

Pandemic Fatigue

Manish Thakre¹

ABSTRACT

Current Covid-19 pandemic is an unprecedented crisis. The kind of work, challenges and fears are enormous. At the same time, pandemic is keeping its pace and prolonging the agony at global level. Fighting Covid-19 since its detection in China to the global pandemic declaration in March 2020, throughout the year 2020, has set the exhaustion or fatigue among all stakeholders. The pandemic fatigue along with its ramifications and dealing with is discussed here.

The World Health Organization (WHO) declared COVID-19 as global pandemic on 11th March 2020¹. Since then various policy pronouncements and measures including lockdowns have been implemented to check the spread of novel corona virus. Among the WHO' current recommendations, people with mild respiratory symptoms should be encouraged to isolate themselves, and social distancing is emphasised. Contact tracing and RT-PCR tests for novel corona virus were advocated for detecting and isolating cases to further prevent cases in initial lockdown phases^{2,3}.

As of 21 December 2020, we, in India, have crossed 10 million mark in total detected cases and 145810 deaths⁴. Since March 2020, nine months have passed and no end appears in sight for pandemic to wane. A term, **pandemic fatigue**, is being said to be setting in public perception. However, pandemic fatigue as a concept is not well defined in the literature.

Fatigue can be understood in three different ways. **First** is a subjective feeling of burnout or mental and physical exhaustion. This is common in critical care workers, law enforcement, and people dealing with terminal diseases like cancer. **Second** way for fatigue is distress resulting from prolonged exposure to an adverse circumstances or situations.⁵⁻⁸ This may impair motivation for cooperation and rejection of any constructive suggestions or may manifest

with increasing hopelessness and passive acceptance as in WHO pandemic fatigue construct⁶.

Third way to look at fatigue is in terms of messaging or communication related to Covid-19. This message fatigue in turn affects the preventive measures being implemented for the pandemic. Until a vaccine or effective treatments are available, public support and protective behaviours remain critical for containing the virus. Various guidance, rules and messages like wearing masks, social distancing of at least one meter at personal level and closing schools, postponing exams were working at initial phases, however over the period, it has been a concern of people getting tired of these rules and guidance. Individuals and sometimes groups seem desensitised to prevention messages about Covid-19 and indulging in risk behaviour. This appear as prevention message fatigue which is a state of being weary and tired of persistent exposure to similarly-themed information.^{7,8}

Front-line workers and pandemic fatigue

Since lockdown was announced in India on 24th March 2020, frontline workers, which includes doctors, nurses, police, municipal workers, community health workers, social volunteers and key administrative staff, have effective role in service deliveries for pandemic control. The kind of work pressure being faced by frontline workers differ slightly as per their role, however they all face stress in their efforts. This may lead to burnout or fatigue. This fatigue or burnout has three dimensions - **emotional exhaustion, depersonalisation and personal incompetence.**

¹Associate Professor,
Department of Psychiatry, Govt. Medical College, Nagpur

Address for Correspondence -

Dr. Manish Thakre

E-mail : drmanishthakre@gmail.com

Received on 20th December 2020

Accepted on 24th December 2020

Emotional exhaustion is the emotional state of being tired and emotionally drained out. In other words, it is the feeling of being overloaded or overworked taking the form of a lack of energy and the feeling of emotionally fatigued. Depersonalisation is understood as cold, indifferent, rigid, or even inhuman attitudes expressed towards other people while at work. A person behaves in a humiliating and rude manner, ignoring the requests and demands from others. Personal accomplishment is the competency and inner feelings of accomplishment. Personal incompetence means that one considers him / herself as inadequate and unsuccessful in his / her job. At this stage, the person is personally full of feelings of failure.^{8,9} At various stages of burnout fatigue, one or all dimensions can be independently present.

Working in Covid-19 pandemic has led to various severe mental conditions being faced by frontline workers. Amongst them, doctors experiencing depressive symptoms ranging from mild to moderate are 50% to 80% while severe depressive symptoms are reported in 9% to 18%. Anxiety was reported in 36.2% as mild, 24.4% as moderate, and 15.9% having severe anxiety. The percentage with sleeping problems ranged from 34% to 65%. Symptoms of distress ranged from 7% to 97%.¹⁰⁻¹⁸ Amongst nursing, community workers and other front line similar effects were noted.^{14,11,12} Fear of contracting illness, infection in family members, work-family imbalances, isolation protocols seem to be contributing to personal exhaustion.

Societal effects of pandemic fatigue

General **resistance** among the public to precautionary measures seems to be the next big hurdle to control COVID-19 worldwide. Fear of infection kept most people indoors during initial phases of pandemic. Emphasis on social distancing and practical difficulties of maintaining the same in crowded places and issues of earning livelihood, transportation are creating conflicting situations in general.

During a disaster or community crises, people seek information about what is happening and what to do. Scattered information or under-informing public

leads to public turning to social media and other channels of information where they are exposed to misleading and conflicting information. This in turn has led to higher **stress and anxiety** amongst general population¹³. Release of substantive authoritative information at regular intervals is often helpful in reducing this distress. Similarly fear of the **'uncertainty'** leads to higher anxiety not only in people with pre-existing mental health problems but also in healthy individuals. Increased anxiety leads to **'Negative emotions'** and consequent **'negative social behaviour'** which in turn is responsible for **discrimination, stigmatisation** towards the stakeholders'.¹⁴ This has been observed in first wave of infection. But as the new infections ebb and level of restrictions are lessened, worries about next wave and public response to social distancing are decreasing. In such scenario, the collective exhaustion - known as pandemic fatigue - has emerged as a formidable adversary for governments that are counting on a high degree of public cooperation. Too much pandemic fatigue, authorities say, can fuel a vicious cycle : A tired public tends to let its guard down, triggering more infections and restrictions that in turn compound the fatigue¹⁵.

Ways to Fight Pandemic Fatigue

1) Fatigue in Frontline workers

Every pandemic is ultimately also a pandemic of the mind and of the society¹⁶, hence developing **psychological reservoir** is of immense need in such prolonged global pandemic.

a) Importance of social connectedness

Fatigue can have different sources including inflammation, physical exertion, mental exertion, and stress, it has a common consequence - a reduction in levels of activity.^{17,18} Being **socially connected** during a global pandemic is associated with lower levels of distress and symptoms of fatigue. In particular, larger and more diverse social networks (i.e., communicating with more individuals) were associated with lower levels of perceived stress, worries, and fatigue during

that time-period. Social connections can potentially buffer against negative physical and mental health outcomes, and promote resilience.¹⁹

b) Managing Emotions

Perceived need to manage emotions in the workplace, whether by the requirement for 'acting' - suppressing spontaneous feelings or faking responses - or by the necessity of responding appropriately to the problems of vulnerable clients and failure to manage emotional demands effectively has been recognised as a central component in many clinical disorders.^{20,21}

The A-B-C concept of emotion where A stands for the activating event, C stands for your emotional consequence, and B stands for your belief, in the form of a self-statement, concerning the situation, helps us understand why two different people can respond to the same situation with far different emotional reactions. It also suggests that by changing our internal self-statements at B, we can change our emotional responses at C. And five key ideas that can be kept in mind for emotion control : 1. You, not situations, cause your emotions. 2. You feel the way you think. 3. Things are rarely as catastrophic as they may seem in the moment. 4. You can stand anything. 5. You can control your emotions by controlling your thinking.²²

c) Perception of being in control

Every person has an essential need to feel in control of their own lives, and when personal autonomy is threatened, motivation is easily lost. Pandemic control engagement should give people a sense that recommended behaviours are a part of something positive, hopeful and not as being imposed.^{23,24} Organisations should allow frontline workers, opportunities for participation in how and when work is carried out; it should facilitate their understanding of the work's purpose and methods; it should allow

them to make use of and develop personal skills; and it should provide opportunities for responding to the requirements of their life outside work²⁵.

2) Societal Fatigue and improving safe practices adherence

Main reason hindering individual control behaviours were that people did not consider infection outbreak a serious threat. Their attitude could be reflected by their low perceived severity and infectivity of the virus. Targeted interventions may focus on increasing the awareness of the population towards the outbreak according to current situations.²⁶ These interventions targets many factors which research has shown to be affecting **safety behaviour** and hence pandemic fatigue at societal level. Various factors or **attitudes or beliefs** affecting adherence to safety restrictions practices are : lack of clear quarantine instructions, problems adhering to protocols because people did not understand what 'isolation' meant, too much perceived knowledge might be a hindrance as persons with such attribute did not always adhere to the quarantine measures as they thought the restrictions were too over precautionary, rumors that people are breaking quarantine, and belief that the disease was not serious. There also exists economic reasons for not following precautions like need to work and fear of loss of income.²⁷⁻³⁸

While some factors appear promoting disobedience of pandemic restrictions, others factors like social pressure from others to adhere to quarantine, seeking help of faith leaders and headmen reinforced pandemic safety adherence.³⁸ Well managed and adequately resourced health centres improves adherence and treatment seeking.²⁸ Trust in government and length of period for safety measures to continue also affects adherence to pandemic precautions and hence societal fatigue.³⁸

Following are recommendations for action at societal level:

- 1) Providing a timely, clear rationale for pandemic measures.
- 2) Providing clear information about safety measures.
- 3) Emphasising social behaviour as Altruistic, for larger benefit of community.
- 4) Participation of community in devising localised solutions for quarantine.
- 5) Ensuring adequate supplies.
- 6) Providing assistance to financially affected and vulnerable groups.

Finally, transparency in sharing the reasons behind recommendations and restrictions, acknowledging the limits of science and government and objectivity and being equitable will bring fairness and trust. Actions and messages should be consistent, coordinated for clarity. This will help bring down pandemic fatigue and reinvigorate public interest and participation in control measures.

Bringing behavioural change is a continuous process, but changes are usually slow and comes in stages.²⁹ The Rapidity and urgency of the Covid-19 pandemic made the situation unique and challenging. Over the period we would get adapted to the new expected behaviours and will be able to maintain them.

References :

1. WHO Director-General's opening remarks at the media briefing on COVID-19-March 2020
2. CIDRAP- Center for Infectious Disease Research and Policy, 11 March 2020
3. Role of Frontline Workers in Prevention and Management of CORONA VIRUS- English MoHFW, Govt. of India, 25 March 2020. Accessed on 21 Dec 2020 through <https://www.mohfw.gov.in/>
4. MoHFW, GoI, 21 December 2020. Accessed on 21 Dec 2020 through <https://www.mohfw.gov.in/>
5. Aaronson LS, Teel CS, Cassmeyer V, et al. Defining and measuring fatigue. *Image J NursSch* 1999 ;31:45-50. doi: 10.1111/j.1547-5069.1999.tb00420.x pmid: 10081212
6. Pandemic fatigue reinvigorating the public to prevent COVID-19. Policy framework for supporting pandemic prevention and management. Copenhagen: WHO Regional Office for Europe; 2020. Licence: CC BY-NC-SA 3.0 IGO
7. Koh PK, Chan LL, Tan EK. Messaging Fatigue and Desensitisation to Information During Pandemic. *Arch Med Res*. 2020 Oct; 51(7):716-717. doi: 10.1016/j.arcmed.2020.06.014. Epub 2020 Jul 23. PMID: 32713728; PMCID: PMC7377807.
8. Stockman JK, Schwarcz SK, Butler LM, de Jong B, Chen SY, Delgado V, McFarland W. HIV prevention fatigue among high-risk populations in San Francisco. *J Acquir Immune Defic Syndr*. 2004 Apr 1;35(4):432-4. doi:10.1097/00126334-200404010-00016. PMID: 15097163.
9. Maslach C, Jackson SE. *Maslach Burnout Inventory*. 2nd ed. Palo Alto, CA: Consulting Psychologists Press; 1986.
10. Elkholy H, Tawfik F, Ibrahim I, Salah El-Din W, Sabry M, Mohammed S, Hamza M, Alaa M, Fawzy AZ, Ashmawy R, Sayed M, Omar AN. Mental health of frontline healthcare workers exposed to COVID-19 in Egypt: A call for action. *Int J Soc Psychiatry*. 2020 Sep 24:20764020960192. doi: 10.1177/0020764020960192. Epub ahead of print. PMID: 32972298.
11. Zhan YX, Zhao SY, Yuan J, Liu H, Liu YF, Gui LL, Zheng H, Zhou YM, Qiu LH, Chen JH, Yu JH, Li SY. Prevalence and Influencing Factors on Fatigue of First-line Nurses Combating with COVID-19 in China: A Descriptive Cross-Sectional Study. *Curr Med Sci*. 2020 Aug;40(4):625-635. doi: 10.1007/s11596-020-2226-9. Epub 2020 Aug 29. PMID: 32767264; PMCID: PMC7412774.
12. Sun N, Wei L, Shi S, Jiao D, Song R, Ma L, Wang H, Wang C, Wang Z, You Y, Liu S, Wang H. A qualitative study on the psychological experience of caregivers of COVID-19 patients. *Am J Infect Control*. 2020 Jun;48(6):592-598. doi: 10.1016/j.ajic.2020.03.018. Epub 2020 Apr 8. PMID: 32334904; PMCID: PMC7141468.
13. Purgato, M., Gastaldon, C., Papola, D., van Ommeren, M., Barbui, C., Tol, W. A. (2018). Psychological therapies for the treatment of mental disorders in low- and middle-income countries affected by humanitarian crises. *Cochrane Database of Systematic Reviews*, 2018, CD0111849
14. Mowbray, H. (2020). In Beijing, coronavirus 2019-nCoV has created a siege mentality. *British Medical Journal*, 2020, 368
15. Meichtry, Stacy, Joanna Sugden, and Andrew Barnett. "Pandemic Fatigue Is Real... and It's Spreading." *Wall Street Journal* [Internet] (2020).
16. Basu D. The Plague by Albert Camus, The COVID19 Pandemic, and the Role of Social Psychiatry - Lessons Shared, Lessons Learned. *World Soc Psychiatry* 2020;2:51-6.
17. Muller, T., & Apps, M.A.J. (2019). Motivational fatigue: A neurocognitive framework for the impact of effortful exertion on subsequent motivation. *Neuropsychologia*, 123, 141151. <https://doi.org/10.1016/j.neuropsychologia.2018.04.030>
18. Hockey, B., & Hockey, R. (2013). *The psychology of fatigue: work, effort and control*. Cambridge, UK: Cambridge University Press.
19. Nitschke, J.P., Forbes, P.A.G., Ali, N., Cutler, J., Apps, M.A.J., Lockwood, P.L. and Lamm, C. (2020), Resilience during uncertainty? Greater social connectedness during COVID-19 lockdown is associated with reduced distress and fatigue. *Br J Health Psychol*. <https://doi.org/10.1111/bjhp.12485>
20. Gross, J. J. (1998). The emerging field of emotion regulation: an integrative review. *Review of General Psychology*, 2, 271-299.
21. Hochschild, A. R. (2012). *The managed heart*. Berkeley, CA: University of California Press.
22. Smith, Ronald E., and James C. Ascough. *Promoting emotional resilience: Cognitive-affective stress management training*. Guilford Publications, 2016.

23. Tworek H, Beacock I, Ojo E. Democratic health communications during Covid-19: a rapid response. Vancouver : UBC Centre for the Study of Democratic Institutions; 2020 (<https://democracy.arts.ubc.ca/2020/09/14/covid-19/>, accessed 21 December 2020).
24. Dutta MJ, Elers C, Jayan P. Culture-centered processes of community organizing in COVID-19 response: notes from Kerala and Aotearoa New Zealand. *Front Commun.* 2020;5:62. doi:10.3389/fcomm.2020.00062.
25. Hockey, B., & Hockey, R. (2013). *An agenda for fatigue: research and application*. In *The psychology of fatigue: work, effort and control*. Cambridge, UK: Cambridge University Press
26. Chan EY, Cheng CK, Tam G, Huang Z, Lee P. Knowledge, attitudes, and practices of Hong Kong population towards human A/H7N9 influenza pandemic preparedness, China, 2014. *BMC Public Health.* 2015 Sep 22;15:943. doi:10.1186/s12889-015-2245-9. PMID: 26395243; PMCID: PMC4579795.
27. Teh B, Olsen K, Black J, Cheng AC, Aboltins C, Bull K, et al. Impact of swineinfluenza and quarantine measures on patients and households during the H1N1/09 pandemic. *Scand J Infect Dis* 2012;44(4):289e96. <https://doi.org/10.3109/00365548.2011.631572>.
28. Hsu CC, Chen T, Chang M, Chang YK. Confidence in controlling a SARS outbreak: experiences of public health nurses in managing home quarantine measures in Taiwan. *Am J Infect Control* 2006;34(4):176e81
29. Weinstein, Neil D., and Peter M. Sandman. "A model of the precaution adoption process: evidence from home radon testing." *Health psychology* 11.3 (1992): 170