest facilities to take the break are as important as taking the break. Under the Workplace, Health, Safety and Welfare Regulations 1992\*, there is a requirement to provide suitable and sufficient rest facilities, where eating food in the work environment could lead to contamination. In large hospital sites, rest facilities are often sited a distance from the immediate working environment and take staff the whole length of their break to get there. Staff rest rooms have disappeared over the years and many community nursing staff have little time to return to a base.

Eating facilities should include a facility for preparing or obtaining a hot drink, such as an electric kettle, a vending machine or a canteen. Workers who work during hours or at places where hot food cannot be obtained in, or reasonably near, the workplace should be provided with a means for heating their own food.

Canteens or restaurants may be used as rest facilities providing there is no obligation to buy food in order to use them.

*Workplace Health, Safety and Welfare Regulations 1992, Regulation 25, Approved Code of Practice*

In many cases, hospital-based charitable or endowment funds can be accessed to help improve staff welfare, the working environment and facilities for staff, as it is recognised that this has a positive impact on patient outcomes. Local policies will determine how funds can be used to seek improvements from refurbishing an area to buying equipment such as a kettle or microwave.

\*In Northern Ireland these are referred to as Working Time Regulations (Northern Ireland) 1998 and Workplace (Health, Safety and Welfare) Regulations (Northern Ireland) 1993

Community-based staff should be able to access rest facilities within community bases; this may mean seeking agreement with the building owner. Where there is no agreement to share, community staff should not be penalised for using commercial premises such as cafes during their allotted breaks.

### Power naps during a long shift

The workplace health and safety regulator and others recognise the benefits of a short period of sleep or 'power nap' of around 20 minutes during an authorised break as a way of coping with fatigue, particularly during a night shift or a long shift (Health and Safety Executive, 2006; Royal College of Physicians, 2006). Longer periods of sleep should be avoided as nursing staff may wake up feeling unrefreshed and less alert. Some hospitals are actively encouraging clinical staff to take power naps during their rest breaks.

Finally, it is important to look at rest breaks within the wider context of shift systems, with adequate recuperation/down time between shifts and days off being equally as important.

A study found that nurses on a 12-hour shift walk on average between four to six miles. A UK survey in 2016 found the average walking distance was 3.6 miles. However with the onset of apps and technology some nurses report walking more than seven miles. With such physical demands it is important to have a physical rest break (Welton et al., 2006; Ford S, 2016)



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## Rehydrate

Dehydration affects concentration and cognitive function and triggers fatigue – essentially, like missed rest breaks, it is not just a wellbeing at work issue but an issue of patient and staff safety.

A study of hydration levels of clinical staff at an NHS hospital found that 36% of participants were dehydrated before they had started their shift. Using urine samples and short-term memory tests, the study also found that 45% of participants were dehydrated at the end of their shift, and that cognition was significantly impaired in dehydrated participants (El-Sharkawy AM et al., 2016).

Physical activity, such as being on a busy shift for 12 hours, and environmental temperatures can increase the need to keep hydrated.

Members frequently complain of not being able to access drinking water whilst at work. In a survey of RCN members, 25% of participants reported that they were not allowed to have water on the wards or at the nurses' station while at work. Members responding to the RCN's staffing survey (Royal College of Nursing, 2017) also reported that the pressure of work leads to the inability to drink, go to the toilet and eat.

*I always go above and beyond for my patients – we all do as nurses – but that is to the detriment of myself, minimal breaks, not drinking enough fluid, holding on for the toilet. Even doing this I don't feel I have enough time for my patients.* Practice Nurse

*We do this job because we care for people but the Government does not care for us. We regularly miss breaks, go 14 hours without a drink – to the point where one of my colleagues has developed kidney stones..."* Community nurse

Testimonies from respondents to RCN Safe and Effective Staffing Survey (Royal College of Nursing, 2017)

It is the duty of employers to ensure staff have access to drinking water, the time to rehydrate and go to the toilet.

### Infrequent voiders syndrome

Otherwise known as ‘nurses’ bladder’, infrequent voiders syndrome was first coined by a Danish researcher (Bendtsen, 1991) who found that a large proportion of nurses in his study suppressed the need to void during their shift. He observed that the syndrome can lead to overextension of the bladder, urinary tract infections and stress incontinence.

### Involuntary and voluntary dehydration

Involuntary dehydration can occur in the nursing workforce with nurses focusing on a number of other priorities such as patient needs and forgetting the need to hydrate themselves. Equally, voluntary dehydration may occur because nursing staff want to avoid toilet breaks and the time that may take them away from nursing care.

Nursing staff with certain long-term conditions such as Type 1 diabetes or kidney disease, or those who are pregnant, breast feeding or going through the menopause, may have additional hydration needs and need to urinate more frequently.

The Workplace Health, Safety and Welfare Regulations 1992 require employers to ensure workers have an ***adequate supply of wholesome drinking water that is readily accessible at suitable places.***

The Nutrition and Hydration Week campaign and associated charter also recognises the importance of staff wellbeing and signatories to the charter should promote strategies that encourage and improve the health and wellbeing of employees.

Infection control, health and safety or professional image are often used as a reason for not allowing access to drinking water and the ‘myth busters’ on page 13 counteract some of these arguments.

## Refuel

As with hydration, nutrition is a basic human need and as with public health initiatives for general population, many health care organisations are focussing on the promotion of healthy eating and maintenance of healthy weights for staff.

Food is energy and during a physical shift where nursing staff are on their feet for long periods, it is important to have both time to eat, and access to, nutritional food that releases energy slowly.

Good nutrition is particularly important for night shift workers, as night shift work has been associated with digestive problems, obesity and poorer health outcomes (Health and Social Care Information Centre, 2014). Shift workers should be able to access healthy food options and/or store, refrigerate and reheat foods brought in from home during a night shift.

As with access to rest facilities, community-based staff should be able to access somewhere to eat their food, free from contamination. Where there is no agreement to share, community staff should not be penalised for using commercial premises such as cafes during their allotted breaks.

Where employers provide food for staff as part of their reward and benefits package, these should be healthy and nutritious and suitable for the staff being catered for.

A nurse was banned from driving after she crashed her car into another vehicle when driving home after a long night shift with no breaks. On arrival at the scene paramedics checked her blood sugar and it was extremely low because she had no snacks at work and not even time for a cup of coffee. (Daily Record, 2017)



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# Practical tips and case studies

## Rest

### Tips for implementing and ensuring adequate rest breaks for nursing staff

- Managers should lead by example by taking breaks and being visible in rest areas such as staff canteens.
- Where practicable, managers should allow staff a degree of autonomy to plan their own breaks.
- Managers should check in with staff to ensure they are able to take their breaks and arrange cover for those who are having difficulty due to case load. This includes community-based staff.
- The use of team huddles during a shift can help identify nursing staff who may be in need of support in order to take a break.
- Consult with staff about how they feel about the accessibility of, and facilities within, rest areas. Where possible, seek to make improvements, for example by accessing charitable/endowment funds to refurbish areas and provide equipment and furniture.
- Nursing staff should be encouraged to record missed breaks on incident recording systems. Where breaks are regularly missed by nursing staff due to shortages of staff, concerns should be escalated by manager and RCN workplace reps.
- Permit and encourage power napping for those on long or night shifts.



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### Case study: HALT

As part of an overall Nightingale programme to improve patient outcomes and to standardise shift patterns including ‘huddles’ during the shift, Guys and St Thomas Trust introduce the HALT campaign. The HALT (Hungry, Angry, Late, Tired) campaign will make staff aware that taking enough breaks can also help them to provide the highest standard of patient care, by putting them in a position to make the best decisions for patients.

Staff throughout the Trust will be asked to plan their own breaks during the work day/night, and managers and team leaders will be advised to lead by example in order to create a “take a break” culture. The Trust is also encouraging power naps for staff on night shifts and raising awareness of good sleep hygiene and nutrition during shift work.

Other organisations are picking up on this campaign and it is promoted as an example of good practice by NHS Improvement’s work on retention of clinical staff (NHS Improvement, 2017).

See: [www.guysandstthomas.nhs.uk/news-and-events/2017-news/march/20170317-halt-campaign.aspx](http://www.guysandstthomas.nhs.uk/news-and-events/2017-news/march/20170317-halt-campaign.aspx)

## Rehydrate

### Tips for improving adequate hydration in nursing staff

- Consult with staff on the barriers to drinking fluid and find out what would make it easier for them to drink more fluid on a shift.
- Ensure adequate and easy access to drinking water for nursing staff – this could be tap water or piped filtered water.
- Consider the needs of community staff and ensure they have access to areas to top up water bottles.
- Cluttered areas with bottles and mugs can pose a risk or make areas look untidy – consider following the case study example of personalised water bottles or use a hydration station.
- Hydration stations with a storage area and water supply can be used to keep areas clear and create easy access.
- Consider the use of charitable funds to purchase water bottles or hydration stations.
- As a manager and a team member, model behaviours for both patients and peers by ensuring you drink enough fluids.
- Be especially vigilant during hot weather and look out for staff who may be more vulnerable to dehydration such as those who have long-term conditions or are pregnant/breast feeding.
- Consider the use of posters to prompt staff to drink more fluid. Urine colour charts in staff toilet areas may also help prompt staff to drink more fluid.

### Case study: Hydration Hero

Geoffrey Walker, Chair of the RCN Dorset Branch, says that staff in the emergency department in his trust found they weren't getting enough water, particularly in the summer. "Staff here work in an extremely busy and pressurised environment, and they felt anxious about when they could drink and what was allowed. Nursing staff would often miss breaks because there was just so much work to do." Geoffrey, who is a matron at Poole Hospital NHS Foundation Trust, said nursing staff had never been stopped from drinking while they were working, but inevitably leaving water bottles and cups of tea around did cause a mess. "They were often knocked over and had the potential to be used as a weapon by patients," he adds.

A charge nurse in the emergency department came up with the idea of using water bottles that could be personalised with the hospital logo and the name of each member of staff on them. Geoffrey gave the idea his full support because he says that everyone needed to be able to drink, especially as some staff were working 12-hour shifts. "These bottles look professional in the department and they show our commitment to encouraging staff to keep hydrated. Staff are given these bottles when they join and now fill them at the start of their shift."

See: [www.rcn.org.uk/healthy-workplace/case-studies/geoffreys-story](http://www.rcn.org.uk/healthy-workplace/case-studies/geoffreys-story)

### Case study: Student nurse designs poster to prompt health care staff to maintain their hydration

A student nurse on his first clinical placement on a ward found that when he went on his break his head was aching and lips were dry – he was dehydrated. After researching the issue of dehydration in nursing staff he decided to develop a poster to put up in the staff rooms and on notice boards, reminding staff of the importance of hydration and linking it to cognitive function and risks to patients. Using the transtheroretical model of behaviour change and encouraging role modelling behaviours he developed a poster. His poster was adopted across the Trust.

See: Masoero P (2017) *Use of a poster to prompt health care staff to maintain their hydration*, Nursing Times Vol 113 issue 3

[www.nursingtimes.net/clinical-archive/nutrition/use-of-a-poster-to-prompt-healthcare-staff-to-maintain-their-hydration/7015792.article](http://www.nursingtimes.net/clinical-archive/nutrition/use-of-a-poster-to-prompt-healthcare-staff-to-maintain-their-hydration/7015792.article)

## Refuel

### Tips for improving access to food and nutrition in nursing staff

- Consult with staff on accessibility and quality of food. Work with staff restaurant managers to negotiate improvements.
- Work with internal experts such as dieticians and occupational health staff to improve the nutritional offer to staff and to raise awareness and tips to staff on healthy eating during a night shift.
- Provide clean areas to refrigerate, store and reheat food brought in from home.
- Consider accessing hospital charitable/endowment funds for equipment such as a fridge or microwave to allow staff to bring in healthy foods from home.
- Consider the needs of community staff and ensure they have a suitable environment in which to eat food whilst working peripatetically and are not penalised for using cafes or other public areas to purchase and eat refreshments.

### Case study: The Healthy Weight Initiative for Nurses

The Healthy Weight Initiative for Nurses (WIN) was set up in 2015 to design initiatives to support nursing staff to achieve and maintain a healthy weight. Similar to the general population research has found that approximately one in four nurses is overweight or obese (Kyle et al., 2017).

As a result of the initiative *Nursing You*, a tool developed by nurses for nurses, was created. The tool supports nurses in making healthy food choices.

See: [www.rcn.org.uk/healthy-workplace/healthy-you/achieving-and-maintaining-a-healthy-weight](http://www.rcn.org.uk/healthy-workplace/healthy-you/achieving-and-maintaining-a-healthy-weight)



# Myth busters

## **Having drinking water on the wards is an infection control and health and safety risk**

In the majority of circumstances, having individual labelled water bottles with lids or drinking cones/ disposable cups for staff to use will pose no risk to staff or patients. Bottles should be stored in a clean area, and not in the patient areas, and disposed of or cleaned at the end of the shift.

There may be restrictions during an outbreak such as norovirus, although managers should still ensure that staff can access drinking water.

There may be restrictions on receptacles or hot drinks in areas where there is a high risk of violence (for example, the hot drink/receptacle could be used as a weapon) or a risk of burn to vulnerable individuals such as in paediatric units. A local risk assessment should determine this.

## **It doesn't look professional for nurses to be drinking water in clinical areas**

Being professional means following the Nursing and Midwifery Council's code and ensuring that you are looking after your own health, ensuring it doesn't impact on patients and modelling good health behaviours to encourage your patients to drink fluids.

Where patients are nil by mouth and have no IV fluids, discretion is needed when drinking but it should not lead to bans on drinking water in clinical areas. Staff should assess where it is appropriate to drink and not clutter the nurses' station or other communal areas, which can be problematic for cleaners.

## **Power napping doesn't work, it just makes you more tired**

Power naps are short periods of sleep. A short nap of around 20 minutes is more beneficial than a longer sleep. Minimising napping time to around 20 minutes will prevent sleepers from entering a deeper cycle of sleep; this may make them drowsy and even more tired, and it may be harder to come round from. Power napping may not work for everyone but there is robust scientific evidence that it reduces fatigue and improves performance.

## **I've told my staff to take their breaks – it's not my problem if they don't take them**

The Working Time Regulations 1998 require employers to ensure that staff are able to take their breaks. Managers also have additional delegated responsibility to ensure the safety of their staff and the patients they care for. Every effort should be made to ensure staff are able to take their breaks and actively encouraged to do so. Using huddles is a good way to check in on staff and see if they have had breaks (see HALT case study on page 10).

# Further information and resources

Nutrition and Hydration Week

<https://nutritionandhydrationweek.co.uk/our-aim/>

RCN Healthy workplace, healthy you

[www.rcn.org.uk/healthyworkplace](http://www.rcn.org.uk/healthyworkplace)

RCN (2014) *A Shift in the Right Direction*

[www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

HSE guidance on welfare at work

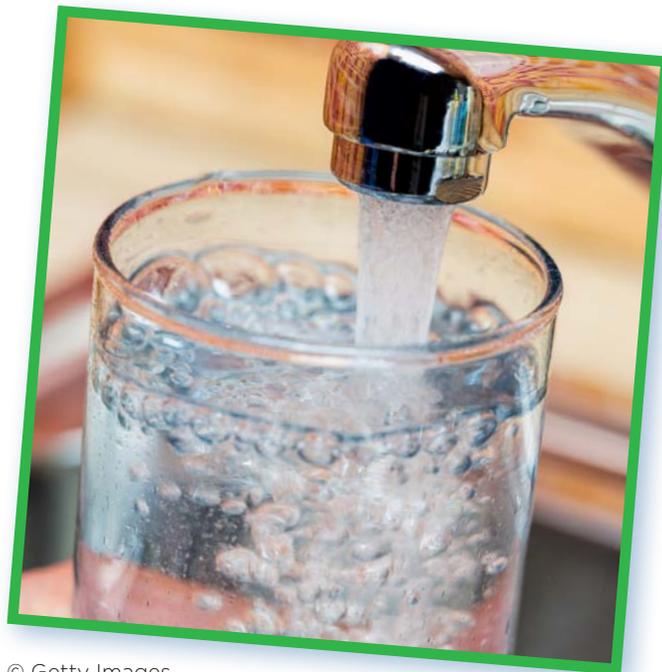
[www.hse.gov.uk/pubns/books/124.htm](http://www.hse.gov.uk/pubns/books/124.htm)

HSE Northern Ireland guidance on welfare at work

[www.hseni.gov.uk/articles/welfare-facilities](http://www.hseni.gov.uk/articles/welfare-facilities)

RCN Direct advice guides on working time regulations, shift work and rest breaks via

[www.rcn.org.uk/get-help/rcn-advice](http://www.rcn.org.uk/get-help/rcn-advice)



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