Introduction

Rotational shift workers account for more than a fifth of the NHS workforce and enable the NHS to offer patients 24-hour care. The 2003 staff survey revealed that shift workers had negative experiences compared with non-shift workers. They reported a poorer work-life balance, less team working, poorer job design and less job satisfaction. They are up to seven times more likely to experience violence and are also more likely to see errors and incidents.

Based on the findings of the 2003 NHS staff survey, the Healthcare Commission made the following recommendation:

“The Department of Health, the employers organisation and other national agencies should develop guidance and policies to assist organisations in improving the work experience and management of shift workers.”1

This section looks at the role of occupational health in relation to the management and health of staff working unsocial hours.

Features of shift work

Shift work and long hours are associated with chronic fatigue, and gastric and duodenal ulcers. Chronic fatigue can cause slowed reactions, increased errors, difficulty concentrating and lapses in memory. It has also been blamed for a number of major accidents in safety-critical industries.2

Night work is a typical feature of shift work, with over a quarter of NHS staff regularly working between the hours of 7pm and 7am. The Working Time Regulations (the Government’s response to the European Working Time Directive) require employers to offer night workers a free health assessment before they start working nights and also on a regular basis after they have started. In practice only a small number of NHS employees take up this offer, which is despite evidence that night work can aggravate existing health conditions.

Definitions

The term unsocial hours refers to hours worked as part of standard contractual hours, but are outside of what are considered to be normal working hours. These include shift work and night work.

Shift work is the pattern of work in which one employee replaces another on the same job within a 24-hour period. Shift workers normally work in crews, which operate as separate shift teams. Shift systems typically operate over

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1 Summary Analysis of the 2003 NHS Staff Survey (2004), Healthcare Commission
2 HSE Factors Briefing Note Bo. 10: Fatigue
morning, afternoon and night shift periods and may provide continuous cover 24 hours a day, seven days a week. Night workers are defined as those who work more than three hours during the period of 11pm to 6am on a regular basis.³

**Long hours culture**

Much of the debate on long working hours in the NHS has centred on junior doctors, but other NHS professionals are also affected. A survey of NHS nurses and midwives revealed that an estimated 13 per cent worked over the 48-hour limit of the Working Time Directive, compared with a UK average of 11 per cent. Furthermore, 39 per cent of respondents felt that overall they were not compensated at all for the overtime they worked.⁴

Many elements of the ‘long hours culture’ identified by previous research among other professional and managerial occupations were present. These include:

- an expectation to work longer than contracted hours legitimised by an ‘hours as required’ contractual obligation
- the taking back of overtime hours in lieu time being ‘frownd on’ by senior managers
- unrealistic deadlines being set by senior managers necessitating staying late
- negative comments being directed towards individuals who do not conform to expectations to work long hours
- pressures to work long hours created by colleagues working long hours.

**The legal position**

**Working time regulations**

The working time regulations limit the number of hours an employee can work to 48, although the employee can sign an ‘opt-out’ agreement if they wish. Working time limits for doctors in training are being phased in gradually. The significant dates are:⁵

- 58 hours from 1 August 2004 to 31 July 2007
- 56 hours from 1 August 2007 to 31 July 2009
- 48 hours from 1 August 2009.

The other basic rights and protections that the working time regulations give are:

- a limit of an average of eight hours’ work in 24 that night workers can be required to work
- a right for night workers to receive free health assessments

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³ Macdonald, L. *Wellness at Work: Protecting and Promoting Employee Wellbeing*, CIPD
⁴ Wise, S. (2005), *Professionalism and Long Working Hours in NHS Nursing*, Employment Research Institute, Napier University
⁵ *Your Guide to the Working Time Regulations* (1998), Department of Trade and Industry
• a right to 11 hours of rest a day
• a right to a day off each week
• a right to a rest break if the working day is longer than six hours
• a right to four weeks of paid leave per year.

The regulations also impose a limit of eight hours for night shifts, averaged over a reference period of 17 weeks. This provision stands independently from the 48-hour provision and employees cannot sign an opt-out. However, employees would be able to work a shift pattern where they must work four 12-hour shifts per week, providing no overtime was worked.

Benefits of shift and night working

If managed well, shift work can have the following benefits:
• reduced production costs
• rotas can be responsive to peaks and troughs in demand
• higher earnings for employees
• employees can use shops and social facilities at times when they are less crowded.

Health effects of shift and night working

Individual
• fatigue
  • slowed reactions
  • increased errors
  • difficulty concentrating
  • frequent lapses in attention and memory
  • irritability
• increased susceptibility to gastric disturbances
• increased prevalence of gastrointestinal disorders
• higher incidence of cardiovascular disease
• negative effects on relationships
• anxiety and depression.

Organisational
• increased sickness absence
• reduced productivity
• increased ill health retirement
• high levels of staff turnover.

**Hospitals at Night project**

The Hospitals at Night project was introduced to reduce the dependency on training grade doctors for providing cover at night in order to reduce their working hours and to eliminate sleep deprivation without damaging their training.

The Hospital at Night model consists of providing cover at night through a multidisciplinary team, which has the competences to cover a wide range of interventions but has the capacity to call in specialist expertise when necessary. This contrasts with the traditional model of junior doctors working in relative isolation and in speciality-based silos.

An evaluation report of the implementation and impact of Hospital at Night pilot projects concluded that the Hospital at Night project has:

• helped improve patient care during the night by prioritising acutely ill patients, and ensuring that patients are treated more quickly and are seen by doctors who are more alert
• had no negative impact on doctors’ training
• not affected the achievement of national performance targets in the areas of A&E waiting times, cancelled operations and inpatient waiting times.

The Hospital at Night style of working was introduced into four pilot trusts in 2003. Since then, over two dozen hospitals across England have implemented the Hospital at Night concept for out-of-hours cover. Encouragingly, staff at all four original trusts are clear that they would not wish to change back to their previous working methods.

**Coping with night work**

The Royal College of Physicians’ guidance for their junior doctors, *Working the night shift: preparation, survival and recovery* can be easily adapted for other healthcare workers.

**Key advice**

Preparing for the night shift

• build a successful normal sleep routine
• get extra sleep before working the first night shift
• take a two-hour afternoon sleep before coming on duty.

Surviving the night shift

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• take 20 to 45 minute naps to counteract fatigue
• your alertness will be improved by exposure to bright light during the night
• use caffeine cautiously, if at all, as it is a stimulant.

Recovering from the night shift
• if planning a long drive home, consider the risks
• on getting home, try to sleep immediately
• develop a routine for sleeping during the day time
• keep your sleep debt to a minimum.

New and expectant mothers

New or expectant mothers are able to work night shifts, unless they have a medical certificate which states otherwise from their GP or midwife. This could be obtained if there is a specific work risk. If this is the case then employers must offer suitable alternative day work on the same terms and conditions. If that is not possible, then the employee should be suspended from work on paid leave for as long as is necessary to protect the health and safety of both the employee and her child.

Shift work in the NHS

A survey of nurses and midwives revealed that 60 per cent of respondents worked 12 hour shifts. Normally this involved working from around 7am to 7pm or 7pm to 7am, where 24 hour cover was required. Of staff surveyed, 53 per cent preferred the new shift system compared with the old ‘core shift’ system (where shorter shifts were more frequent), with 19 per cent finding the new shift pattern more difficult. Perceived benefits of the new shift system focused on an increased number of days off. However, some respondents found the shift pattern tiring, especially when working three or more shifts consecutively.7

Those with care responsibilities were more than twice as likely to find that the new system made it more difficult to balance home and work life. This was a greater problem for parents with children in education.

Unsocial hours and discrimination

Where an employer operates a system (whether formal or informal) under which employees are required or expected to work long hours, unsocial hours or even full-time hours, these arrangements will have a disproportionate adverse impact on female employees. There has been a long line of court and tribunal decisions that have upheld the general principle that fewer women than men can comply with a requirement to work long hours due to childcare responsibilities, and that women are therefore more likely than men to be disadvantaged by such practices. This means, in effect, that women required to work such hours may be able to succeed in a claim of indirect discrimination at

7 Work Life Balance and Careers in NHS Nursing, Employment Institute, Napier University
an employment tribunal unless the employer can justify the practice in question.

To justify to a tribunal a requirement for long hours or a demand that a female employee with children should work full time, the employer would have to show that the working pattern in question was, on the balance of probabilities, appropriate for the effective performance of the job.

Examples of working-time patterns that could be indirectly discriminatory against women include:

- a regular requirement for overtime
- compulsory weekend working
- an early start or late finish
- occasional or regular night working
- shift working, especially if the shift pattern involves irregular hours or rotating shifts.

More information

NHS Healthcare workforce portal - www.healthcareworkforce.nhs