Executive Summary

The Healthy Weight Initiative for Nurses, WIN., is a partnership between C3 Collaborating for Health (C3), London South Bank University (LSBU) and the Royal College of Nursing (RCN), with funding from the Burdett Trust, the RCN and the RCN Foundation. Its aim is to work with registered nurses in England who are obese to design interventions that will help nurses achieve and maintain a healthy weight.

There were three phases to the project:

- Scoping, involving a review on interventions to address obesity in nurses, a prevalence study of obesity in nurses in England, and detailed design and piloting of data collection tools.
- Insight, involving getting views from nurses on their attitudes to obesity and the barriers to losing weight in the workplace.
- Co-production, involving workshops where nurses discussed and designed interventions.

WIN. was a bold, ambitious project tackling a sensitive issue i.e. raising awareness of obesity in the nursing profession and engaging nurses themselves in how to address this. Innovative approaches were used to obtain insight into nurses’ attitudes and involve them in the co-design of interventions. It has produced an important body of work that warrants following up by the partners, employers and other stakeholders and has the potential to improve the health – and therefore the effectiveness – of health workers.

Key achievements

- Raising awareness, in a constructive way, of the need to address obesity in the nursing profession
  a) Among nurses; the WIN. stands at the 2016 and 2017 RCN Congresses between them attracted many hundreds of nurses, over 400 of whom were interviewed or surveyed.
  b) Among employers and other stakeholders, including the Nursing and Midwifery Council, NHS employers, heads of public health nursing and Government Chief Nurses in all four countries of the UK.
- Research – there is now published data on the prevalence of obesity in nurses in England and well documented information about nurses’ attitudes to obesity.
- Development and pilot implementation of one intervention – NURSING YOU.
- NURSING YOU will be converted from PDF into an App, supported by a commercial occupational health company. This will be launched in February 2018 by their UK MD who is the President of the Society of Occupational Medicine.
- Attracting more general publicity, including an article in the Financial Times and extensive media coverage after the publication of the prevalence study.
- Development of an effective partnership between C3 Collaborating for Health, the Royal College of Nursing and London South Bank University; it is anticipated this will continue into the future.
Recommendations

Key UK stakeholders from across the nursing community and beyond were invited to consider the implications of WIN. at a roundtable discussion in January 2018 and this resulted in the following recommendations for consideration by employers, professional bodies and other relevant stakeholders:

1: Professional leadership

Raising obesity should be an embedded responsibility for managers and system leaders. This would require sensitivity training to be able to have a constructive conversation about obesity.

2: Addressing systems issues that contribute to obesity

The issues identified by nurses (access to water, shift patterns, lack of places to heat and eat food, canteens) should be highlighted to employers as part of their responsibility for health and safety. Addressing these could enable them to demonstrate that they are exemplar employers. There are also issues to do with how work is organised and the design of the physical estate/working environment so that the health of employees is not compromised. Health and Safety legislation may provide a framework for this.

3: Identifying best practice in addressing obesity in the workforce

Acknowledging the challenges and issues that may be unique to different elements of the nursing workforce e.g. inability of nurses to leave clinical areas to access canteens, the lack of healthy food options in canteens and for community nurses. In addition to the evidence review conducted for WIN., participants were keen to identify current examples of best practice and examples of which approaches addressing obesity might work, e.g. co-design of interventions. It was acknowledged that best practice needs to be shared across the four countries. Evaluations that include detail of intervention design and long term follow up are needed, together with mechanisms for sharing good practice.

4: Fitness to practice

Ensuring that:

- being a healthy weight and having a healthy lifestyle is acknowledged as part of fitness to practice for nurses;
- nursing students are encouraged early in their career and training to be aware that their lifestyle may impact on patient outcomes and core nursing tasks. The new Nursing and Midwifery Council standards on health and wellbeing were noted, but need to be measurable so student nurses’ personal health can be assessed.

5: Standardised data collection through staff surveys

Freedom of Information request to all Trusts asking if:

- extra health questions are included alongside the national staff survey;
- numbers related to staff redeployed because of obesity-related inability to do their job;
- staff sickness-absence and conditions such as musculoskeletal injuries and diabetes.

This would be useful for the business case; Return On Investment or cost savings need to be articulated for employers/Trusts.

6: Engaging the public voice

The general public has a role in encouraging nurses to address obesity in the workforce. The example was given of patients asking nurses and other Health Care Professionals if they have had their flu vaccinations or washed their hands, which is encouraged as a way of holding people accountable. Could this be relevant to obesity in nurses?
1: Background

In recognition of increasing concerns about the health of nurses across England, and the perception that many nurses are overweight or obese, C3 Collaborating for Health (C3) was approached by the Burdett Trust for Nursing and asked to explore this highly sensitive and vitally important issue. In response, C3 established a partnership with the Royal College of Nursing (RCN) and London South Bank University (LSBU) and secured additional funding from the RCN and the RCN Foundation. The purpose of the partnership was to identify and explore the facilitators and barriers to nurses achieving and maintaining a healthy weight. The project was known as the healthy Weight Initiative for Nurses and branded as WIN..

In the United Kingdom two-thirds of the male population (66.6%) and over a half of females (57.2%) are overweight or obese and between 1980 and 2013 the proportion of overweight and obese adults, defined as those with a Body Mass Index (BMI) ≥ 25.0, increased worldwide by 27.5% (Ng et al 2014). Obesity has been associated with a range of non-communicable diseases including increased risk of heart disease, diabetes mellitus, cancer and conditions affecting occupational function such as lower back injury (Shiri et al 2010).

At the start of the project prevalence of obesity among healthcare professionals in England was not known, although the Department of Health in England estimated that 300,000 healthcare professionals can be classified as obese (21%) (Cross Government Obesity Unit 2009) and these figures are likely to have risen in line with population trends. A study in Scotland found that 29% of nurses, 17% of other healthcare professionals (including doctors, pharmacists, dentists and therapy professionals), and 35% of unregistered care workers were obese (Kyle et al 2016). Several studies of healthcare professionals have found that a significant proportion are obese (Studnek et al 2010, Holman et al 2009, Zapka et al 2009) and a study of nearly 5000 nurses and midwives registered in Australia, New Zealand or the UK found that nurses and midwives have higher prevalence of obesity and overweight than the general population (Bogossian et al 2012).

Obesity among nurses is of concern, not only because of the impact on nurses’ own health and wellbeing but also on their relationships and effective engagement with patients and their families, as well as their productivity within the workplace. Based on 2014 statistics, there were more than 377,000 nurses in the NHS, and many others working outside of the NHS (NHS Confederation 2015), all of whom are required by their professional Code to maintain the level of health needed to carry out their professional role and to engage in health promotion with their patients. The cost of overweight and obesity to the NHS was estimated at £6 billion, and likely to increase to between £10 billion and £12 billion by 2030 (Dobbs et al 2014). NHS chief executive Simon Stevens emphasised that the health service has to get its own act together on obesity by helping staff to lose weight, not least for the sake of their patients (National Health Executive 2014). Encouraging and supporting nurses to achieve and maintain a healthy weight could not only be of benefit to the health of individual nurses, but also save money and provide effective role models for patients, carers and families. The approach from the Burdett Trust was therefore timely as it coincided with the early implementation of the NHS Five Year Forward View (2014) which included a strong focus on prevention and referred specifically to the problem of obese staff and the need for the NHS to become a healthier workplace.

Nurses are part of the general population and subject to the same, if not greater, pressure in their personal and working lives that make it difficult to adopt healthy lifestyles. Factors such as long hours, shift work, low pay and the work of caring for others make addressing personal health a challenge. Many nurses will need to work beyond the age of 65 to access their pensions and their health status will significantly impact their ability to do this. Furthermore, as the UK is short of registrants it is important to keep older nurses healthy and working for as long as possible.

The question as to whether nurses should be seen as role models of healthy behaviour and ‘practice what they preach’ has long been contentious among nurses, and obesity was thought to carry its own stigma. Given the enormous sensitivity and complexity of the issue, it was important in establishing the project, to gain the support and active engagement of the RCN, as the largest professional body and trade union representing nursing and nurses in the United Kingdom. It was also important to ensure that as far as possible a rigorous, evidence informed approach was used in shaping and developing the project and ensuring that evidence and information was captured accurately, shared widely and disseminated through
academic journals as well as through other professional media. C3 had previously commissioned LSBU to carry out an intervention study with nursing students, funded by the Burdett Trust, and was pleased to build on insights gained and relationships developed and invite them to join as the academic partner. This three-way partnership has proved effective and enduring with all partners fully and actively committed to working together throughout the life of the project.

Significant discussions took place in the early stages of the project development with Burdett Trustees and partners, culminating in agreement that the focus should be specifically on obese nurses rather than including those who were overweight, and that the project design would include opportunities to engage with nurses working in a variety of settings and in different fields of practice.

Many different nurses were consulted during the course of the WIN. project. The insights from some of these nurses appear in boxes throughout this report and are entitled ‘Insight from a Nurse Participant’.

### 2: Project Design

The aim of the project was to understand the characteristics and behavioural drivers of, as well as awareness and uptake of interventions by, nurses who are obese in order to inform future workforce development strategies.

The objectives were to:

- a. investigate the prevalence of obesity among nurses;
- b. explore the motivations of nurses and barriers faced in addressing their own health and managing their weight;
- c. review work-based interventions addressing obesity among nurses; and
- d. develop, implement and evaluate interventions based on the findings.

The project design was predicated on the belief that positive, constructive engagement of obese nurses and the wider nursing workforce and its leaders was essential. The project team was very conscious throughout of the dangers of alienating nurses if the right tone and approach was not used. A particular challenge in the initial design of the project was the requirement to maintain an open mind and not to pre-judge what the nurses themselves might propose in terms of interventions. The project design involved four stages:

- detailed planning and scoping;
- insight gathering;
- development and use of a co-design process for interventions;
- refinement and wider testing of the co-created proposals.

Ethical approval was obtained from LSBU University Ethics Committee.

### 3: Stage 1 – Scoping

This stage involved:

- a literature review on interventions to address obesity in nurses;
- a prevalence study of obesity in nurses in England; and
- detailed design and piloting of data collection tools (questionnaires, interview schedules/topic guides).

#### 3.1 Is obesity in nurses an issue?

The first stage of the research for the WIN. project was to investigate the prevalence of obesity in the nursing workforce in England. It is important to be able to have an accurate assessment of this for three main reasons:

- Obesity increases the likelihood of musculoskeletal disorders (Anandacoomarasamy et al 2008) and mental health conditions (Luppino et al 2010, Mather et al 2009), which are the leading causes of work-
related illness and workplace injury for healthcare professionals (Health and Safety Executive Labour Force Survey 2016). As well as being implicated in the onset of chronic diseases, these conditions and their associated sickness-absence rates pose a potential problem for the efficacy and sustainability of the healthcare system by potentially reducing the capacity of the healthcare workforce.

- Comparing obesity rates in different healthcare professional groups and with the general population will help to identify the possible contribution of adverse workplace factors such as a lack of access to healthy food options (Nicholls et al 2016), shift working (Peplonska et al 2015, Wong et al 2014, Amani et al 2013) and a possible link between obesity and high demand/low control work (Schulte et al 2007, Fujishiro et al 2015).

- Widespread obesity among the workforce may hamper the efficacy of healthcare professionals’ health promotion efforts. As the largest professional group within healthcare systems both in the UK and internationally (Health and Social Care Information Centre NHS workforce statistics 2016, World Health Organization 2014), nurses, in particular, have been encouraged to seize ‘teachable moments’ during routine care to educate and encourage patients to make positive changes to their behaviour (Marshall 2016). The NHS Standard Contract (NHS England 2016 p.12) states that “staff use every contact that they have with Service Users and the public as an opportunity to maintain or improve health and wellbeing.” Indeed, a recent survey of attitudes towards obesity in the UK reported that 60% of people believed that healthcare professionals were responsible for reducing obesity, second only to individuals who are obese themselves (Curtice 2015). Role modelling healthy behaviours is seen as a reasonable professional expectation of nurses (Kelly et al 2017). A systematic review of the impact of personal health behaviours on health promotion practice found that patients are more likely to accept advice offered by a visibly healthy healthcare professional compared to a healthcare professional who is overweight or obese (Kelly, Sykes and Wills 2017), and there is evidence that healthcare professionals’ lifestyle behaviours influence the frequency and willingness with which they offer health advice (Fie et al 2012, Lobelo et al 2016).

**Methods:** Nationally representative data from five years of the Health Survey for England (2008-2012) were used. The HSE is a stratified random probability sample of 20,103 adults (over 16 years old) who live in private households in England and are economically active. It is used to estimate prevalence of health conditions and disease risk factors, as well as to plan health services and monitor government performance against policy targets. Data collection is conducted using Computer-Assisted Personal Interviewing by an interviewer in participants’ homes and includes occupation of the participants. Interviews are followed by a visit from a specially trained nurse during which measurements, including height and weight are taken. Five annual rounds of the HSE (2008-2012) were aggregated to ensure sufficient power to enable analysis and to provide reliable estimates of the prevalence of obesity among healthcare professionals in England.

**Key Findings:** The study was published in BMJ Open in December 2017 (Kyle et al, Appendix 1) and achieved extensive media coverage. Extrapolation of the results from this sample suggests that a quarter of nurses in England are obese (BMI ≥ 30). Prevalence of obesity among nurses was statistically significantly higher than other healthcare professionals and people in non-health related occupations, but significantly lower than among unregistered care workers who had the highest prevalence at 33.8%. There was no statistically significant difference between levels of obesity among nurses and the general working population.

**Insight from a Nurse Participant: Why should nurses join WIN.?**

‘I found out about WIN. through Michaela [C3’s nursing associate]. This is such an important area and something that is obvious yet hasn’t been addressed. You only have to look around you (and sometimes in the mirror!) to see the fact that obesity and overweight is a big problem in nurses.

There is not only the health impact that this has on individuals themselves, there is also the image nurses give to the public and patients. Nurses try to encourage people to stay healthy but we do not always practice what we preach. That’s why it is so important for me to take part.’
3.2 What works to address obesity in nurses?

If staff are to be enabled to achieve and maintain a healthy weight then a challenge is to understand whether it is more effective to address individual barriers to lifestyle change or organisational barriers which may contribute to the choices that nurses make e.g. working hours, lack of breaks, food access.

**Methods:** An in-depth review was conducted to examine what is known about interventions to improve workforce health, current NHS practices with regard to improving staff health behaviours around weight management and whether these practices are evidence-based, and factors from successful workforce interventions that could potentially be used to address obesity in nurses. The review has been accepted for publication in Occupational Medicine (Kelly and Wills, 2017, Appendix 2).

**Key Findings:** The review found no strong evidence for any particular intervention to address obesity. However, the demands and fast pace of health care environments may impede intervention delivery, and interventions which are integrated into the realities of healthcare staff’s daily working lives may be important for uptake and success. Many of the case studies from NHS settings noted that support and buy-in from board members and senior management was essential to programme success, and two studies in the review noted that the support of colleagues and nurse managers was identified as important (Blake et al, 2013, Tucker et al, 2011). The review findings suggested that targeting populations who are obese or risk factors for obesity, was more effective than interventions that were open to all. But this may be difficult to implement if staff feel singled out or personally blamed. Previous reports of an NHS weight loss programme that used a targeted approach noted that some staff took offence to being asked to join the programme (Davis 2006).

4: Stage 2 – Insight: The perspectives and views of nurses

In order to design interventions that met the needs of nurses who want to reach and maintain a healthy weight, it was important for the WIN project to understand the causal attributions that obese nurses have for their weight and their preferred terms for discussing weight, as well as their motivations and attitudes towards losing weight and workplace health initiatives, and to identify barriers to healthy eating in the workplace.

4.1: Views from nurses who are obese

**Methods:** Data were collected on three occasions from nurses who are obese:

a. A survey of 196 obese nurses at RCN Congress 2016 (Wills and Kelly 2017, Appendix 3). Participants were identified by researchers using a validated BMI pictorial-based instrument (Harris et al 2008) with verification between two researchers where possible, and asked if they had ever worn clothes sized XXL or 18 and above.

b. Focus Groups 2016, in Croydon, Exmouth, Leeds and London. Nurses for the focus groups were recruited through Trusts and a database of obese nurses recruited at the RCN Congress 2016. A sensitively worded request invited participants who had a larger than average body size to take part in a group discussion about obesity and nurses, and in different exploratory exercises to design a workplace initiative. They were informed that discussions would be recorded but that participation was entirely voluntary and all data collected would be kept strictly confidential.

c. An online survey of 71 obese nurses, 2017. The invitation to the online survey was sent to a mailing list of nurses who are or have been a size 18 or above or XXL.

**Key findings:**

a. Estimates of obesity: Most participants at RCN Congress (84%; n=165) were aware of the high levels of obesity in the nursing workforce and 45% (n=88) of participants regarded themselves as being of a similar weight to their colleagues.

b. Does it matter? Those in the focus groups thought that nurses need to set a good example for others, that they need fitness and flexibility especially for manual handling and CPR, and that it was important just for themselves to improve their own health. 94% (n=185) of nurses at Congress, and 83% (n=59) of respondents to the online survey also thought that it was problematic for nurses to be obese.
c. Attributions for obesity: Nurses in the focus groups identified long working hours, the emotional burden of caring making it difficult for nurses to prioritise their own health, and working in the community as factors explaining nurses’ obesity.

d. Motivation to lose weight: Almost all participants (95%) at Congress reported that they were motivated to lose weight, and the vast majority (96%) had attempted to do so at least once in the past. Respondents to the online survey in 2017 were also highly motivated and 46% rated it as very important.

e. Weight management support (focus groups): Across all of the focus groups, there was a view that health and wellbeing initiatives do not cater to those who work night shifts, and nurses would have a better chance of attending Health and Wellbeing events/initiatives if they were repeated/staggered at different time of day and on different dates rather than one fixed date and time.

f. Obesity and patient consultations: Of nurses at Congress, one third of participants (34%; n=67) had experienced their weight being mentioned by a patient. A similar proportion of participants in the online survey (50.6%) had had their own weight raised or discussed by a patient during a conversation about obesity. One quarter of the nurses surveyed at Congress (25%; n=49) reported that their weight made them embarrassed to talk to patients about weight issues and 30% (n=59) reported their weight made them less likely to raise the topic with patients.

g. Weight management support (Congress surveys): 38% (n=75) of participants in the survey at Congress reported that their workplace did not offer any initiatives to improve staff health. Where organisations did offer workplace health initiatives, those most commonly taken up were health checks (30%; n=59) and the provision of healthy food (27%; n=53).

h. Discussing Obesity: The Congress survey noted that nurses preferred the terms ‘overweight’ or ‘obese’ when discussing their weight. Nurses did not appear to be sensitive about discussing their weight, and the anticipated challenge of potential participants taking offence at being visually identified as obese did not arise.

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**Insight from a Nurse Participant: Nurses’ reaction to WIN.**

‘I helped out with the WIN. stand at the Royal College of Nursing Congress in 2016. I must admit I was a little bit apprehensive before going to the Congress because it is a sensitive subject. I knew we were going to be directly approaching nurses who appeared to be within the size parameters we were looking at so my first concern was, would anyone be offended? Because that’s the last thing you’d want to do. I think the fact that there were researchers there [made] it important to have nurses from the target group as part of that process also because the nurses [we surveyed] might struggle more if the people asking them the questions were more difficult to relate to.

I was so pleased to have been involved in that and to see the response of the nurses we spoke to. Everybody was so positive about the programme and grateful. Nurses, whether men or women, whatever their work setting, background and ethnicity, embraced the project across the board. The overwhelming response was “it’s about time someone looked at this.”’

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4.2: Food at Work – A Survey of nurses attending the RCN Congress 2017

**Methods:** A survey was conducted at the RCN Congress 2017 about food at work, which had been identified as an issue in the focus groups. 224 participants completed the survey. Two-thirds were registered nurses and just over a quarter (26%) were student nurses.

**Key findings:** Overall, 1 in 4 nurses reported that they do not have enough time to get to the canteen and eat a meal during their 30-minute break. A quarter had no dedicated place to sit and eat food nor to store or heat food in their clinical setting or work location, and 1 in 3 reported that they ate in areas where staff changed and drugs were stored. 25% (N=56) of participants reported that they were not allowed to have water on wards or at the nurses’ station while at work. The majority of participants (62%; N=139) brought food to work to eat, although student nurses were more likely to order takeaways at work than registered nurses, and spent more on food at work, with 36% spending upwards of £6 daily. The availability of snacks...
Insight from a Nurse Participant:

Learning what I have through the WIN. project and just realising how much of an issue this is: the fact that a percentage of the nurses we surveyed don’t have access to drinking water, but they’re at work! Just the challenges people face at accessing meals and taking breaks, has given me really good insight that I have used quite significantly in my work and shared with others. So many people are interested and it resonates with the healthcare professionals that I’ve been dealing with.’

5: Stage 3 – Co-production: What do nurses need?

As a central aim of the WIN. project was that interventions would be designed by nurses, for nurses, a co-design method in intervention development was used. Uscreates (www.uscreates.com) was commissioned by WIN. to conduct prototyping and support the development of healthy weight interventions. Prototyping was used as a form of low-risk testing, so that the project did not take interventions to the pilot stage without fully understanding their potential pitfalls from a user perspective.

COM-B (Michie et al 2011) is a framework to understand the drivers and enablers to changing behaviours. It situates behaviour between the context of three complementary factors - an individual’s’ capability, opportunity and motivation to behave in a certain way. The initial focus group and survey research had identified that:

- opportunity barriers were the primary limiting factor to changing behaviours around healthy weight for nurses;
- nurses did not lack the capability to change behaviours (they understood the importance of healthy eating and keeping physically active, and knew about calorie counting);
- many had, albeit a dormant, motivation to lose weight.

The intervention design was to be informed by evidence related to weight management enablers and barriers; effectiveness of obesity related interventions; and information gained through our insight gathering. The focus was on:

- desirability and meeting needs;
- innovation rather than replicating previous initiatives;
- feasibility for the WIN. project; and
- impact in relation to behavioural impact and addressing nurses’ capability for change, opportunities and motivation.

5.1: The co-design workshops

At the outset an optimistic timeline was set for three interventions to be designed and delivered between November 2016 and September 2017. The impact of delays in getting focus groups together coupled with similar challenges for workshops meant that the timing in this phase had to be pushed back. While individuals and organisations were keen to be involved, moving from keenness to setting a date took much more time and effort than originally planned for.
Our original intention had been to conduct up to 10 focus groups but the difficulties encountered in organising the groups were offset by the richness of the data gained from the individual interviews, so this number could be reduced with no detriment to the project. We intended to offer focus groups at various conferences and events and while many event organisers, such as Queen’s Nursing Institute, were supportive, the practicalities of this approach proved difficult to overcome. We discussed opportunities with senior individuals in various locations across the country who were very supportive of the idea of enabling us to conduct focus groups in different workplace settings but once again, despite high levels of interest and commitment, the practicalities of getting clinical nurses out of their work base for even an hour proved extremely difficult. Examples of challenges are the reconfiguration of Vanguard Practices that meant nurses had to undergo restructure and reapply for jobs, and another Trust, while keen, was in the middle of 22 consultations.

Two of the workshops groups were Trust specific and two were for nurses across the country. For the first Trust focus group we found that nurses who were ward-based were less likely attend as they could not leave their place of work and did not want to come on their day off. Learning from this, we offered a £30 gift voucher as a thank you and incentive and it seemed nurses were more likely to attend on their day off.

For the London-based workshop which was not Trust specific, we offered a financial incentive for the nurses of £100 (inclusive of travel) for participants.

The report from the workshops (Appendix 5, page 20) indicates the innovation, feasibility and focus of each intervention and provides a detailed business model for implementation of each intervention.

**Methods:** Three co-design workshops were held in London, Bradford and Tameside. The workshops in Bradford and Tameside comprised a mixture of nurses and other professionals, and the workshop in London comprised nurses only. Activities included:

a. **Personas** (fictional composite pictures) based on the ‘pen portraits’ were used in the initial WIN. focus groups. These personas allowed participants to externalise their ideas and design with a more generalised ‘obese nurse’ in mind, which enabled participants to think beyond their own personal priorities, but they could still draw on their first-hand knowledge of the persona’s contexts, pressures, emotional responses, needs and values. This ensured that the persona was a worthwhile and accurate tool in intervention design and reinforced a user-focus in the design activities that followed.

b. **Mapping out a typical day** for that person, including large amounts of detail about their interactions with colleagues and family, common activities, travel, leisure, food intake, etc. helped to provide context. This was done to root co-design in the patterns and rhythms, barriers and challenges of nurses’ lives. It was frequently noted during the co-design workshops that ‘it’s different for nurses’, meaning that experiences and challenges (and therefore those of the personas) are different from others, and not well understood or reflected in current healthy weight initiatives.

c. **The emotions of the persona,** their hopes and fears were also developed. These questions were used to uncover the capability and motivations of nurses to lose weight and maintain a healthy weight, but also to better understand what might be sustaining inactivity or other unhealthy behaviours.

**Key findings:**

**Common challenges for nurses attempting to lose weight included:**

- Ward-based nurses often do not eat properly during the day due to lack of time and opportunity to buy food, which means that they chose high-energy foods such as chocolate or fizzy drinks to get through a shift. Some nurses lacked a place to store food brought from home, or a place to heat up food, and had no place to eat food on a ward.

- As nurses reported getting short or no breaks, accessing technology or having time to stop and reflect is difficult, and their opportunities to make choices about food are limited.

- Community nurses have a variable schedule and are often driving through their lunch hour. As some community nurses do not have a base to store meals, buying meals from petrol stations is often the most efficient option for them.

- Quick and easy meals (often takeaways) are common after a long and tiring day.
• Nurses are offered unhealthy, sugary snacks by patients and their families, and feel compelled to eat them.

**Issues to consider in developing interventions included:**

• That nurses face different pressures according to the settings in which they work – whether on a ward, in the community or in more management and desk-based roles. In particular, the pressures of an acute ward were seen as a driver of unhealthy behaviour.

• A primary motivation to lose weight was often to be healthier for their families/children although the stress of juggling work and family life often led to unhealthy eating and behaviours. Alcohol was seen as a common stress reliever for nurses.

• Stages in the life course influenced motivation. Older female nurses facing life transitions such as children leaving home, caring for elderly parents or approaching retirement age had a window of opportunity where they could make a change, but this could also lead to stress and unhealthy behaviour. Younger nurses experienced financial stress. Younger male nurses were perceived to be somewhat distanced from the profession and their colleagues.

5.2: Proposed interventions

The co-design workshops generated a number of interesting ideas for increasing uptake of healthy behaviours and reducing unhealthy behaviours. During a process of synthesis with the WIN. team, Uscreates was able to narrow these ideas down to three, by focusing on the primary questions that frame a prototyping process: desirability and meeting needs, feasibility for the WIN. project and impact in relation to behavioural impact and addressing nurses’ capability for change, opportunities and motivation. During the co-design itself, nurses were asked to consider these three factors themselves, particularly around the desirability of any intervention, and we were therefore able to move forward with confidence around what nurses actually want. By considering what nurses said about their capability, opportunities and motivation, we were able to identify interventions that were most likely to impact on behaviour. In terms of feasibility, the WIN. project and Uscreates worked together to explore what was possible within the budgetary and time constraints of the project.

These co-production workshops initially identified three potential interventions covering different domains: the environment, the organisation and the personal.

5.2.1: Environment: a healthy food stop for community nurses

**Food Stops workshop**

At this workshop the participants proposed an intervention to address access to healthy food while at work.

**The intervention**

A healthy food ordering and distribution service, run and managed by one acute Trust. Community-based nurses would be able to order and pay for their healthy lunch in advance, to be delivered at one of a number of local partner sites. To keep their lunch fresh, nurses would also buy a branded cool box and water bottle.

**What problem is it trying solve?**

Community nurses face a specific barrier to losing weight: they do not have a fixed anchor point during their working day. They are mostly in cars, and lack access to a variety of healthy food options for lunch. Food they prepare at home is no longer fresh by lunchtime, and takeaways, petrol stations, cheap cafes etc. are too readily available as they drive to different locations to see patients. The intervention was aimed to make a healthier choice easier.

**Who co-designed it?**

This intervention was co-designed by community, ward-based nurses and nursing managers at a Trust.
This intervention was not taken forward as a pilot as it would have been far beyond the scope, budget and timescale of WIN. However, it was recognised that access to healthy food is a major issue and there was a strong sense from the focus groups, survey of obese nurses, and co-design workshops that nurses identify significant barriers to eating healthily at work. It was possible to explore this issue further and gain a greater understanding of the barriers for nurses to eat healthily at work by conducting a food survey with nurses attending the RCN Congress 2017 (see 4.2).

5.2.2: Organisational: Appraisal and having a constructive conversation about obesity

This intervention explored the opportunity of the employer having responsibility to ensure a healthy workforce.

The intervention

To add an additional page on a community Trust Appraisal form, “My Health”, to ensure that all staff in the hospital set themselves their own personal health objectives. So that managers would be skilled to discuss healthy weight and associated behaviours, a training programme to support conversations about obesity specifically, would be developed and delivered alongside.

What problem is it trying solve?

This pilot intervention aimed to normalise conversations about healthy weight within a healthcare workplace and to test if it was possible for the issue of nurses’ weight to be discussed within existing HR systems and processes. It would also encourage greater collaboration between professionals and departments within the Trust (such as HR, Occupational Health, dieticians), and provide a mechanism through which nurses can get help and support through their workplace.

Who co-designed it?

This was designed by the team at a community Trust including nurses, occupational health, human resources and management.

Following the workshop we learned that making changes to the appraisal system could take up to a year, even for a small pilot. Therefore this intervention could not be progressed as a pilot – the complexities of changing the appraisal system within a Trust went beyond the scope and timescale of WIN. This is an area that, with funding, could be explored further especially as we later learned that another Trust had used the appraisal as an opportunity to raise the issue of health rather than include it within the formal appraisal process.

5.2.3: Personal – NURSING YOU

This proposal to develop a web-based application to enable nurses to reflect on the choices they make in relation to food was taken forward – see 6.

6: NURSING YOU

Designed by nurses, for nurses: NURSING YOU is an interactive tool to help nurses care for themselves to achieve and maintain a healthy weight so they can keep doing what they do best – caring for others.

The intervention

An interactive PDF decision-making tool, available on line, which is designed for nurses who are obese, to help them understand their motivations around unhealthy behaviours, related particularly to their experiences at work, and provide alternative courses of action. It would also be of use to nurses who are overweight. It is designed to reflect real-life situations commonly experienced by nurses in a language that nurses recognise and respond to.

What problem is it trying solve?

All evidence gathering stages of the WIN project revealed a demand for greater understanding of the challenges of nursing, and how these challenges drive unhealthy behaviour. This decision-making tool repeats back to nurses examples of common experiences, and provides alternative courses of action.
Nurses can choose to make a commitment to healthier choices (or defer till later), and can track their decision-making journey and reflect on successes and failures.

**Who co-designed it?**

This intervention is a composite of a number of different workshops, but the primary prototyping took place in London at the Royal College of Nursing, where nurses from many different organisations came together.

**Desired outcomes are:**

**For Nurses:**
- knowing about and accessing NURSING YOU;
- using NURSING YOU;
- choosing to share any commitments and progress with London South Bank University;
- making healthier choices;
- engaged in dialogue about their own weight;
- engaged in wider discussion of nurses health and weight and impact on themselves, patients and professionals.

**For Organisations:**
- knowing about and accessing NURSING YOU;
- promoting NURSING YOU to their nursing workforce;
- supporting nurses in making healthier choices;
- promoting opportunity for dialogue for nurses and weight.

We are very grateful to a team of nurses from across the country who volunteered to review and test NURSING YOU.

NURSING YOU was taken forward as a pilot intervention. Launched in July 2017 and hosted on the RCN website, it is free for any nurse to download and use.

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

The table below shows interest in NURSING YOU, from launch until the end of 2017.

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At the outset we knew that there would be limitations with an interactive PDF – it would need to be downloaded and a new version saved each time the nurses made any entries. It also would not have a push function to ask how nurses were progressing with goals set.

Nurses were encouraged to share their completed NURSING YOU document. For ease there was a click and send function to a specific email address nursingyou@c3health.org. We had no way of knowing details of the nurses who had downloaded and so reminders to return NURSING YOU were sent to all of the nurses we had engaged with during WIN.

Of the 949 unique downloads, 3 were completed and returned. We also received a number of emails from nurses saying they liked the tone and style of NURSING YOU, but that the pdf format made it challenging to use.
NURSING YOU will be converted from PDF into an App, supported by a commercial occupational health company. This will be launched in February 2018 by their UK MD who is the President of the Society of Occupational Medicine.

7: Additional activity resulting from WIN. – an online training course

Nurses are expected to play an essential role in engaging the public and preventing and managing obesity (Royal College of Nursing, 2012) and they are increasingly likely to encounter obese patients people in almost every setting and every field of practice. Working with obese patients may place particular demands on nurses’ knowledge, skills, and physical ability to meet patient needs (Pervez and Ramonaledi, 2017). Studies of nurses’ attitudes to obese patients have consistently found these to be judgemental. Brown’s study (2006) of primary care nurses found that 68.9% thought that obesity was the consequence of poor personal food choices and lack of activity, describing obese patients as “greedy”, “indulging” and “lazy”.

Evidence also shows that nurses who are obese are less likely to initiate health promotion activities such as the 5 As: ask, assess, advise, assist and arrange (Kelly, Wills and Sykes 2017) with patients who are obese.

During the WIN. initiative an opportunity arose to offer nurses free places to an online obesity course. This course was reviewed and edited by LSBU. The WIN. project offered up to 150 nurses, who self-identified as obese, the opportunity to study a short online course on obesity: “Living and Working with Obesity” offered by the College of Contemporary Health. The aims of this intervention were to:

- assess the public health literacy on obesity of a sample of obese nurses;
- investigate their attitudes to working with obese patients and beliefs about obesity;
- investigate whether there is a relationship between a focus on the issue through education and nurses’ motivation and self-efficacy about their own obesity.

What is the course about?

A short online course (8-10 hours) to help nurses understand their own weight and thereby enhance skills transferable to clinical practice to motivate patients towards weight loss. Delivered completely online through podcasts, video and e-learning units, it fits seamlessly into the busy life of nurses. On completion, nurses will gain a certificate, as well as 10 CPD hours.

According to course literature nurses would:

- gain the confidence to successfully manage and treat patients with all aspects of overweight and obesity;
- develop effective and compassionate communication skills for interaction with overweight and obese patients;
- learn how diet, stress and environment are key contributors to overweight and obesity; and
- generate solutions to overweight and obesity.

Launched in August 2017 and available until late November 2017, the course was promoted through email, Facebook, twitter and word of mouth. During this time:

- 112 nurses expressed an interested;
- 82 nurses completed a pre-survey;
- 56 registered for the course;
- 18 completed the course; and
- 17 completed the post survey.

Conclusions

1. This study provides information about public health literacy about obesity (provided separately by CCH)
2. A nurse’s own obesity is likely to influence whether and how they raise the issue of a patient’s obesity
3. Although a nurse who is obese is likely to feel a range of negative emotions about their own obesity and being a public health messenger including shame, guilt and hypocrisy, they are likely to use their own experience in any health consultation

4. Behaviour change theory focuses on capability, opportunity and motivation. Capability improved through the educational offer: nurses were more confident in giving up to date and personalised advice about obesity

5. Reported motivation and self-efficacy showed little positive change and a surprising 30% (n=5) were less motivated to address their own obesity.

6. Most reported having made a change and could identify a specific change they had made.

The full report of this initiative has been produced and can be found in Appendix 6.

8: Impact and dissemination

Raising awareness of obesity in the nursing workforce and its potential impact on recruitment and retention, sickness-absence and health promotion practice, was a key aim of the WIN. project. The insights gained from the research work and intervention development will be shared widely through conventional academic outputs, dissemination at a range of events and through public discourse.

8.1: Research publications


8.2 Outreach work

An aim of WIN. was to raise awareness about obesity as an issue for nurses and to get it discussed by key stakeholders including policymakers and professional associations:

- Presentation at the RCN International Centenary Conference, London 2016
- Presentation of the initiative at the Public Health England conference in Warwick, September 2017. The project was well received and generated several questions and requests for more information
- Presentation of the initiative at the Nurses’ Lives seminar hosted by Edinburgh Napier University in March 2017
- WIN. was discussed as part of the newly founded WHO Collaborating Centre for Public Health Nursing and Midwifery in October 2016
- Stands and information at the RCN Congress 2016 and 2017
- Presentation to NHS England Healthy Workforce Advisory Board and at their collaboration event for pilot sites
- Invitation to present at the 12th Health and Wellbeing at Work Conference 2018

8.3: Generation of interest and coverage

Amongst the workforce:

- Nurses’ health behaviours have been discussed by practising and student nurses as part of a WeNurses Twitter chat on 18th February 2016 http://www.wecommunities.org/tweet-chats/chat-details/2639
• The initiative has been discussed as part of a Reader’s Panel in the Nursing Standard; https://rcni.com/nursing-standard/opinion/your-views/readers-panel-should-weight-problems-be-raised-part-of-a-nurses-annual-appraisal-90616

• A feature article was also published in the Nursing Standard about WIN. in June 2017; DOI: 10.7748/ns.31.43.26.s23

• The issue was discussed on Facebook sites of The Times and ITV This Morning https://www.facebook.com/ThisMorning/videos/10156114848372122/

Professional organisations have contributed to raising awareness of WIN. and the issue of obesity:

• The RCN Foundation; http://www.rcnfoundation.org.uk/how_we_can_help/grants_programme/healthy-weight-initiative-for-nurses2

• The Queen’s Nursing Institute; http://theqni.tumblr.com/post/149317080136/the-healthy-weight-initiative-for-nurses-get

• Hello Care (an Australian nursing website); https://www.agedcarereportcard.com.au/hellocare/nurse-health-many-prone-obesity/

The project’s outputs: The WIN. project developed a NURSING YOU resource:


• Guidelines for Nurses (which provides summaries and resources for best practice); https://www.guidelinesfornurses.co.uk/news/nursing-you-healthy-weight-resource-for-nurses-launched/453510.article

General public:

• The initiative was featured by the Financial Times in September 2017; https://www.ft.com/content/ab4559ee-371f-11e7-99bd-13beb0903fa3

• The initiative and the NURSING YOU tool have been highlighted and shared on Twitter by the British Journal of Primary Care Nursing; the European Association for the Study of Obesity; the Burdett Trust Nurse Education Net; We Are Global Nurses; the RCN; RCN Wales.

• The prevalence study of obesity in the nursing workforce was covered by 88 news outlets and tweeted by 105 users. There was coverage on five radio stations and Sky News on the day of publication (5th December 2017).

8.4 Pathways to Impact

Key stakeholders have engaged with WIN., including:

• The Nursing and Midwifery Council (NMC), responsible for the Code of Practice for Nurses. As regulator and standard setter, the NMC acknowledged that obesity may affect fitness to practice and this will be acknowledged in a new standard about healthy lifestyles.

• The NMC is also reviewing whether personal health should be part of the curriculum.

• The WIN. project was the subject of a major roundtable discussion with key stakeholders entitled Evidence into Action: obesity in the nursing workforce, in January 2018, and discussed by organisations including the Royal Society for Public Health, Public Health England, Nursing and Midwifery Council and the Chief Nursing Officers of Northern Ireland, Wales and Scotland (Appendix 7).

• The Commissioning for Quality and Innovation (CQUIN) framework introduced a new CQUIN for improving staff health and wellbeing in 2016. The issues identified by nurses (access to food, lack of breaks) as part of the WIN. project have been discussed by NHS Employers and an infographic has been produced to highlight the issues related to food at work (Appendix 4).
9: Review of implementation of WIN. and lessons learned

9.1: An individual perspective

The WIN. project aimed to work with nurses to co-design interventions that would motivate them to address obesity. However, just being involved in the project empowered some obese participants to tackle their own weight. One such story is included in Appendix 8.

9.2: Perspectives from the partner organisations

During the first phase of the project the key staff involved (Jane Wills LSBU; Tom Sandford (RCN); Pat Hughes and Michaela Nuttall (C3)) were asked to fill in a questionnaire about the aims, expectations and challenges of WIN. These staff were then interviewed in Spring 2017 to obtain their views on progress at the midway point in the project and an interim report was produced in July 2017.

The same four representatives from the partner organisations met in January 2018 and reviewed the progress on their original expectations and potential outcomes of WIN., and discussed the major achievements, challenges and lessons learned.

**Review of original expectations**: The partners discussed progress towards the five expectations that they had identified at the beginning of the project:

- Provide an effective approach to addressing obesity in nurses – ongoing; they are moving towards this but it is a long term objective.
- Be seen as supportive and inclusive by nurses – achieved.
- Impact on the way nurses are perceived by their patients – needs further investigation.
- Demonstrate added value from the 3-way partnership – achieved.
- In the longer term and with additional funding, consider rolling out across the UK and beyond – in the first instance there may be possibilities in Northern Ireland, Wales and Scotland.

**Review of potential outcomes noted in the interim report**: The partners discussed the potential outcomes they had identified and to what extent they have been achieved:

- WIN. will continue to raise the need for nurses to look after their own health in a constructive, non-judgemental way, resulting in a group of healthier, happier nurses– the partners are taking this forwards, both individually and together.
- WIN. will have been successfully communicated to groups outside those involved in the current project – achieved.
- As a result of WIN. there will be acceptance of obesity as an issue in the nursing workforce and a good platform for further work which might be extended to address other health issues in the workplace – ongoing.
- There will be a continuing positive relationship between the three partners, with success in obtaining additional funding to follow up the intervention and roll out the project further – ongoing.
- The profile of the partners will be raised – achieved.

**Major achievements of WIN.**: The partners agreed that WIN. had resulted in some significant achievements, particularly:

- Raising the issue of obesity in nurses in a positive way, so it was seen as acceptable and necessary to discuss obesity.
- Development and implementation of NURSING YOU, which engaged with almost two thousand nurses.
- The hosting of NURSING YOU on the RCN website, somewhere that nurses recognise and trust.
• Production of high quality research outputs which can have a demonstrable impact.
• Raising the issue at high level e.g. the Nursing and Midwifery Council, NHS employers, heads of public health nursing and Government Chief Nurses in all four countries of the UK, resulting in positive engagement of these influential bodies.
• Attracting more general publicity e.g. an article in the Financial Times and extensive coverage after the publication of the prevalence study including TV interviews, newspaper articles and in the nursing press.
• Producing a body of work which could lead to further projects and in the longer term could be part of the solution to the nursing workforce challenges and workforce health.

**Insight from a Nurse Participant: The most memorable moment from WIN.**

‘I think [the most memorable moment] was the genuine response from the wider population of nurses who said “Thank goodness someone has realised this is an issue and is going to look at it. And thank goodness there might be some support directly aimed at us that perhaps takes into account some of the specific challenges we nurses face with looking after our own health.” The positivity of the nurses was definitely a highlight.’

**Major challenges in taking WIN. forward:** Implementing WIN. was more challenging than the partners had anticipated. Particular issues were:

- The original expectations were very bold and ambitious given the funding and timescale available. The co-production workshops took longer to organise than anticipated because there were delays in recruiting a Trust and participants. This resulted in budgetary challenges for both C3 and LSBU.
- Accommodating the different processes and priorities of the partner organisations, which required some give and take on all sides.
- There was some initial ambivalence among key organisations/stakeholders in drawing attention to the issue of obesity.
- Although some of the Trusts were interested in the development of interventions, they had other priorities and/or long processes to go through to get agreement to participate.

**Major lessons learned:** The partners identified a number of lessons learned, which fell under three headings:

**The partnership**

- There was ‘added value’ in working with three different partners – a very positive lesson learned.
- It was important to understand the expectations of the other partners and have clarity on roles and the implications of different working processes on the project.

**Communication and dissemination**

- There should have been a detailed communications strategy from the outset.
- It took a long time to process the articles published in academic journals; during this time alternative outlets for dissemination of the results could have been identified.

**Logistics**

- Recruitment and engagement of participants was achieved by working from bottom-up but this could have proceeded faster and more effectively if there had also been top-down agreement from management at an early stage.
- Focus groups and workshop recruitment took much longer than planned and required more administrative detail than anticipated, which had to be completed before moving on to the next stage of the project.
- In future, the partners will be more realistic about budgeting and timescale, and clearer about roles.
• The partners’ contacts and experiences were maximised for engaging and collaborating with employers and the profession. In future, challenges with engagement need to be considered at the planning phase and incorporated into timescale, with contingency plans for external unplanned pressures.

• It was only practical to take forward one intervention. The other proposals were unrealistic for a variety of reasons, including the resources and time available along with considerations by senior management of the suitability of particular interventions within their Trust. In future participants would need to be clear about the scope, resources and timescale available for the development of co-designed interventions.

10: Recommendations

Key UK stakeholders from across the nursing community and beyond were invited to consider the implications of WIN. at a roundtable discussion in January 2018 and this resulted in the following recommendations for consideration by employers, professional bodies and other relevant stakeholders:

1: Professional leadership

Raising obesity should be an embedded responsibility for managers and system leaders. This would require sensitivity training to be able to have a constructive conversation about obesity.

2: Addressing systems issues that contribute to obesity

The issues identified by nurses (access to water, shift patterns, lack of places to heat and eat food, canteens) should be highlighted to employers as part of their responsibility for health and safety. Addressing these could enable them to demonstrate that they are exemplar employers. There are also issues to do with how work is organised and the design of the physical estate/working environment so that the health of employees is not compromised. Health and Safety legislation may provide a framework for this.

3: Identifying best practice in addressing obesity in the workforce

Acknowledging the challenges and issues that may be unique to different elements of the nursing workforce e.g. inability of nurses to leave clinical areas to access canteens, the lack of healthy food options in canteens and for community nurses. In addition to the evidence review conducted for WIN., participants were keen to identify current examples of best practice and examples of which approaches addressing obesity might work, e.g. co-design of interventions. It was acknowledged that best practice needs to be shared across the four countries. Evaluations that include detail of intervention design and long term follow up are needed, together with mechanisms for sharing good practice.

4: Fitness to practice

Ensuring that:

• being a healthy weight and having a healthy lifestyle is acknowledged as part of fitness to practice for nurses.
• nursing students are encouraged early in their career and training to be aware that their lifestyle may impact on patient outcomes and core nursing tasks. The new Nursing and Midwifery Council standards on health and wellbeing were noted, but need to be measurable so student nurses’ personal health can be assessed.

5: Standardised data collection through staff surveys

Freedom of Information request to all Trusts asking if:

• Extra health questions are included alongside the national staff survey.
• Numbers related to staff redeployed because of obesity-related inability to do their job.
• Staff sickness-absence and conditions such as musculoskeletal injuries and diabetes.
This would be useful for the business case; Return On Investment or cost savings need to be articulated for employers/Trusts.

6: Engaging the public voice

The general public has a role in encouraging nurses to address obesity in the workforce. The example was given of patients asking nurses and other Health Care Professionals if they have had their flu vaccinations or washed their hands, which is encouraged as a way of holding people accountable. Could this be relevant to obesity in nurses?
11: References


Cross-Government Obesity Unit. Healthy weight, healthy lives: One year on. London, UK; 2009


Department of Health 2009. Healthy Weight, Healthy Lives, One Year On


