Title: Do you take your breaks? How to influence change in the workplace

Nursing is a demanding job, both mentally and physically and so it makes sense to look after us so that we can look after others effectively. However despite learning about the importance of nutrition and hydration in promoting patients' health, students frequently report skipping or shortening breaks when busy. At times this is self-imposed but unfortunately some report feeling pressured to conform with the placement culture where staff have reduced break times, making students feel that this is expected in order to 'fit in'. It is very timely therefore that the Royal College of Nursing have launched an excellent campaign aimed at all nursing staff to 'rest, rehydrate and refuel' during shifts (RCN 2018). Drawing upon a survey, the RCN (2018) report that nearly 60% of nursing staff reported that they regularly had insufficient breaks. This indicates that this practice has become accepted as normal practice in everyday working life. Such campaigns are aimed at changing unhealthy habits; dehydration will compromise not only personal health and wellbeing but also patient safety. However embedding change in working practices can be difficult, as success depends on 'buy-in' at all levels. What are some of the issues to consider?

Trying to influence change starts with understanding the impact of external and internal factors. PESTLE is a commonly used tool for analysing external factors that impact of work environments (Team FME 2013). PESTLE stands for political, economic, social, technological, legal and environmental. A ward leader could use this framework to gather information to identify opportunities as well as threats that may affect change implementation. In the context of changing the ward culture to ensure that taking breaks are 'seen as a necessity rather than a luxury' (RCN 2018), these insights could be used as levers to make change happen:

Political: Nursing and health care are always high on government and media agendas. At present the crisis in nurse retention is very prominent (NHS Employers 2017). Considerable efforts are being expended in the NHS to look at the factors that effect nurses decisions to stay or leave the profession. Well-being is a key element within this and therefore a factor to exploit in seeking organisational support to ensure routine, adequate break taking.

Economic: Dehydration and poor nutrition on a short and long-term basis contributes to ill health and increased sickness rates with associated personal and organisational costs (NHS Digital 2016). Implementing changed practices that prevent this occurring should therefore be welcomed by all.

Social: However it is a strong social pressure to want to feel you 'belong' when working in teams. This results in new staff (such as students) copying the 'way things are done' in order to fit in (Cooper and Scammell 2013). Poor practice can become learned behaviour that they take through to their practice as qualified nurses. It is a facet of good leadership to acknowledge this and role model healthy professional behaviours such as break taking and actively find out if staff are skipping breaks and to challenge this as unacceptable.

Technological: Lorry drivers are obliged to take a break after a certain mileage through in-cab technology. Could phone alerts be used to remind staff to take a break within a certain timeframe? Missing any break due to workload or lack of staff cover should be recorded as an adverse incident.

Legal: Health and safety legislation stipulates staff rights to breaks (Health and Safety Executive 2013). In is beholden on health care organisations to obey the law. That does not just mean simply publicising the policy but also ensuring compliance. This can be difficult in work settings where the culture is perceived as one that 'rewards' sacrificing breaks to 'get the work done'.

Environmental: Thinking about where breaks are taken is also worth consideration. It can become custom and practice to take a break in the office whilst catching up on paperwork for example. Whilst understandable, it hides the fact that a real break is not being taken. Is leaving the workplace expected during breaks? Are there pleasant staff facilities nearby that staff want to go to and are accessible quickly?

Having analysed the factors affecting potential change, what might the nurse leader do to make change happen? Some key strengths for the clinical lead's case to take action are outlined particularly in the political, economic and legal categories and this in turn provides an opportunity because the employing organisation needs to improve uptake of breaks to prevent ill-health and to ensure safe patient care. The weaknesses and therefore threat to any real change however is the fact that change actually happens in practice through people (Tilley and Jones, 2013). For example the issues in the social category can be the most difficult to deal with. If staff hear the message to always take their breaks away from the workplace but do not believe it then little will change in reality. Self-aware, attentive clinical leaders, understanding of the bigger picture is able to lead staff through role-modeling and authentic support for best working practices. This can have a profound impact on moving the rhetoric into reality.

References

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