

Sleeping well

Improving our sleep to improve how
we feel

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What is this guide?

This short guide is a resource designed for **all** colleagues at University Hospitals Bristol NHS Foundation Trust to help support positive wellbeing in the workplace and outside of work.

Regardless of your role, as a member of the Trust you are hugely important to the care of our patients and to the running of a busy city acute Trust.

All of us can struggle at times with how we feel and can **all** get stressed at times.

This guide is one of a series of resources for you to use on your own, which may help you feel as well as you can.

However, if you feel further support would be helpful, please do speak to your Manager or other trusted colleague. Whilst this may not feel easy, it is very normal to struggle at times, and doing something proactive to seek support can be hugely positive. In addition to speaking to your relevant colleague, you can find further information at the back of this guide and on the Trust intranet within the Workplace Wellbeing section of [HRWeb](#).

If you have any difficulty in understanding the content or accessing this resource, please contact wellbeing@uhbristol.nhs.uk

How does this guide work?

It can be far more beneficial to our wellbeing to actually change things we are doing rather than just reading about ideas.

That is why this guide has a technique within it, which you can practice using the worksheets provided.

You may find that the more you do it, the easier it can become to apply.



Introduction

We all know that we need sleep; but so often we forget or ignore just how important a good sleep pattern is to our wellbeing.

200,000 working days lost in the UK every year to insufficient sleep (RAND).

Better sleep is the biggest single contributor to living better (Sainsbury's living well index).

When our sleep is poor we are more likely to be irritable, and have less patience and empathy; affecting our team-working and our patient-focussed work. It affects our thinking and decision-making abilities; and we can become less able to cope when unexpected things happen.

There is a link between poor sleep over time and risk of diseases such as anxiety, depression, obesity, type 2 diabetes, cardiovascular disease, and Alzheimer's disease.

Many of the jobs within an acute health care setting like UH Bristol are particularly at risk of impacted sleep (e.g. hospital night workers, emergency services, 24/7 services), so we need to really consider how good our own sleep is and whether we should be looking to proactively improve it. That is where this guide can help.



Signs of poor sleep

We don't always recognise when we are struggling with something, and sleep is no different. It is a positive thing that you are reading this guide as it suggests you are curious about whether your sleep could be made better. It might be worth taking a moment to see whether you identify with any of the symptoms below:



(Extracted from Business in the Community, Sleep Toolkit)

Example scenario: Saz's story

Saz works in Oncology and has been struggling with poor sleep for several months. She can't place what started it, but every day she feels exhausted and is increasingly short-tempered with her girlfriend at home, and with her team in work. Her boss has expressed concern about Saz's wellbeing. We will come back to Saz later in this guide.



The importance of routine

Sleep is fragile. Once a pattern is upset, it can take time to get it back to normal. For this reason the best strategy is generally to stick to a routine. If for example we don't get to sleep one night until 2am; rather than having a lie-in to try to catch up on the missed sleep the next morning, it is better to still wake up at your usual time.

If we don't, our sleep starts to creep out of synch and then takes time to get back on track. So wherever possible, keep regular sleeping hours as this programmes the brain and internal body clock to get used to a set routine.

If you would like to learn more about the science of sleep, the BBC have an informative webpage:

<http://www.bbc.co.uk/science/humanbody/sleep/articles/whatisleep.shtml>

How much sleep do we actually need?

There is no set amount. As much as we might hear that "everyone needs to get their 8 hours a night", people are different and need different amounts (generally somewhere between 7-9 hours). Interestingly, how much we need will actually change over the course of our lives. This is important because often we can get frustrated that we are not getting our necessary quota of sleep, and ironically this frustration can actually keep us awake!



What affects our sleep?

Many things! And we need to know what is affecting our sleep if we want to be able to improve it.

A useful way to think of the things which affect our sleep is to categorise them into the following 'factors':

Factors	Examples
Environmental factors	Comfort of bed, light in room, temperature, noise from neighbours, the children waking us early, partner snoring.
Our behaviours	Drinking caffeine before bed, being on phone in bed, taking medication, working shift patterns & night shifts,
Our thoughts	Worrying about the next day, thinking back over things we said and did in the day.
Our physical feelings	Needing the toilet, stress, pregnancy, menopause, mental health conditions, stress, physical illness, musculoskeletal issues.

Physical pain/illness

Your sleep may be disturbed due to physical issues such as pain or illness. If you have any concerns about this, make an appointment with your GP who can help investigate further.

Unhelpful behaviours

Some behaviours (i.e. things that we **do**) can be unhelpful when it comes to getting good sleep. Here are a couple of examples:

Alcohol: It can be common for people with sleep difficulties to drink alcohol before bed to help them sleep.



Whilst alcohol *can* help us fall asleep, the quality of the sleep is often affected and typically people can experience broken sleep because of it.

Other stimulants: smoking, whilst often regarded as a relaxing habit, is actually a stimulant and can add to feeling 'awake' when trying to settle before sleep.

Activity: Whilst well-timed activity can tire us out and help us sleep when we go to bed, doing activity right before bed can actually add to our difficulties in 'switching off'.

Associating our bed with other activities (work, computer games, films) can be unhelpful. It is best to keep your bed for sex and sleep only.

Night shifts

There is no getting past the fact that working night shifts makes achieving a good sleep pattern a lot harder.

Working night shifts has about a 25-30% higher risk of injury than working day shifts. (IOSH)

It is recognised that night-shift workers typically have less sleep, and poorer quality sleep when sleeping in the daytime.

There are things you can explore if you struggle with working night shifts; such as 'daylight lamps' and advice around maintaining structure where possible within your sleep patterns.

The Health and Safety Executive (HSE) has developed good practice guidelines on shift design, as well as general guidance on shift work and fatigue which can be found direct from the HSE webpages so we would recommend using that resource.



Taking breaks

Most of us are aware that we are happier and function better when we are well rested. The problem is that the NHS never stops, and life at UH Bristol is no different. Good sleep, combined with well-timed rests and breaks during our shifts are essential to ensure we are functioning well. When we are tired, we make more mistakes.

Unfortunately we are not always good at taking breaks, even when we might recognise we need them. Too often we can 'push through' our body telling us it needs a rest either because of our own desire to work hard, or because we feel a pressure from those around us. The reality is that the busier it is, the more important it is to take breaks and recharge.

Be the one to set an example, and take your breaks whenever you can!

Napping

This really is down to each person's preference. Some of us swear by napping as a helpful strategy, whilst others say it makes them feel worse. There is a lot of guidance which suggests napping should be avoided; but there is actually some well researched advice around how to nap safely and productively.

A short 15-20 minute nap can be helpful for many people to help reduce the impact of fatigue on their ability to function. These 'power naps' as they are often called can help us feel more alert and less tired.

There are however, problems with napping for longer than 20 minutes. You may have heard of the different stages or levels of sleep that we all go through. Generally speaking, after 20 minutes we enter a deeper level of sleep which can leave us feeling disorientated and groggy when we are woken prematurely from it. It is worth experimenting to see what timing work for you.



Napping doesn't work for everyone but it can be worth trying it out in a safe place, experimenting with different times to help you determine what the best amount of 'nap sleep' is for you.

Different issues with sleep

It is not the case that everyone has the same issues with sleep. People can have different difficulties in achieving a good sleep. Common examples are:

- Sleeping too much
- Sleeping too little
- Having broken/disturbed sleep
- Getting off to sleep
- Unhelpful napping

There are many different disorders associated with sleep; such as insomnia and sleep apnoea. You can learn more about these disorders on the NHS website where there is a self-assessment tool:

<https://www.nhs.uk/conditions/insomnia/>.

If you are concerned that you may have a sleep disorder, book an appointment with your GP.



What can you do? Using a sleep diary

The technique to follow suggests using a 'sleep diary' to help identify reasons why your sleep may be poor, and learning what helpful things you can do to improve your chances of sleeping well.

The diary asks that over the course of roughly 7 days, you start to think about and write down information about your sleep. It encourages you to consider:

- What you did before going to bed?
- What time you went to bed?
- How long it took for you to fall asleep?
- What you did whilst in bed?
- What happened during the night? (i.e. did you wake up several times or sleep through?)
- What time you woke up to then get up and out of bed?
- How long you spent in bed in total?
- How you would rate the quality of that sleep?
- Any comments or observations?

Once you have done this, you need to consider the next two questions:

What did I notice? And what can I do to change this? There are boxes for you to complete these after the diary.

When considering what changes you might be able to make to help improve your sleep, it can be helpful to refer back to the four areas introduced earlier and copied again below.



Factors	Examples
Environmental factors	Comfort of bed, light in room, temperature, noise from neighbours, the children waking us early, partner snoring.
Our behaviours	Drinking caffeine before bed, being on phone in bed, taking medication, working shift patterns & night shifts,
Our thoughts	Worrying about the next day, thinking back over things we said and did in the day.
Our physical feelings	Needing the toilet, stress, pregnancy, menopause, mental health conditions, stress, physical illness, musculoskeletal issues.

Example scenario Saz's story continued:

Saz started using a sleep diary to help identify what might be causing her poor sleep. After 5 days of filling it in each morning, she became aware that her sleep was significantly worse on days where she sat up watching TV right until she went to bed. She also noticed that pain in her shoulder had been getting worse and was linked to her waking up more in the night (physical feelings). Because of this she decided to have a bath before bed instead of watching TV, and even moved the TV out of her bedroom (environmental factors). She also went to the GP about her shoulder pain to explore pain management options.



Sleep diary

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Before going to bed I... <i>e.g. had a bath.</i>							
I went to bed at:							
How long did it take me to fall asleep?							
What was I doing once in bed? <i>e.g. on my phone for 20 mins.</i>							
During the night I... <i>e.g. slept through, kept waking up, got up</i>							
I woke up at:							
How long did I spend in bed total? <i>e.g. 8 hours.</i>							
How would I rate the quality of this sleep? 1 2 3 4 5 Poor Great							
Any other comments? <i>e.g. kept awake with a headache.</i>							

Worksheet: Next steps

What did I notice from my sleep diary? For example are there any patterns I can see, such as my sleep was worse on days when I spent more time in bed on my phone?)

What can I do to change this? Looking at the tips in this guide, is there anything different you can try to see if it has a positive impact on your sleep?



Useful tips

- Find your routine by wherever possible going to bed and waking up at the same time every day
- Try to start 'winding down' and relaxing at least 1 hour before bed – for example, have a bath or read a book
- Make sure your bedroom is as dark and quiet as possible, even if these means investing in black-out curtains or blinds, using an eye mask or ear plugs
- Make sure your mattress, pillows and covers are all comfortable for you
- Your bedroom should be a relaxing environment and should not be associated with stimulating activity such as watching TV, playing computer games etc. Keep your bedroom just for sleep and sex.
- Exercise / be active regularly during the day wherever possible, but try not to exercise right before actually going to bed.
- Writing "to do" lists for the next day can organise your thoughts and clear your mind of any distractions.
- Don't smoke, or drink alcohol, tea or coffee in the build up to going to bed
- don't sleep in or have lie-ins after a bad night's sleep – keep to your routine to avoid it getting out of synch
- Try not to over-think your sleep. The more stressed we get about getting 'enough' sleep, the more we can 'wake ourselves up' and become fixated on the subject.
- If you have been lying in bed trying to sleep for about 20 minutes or more, it can actually be helpful to get up and go and do something different for 15 minutes or so, before then returning to bed and trying again. Otherwise if we just lie in bed trying to force ourselves to sleep, we can start to form an unhelpful association between bed and being awake.



Further support

Below we have included some useful links to other helpful resources for understanding and improving your sleep.

Business in the Community Sleep Toolkit:

https://wellbeing.bitc.org.uk/sites/default/files/bitc_phe_sleep_recovery_toolkit-final-18.01.18.pdf

Your local GP

If you continue to be concerned about the amount and quality of sleep you are having, and the effects it is having on other aspects of your life, you should speak to your GP, who will be able to help and provide further guidance and support.

British Snoring & Sleep Apnoea Association

The British Snoring & Sleep Apnoea Association is a not-for-profit organisation dedicated to helping snorers and their bed partners improve their sleep. Website: britishsnoring.co.uk Email: info@britishsnoring.co.uk Telephone: 01737 245638

British Sleep Society

The British Sleep Society is a charity for medical, scientific and healthcare workers dealing with sleep disorders in the UK. Website: sleeping.org.uk

BBC: The science of sleep:

<http://www.bbc.co.uk/science/humanbody/sleep/articles/whatisleep.shtml>

NHS Insomnia information and self-assessment:

<https://www.nhs.uk/conditions/insomnia/>.



There are other guides in this range available on Connect (staff intranet).



Reading Well

Reading Well is a scheme where you can access self-help books through the library. It helps employees to understand and manage their health and wellbeing using helpful reading. The books are all endorsed by health experts, as well as people with living with the conditions covered and their relatives and carers (you can view the Reading Well list on Connect).

Staff can find the books in the UHB Library (The Education and Research Centre, Level 5).

Talking therapies

If you feel that you need additional support, then it is readily available free of charge both through the Trust, or externally if you prefer. These services are usually referred to as 'talking therapies'.

Talking therapies are psychological treatments for mental and emotional problems like stress, anxiety and depression. There are lots of different types of talking therapy, but they all involve working with a trained therapist.



This may be one-to-one, in a group, over the phone, with your family, or with your partner. The therapist helps you find answers to the problems you're having.

For some problems and conditions, one type of talking therapy may be better than another. Different talking therapies also suit different people.

All employees at UH Bristol are able to access talking therapies through work via Occupational Health, or outside of work through their local IAPT service.

There is more detail below on each of these resources, but to explain a little more about different types of talking therapy you can and might like to access:

Guided self-help

Guided self-help is recommended as a treatment for depression, anxiety and panic disorder.

With guided self-help you work through a CBT-based workbook or computer course with the support of a therapist.

The therapist works with you to understand your problems and make positive changes in your life.

Guided self-help aims to give you helpful tools and techniques that you can carry on using after the course has finished.

During the course your therapist will support you with face-to-face appointments or phone calls.

Counselling

Counselling is a talking therapy where you talk in confidence to a counsellor.

They help you find ways to deal with difficulties in your life.

Counselling on the NHS usually consists of 6 to 12 sessions.

Cognitive Behavioural Therapy

The aim of CBT is to help you explore and change how you think about your life, and free yourself from unhelpful patterns of behaviour.

You set goals with your therapist and may carry out tasks between sessions.

A course usually involves around 12 to 20 sessions.

CBT has been shown to work for a variety of mental health problems.

You can enquire further about these different types of support through the following services.



Occupational Health

Avon Partnership Occupational Health Service offer free confidential onsite counselling service. To talk to an advisor or make an appointment, telephone Occupational Health on (0117) 342 3400.

IAPT

Anyone in England can get talking therapies like counselling for depression and cognitive behavioural therapy (CBT) on the NHS.

Referral can be through individual's GP or they can refer themselves directly to a psychological therapies service. Through IAPT, people can access different types of talking therapies, such as guided self-help, counselling, and CBT amongst others. There is more information below or by going to this website: <https://www.nhs.uk/conditions/stress-anxiety-depression/types-of-therapy/>

Private support

You may wish to access a service which is private and incurs a cost. The benefits of these services can be a greater flexibility in location, and a reduced waiting time.

You can search for accredited professionals by postcode using the following website: <https://www.bacp.co.uk/search/Therapists>

Spiritual, pastoral and bereavement care

The Healthcare Chaplaincy team provide spiritual care that is equal, just, humane and respectful to staff, patients and their visitors; irrespective of their faith or spiritual tradition. For further information about the services they provide contact the.chaplaincy@UH Bristol.nhs.uk or find further details at <http://connect/Governance/patientexperience/spiritualcare/Pages/default.aspx>



Experiencing unacceptable behaviour from others

All employees have the right to be treated with consideration, dignity and respect, and we all have a responsibility to set a positive example by treating others with respect, and to act in a way which is in line with the Trust's Values. When this doesn't happen, we may benefit from help to sort out the problem.

The first thing to do if you are concerned about the way a colleague is behaving towards to you is to talk to someone about it -

- If you feel you can, speak to the individual and tell them how their behaviour is making you feel.
- Speak to your manager, another manager or a senior colleague and ask them to help you resolve the problem.
- If you have tried all the informal ways of resolving the problem and they haven't worked, the Dignity at Work policy includes information about the formal process. You can contact Employee Services on 0117 34 25000 for support and advice about the policy.
- If the problem is something which can't be resolved in an informal way, or is too serious to resolve in an informal way, please contact: Employee Services and Medical HR- 0117 34 (25000) or Freedom to Speak Up – 0117 34 (22888).





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Version

1.2, June 2019.

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