

Taking the biscuit: defining "excessive" use of free refreshments in a healthcare library setting

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As the festive season approaches and the widely acknowledged potential for excessive consumption looms large, intellectual interests are bound to wander to the less academic. A chance observation of signage in a hospital library requesting that patrons avoid "excessive" consumption of free hot drinks and biscuits (fig 1) was felt to be open to interpretation; parallels to Christmas buffet dilemmas, or the ubiquitous communal box of Quality Street, were evident [1]. Just how much is "too much"?

The provision of unlimited free hot drinks and biscuits seems to be a not unreasonable "job perk", given that NHS staff are often felt to be underpaid and undervalued [2,3]. However, if some people take more than others in a system constrained by both financial and logistical considerations, are some staff getting the short end of the teaspoon? Furthermore, who judges etiquette in such situations, and how might opinions differ between staff members?

The Oxford English Dictionary defines excessive as "exceeding what is right, proportionate, or desirable" [4], suggesting that individuals may apply their own values and judgements. Interpretations of "excessive" may therefore vary depending on appetite, taste, income, the proximity of snacks to beverages, beliefs about food, psychological determinants such as stress and guilt, and myriad factors not yet considered. One of our team described regularly succumbing to Bentham's Panopticon effect [5], modifying their behaviour to avoid that uncomfortable feeling of being perceived as greedy by others.

From the comfort of a hospital library, and buoyed by a seemingly endless supply of (free) hot beverages and biscuits (snack size, multiple varieties), we developed a survey. This aimed to establish the quantities of free refreshments felt by healthcare staff to represent "excessive" consumption during a single visit to a hospital or academic library. The survey was publicised in February and March 2022 through social media and the authors' existing professional and personal networks, resulting in a convenience sample of 1874 clinical and

non-clinical healthcare workers and academics. Respondents answered 15 questions on a Google form related to profession, specialty, role, time in role, country of residence, and routine consumption of hot drinks and biscuits. Our full statistical analyses and simplified data are available at [<OSF link>](#).

Commented [SS1]: We will provide a link for you

Commented [an2]: Or would the editorial team prefer this in the supplementary materials for online-only?

The sample contained a high proportion of doctors (51%), and their appetite for free biscuits was more noticeable than in non-doctors (other healthcare workers, non-clinical healthcare workers and academics); this difference was particularly notable for general practitioners and emergency physicians.

When required to supply their own refreshments, respondents consume an average of 3 hot drinks on a typical day, with coffee the drink of choice for 962 (51%). By comparison, in a chance encounter with free hot drinks in a workplace setting, taking more than 3 in a single library visit was considered excessive. The highest number of acceptable free hot drinks varied by choice of drink, with respondents who preferentially consume free hot whisky (n = 2) representing a significant outlier (mean: 8 free drinks). Respondents who preferentially drank free coffee would consume more cups daily than those who drank tea (mean 3.44 vs. 3.29). Department or specialty also impacted the number of free drinks deemed excessive; GPs would, for example, consume more free hot drinks than staff working in emergency departments (mean 3.67 vs. 3.22) before considering it excessive.

Respondents considered taking more than two packets of free biscuits to be excessive; this varied by role, with doctors having a higher "excessive" threshold than non-doctors (mean = 2.35 vs. 2.14). We noted that the number of packets of biscuits perceived to be excessive also varied by time in role, with increasing time associated with a decreasing proclivity for free victuals (time < 2 years: mean 2.89, time > 8 years: mean 2.16). Whilst UK respondents considered more than 2.20 packets of biscuits to be excessive, those based outside the UK had a higher cut-off (mean 2.97).

It may be that alternative sustenance would be preferable to some respondents; 1481 (79%) of the overall survey sample would consume a free doughnut, and even 36 of the 88 who would not take any free biscuits would still be tempted by this alternative sweet treat.

Free text comments from respondents (box 1) offer some insight into sentiment, current mood, and the sense of humour of healthcare workers.

Box start

Box 1: Selection of free text comments from survey

Employers should provide hot drinks for their staff (I'm an employer and I do this)

I think it's excessive if lots of biscuits are taken in one hit. It's not excessive in my opinion if it's spread over the course of 8 hours

My answers heavily depend on the quality of the provisions on offer. I consider NHS-branded instant coffee hazardous for human consumption. Anything that takes longer than 1 minutes walk from the Ward and isn't barista-quality, is too far for me to justify

There aren't enough free drinks and biscuits in the NHS

Let people have as many hot drinks as they like!

I feel free biscuits in the library or workplace should be encouraged as part of a balanced diet
I have absolutely no self control when things are free
I think the 'excessive quantity' comment would actually make me want to have an extra tea or biscuit. You don't get many perks from the NHS and when needed, limiting staff tea or biscuits is unethical
Depends how visible the stash of snacks is . . . I'd choose many more biscuits from a hidden cupboard as opposed to a table out in the open department
Tea and biscuits are the backbone of our businesses, NHS, and country. Without these the people of the UK would crumble. Let's not squabble over free tea and coffee. Let's embrace this tradition with relish!
Box end

No formal cost effectiveness evaluation was carried out, but provisional calculations were performed on the back of a Club biscuit wrapper. Cost data were taken from a university catering provider, and workforce data from The King's Fund [6]. Given the growing diversity of milk types available, and the challenges of predicting volumes used per drink in this online survey, we have excluded milk costs in this evaluation and suggest further, more detailed work is conducted. From these manual calculations, and whilst digesting the (self-financed) Club biscuit, we estimated that a centrally funded initiative to provide all NHS staff with three hot drinks daily would cost (approximately) £32,692,935 annually. The additional daily provision of two snack-sized biscuit packets for every NHS employee at a cost of 25p each would cost £128,188,286; this equates to a total refreshment cost of £160,881,221, or a (not excessive) 0.084% of the NHS budget [51].

Office workers have identified free hot drinks as a more important benefit than free mental health support, and free coffee is associated with improved morale and productivity [7]. Given the current concerns over the morale, recruitment, and retention of NHS staff [8], the estimated £21.7 billion cost of a potential staff exodus [9], and the well documented challenges facing health and social care provision, [8,10–42] the provision of free hot drinks and biscuits could be a worthy and incredibly cost-effective expense.

Against the backdrop of flagging staff morale and a cost-of-living crisis, limiting the availability of biscuits and hot drinks is certainly not in the Christmas spirit, and may be politically and financially ill-advised. Responses to our survey imply that most staff have a reasonable self-imposed biscuit threshold and would hardly drink the library dry, so setting restrictions may achieve nothing other than fostering resentment; it may even counterintuitively increase consumption (box 1).

As a target for cost-saving initiatives, limiting free refreshment consumption is therefore really scraping the biscuit barrel (although some limits on hot whisky availability may be necessary), and implementing/continuing perks that improve staff morale seems justifiable. We therefore suggest that healthcare employers should make biscuits and hot drinks freely available for staff and allow them to come to their own conclusions about what constitutes excessive consumption.

Commented [AT3]: Is there flexibility in which comments are included? We prefer a number of the discarded options... e.g.

"It's always sh*t coffee anyway."

"Access to high quality, fully caffeinated coffee should be considered essential to the maintenance of full cognitive function for clinicians in all clinical settings."

"This survey is the most important survey I've ever answered"

Commented [AT4]: The figure has been removed here – is that intentional, or do you want the picture of the Club wrapper? (attached to the email)

Karen Trifunovic designed the sign from which this project was conceived.

Contributors: AT conceived the project in a caffeine-induced moment of clarity. AT and GJ constructed the first draft of the data collection tool, and KH, HB, CW and ST revised it prior to dissemination. SS processed and collated the survey responses, and all authors contributed to interpretation. AT, GJ, KH and SS contributed to the first draft of the manuscript, with the remaining authors and our PPI contributors revising it critically for content. All authors have reviewed and approved the final version of the manuscript. AT and GJ are overall guarantors for the work. The corresponding author attests that all listed authors meet authorship criteria and that no others meeting the criteria have been omitted.

Patient and Public Involvement:

A group comprising individuals with lived experience of hot drinks, biscuits and/or libraries, but who did not work within healthcare, was convened through authors' personal networks. The group contributed feedback, suggestions and refinements to the project and underlying principles. The group meeting was held remotely, both because of practical barriers and concern for social distancing in the context of the COVID-19 pandemic. PPI group members were remunerated for any reasonable number of caffeinated beverages or biscuits consumed during the meeting. Given the identified difficulty in defining excessive consumption, authors were reassured that none of the group members were healthcare workers [9].

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Ethical approval: The project did not require Research Ethics Committee Review. The host library was contacted and approved use of the photographs; the sign was originally approved by CW, an author of this manuscript. The potential risks to researchers through inadvertent supra-therapeutic caffeine consumption during study activities were considered; given pre-existing caffeine consumption, these were deemed negligible. Survey responses were anonymous.

Data sharing: Data will be made available upon reasonable request to the corresponding author and a limited data set will be available via OSF. Biscuits will not.

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