

On-Shift Eating and Drinking: A Simple Strategy on Addressing Physician Burnout

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For the longest time, health care workers including physicians were not allowed to eat and drink in the emergency department (ED) effectively due to strict interpretations of regulations from the Occupational Safety and Health Administration (OSHA) and The Joint Commission (TJC).^{1,2} The American College of Emergency Physicians (ACEP) clarified this with the TJC earlier in 2019, finally allowing for ED physicians to attend to one of our basic physiological needs while on shift – that of being able to eat and drink. However, despite this provision, why is it that many of us ED physicians are still not taking this opportunity to take care of ourselves while at work? From the perspective of Maslow's hierarchy of needs, before we can achieve self-actualization, our basic physiological needs must be met.³ Over the next several *Common Sense* issues, the AAEM Wellness Committee will highlight each of the key factors of each levels of the physician wellness hierarchy modeled after Maslow's hierarchy of needs.⁴

Who would have thought that eating and drinking in the ED is actually a path towards professional fulfillment and happiness? If not for happiness, could it be that by simply allowing ourselves to take a break and snack or eat lunch during a shift, we may become more efficient? Many states require lunch and rest breaks on shift, all of which excludes ED

physicians.^{5,6} Why is it that on an 8-12 hour long shift, we often deprive ourselves opportunities to recharge and nurture ourselves? It's as if it has been ingrained in us that as physicians we are better than everyone else. That we don't need to eat or drink or use the bathroom. Sadly, many of us do this on a daily basis. And for what? To be more efficient? Because our patients need us? Because there's simply no time? Most, if not all of us, can attest to this practice of martyrdom starting way before we even became ED physicians. These acts of self-sacrifices were common as we tried to get into medical school, while we were in medical school, and definitely during residency. Perhaps this is why Maslow's hierarchy of needs are now being considered as a model to address residency burnout, as well.⁷

In order for us to focus on self-actualization and professional fulfillment, we must understand how attending to our basic physiological needs towards improved mental and physical health, including provisions for food, shelter, sleep, and clothing matter. Similar to the airline analogy, "In case of emergency ... If you are traveling with a minor, please put on your own mask before helping the minor," we must also learn to apply this self-preservation to our daily practice. We must learn to take care of our needs first in order to maximize the impact of our expertise in the ED.

"But I just don't have the time to eat!"



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WELLNESS

As ED physicians, we are experts in understanding the value of time. Many of our metrics hinges on turnaround times, and we have learned to adapt to this environment. It is with this keen understanding of the scarcity of time that we can be creative in maximizing efficiency in time to include taking into account our basic needs in order to prevent personal burnout. TJC understands this now.⁸ According to a 2019 Medscape survey, emergency physicians rank one of the lowest in “how happy” we are at work, with 48% of our colleagues experience burnout.⁹ Picking up that next patient without pausing for a break, no matter how quick that respite is, may prevent you from optimizing yourself to your best potential. There is a dwindling return on investment as we fatigue over the course of our shift.¹⁰

Not only does hunger affect efficiency, it also can also affect patient safety.¹¹ Hunger also affects our mood and how we react to stress, and in turn, may affect our levels of professionalism and collegiality.^{11–14}

If everyone is doing it, then it may no longer be perceived as a weakness to provide care for ourselves.

Working in the ED is hard in-and-of itself. We now have better systems in place to allow us to address hunger in the ED. If you are in hospital or departmental leadership, consider providing easy access to food and drinks while on shift such as a stocked refrigerator. Gathering around food may even help promote belongingness in the ED. Create a culture where it is okay for physicians to eat meals and attend to other “bio breaks.” Plus, when we take this into consideration, we are more likely to plan healthier meal options instead of eating junk food and simply over caffeinating ourselves on-shift, which later have negative downstream effects on our health including our sleep and weight. And, on an individual basis, please do take a break while you are on shift. If everyone is doing it, then it may no longer be perceived as a weakness to provide care for ourselves.

While food and drinking in the ED alone will not fix the epidemic of physician burnout amongst our EM colleagues, it is one of the basic things that is within our control. As we strive to achieve balance in our practice, we hope that you would consider taking a pause during your shift and practice self-care through nourishing yourself. It’s now “allowed.” So, before you take on that next task, ask yourself if it can wait and allow yourself to take care of yourself just as you would want your family members, your colleagues, your patients to care for themselves. ●

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