

WOMEN ON THE FRONTLINES OF HEALTH

A short talk on personal experience of Covid-19 as a nurse prepared for the virtual panel as a sneak peek at women pavilion events and programing during Health and well-being, a thematic week at EXPO 2020 Dubai, held from 30th Jan to 05th Feb 2021.

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1. What has your experience been as a female health worker during the pandemic, both challenges and achievements?

A global health policy professor Clare Wenham, at the London School of Economics (2020), explains that when we think of the pandemic, we need to differentiate two viewpoints, such as what comes from being infected and what comes from being affected. It meant that the impact of the pandemic on the women at the frontlines is a double dimension.

What comes from being infected?

Personal experience

Speaking from my experience as a nurse, we received and settled-in the Covid-19 patients, which increased in number over time due to the high infection rate. Most frontline nurses were infected through some of the patients they received and cared for in the wards. I had a similar experience; mine worsened when a family member was infected through me. I experienced much trauma, as I could not care for my family nor myself. Although we muddled through, I always saw myself as a caregiver to everyone, not just as a frontline worker in the hospital. However, working in such an environment tested my confidence. I became very conscious about social mixing, infecting others and thus social isolation. This situation worsened when other people cannot visit to help due to the rapid infection rate and lockdowns enforced by the government.

Mental Health

For instance, in a survey done in England, it was reported that due to the spread of the disease and high mortality rate, there were mental exhaustion reports on the nurses' part. Some people were not able to connect with their families. They were either exhausted or isolated because they were infected and are isolating. I experienced a lot of anxiety and emotional stress. I was isolating and at the same time stopped my two adult sons from returning home. The family time we enjoyed together denied us by the pandemic and the fact that I was in isolation and not knowing if I would survive.

What comes from being affected?

Covid-19 deaths in the hospitals

The Frontline health workers, nursing home caregivers or community activists, for instance, have logged long hours managing the fallout of Covid-19. The number of Covid-19 death figures were rising around the world. According to BBC News, on 27th Jan 2021. ¹Total deaths increased to 2.1 million and confirmed cases 100.2 million; no frontline worker want to see patients die in such numbers. The number of Covid-19 deaths in the hospital in a day was enough to upset any frontline worker as none of us signed up for the job to see our patients die that way. I suffered nightmares coming to work every day was difficult and learning that the patients I cared for the previous day had passed away. It was disheartening to carry on in the frontlines. My hospital in Lodi, Italy, was one of the main hospital centres where most Covid-19 patients were admitted.

The lockdowns imposed by the government

There were series of lockdowns within the period to curb the spread of the disease. In Italy, for instance, on the 9th March 2020, the prime minister of Italy Giuseppe Conte announced the first national quarantine restricting the population's movement except for necessity, work, and health circumstances in response to Covid-19; a further lockdown followed this for businesses. The lockdown measures and school closures greatly affected families, including the families of healthcare workers. If things were normal, children were supposed to be in school, and families go about their business. In this case, children were at home, and as a health care worker, one had to leave them and go to work and coming back home, your unpaid work as a Mum increased in terms of domestic duties, preparing food for the extra adult who would typically be in school. Alternatively, looking after any Covid-19 infected family member.

Shortages of PPEs (Personal protective equipment) and necessary medical facilities in the hospitals

Imagine a surgery ward converted into Covid-19 patients' ward. The necessary medical facilities insufficient for the care of patients with Covid-19. So also, the lack of preparation of personnel increased the nightmares and fears in this period. Nursing in a surgery ward is quite different from nursing in the intensive care unit (ICU). Amongst other issues included either the shortage of PPEs in the hospital or the PPEs were too big and designed by default to a man's body which everyone must use as there was little or no choice for women but to use what was supplied to the hospital.

Long working hours

Frontline workers worked long hours caring for Covid-19 patients within the period. It was the case mainly as the number of patients in the ward outnumbered the staff. One of the consequences was that it became challenging to take annual leave, in addition to situations

¹ BBC News (2021), Covid-19map: Coronavirus cases, deaths, vaccinations by country By the Visual and Data Journalism Team. Accessed 28/01/2021 <https://www.bbc.co.uk/news/world-51235105>

where some other frontlines staff were infected with Covid-19. The handover after the shift is another nightmare because of the fear that with new patient admissions to the ward will be short of staff, so you are not sure when you finish your shift what happens next.

2. *How could hospitals and institutions help female health workers to tackle the challenges, in your opinion?*

According to the United Nations (2020) outlined policy brief² explicit attention to women's role as frontline health workers must pay attention to the Health, psychosocial needs and work environment of frontline female health workers, including nurses' midwives and community health workers. When the government made budgets of PPEs, adequate considerations must be given to users of these products. Female users in the frontlines' rather than budgeting for one size fits all PPEs that will not cover the users well, exposing them to the disease.

Again, by mobilising more health care individuals, retired health care workers willing to sacrifice their time rather than government withholding funds and allowing pressure mounted on already overworked health care workers in active service. There was also a need for gender equity. Suppose women were represented equally in the health care board as men considering the high numbers of women employed in the industry. In that case, any gender decision outcomes is likely favour the female health care workers. Appropriate policies and environmental conditions to provide proper care for patients with Covid-19 were needed.

² UN (2020) Policy Brief: The Impact of COVID-19on Women, 09TH APR 2020. Pg. 11