

Covid fatigue is taking an enormous toll on healthcare workers

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Here in the UK we have been in lockdown for over six weeks and our personal and professional lives have changed immeasurably. We are starting to face the reality that our lives may never return to “normal.” As healthcare professionals caring for doctors, we are impressed by how our profession has adapted to the new order. However, we are also noticing many of our colleagues, ourselves included, struggling to absorb the enormous changes forced upon us over the last two months.

The initial eagerness to play our part in this crisis, to get “stuck in” and to make a difference has been replaced by an intense and overwhelming fatigue. Hannah Smith, a psychotherapist practising in America has coined the term “Pandemic Fatigue.” She uses it to describe not just the intense tiredness and weariness many of us are feeling, but the irritability and disorientation which accompany it, for example, not knowing which day of the week it is as the days appear to merge into one. Among our colleagues here in the UK we are referring to it as “covid fatigue”—a term that seems to have struck a chord for thousands feeling the enormous toll of the last few weeks.

Covid fatigue is not just felt by those working exhausting shifts in face-to-face clinical practice and directly treating patients, but also (and sometimes more so) by those working behind the scenes, staring at their computer screens all day long.

Paradoxically as the daily commute shrinks for many of us, to a six feet walk from our bedroom to our new “office” at home, the amount of work we are doing and its intensity has increased many times over. There is now no buffer between one virtual meeting and another. There is no brief respite, created by the odd coffee break between meetings or the mindless chitter chatter with colleagues. The down time created by moving from one meeting to another—often involving a trip between rooms or maybe even a tube or bus ride across town—has disappeared.

Each virtual meeting appears to have an urgency to it unlike face to face ones; the former seems to be shorter, and as such, more has to be fitted into the reduced time period. Gone are the pleasantries at the start, the sharing of each other’s day-to-day experiences, or the ritual distraction of asking for coffee or tea orders. Instead we get stuck in straight away, sometimes not even able to see each other as the faces appear—or not—(apparently randomly) across ever-shifting screens. The “chat function” creates a potential subgroup too—happening in the margins, as distracting as two people talking at once during a face-to-face meeting in pre-covid times.

This covid-fatigue is also affecting those who have been left in limbo—those who prepared for action, but action is yet to come, such as those newly retired doctors recruited to help yet who are currently largely underused. Or GPs wondering what has happened to all those urgent-care patients they used to see—those having heart attacks, strokes, cancer symptoms now ominously conspicuous by their absence in their surgeries. These healthcare staff may not be run off their feet, but this perpetual state of waiting is as exhausting.

*Many people have advised that this crisis is a marathon, not a sprint. In fact, it’s likely to be multiple marathons, run one after the other, creating even more potential for exhaustion and collapse.* For staff working in “the real world” (hospitals, general

practice hot hubs, out of hours), lives must run it like a relay—putting limits on work by limiting shift length and days on call, handing over the baton to colleagues regularly in order to rest. Between work, some may choose to continue working from home, but most will use this down time to rest, recuperate, and re-engage with their families.

For those working from home more there are no such natural breaks and the working day can begin soon after brushing one's teeth in the morning, ending just before bedtime. If home workers are to survive, they too must treat themselves with compassion to avoid burnout. This will mean enforcing boundaries between ones "home" and "working" lives in the same environment as best we can, starting with the discipline of building in daily breaks. For those working in environments that are temporarily quieter than usual it is important that they also use this opportunity to rest and re-fuel their tank for the challenges that inevitably lie ahead.

Whatever our situation as healthcare professionals—good pacing, refreshment, and support will be key to surviving the long road ahead.

Here are our three top tips for surviving this phase of fatigue and keeping well for the long-haul:

- Take regular breaks during your working shifts, *even if you have work to do*—breaks make us more efficient and productive and they help us to avoid burnout
- Remember this is a long-game and none of us are indispensable—handover to your team or another colleague so you can properly switch off during your rest time
- Consider a 3-minute ritual at the end of each shift—take 3 deep breaths and list 3 things that were tough and 3 things that went well

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