

Is Pandemic Fatigue the “New Normal”?

Andrea Winkler

Melanie Kroger-Jarvis

Tamara Pavlik-Maus

University of Cincinnati

Stress in the healthcare arena is becoming more and more of a concern in 2022 as staffing shortages continue to spiral out of control. These shortages can usually be linked to high levels of stress that can lead to burnout. Healthcare workers (HCW), including educators, are frequently asked to perform their duties with a high workload, insufficient staffing, and, in some instances, workplace violence (Gray et al., 2019). The additional stressors inherent in a pandemic, such as fear of contracting or passing on a disease to a loved one and personal protective equipment (PPE) shortages, result in an increased frequency of high-stress levels (Pappa et al., 2020). Furthermore, Benzo et al. (2017) found that when employees experience work satisfaction, the facility will see more profits as well as patient safety and satisfaction upturns. Likewise, staff working several days in a row on call, more night shifts, shorter periods between off days, or working a night shift amongst several day shifts are at an increased risk for burnout (Chuang et al., 2016). While there has always been a higher level of stress in healthcare due to frequent need for overtime, changes to technology, lack of staff to fill open positions, or “moral distress” (Cunningham & Çayir, 2021), the demand on the healthcare system related to COVID-19 has exponentially increased this to the point of breaking for many.

Before changing my career path to nursing, I was a Veterinary Technician for 17 years. After completing my registered nursing degree, I obtained my Master’s in Nurse Practitioner. I am now finishing my Doctor of Nursing Practice (DNP) degree and Nurse Educator certificate in the spring of 2022 while working as a Clinical Instructor for practical nurse students. The project for my DNP degree must be clinically focused as opposed to education based.

From my experience in the veterinary field, I know that working with animals requires a set of skills that not everyone can master. The ability to be empathetic without always knowing what the problem may be is an ability that one must strive for. This aptitude easily transfers to the care of human patients as well. However, as a professional who must be focused on and sensitive to the emotions of others, it is easy to become burdened with the loss of life. Health care workers must be able to find moments of separation from the emotions that bombard them. Considering this issue brought me to the determination to pursue a mindfulness-based DNP Project. I decided to examine the effects of smartphone-based meditation on perceived stress for healthcare workers for a month, as most of the students I work with are nurse aides.

After changing my health care path, I realized I wanted to continue my education while working as a Clinical Instructor for practical nursing students. The project for my DNP degree was to carry out a Quality Improvement Project that was clinically and educationally focused. I

decided to examine the effects of smartphone-based meditation on the effects of perceived stress for healthcare workers and students. Emails were sent out to 49 students from several affiliated practical nurse schools in the nearby region requesting their participation in the DNP Project. The participants were given no further directions on what specific “classes” to listen to. This was meant to foster humanistic learning theory by giving a bare minimum requirement of 10 minutes of meditation a day for a month on the Smart Minds© app on either Android or iOS devices. Participants filled out surveys at the start and completion of the month. This was intended to nurture their desire to have the freedom to choose and control their situation (Aliakbari et al., 2015) as well as to lower their level of stress.

Of the 49 possible participants, only six (8.2%) responded, even with reminder emails sent every two days. Currently, most, if not all, students enrolled in education beyond high school have a smart device, so the technology requirement should not have been a barrier to participation. The project was attempting to lessen stress in a population that was not only working in healthcare but enrolled in nursing school. One of these is stressful; both at the same time are potentially overwhelming. The data obtained from the surveys in this Quality Improvement Project hinted at a lessening in the negative consequences of stress, specifically anger and/or feelings of being overwhelmed.

After disseminating the post-use results, 75% of the participants reported that they felt that meditation helped after one month of use. Data suggested the strongest improvement in feelings of anger and being overwhelmed. Figures 1 and 2 demonstrate noted changes after meditation use when considering anger.

Figure 1

Pre-implementation meditation use response to “In the last month, have you been angered because of things that were outside your control?”

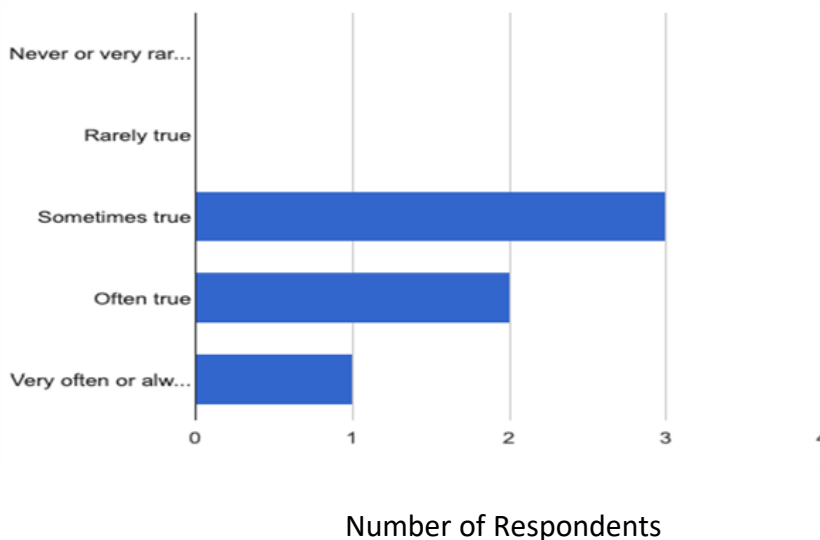


Figure 2

Post-implementation meditation use response to “In the last month, have you been angered because of things that were outside your control? ”

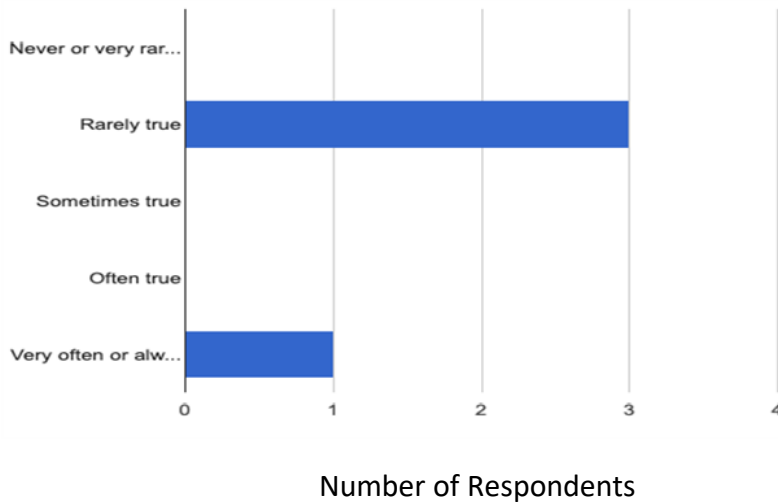


Figure 3 illustrates the wide range of responses regarding a sense of being overwhelmed, with one-third reporting "often true". However, following meditation, Figure 4 demonstrates that these feelings were trending more (50%) to "Rarely true". While the data is encouraging, the sample size was too small for generalization or randomization.

Figure 3

Pre-implementation meditation use response to “In the last month, have you felt difficulties were piling up so high that you could not overcome them?”

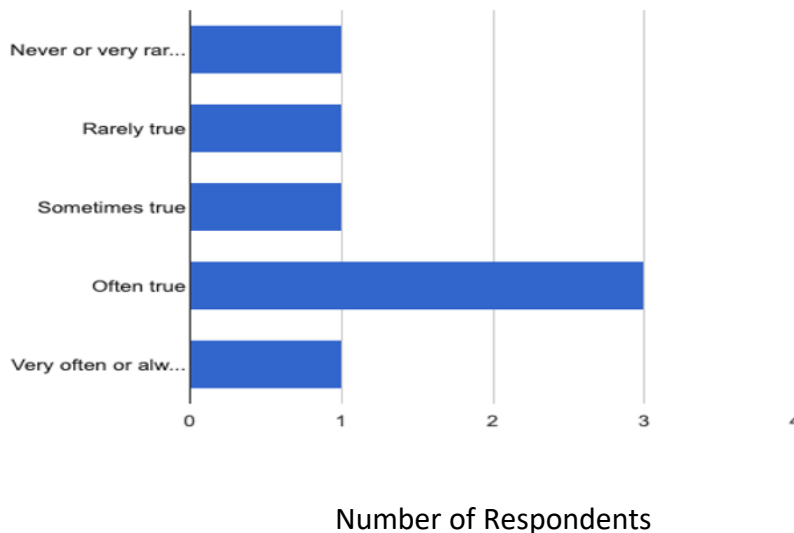
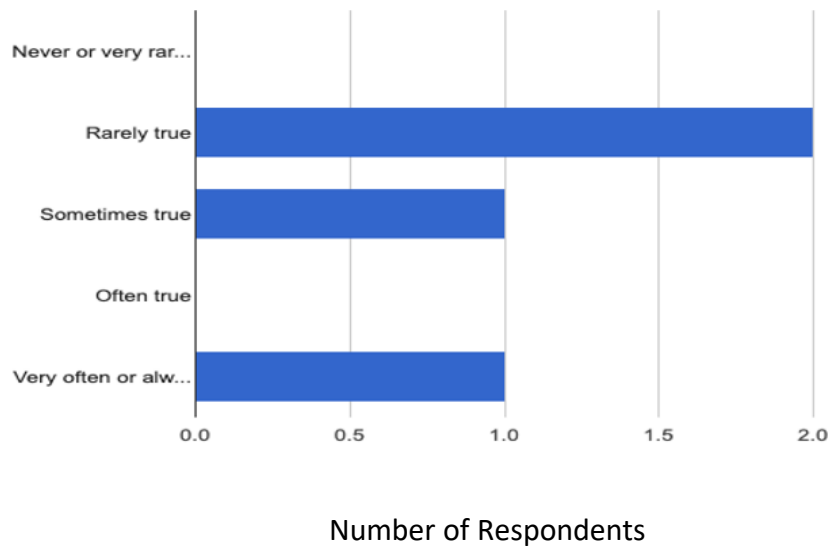


Figure 4

Post-implementation meditation use response to “In the last month, have you felt difficulties were piling up so high that you could not overcome them?”



Given that the results reported by those who participated seemed to indicate a reduction of stress as a result of using the meditation app, I was left wondering what caused the lack of response from the majority of students. I have no concrete evidence to support my hypotheses, but some of the lack of response may have been due to a lack of financial incentives. However, I believe that the major cause is the simple fact that the students felt the addition of another task to their day was the breaking point. After completing the project, I asked one of my students why they did not participate and was told that they had too many other things to do in the day even if it was only a 10-minute task.

From my perspective, pandemic fatigue is a very real stressor that has numerous far-reaching effects. It can wear a person down to the point that they cannot see the life preserver that has been thrown to them. Offering a lifeline that requires them to take any action on their own may not be perceived as helpful as they feel that they do not have the energy left in them to reach out. In the case of my students, there is a wealth of evidence that shows a mindfulness practice can help a person cultivate resiliency in the face of stress. However, maybe better self-care is not a permanent solution to the causes of stress. It is meant to be a band-aid to temporarily address an injury. Stress and burnout in healthcare (Chuang et al., 2016) have been an issue long before the Covid-19 pandemic struck. However, it did accelerate and highlight the cracks in the armor that had been developing. Steps to address the root causes need to be the focus, along with the short-term fixes. We are full of hope that the situation will improve as we return to the “new normal”. Nonetheless, we cannot forget what happened and need to take steps to correct them. The problem is identifying steps that people feel they can take.

References

- Aliakbari, F., Parvin, N., Heidari, M., & Haghani, F. (2015). Learning theories application in nursing education. *Journal of Education and Health Promotion, 4*, 2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4355834/>
- Benzo, R. P., Kirsch, J. L., & Nelson, C. (2017). Compassion, mindfulness, and the happiness of healthcare workers. *Explore (New York, N.Y.), 13*(3), 201–206. <https://pubmed.ncbi.nlm.nih.gov/28420563/>
- Chuang, C. H., Tseng, P. C., Lin, C. Y., Lin, K. H., & Chen, Y. Y. (2016). Burnout in the intensive care unit professionals: A systematic review. *Medicine, 95*(50), e5629. <https://pubmed.ncbi.nlm.nih.gov/27977605/psychology/stress-immunity-disease-lab/scales/pdf/globalmeas83.pdf>
- Cunningham, T., & Çayir, E. (2021). Nurse leaders employ contemplative practices to promote healthcare professional well-being and decrease anxiety. *The Journal of Nursing Administration, 51*(3), 156-161. <https://pubmed.ncbi.nlm.nih.gov/3357037>.
- Gray, P., Senabe, S., Naicker, N., Kgalamono, S., Yassi, A., & Spiegel, J. M. (2019). Workplace-based organizational interventions promoting mental health and happiness among healthcare workers: A realist review. *International Journal of Environmental Research and Public Health, 16*(22), 4396. <https://www.mdpi.com/1660-4601/16/22/4396>
- Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V. G., Papoutsis, E., & Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, Behavior, and Immunity, 88*, 901-907. <https://pubmed.ncbi.nlm.nih.gov/32437915/>