

LETTER

Regular versus extended shift outbreak roster in the emergency department and its impact on staff well-being

An outbreak response roster during pandemic plays a crucial role, with a recent article¹ suggesting a 12-hour extended shift model, aiming to limit interactions between healthcare workers. In Singapore, a typical ED shift is around 8–9 hours. Although there are perceived benefits of working 12-hour shifts like reduction in total number of shifts and compressed working week, it can lead to staff experiencing fatigue, psychological distress, performance reduction and increased risk of errors in a busy, fast-paced ED environment.² Also, there is a potential risk of cross-exposure as team doctors rotate between managing high-risk and low-risk areas.

Handling a pandemic like COVID-19 can be a marathon, requiring sustainability for a prolonged time period. Roster planning can impact the physical and psychological well-being of healthcare staff. Hence, it was imperative that we develop a roster to prevent cross-exposure among doctors, avoid working long hours and reduce the psychological impact of working longer shifts. Thus, our ED continued to roster staff on usual 8-hour shifts and regular off days, similar to the non-outbreak period. Regular shift durations were more beneficial to the healthcare staff to mitigate fatigue and its associated risks, compared with working longer shifts³ and follow the best practice of safe working hours.

To reduce cross-infection, ED doctors were split into two teams: one team managing the confirmed or suspected COVID-19 patients, while the other managing the non-COVID patients. Considering the fluidity of the pandemic and changing dynamics of patient surge, this roster allows cross-cover from the low-risk to high-risk teams. We rostered standby doctors for both teams, for rapid activation in case of surge or if any staff member was sick, without the risk of interaction between members of different teams.

The type of model to adopt, regular versus extended shift hours, depends on individual ED requirements, based on ED design, pandemic workflows, patient workload and manpower. As the pandemic evolves, we must continually monitor and tweak rostering rules, such that the roster pattern is adapted to best serve our patients and minimise risks of fatigue and burnout of healthcare staff over a prolonged period of time.

Sohil Pothiwala ¹, **Hong Khai Lau**,²
Annitha Annathurai²

¹Emergency Medicine, National Healthcare Group Woodlands Health Campus, Singapore

²Emergency Medicine, Sengkang General Hospital, Singapore

Correspondence to Dr Sohil Pothiwala, Emergency Medicine, National Healthcare Group Woodlands Health Campus, 768024 Singapore, Singapore; drsohilpothiwala@yahoo.com

Contributors SP conceived the idea for the manuscript and also contributed to the writing and editing of the article. HKL contributed to the manuscript based on his experience as the roster planner. AA contributed in writing and provided guidance as Head of Department.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting or dissemination plans of this research.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

© Author(s) (or their employer(s)) 2020. No commercial re-use. See rights and permissions. Published by BMJ.

Handling editor Ellen J Weber



To cite Pothiwala S, Lau HK, Annathurai A. *Emerg Med J* 2020;**37**:468.

Accepted 16 June 2020

Published Online First 24 June 2020

Emerg Med J 2020;**37**:468. doi:10.1136/emered-2020-210247

ORCID iD

Sohil Pothiwala <http://orcid.org/0000-0002-4789-4326>

REFERENCES

- 1 Chua WLT, Quah LJJ, Shen Y, *et al.* Emergency department 'outbreak rostering' to meet challenges of COVID-19. *Emerg Med J* 2020;**37**:407–10.
- 2 Bae S-H, Fabry D. Assessing the relationships between nurse work hours/overtime and nurse and patient outcomes: systematic literature review. *Nurs Outlook* 2014;**62**:138–56.
- 3 Patterson PD, Runyon MS, Higgins JS, *et al.* Shorter versus longer shift durations to mitigate fatigue and fatigue-related risks in emergency medical services personnel and related shift workers: a systematic review. *Prehosp Emerg Care* 2018;**22**:28–36.

