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COMMENT

Challenges for the female health-care workers during the COVID-19 pandemic: the need for protection beyond the mask



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Received 26 June 2020; accepted 13 September 2020

KEYWORDS

Covid-19;
Gender gap;
Work-life balance

The COVID-19 outbreak hit the world with unprecedented consequences on global health, economy and people's lives.

As the virus spread across the countries, it rapidly showed a different impact on the two sexes. Gender analysis and sex-disaggregated data showed different outcomes across groups of similar age and sex, with an overall significantly higher COVID-19-related mortality rate in men compared with women.¹ Beyond epidemiological data, the virus has shed light on a silent gender gap that we need to look at.

Approximately 70% of the global health-care workforce is made up of women,² according to an analysis of 104 countries conducted by the World Health Organization, reaching 90% in Hubei province.³ A first gap sticks out: most of the health-care heroes that tackled COVID-19 in the frontline

were women, although they represent only 30% of leaders in Medicine and Science and authors of academic journal submissions on COVID-19.⁴

Moreover, a higher proportion of female health-care workers were infected in Italy, Spain, and USA (69%, 75.5%, 73% respectively).¹ A possible reason for that, besides potential biological mechanisms, is that personal protective equipment has been designed to fit males and even the smallest size is too big for some women.^{5,6}

Interestingly, the countries that performed better against COVID-19 were guided by women, even if only 24% of females were involved in national governments' task forces dedicated to pandemic.⁷ Notably, in Italy, the pandemic highlighted the lack of female representation in the government scientific committee and hospital organization leadership; therefore, women were not involved in the decision-making of the pandemic response. This represents the "social paradox" considering that like nothing in this

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era, women involved in health work showed the best skills in management.

Over the years, global organizations have made incredible efforts to improve gender-related policies, but COVID-19 has proved that it is still not enough. Today, man and woman have equal standing in the battle against COVID-19, but the virus has imposed an extra burden on female health-care workers, highlighting a silent gender difference.

Work-life has changed dramatically for health-care providers, with the high physical demand imposed by wearing the protective equipment for the entire shift, fighting against the fear of contagion and bringing home the virus to relatives, dealing with the anxiety of masks or goggles not fitting properly or involuntary dirty gloves touching the face. Moreover, they feel discouraged by the extreme challenges of caring for COVID-19 patients, coping with the emotional task of difficulty in communicating with patients and their relatives, dealing with people suffering and dying alone and sometimes facing the difficult decision of prioritizing care. In relation to this latter point, studies have shown gender-related behavioral differences in communication to patients among physicians, with females engaged in a more empathic approach compared to their male colleagues^{8,9}; this may explain the higher prevalence of burnout among female frontline workers reported in Japan.¹⁰

On the other hand, life outside work has been incredibly demanding, especially for female workers, since women predominately assume the role of family caregiver.¹¹ Pandemic lockdowns and restrictions disproportionately impacted female workforces, especially those who also have domestic responsibilities and caregiving duties, affecting most of the services that helped them find a work-life balance, overloading them more than ever, with a permanent, challenging, and invisible extra shift work: the mental load of the planning, scheduling, coordinating, prioritizing, and problem-solving.¹² The daily emotional and mental pressures have been documented, showing a higher prevalence rate of anxiety, depression^{13,14} and suicide in female frontline workers.¹⁵

In Italy, the government has taken measures to support workers with a "Babysitter bonus" to pay for home-based childcare, a noble initiative to help but not a practical solution to the problem of how to leave your children the following day. More efficiently, in other European countries some childcare facilities remain open with a skeleton staff to look after the children of essential service workers. Moreover, the alternative possibility of taking paid leave does not represent a proactive solution, jeopardizing women's careers. An innovative initiative was carried out by a private company running supermarkets in Northern Italy, allowing health-care workers to save time ordering their shopping online and collecting from a dedicated point in the hospital: a practical intervention dedicated to the few lucky workers in those areas.¹⁶

We should support and protect such vulnerable employees better, re-shaping the world around them, taking pressure off "thoughts work", having them involved in conceiving and designing tailored strategies to cope with this burden.

Person-directed interventions (such as cognitive-behavioral training and relaxation) and organizational-directed measures (such as task restructur-

ing, decreased job demand, increased job control) should be specifically promoted.¹⁷ Indeed, flexible scheduling,¹⁸ teleworking through telemedicine,¹⁹ back-up/emergency childcare and eldercare may facilitate female employees in combining personal life chores and work duties. These types of services are routinely offered by most businesses in the industry area but occasionally in healthcare workplaces with great heterogeneity among countries. Technological devices and robots may support health care professionals facilitating some operational tasks during the pandemic,²⁰ performing risky procedures and diverting some of the responsibilities from their shoulders.¹⁹ There is no one-size-fits-all solution and most depend on the local hospital organizations, but it's time to close the gap.

All health-care workers should be protected against the pandemic, leaving no one behind. Female health-care workers need more protection beyond the mask.

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