



COVID FATIGUE IS REAL

The uncertain end of the pandemic makes it harder to cope

BY LINDA PICONE

How are physicians feeling about the COVID-19 pandemic now, approaching a year since it first appeared in the United States? “Just like every other human being in the world, we are ready to move on,” says Liselotte (Lotte) Dyrbye, MD, MHPE, co-director of the Mayo Clinic Department of Medicine Physician Well-Being Program.

COVID fatigue is real, says Dyrbye—she feels it herself. “For all of us, it’s like cabin fever in September,” she says. “We’re asking, ‘When can I get out of here?’”

The fact that the end of the pandemic—and what that might look like—is uncertain adds to stress. “You can handle a lot of stress for periods of time. You know this is going to be really hard for the shift that you’re assigned or the month that you’re on, but this is just not letting go. People have enormous capacity, but are running out of reserves,” she says. “I worry a lot that, although we are doing well in Minnesota, people are running out of reserves. That is going to put them at risk for moving into a distress zone. I hope that people who are nearing that are willing to seek help.”

Women physicians and healthcare providers, in particular, may face increased stress if there are more school or daycare closures or returns to online or hybrid education, which can make it difficult to work as they’re used to—and want to. “It’s really hard, and there are many people who very much love their job and love

their kids and are having to make very difficult decisions,” Dyrbye says. The American Medical Women’s Association (AMWA) is trying to respond to what it says is “an unprecedented exodus of women from the medical workforce” with a campaign, “Give Her a Reason to Stay in Healthcare” (<https://www.amwa-doc.org/our-work/initiatives/gender-equity-task-force/give-her-a-reason-to-stay-in-healthcare/>). The AMWA points out that women in medicine were the majority of frontline health workers during the pandemic, but continue to have more responsibilities at home for their children and other family members.

For Dyrbye, the pandemic has meant doing some of her non-patient care work from home, a change she expects to continue. “I have a good set-up now,” she says. “It’s good for the environment, I can get a lot of work done, I stay connected with my team. It’s lowered some of my stress in that I can just go into the kitchen and get a cup of coffee.” She says she doesn’t want to work from home every day because that doesn’t suit her personality or her style of work—“and it wouldn’t work for taking care of patients”—but she would like to do it several days a week. A large portion of the Mayo workforce is likely to be working remotely into the future, with the challenges of staying connected, building culture and building loyalty that come with that.

Like everyone, Dyrbye says, “I certainly look forward to this chapter being done.” Her personal strategies for relaxing have been helpful to maintaining her mental health. She lives on a wooded property where she can go for walks.

As a researcher and expert in how to avoid and recover from burnout, what would she say to a fatigued physician, who loves their work and their patients but is just tired of coping with the necessary restrictions or workload of the pandemic and wants it to be over?

“That’s a hard one. I’d want to give you a hug,” says Dyrbye. “I think we can get far on gratitude, just taking a minute to reflect on the things we’re grateful for. Here in Minnesota, we don’t do well at patting ourselves on the back, that’s not who we are. But this is a time when we need to say, ‘I’m making a difference and what I do matters—and this is hard.’ We need to be grateful not only for the things that are going well at work and at home for the ability we have to make such a difference in people’s lives, to be powerful role models in society.” **MM**

Linda Picone is editor of *Minnesota Medicine*.



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