

Supporting doctors' nutrition in the workplace: findings from a qualitative study

K. Sum¹, A. Cheshire², D. Ridge² and S. Deb¹

¹*School of Life Sciences, College of Liberal Arts and Sciences, University of Westminster, London, UK and*

²*School of Social Sciences, College of Liberal Arts and Sciences, University of Westminster, London, UK*

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The role of medical doctors in the National Health Service (NHS) is imperative, supporting the health and wellbeing of the nation. Yet doctors' occupational role and associated work expectations can be detrimental to their health. For example, demanding medical care is provided through shift work which contributes to sleep disturbances and weight gain, resulting from poor healthy food choices during working hours. Shift work also affects cognitive performance, leading to poorer psychological wellbeing and cardiovascular health. Research has also ascertained the link between shift work and cardiovascular health, with nutrition optimising the management of cardiovascular risks. Previous research suggests the impact of shift work on doctors could have wider public health consequences^(1,2,3). Despite the importance of workplace nutrition on doctors' health doing shift work, research in this area is limited. Therefore, there is further scope to elucidate how occupational and workplace factors influence doctors' dietary practices during shift work. Our research aims to understand doctors' current nutritional beliefs and behaviours during shift work and the links with health and wellbeing. Online semi-structured interviews (n = 16) were conducted with a heterogeneous sample of currently practising medical doctors across England (length of time practising ranged from less than six months to 21 or more years), all medical grades and specialities, and those aged 18–56. All doctors did shift work, but in various combinations of working patterns, for example, short and long days, night shifts, and weekends. Following Braun and Clarke⁽⁴⁾, inductive thematic analysis was used to analyse the data; initial findings are presented. Findings elucidate the detrimental impacts of poor nutrition on shift workers' health and wellbeing; however, factors influencing doctors' diet during shift work are complex. There were mixed findings regarding what and when doctors ate during their shifts, with shifts timings and clinical events influencing eating opportunities. With little or no time to have proper breaks dedicated to eating, doctors often ate on the go. Hence, food accessibility and availability were prominent influencers for doctors to consider during shift work. Workplace culture was another pertinent theme, described as both a barrier and facilitator. For example, group coffee breaks and using food in social activities developed team camaraderie, promoted good nutrition and cultivated a sense of belonging despite working in a stressful environment. Conversely, limited catering facilities outside the standard hours and staff shortage resulting in little to no break opportunities were barriers to good workplace nutrition. In conclusion, improving doctors' workplace nutrition during shifts must move beyond individual contributions and attitudes towards food choices to consider the workplace environment, including workplace regulations and cultures. Future research should examine how best to support doctors' workplace nutrition via changes in healthcare settings.

References

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