



COVID-19 pandemic: Perspective of female healthcare workers

Sir,

COVID-19 outbreak has put tremendous pressure and challenges on healthcare workers around the world. The causative agent SARS-COV-2 virus transmits primarily through droplets, while there may also be a possible role of fomite and surface transmission.¹ Despite national measures in combating the unprecedented outbreak, the infection continued to spread, forcing the Indian government to take strict measures such as lockdown in various states of India.

COVID-19 has impacted all healthcare professionals and the public alike, in every aspect of life. This pandemic has shaken the healthcare system of India. With heavy patient load, fewer healthcare workers in comparison to patients, long hours of duty have had a great impact on the psychological and physical health of doctors and other healthcare workers.

Female healthcare workers including female physicians, nurses, pharmacists, technicians and housekeeping staffs constitute 38% of all healthcare workers. In fact, they form the major workforce in departments such as obstetrics and gynaecology, dermatology and paediatrics in India.² In countries like India, a female physician/healthcare worker has a lot of social responsibilities in addition to patient care in hospitals. They are not only health care providers but also may be the sole caregiver in a family. In addition to hospital and patient care, they also need to devote sufficient time and energy for home and family care activities. Thus, it is natural that they face numerous troublesome situations during the pandemic.

At the onset of the COVID-19 pandemic in India, a strict lockdown was imposed to curb the spread of infection which lead to the closure of all non-essential services. However, healthcare professionals were often working stressful and longer duty shifts. Many female physicians/healthcare workers working in hospitals who rely on public transport found it difficult to attend emergency cases due to the non-

availability of public cabs while those with means of transport were intimidated by the lonely roads during the lockdown.

Irrespective of gender, almost all physicians/healthcare workers were posted in COVID-19 areas. During their duty, it was essential to adhere strictly to personal protection equipment (PPE) which included donning of fully covering bodysuits with face shields and masks to prevent the acquisition of infection. Owing to the tropical climate in most parts of India, healthcare workers faced greater difficulty especially greater physical exhaustion, excessive sweating and many skin disorders such as fungal infections, intertrigo and sweat retention syndrome. Female healthcare workers, in particular, were in greater agony due to the need for using personal hygiene products during menstruation. Due to shortage of PPE and longer shifts, they were unable to use the sanitation facilities at their ease. In spite of adhering to all the precautions, their suffering was heightened due to the fear and guilt of infecting their loved ones.

The fear of acquiring the infection and transmitting the same to family members was common to all. Hence, early on in the pandemic, a period of quarantine was strictly adhered to post-COVID-19 ward duty or on exposure to a positive patient. Female healthcare workers had to stay away from their family members including infants and toddlers which hindered breastfeeding posing an issue to lactating mothers.

Some healthcare workers continued to be posted in COVID areas even during pregnancy. Pregnant women are physiologically immunocompromised making them more predisposed to the infection. The novelty of the disease, its unknown prognosis if infected and the time away from family during duty and quarantine added to the anxiety that is normally a part of pregnancy.

Female healthcare workers with children found it extremely difficult to leave their children home, unattended and unsupervised due to the closure of creches/schools. The assistance of household help and cooks was also hampered,

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because of the lockdown and fear of transmitting or acquiring the infection. Responsibilities for everyday activities, such as meal planning and preparation, child care and care of elderly in the family, also mostly fell on the shoulders of female healthcare workers, thus adding to their stress.

While there is gratitude and acknowledgement of the service provided by female healthcare workers, some were also subjected to physical and mental abuse by the public during the pandemic.

In simple words, this pandemic breached the routine of day-to-day activities and raised the level of personal sacrifice of many female physicians/healthcare workers, increasing their physical and psychological stress in the service of mankind.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

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