

The Impact of COVID-19 on Women: Highlighting Vulnerabilities and Opportunities

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“Investing in Women means investing in the people who invest in everyone else.”
– Melinda Gates¹

The COVID-19 pandemic disrupted life at home, school, work, and in our community. These disruptions threatened both personal and professional safety and stability. Women were particularly impacted by the global pandemic, as it amplified existing social, economic, and health inequities. In this article, we highlight unique and concerning challenges for women, with a focus on female child and adolescent psychiatrists.

Risk of Burnout

Women are cornerstones of the healthcare industry, holding an astounding 78% of all hospital jobs and 70% of pharmacy jobs, and comprising up to 70% of the healthcare workforce globally.² The pandemic led to higher reported rates of burnout in female healthcare professionals as they absorbed increased case-loads, worked extended hours, and experienced lack of control over their schedules in order to maintain quality patient care.³ Additionally, throughout this process, women caring directly for patients with COVID-19 were exposed to a higher rate of secondary trauma that further impeded their ability to serve as effective healthcare providers.⁴ Career sustainability and longevity have been placed in jeopardy with the increased roles and responsibilities women acquired during the pandemic.

Within the field of child and adolescent psychiatry, 54% of providers are women.⁵ Despite female child and adolescent psychiatrists comprising the majority of the workforce, there are substantial disparities in leadership positions.⁶ Similar to the trend in other academic medicine specialties, a pipeline problem exists in which there are more women in junior faculty roles and significantly less in senior faculty or senior leadership positions.⁶ Women reach their professional ceiling quickly

and continue to take on more responsibilities without advancements in their compensation or title. A multitude of factors may contribute to this phenomenon including inadequate mentorship, limited presence of senior role models, and domestic responsibilities outside of medicine. Even prior to the pandemic, female child and adolescent psychiatrists were already concerned about burnout, feeling undervalued, and contemplating career changes.⁷ Throughout the pandemic, practicing child and adolescent psychiatrists and trainees have flexibly navigated challenges— stepping into new roles covering different services, supporting other medical teams, caring for surges of patients, and transitioning to virtual platforms. All of these adjustments and accommodations come with risk. *Leaning in* and investing emotional energy and empathy may in fact be a driving force of the compassion fatigue many are experiencing, especially women.⁸ There is significant risk of burnout with this model, which can ultimately impact patient care, relationships with colleagues, and the individuals' own physical and mental health.

Negative Impact on Financial Security

Evidence suggests that women's economic health and productivity were disproportionately affected compared to men during the pandemic.⁹ On average, pre-pandemic, women in general spent three times as many hours in unpaid dependent/family care and domestic work than their male counterparts.³ During COVID-19, this unequitable division of labor intensified, with home-schooling and caring for ill family members adding to the typical workday. Alarming, many women were forced to reduce their work hours or leave the workplace altogether in order to fulfill their growing duties at home.¹⁰

According to the US Census Bureau, 1.4 million mothers of school-age children left the workforce from March 2020 to March 2021.¹¹ For many women, work is not only about revenue; it provides a community, purpose, and pride. Leaving the workplace meant losing connections and a part of one's identity. Some women who remained primarily active in the workforce still required extended leaves to attend to personal matters. These absences may incur long lasting impacts on financial security in the form of career growth, leadership positions, and retirement assets. This is particularly troublesome when women, on average, earn less, save less, and hold less secure employment in an economic downturn.³

Challenges With Work-Life Integration

In the personal lives of many child and adolescent psychiatrists during the pandemic, there was no shortage of additional duties and responsibilities. For child and adolescent psychiatrists with children of their own, balancing the needs of patient care with family obligations was a daunting challenge. Rather than a blissful blend of work and home life, many felt the fierce competition between personal and professional domains. Many children saw their child and adolescent psychiatrist mothers rush from making dinner to a late-night Zoom meeting or responding to work texts during story time. Groceries arrived while dogs barked, and children barged into the background of important meetings or sessions. Schedules were in constant and tumultuous readjustment. Modeling mindfulness was missing in many households with children witnessing blurry boundaries. Many female child and adolescent psychiatrists navigated these challenges alone, not wanting to burden their leadership with the realities of their home lives.

On a larger scale, the stress of the pandemic pressurized conditions and relationships in homes across the country. As schools, businesses and community centers began to shut their doors, most people retreated to their homes seeking safety and solace. Pandemic-related stress seeped into households increasing the likelihood of intimate partner violence, leaving some women at higher risk for abuse or harassment.¹² Now forced to

"lockdown" at home with their abusers, many women struggled to find resources including hotlines, crisis centers, shelters, legal aid, protection, and counseling. Furthermore, reports of child abuse followed suit, which may be a reflection of saturated emotional reserve, increased alcohol consumption, and utilization of more primitive methods of discipline including physical violence resulting from the frustration of confinement.¹³

Opportunity for Restructuring and Growth

We must prepare our child and adolescent psychiatrist workforce to meet the demands of a healing post-pandemic world that has weathered the storm of loss, emotional anguish, and uncertainty. A recent study estimated that more than 140,000 children in the United States lost a parent or caregiver to COVID-19.¹⁴ Mental health needs have surged without a matching growth in our workforce. While children's mental health-related emergency department visits decreased from early March through May, thought to coincide with implementation of widespread lock-down measures, visits began to steadily increase with an average proportion of children's mental health-related emergency department visits increasing by approximately 44% by the end of 2020.¹⁵ As the call for increasing numbers of trained child and adolescent psychiatrists continues, we hope to be ready to offer the services in dire demand.

COVID-19 reshaped life as we once knew it, exacerbating existing inequities and posing unique challenges for women across the country. Addressing the pressurized financial, physical, and emotional vulnerabilities during the pandemic is essential when considering women's unique needs. In re-calibrating the role of female child and adolescent psychiatrists as we enter a new COVID-19 era, it is critical that women are supported and represented. A seat at senior leadership tables where decisions are made may help others to recognize the enormity of contributions women make and help reimagine work-life integration to promote fulfilling careers. Especially during times of crisis like the COVID pandemic, our organizations need women's voices to generate innovative and inclusive solutions. In the workplace, home, and in our systems, we call on

women to share their creative solutions for change. In front of us is the possibility to disrupt gender stereotypes, change transitional narratives, and reshape policies and practices long overdue for change. Deliberate *inclusion* of women in leadership roles and the acknowledgement of the experiences women faced throughout this pandemic may lead to flexible and family-friendly policies paired with increased support for women. Our hope is for a more sustainable, gender-equitable future in the COVID-19 era-and beyond.

Take Home Summary

The impact of the COVID-19 pandemic amplified and highlighted existing inequalities women face including risk of burnout, financial security, and challenges of work-life integration. Women must be supported and represented in challenging gender norms, reshaping policies that prioritize women's needs, including a global shift in flexible work arrangements, and achieving equity in the workplace. Women leaders are essential in leadership roles to restructure and grow a more sustainable, resilient, gender inclusive future.

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