

“Pandemic fatigue” or something worse?

FABRIZIO ELIA¹, FABRIZIO VALLELONGA¹

¹Emergency Medicine, San Giovanni Bosco Hospital, Torino, Italy.

Received: December 1, 2020. Accepted: December 4, 2020.

Summary. The second pandemic wave flooded Italy and Europe. There are many reasons to be concerned but, as health care workers, we want to emphasize something particular. We reacted with enormous sacrifices during the first pandemic wave, despite the uncertainty, despite the inexperience, despite the structural and managerial inadequacies (partly unavoidable). In the following months the overwhelming wave turned into a slow but continuous dripping, we had to deal with. The World Health Organization (WHO) introduced the term “pandemic fatigue” to indicate the widespread feeling of distress in the entire population as a reaction to a prolonged state of crisis whose end cannot be foreseen. Health workers are no stranger to the general population, although they perceive the world from a particular standpoint. The first concern is that doctors and nurses might not be able to make up for the flaws (largely avoidable at this point) of the health care system in case of further waves. Because the strengths are breaking down and because public support, crucial in previous months, is waning. The second concern relates to the discomfort that could affect a large part of health care workers. A state of discontent and anger never seen before between doctors and nurses is spreading all around us. The fear that “pandemic fatigue” will turn into “pandemic consumption” is real and alarming.

Here we go again.

As we write these lines, the second pandemic wave flooded Italy and Europe.

The *low tide* of the summer period deceived everyone, revealing glimpses of normal life. Revealing the life we were accustomed to living. The second wave turned into a tsunami of new cases and deaths within a single week. After reaching the pandemic peak and starting a slow descent, the huge and arduous *high tide* of the wintry period lies ahead of us.

There are plenty of reasons to be afraid. Physical health concerns, mental health disorders, economic challenges, social issues. However, as health care professionals, we are bothered about something in particular.

We reacted with enormous sacrifices during the first pandemic wave, demonstrating how the effort of single health care workers, joined together, can cope with unexpected disasters. Despite the numbers, despite the uncertainty, despite the inexperience, despite the structural and managerial inadequacies. It was a novelty, the first real pandemic of our days. An unknown and shared enemy to face with all possible forces. A real challenge. A moral duty, as well as a pro-

“Fatica da pandemia” o qualcosa di peggio?

Riassunto. La seconda ondata pandemica ha travolto l’Italia e l’Europa. Ci sono molte ragioni per essere preoccupati, ma come operatori sanitari ci interessa sottolineare qualcosa di particolare. Durante la prima ondata pandemica abbiamo reagito con sacrifici enormi, nonostante l’incertezza, nonostante l’inesperienza, nonostante le inadeguatezze strutturali e organizzative (in parte inevitabili). Nei mesi successivi l’onda travolgente si è convertita in un lento ma continuo stillicidio, con il quale confrontarsi costantemente. L’Organizzazione Mondiale della Sanità (OMS) ha introdotto il termine “pandemic fatigue” per indicare il malumore diffuso tra tutta la popolazione, come reazione a una situazione senza apparente via d’uscita. Gli operatori sanitari non sono estranei a questa condizione, anche se percepiscono il mondo da un punto di vista particolare. La prima preoccupazione è che medici e infermieri potrebbero non essere in grado di colmare ulteriormente le carenze (a questo punto in gran parte evitabili) del sistema sanitario. Perché le forze stanno venendo meno e perché è venuto meno il supporto da parte della popolazione. La seconda preoccupazione riguarda il disagio che potrebbe colpire gran parte degli operatori. Uno stato di malcontento e rabbia mai visto prima si sta diffondendo tra infermieri e medici. Il timore che la “pandemic fatigue” si trasformi in “pandemic consumption” è reale e allarmante.

fessional one. Something heroic, as depicted by press and mass media.

In the following months the overwhelming wave turned into a slow but continuous dripping, we had to deal with. No more churches full of coffins, no more overflowing intensive care units, no more wards wrapped in the noise of CPAP devices. Rather the annoying need to test any hospitalized patient, to never detach from a protective mask, to pay continuous attention to one’s own and others’ behaviors. No more the titanic struggle of the first hour, but a prolonged daily commitment. No longer the exhausting sprint, but an endlessly strenuous marathon. The wave became a rain that vexed us by falling drop by drop on our heads.

The WHO introduced the term “pandemic fatigue” to indicate the widespread feeling of distress in the entire population as a reaction to a prolonged state of crisis whose end cannot be foreseen. A natural and legitimate reaction, but also a worrying issue that can produce less care for the rules and less trust in the rules themselves. Health workers are no stranger to the general population, although they perceive the world from a particular standpoint. Tired, mistrustful, deterred,



prostrated by the pandemic dripping and possibly no longer able to provide a response similar to the previous one. Perhaps not even more willing to do so.

During the first pandemic wave, health care workers have made up for the flaws (partly unavoidable) of our health care systems. In Italy, as well as in many other countries around the world, we have only slightly prepared ourselves to counter the second wave, leaving the organizational and structural deficiencies unchanged and evident.

The first concern is that doctors and nurses might not be able to make up for the flaws (largely avoidable at this point) of the health care system once again. It is even for this reason that further waves make us afraid. Because the strengths are breaking down. Because public support, crucial in previous months, is waning. Not only we are no longer perceived as heroes (perception never pretended), but we are more and more considered enemies, just like the virus. From heroes to scapegoats. The recent hits against nurses and damages to ambulances, as well as the pressing sources of negationism portraying the health care workers conspirators in the conspiracy, are clear signs of widespread distress.

The second concern relates to the discomfort that could affect a large part of health care workers. The fear that "pandemic fatigue" will turn into "pandemic consumption" is real. We observe, all around us, a state of discontent and anger never seen before between doctors and nurses. Bad feelings that are spreading like wildfire.

Further waves could make a generation of health-care workers tired of their profession, distrustful of medicine, resentful of administrators, exasperated by the lack of support and recognition for their efforts. "Pandemic consumption" could follow the exponential growth curves we have been aware of, leading to

doubly catastrophic consequences, because exhausted health care workers constitute an exhausted health care system. Furthermore, exhausted doctors and exhausted patients risk turning the "doctor-patient relationship", strengthened during the first pandemic phase, into a never-seen-before "doctor-patient conflict". The first and inevitable negative impact would be on the quality of care and public health.

We do not know if we will be hit by further waves and how we will get out of this crisis. But we do know the current pandemic brought out all weaknesses and frailties of our health care system. All together and all simultaneously. We are describing alarming scenarios to which attention should be paid. There are no easy solutions, but we think it is a pressing task to redefine working conditions (from hospital to community settings, both in structural and organizational aspects), to pay greater attention to the voices of health care workers and to have more respect for our health care system. It is a call health workers are making to policy-makers and health care administrators.

The global impact of further waves should be also assessed from this perspective; not only in terms of contagion, deaths and economic consequences.

From "pandemic fatigue" to "pandemic consumption" the step is short.

Corresponding author:
Dr Fabrizio Elia
Emergency Medicine
San Giovanni Bosco Hospital
Piazza Donatore di Sangue 2
10154 Turin, Italy
E-mail: fa.elia@libero.it