



The impact of COVID-19 on female healthcare workers in RA

Lilit Gevorgyan

The following is the executive summary of a research work done by Lilit Gevorgyan with the support of the Women's Fund Armenia, within the framework of a research grant. The aim of the research grant was to determine the impact of the coronavirus on women. The views expressed in this study belong to the author and do not necessarily reflect the views of the Women's Fund Armenia.

THE IMPACT OF COVID-19 ON FEMALE HEALTHCARE WORKERS IN RA

Background

The COVID-19 pandemic has resulted in significant burdens globally. Detrimental effects include high rates of infection and death, financial hardships faced by individuals, stress related to known and particularly unknown information, and fear of the uncertainty regarding continued impact.

In this situation, one of the most vulnerable groups are healthcare workers. Even in non-epidemic conditions, the latter constantly encountered obstacles and difficulties during their work, and the epidemic deepened it even more.

Alongside with their COVID related responsibilities, healthcare workers must also continue to successfully treat non-COVID patients and maintain personal responsibilities, including taking care of their families and themselves.

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. 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.

On the other hand, life outside work has been incredibly demanding, especially for female workers, since women predominately assume the role of family caregiver.

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.

Approximately 70% of the global health-care workforce is made up of women, according to an analysis of 104 countries conducted by the World Health Organization,

Methodology

The aim of this study is to understand what problems and obstacles female health workers encountered during the Covid outbreak in Armenia.

The study was conducted through desk research and interviews.

The interviews were conducted among 28 female healthcare workers, working in different medical institutions of Armenia: hospitals, primary medical care institutions and emergency services.

Situation in Armenia

On 16 March 2020 a state of emergency was declared in the entire territory of Armenia and lasted until 11 September 2020. The state of emergency Commandant was defined by RA government to carry out the joint management of the forces and means ensuring the legal regime of the state of emergency.

Starting from 11 September 2020 the situation was changed, instead of emergency situation in the whole territory of Armenia was declared the regime of quarantine that is going to last until 11 July 2021. The institute of state of emergency Commandant is no longer valid. Instead of it, the Ministry of Health is defining the rules and regulations regarding the special regime.

At the beginning of the pandemic, Covid19 positive cases were hospitalized in special re-profiled medical institutions. The medical care for all hospitalized Covid positive patients were free of charge. At first the institutions were centralized in Yerevan. Later, due to increased Covid positive cases, the hospitalization was carried out in regional medical centers too. All the contacts of Covid positive cases were isolated in special institutions, mostly hotels or sport complexes. At the end of May there were a huge and rapid increase of positive cases, so the Government changed its strategy. During the whole June the number of confirmed cases was growing by 500-700 every day.

So starting from May 21 the institutions responsible for managing Covid positive patients became primary medical care institutions. In August-September 2020, COVID positive cases decreased, which, however, did not last long. Due to the war that started on September 27, the healthcare system was overloaded. In October and November, 1000-2000 and more COVID positive cases were registered daily.

Findings

The main issues raised are:

- Excessive workload among the healthcare workers
- The fear of being infected or the fear of infecting a family member
- Work-life imbalance
- The gaps in the healthcare system that cause a lot of difficulties and obstacles to healthcare workers
- Emotional exhaustion and burnout