



VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Staff hydration matters more than keeping up appearances

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Working as a clinician is physically and emotionally intense, often leaving little time to drink enough fluid, eat properly, or even have toilet breaks. A report by the Medical Protection Society on “breaking the burnout cycle” found that 40% of NHS doctors felt unable to take a break during the working day to eat and drink.¹ Our nursing colleagues seem to experience the same pressure: a 2017 Royal College of Nursing report on safe and effective staffing found that 59% of nurses surveyed had not managed to take enough breaks during their last shift.²

We now have around one in 15 medical, and one in eight nursing, positions unfilled, with similar gaps across several clinical professions.³ We need to do all that we can to maintain staff commitment, wellbeing, and morale. A range of sensible recommendations and calls to action to tackle staff shortages have been made in a series of reports from various national organisations. Support for welfare and wellbeing runs through them all.

Not supporting clinical staff to fulfil a basic human need, such as drinking enough at work, is a poor start and is hardly likely to make people feel valued and supported. Three in five doctors surveyed by the Medical Protection Society said they didn't feel their wellbeing was valued, one in four thought their workplace was unsafe, and 40% reported starting days already tired.¹

Nurses have been found to walk an average of three to six miles in a 12 hour shift.⁴ Apart from all the mouth drying talking with patients, would you set out on a walk of that length with no water? A 2016 US study found that 45% of clinical staff were dehydrated at the end of their shift and that this was associated with impaired cognition.⁵ So a lack of breaks also affects patient care.

The RCN report made sensible recommendations about having access to private rest areas, catering on site, and fridges and kettles for personal use, facilities that should be available to all clinical staff.² Contracts for doctors and nurses specify protected rest time, but it is poorly monitored.

When staff can't get away to private rest areas, they should be able to drink in the hospital's public areas, yet the RCN has found that 25% of nurses reported workplace policies banning

drinking in patients' areas.⁴ Why would any hospital manager ever ban staff from drinking in public areas as they work? This is doubly unhelpful when breaks prove impossible.

What is the rationale? It is unlikely to be infection control. The RCN, US guidance on infection control,⁶ and the NHS's own resources do not mention personal water bottles or teacups used by staff as they work.

I suspect that fear of complaints and reputational damage is more likely. Concerns over inadequate access and assistance for nutrition and hydration often feature in calls to the Patients Association and in negative feedback to hospitals. Clearly, there is concern that if clinical staff were seen swigging from a water bottle, sipping from a teacup, or grabbing a snack in public ward areas—let alone enjoying some uplifting personal chitchat as they worked flat out—it would seem “unprofessional.”⁷

Well, I've got news. It isn't. What is unprofessional is managers (some of them trained clinicians themselves) having so little regard for staff welfare, and running so scared of complaints or how people will look, that they enact daft rules that further damage morale and staff welfare and threaten the safety and quality of care.

The Care Quality Commission has already busted the myth that hospitals would be marked down by inspectors if staff were seen drinking water.

Let us do everything we can to ensure clinical staff stay hydrated at work. It's more important than keeping up appearances.

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- 1 Medical Protection. Breaking the burnout cycle: keeping doctors and patients safe. Sep 2019. <https://mpscdn.uk.azureedge.net/resources/docs/mp/press-releases/1907310561-mp-burnout-policy-paper-uk.pdf>.
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- 4 Royal College of Nursing. Rest, rehydrate, refuel: resource for RCN members. Feb 2018. <https://www.rcn.org.uk/professional-development/publications/pub-006703>.
- 5 El-Sharkawy AM, Bragg D, Watson P, et al. Hydration amongst nurses and doctors on-call (the HANDS on prospective cohort study). *Clin Nutr* 2016;35:935-42.

- 6 Centers for Disease Control and Prevention. Guidelines for environmental infection control in health-care facilities. 2003. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>.
- 7 Smith L. NHS staff banned from drinking tea or coffee on the job because it looks like they're not working hard enough. Independent. Oct 2014. <https://www.independent.co.uk/life-style/health-and-families/health-news/nhs-hospital-staff-banned-from-drinking-tea-or-coffee-on-the-job-because-it-looks-like-theyre-not-9806903.html>.

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