

What We Heard: COVID-19 Fatigue and Healthcare Provider Burnout

Immunization Partnership Fund Community of Practice Sessions

October 12, 2022

The COVID-19 pandemic has placed unprecedented stress on healthcare systems across Canada. Healthcare providers, administrators, and community workers are more susceptible to burnout and exhaustion. While all Canadians continue to navigate the changing landscape of vaccine-preventable diseases and competing global emergencies, healthcare workers have balanced both pandemic and non-pandemic related workloads amidst national worker shortages, mental health crises, health misinformation in the *infodemic*, and an overall lack of support from workplaces and communities. We have also heard from previous community of practice sessions about COVID-19 fatigue within the public and the resultant challenges in maintaining momentum for COVID-19 vaccine promotion.

The primary objective of Immunization Partnership Fund's (IPF) community of practice (CoP) is to provide opportunities for partnership and knowledge exchange amongst recipients. These sessions continue to provide a rich source of qualitative knowledge that supplement the program's regular reporting activities. The October CoP hosted 75 individuals from 49 unique recipient organizations. This report is a summary of the views and opinions shared by CoP participants during the October CoP session regarding the **drivers of COVID-19 fatigue and burnout**, and the **best practices for alleviating exhaustion**, while continuing to promote COVID-19 vaccines.

Summary of Key Findings from the CoP

Key themes relating to the main drivers for COVID-19 fatigue and burnout:

- Exhaustion from competing workloads, being short-staffed and overworked
- A lack of empathy, compassion, and appreciation from the public
- Feeling disappointed and hopeless that there is no end in sight for the pandemic and struggling to find joy in daily life and work-life activities

Key themes relating to best practices to alleviate and prevent further COVID-19 fatigue and burnout:

- Taking a whole-health and inquiry-based approach
- Employing interdisciplinary approaches to health teams
- Practicing reflexivity
- Finding innovative ways to engage with communities, such as gamification
- Leveraging culturally safe approaches like the community ambassador model

What We Heard: Drivers of COVID-19 Fatigue and Burnout

Q: What are you hearing in your networks about COVID-19 fatigue and burnout, both within the communities you serve and professional networks?

Q: In your opinion, how has COVID-19 fatigue and burnout influenced vaccine confidence and uptake?

Figure 1: Key drivers of COVID-19 fatigue and burnout amongst healthcare providers and within communities (participant-generated word cloud)



Driver #1: Exhaustion from Competing Priorities and Being Overworked

“With everything else that’s happening, our people are just exhausted. Really exhausted.”

CoP participants reported that healthcare providers and health administrators feel exhaustion from being **overworked**. CoP participants also mentioned that while COVID workloads remain high, there has also been an increase in **non-COVID related workloads**, as health care workers navigate busy periods of the seasonal flu, infectious disease outbreaks, and a returned focus to other health-related concerns. These competing priorities make it difficult for health care workers to rest and recharge, contributing to overall burnout.

Driver #2: A Lack of Empathy, Compassion, and Appreciation

A primary cause for feeling overworked was staffing shortages due to the pandemic, as well as the current **lack of appreciation** for frontline workers compared to March 2020. CoP participants recalled the recognition and empathy for frontline workers with national applause and social media appreciation. Now, frontline workers are navigating harassment and abuse in the workplace. These traumatic experiences and apparent shift to decreased appreciation for frontline workers have contributed to feeling overwhelmed and unsupported by both their workplaces and local communities.

“Healthcare workers are suffering from PTSD with no support or help.”

Driver #3: Pandemic Fatigue, Feelings of Hopelessness, and Struggling to “Find Joy”

Another topic of discussion was the exhaustion and **pandemic fatigue experienced by the public**. CoP participants mentioned that the communities they serve are tired of the pandemic and the sense that there is not yet an end in sight. Communities that may have previously trusted government officials and the scientific community, those who followed public health measures and stayed up to date with their vaccinations, are now questioning the efficacy of the vaccines and are more reluctant to follow guidelines and recommendations.

“People are contemplating if they believe in the value of the shots enough to continue getting vaccinated”

In response to exhaustion and burnout, CoP participants expressed the need for empathy and compassion towards the communities they serve. Many participants noted that within communities, people are still **trying to find joy** within the pandemic and get back to familiar daily routines. One CoP participant mentioned that the easing of travel restrictions has **shown empathy** for families that can now be reunited with loved ones, which can improve overall mental health and reduce pandemic burnout.

“For a lot of people, especially in those communities that are really impacted by health inequities, their focus is still on putting bread on the table, paying their heat and hydro, and trying to find joy.”

CoP participants also mentioned the importance of recognizing public exhaustion towards COVID-19, especially as many people may **feel disappointed** that receiving their COVID-19 vaccines did not put an end to the pandemic in the way that they hoped. CoP participants highlighted the importance of continuing their work while also acknowledging the need for **compassion** towards communities affected by other pressing global issues.

“People thought that they were going to get their three shots and be done with it. And that’s just not the case.”

What We Heard: Best Practices for Alleviating and Preventing COVID-19 Burnout and Fatigue

Q: What are the best practices for supporting health care providers and community leaders to navigate burnout?

Q: What activities will your project be undertaking to maintain momentum and sustainability of vaccine confidence efforts through this period of pandemic fatigue?

Q: How can PHAC support your project as we continue to navigate this period?

Lever #1: Applying a Whole-Health and Inquiry-Based Approach

“We aren’t just treating COVID, we’re treating people with complex health issues and COVID-19 is just one component of that.”

To maintain momentum and sustainability throughout pandemic fatigue, many CoP participants highlighted the importance of taking a **whole-health approach** with the communities they serve. One participant mentioned that a whole-health approach prioritizes opportunities that combine

vaccination with other health and medical services that address the diverse health needs of the community. Offering these services can increase convenience for residents and help to **reduce overall cumulative stress**.

CoP participants also discussed the benefits of using an **inquiry-based approach** to serve their communities. Rather than overwhelming people with large amounts of information at once, CoP participants highlighted the positive responses they have received from **creating safe spaces** for community members to ask their own questions about vaccinations and **get compassionate, evidence-based answers**. Through an inquiry-based approach that meets people “where they’re at”, CoP participants emphasized that they were able to explore the foundation for community members’ beliefs on vaccinations, and understanding where they find their vaccine-related information

“Vaccine hesitancy is a spectrum, so instead of being confrontational or trying to change beliefs, we encourage people to ask questions that matter to them.”

“Through an inquiry-based approach, I think you can really help anyone no matter where they are on the continuum of vaccine hesitancy... we can meet people where they’re at.”

Lever #2: Using Interdisciplinary Healthcare Teams

One CoP participant described how their project prioritized putting together a health expert team comprised of **interdisciplinary** healthcare professionals. This interdisciplinary team provides health services, directs community members to resources, and answers questions specific to their training and expertise. This breakdown of the workload can serve as a protective factor against healthcare provider burnout and exhaustion, as everyone on the team can effectively manage their time and energy through a team environment.

“Providing these services to families helps to reduce a lot of stress that they carry because they know they have support right within their own community to help them.”

Lever #3: Recognizing the Importance of Reflexivity

An emerging concept in health promotion, **reflexivity** is understood as an intentional intellectual activity in which individuals explore or examine a situation, an issue, or object on the basis of their past experiences, to develop new understandings that will ultimately influence their actions or in which they critically analyze the field of action as a whole. CoP participants mentioned the importance of reflexivity for health care providers by thinking about the intersections between their personal values, identity, and role within the healthcare system. During times when health care professions are being challenged and polarized by anti-vaccination movements, health care providers engaging in reflexive practices can help to reduce mental stress and reaffirm their professional identities.

“Health care providers can feel a real duty to provide care, and anti-vaccine messaging can challenge those identities.”

Lever #4: Finding Innovative Ways to Engage with Communities

CoP participants discussed **gamification** as an innovative strategy to present health information to communities experiencing pandemic fatigue. Gamification is a form of activity-based learning that involves users engaging with an online, interactive platform. Participants reported that gamification has been beneficial to **reengage communities on topics** that some people are tired of discussing, like long COVID and COVID-19 booster vaccines. CoP participants also mentioned that gamification is a way to **engage with diverse audiences**, and to present information in a way that is stimulating, encourages further dialogue, and can link community members to supplementary health resources. Gamification can also present a way to **promote community connection**, which can reduce feelings of social isolation and loneliness experienced during the pandemic.

“The topics around COVID and the vaccines and boosters were also interspersed with fun, silly, other types of questions to get the conversation going and to get people comfortable and interested in playing the game.”

Lever #5: Leveraging the Community Ambassador Model

CoP participants frequently mentioned the importance of empowering communities through a **community ambassador model**. One participant highlighted the success of their program which leverages trained ambassadors to disseminate **culturally safe** information to community members. Community ambassadors help people to understand COVID-19 messaging and information through peer education so that the burden is not solely on the individual to decipher vaccine literature. Additionally, they alleviate some of the stress in health decision-making, recognizing that mainstream health information is not always presented in a way that is accessible to diverse cultural communities.

“When people identify with the ambassadors in their community, it’s very impactful and helpful... it helps to improve their trust and confidence in what we’re offering them.”

“We’re helping people to feel empowered, to not let people get stuck in those feelings of abandonment.”

Resources

CoP participants shared the following resources during the session:

- Dr. Peter Centre: <http://www.scienceeverywhere.ca/>
- COVID-19 Resources Canada:
 - <https://covid19resources.ca/covid-hazard-index/>
 - <https://covid19resources.ca/discussions/>
- Scarborough Centre for Healthy Communities: <https://auntiebetty.ca/>
- Canadian Association of Community Health Centres: <https://riomix.ca/cachc/>

Annex: Participant List

Facilitators: Sarah Bonnell (IPF, Manager) and Varsha Palad (IPF, Junior Policy Analyst)

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Participants:

ACS	NorWest CHC
AIMGA	NS Department of Health
Atira	NWT SPOR Unit
CACHC	Ontario Science Centre
Canadian Association of Midwives	OPHEA
CBEP	APQ
Children’s Healthcare Canada	Positive Living North
COVID-19 Resources Canada	RCAAQ
CPHA	Refugee 613
Dr. Peter Centre	RésoSanté BC
Drive Happiness	SafeCare BC
Families Canada	SCAGO
Fraser Health Authority	Scarborough CHC
Government of Yukon	Science North
Immigrant Services Calgary	ScienceUp First
INSPQ	SUCCESS
IPHCC	University Health Network
ISANS	University of Ottawa- School of Nursing
Latincouver	University of Waterloo
Manitoba Métis Federation	VIDC
McMaster- OBGYN	WellFort CHC
Métis Nation Saskatchewan	Wiikwemkoong
MKO	Womens Health in Womens Hands
MOSAIC BC	YMCA NL
Multicultural Council of Windsor Essex	