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How have women health care adjusted their approach to work-life balance as the world adapts to the “new normal”?

Abstract

During a pandemic, the responsibility of care is rightly shifted from the individual patient to safeguard the health of the large community. The coronavirus pandemic has reshaped the healthcare landscape, placing a strain on all healthcare workers, especially women in healthcare.

During the ongoing COVID-19 Pandemic, the threatening pressure on the healthcare system has forced governments and healthcare systems to formulate complex policies to decide how to allocate limited resources. Women also make up one-third of the majority of frontline healthcare professionals around the world, making them vital to tackle this public health crisis. Many women also combine work-home life, personal relationships, caring for family members, home teaching, parenting, their emotional and physical health, and more during new normal.

Women are at the forefront of the response to the Pandemic, as they make up nearly 80% of healthcare workers and more than one-third of the active doctors, putting them at greater risk of infection. At the same time, they are underrepresented in decision-making and leadership in the healthcare sector.

Introduction

The medical profession is missing out on the opportunity to make reasonable demands and expectations of doctors. Instead, women healthcare professionals are often asked to do more to distract them from the deep thought needed to care for patients. This led to a loss of professional self-realization and a moral crisis for an increasing number of doctors. That’s why during this unprecedented time, women healthcare providers are reporting severe symptoms of depression, anxiety and psychological distress. COVID-19-related injuries will have long-term adverse.1 (see Fig. 1)

Effects on many healthcare professionals. Regardless of the gender of the doctor, being called a “health hero” is not enough.

Now more than ever, doctors are tense in their personal and professional lives. This may be even more relevant for female doctors. The dogmatic status quo remains the same: Long (and perhaps even longer) hours of work are required, and doctors will have to make personal sacrifices and compromises to meet these demands. The COVID-19 Pandemic has made it easier to understand this misleading description of life-work balance for medicine. Female doctors have no problem balancing competing demands, as are male doctors. It is simply more common to expect female doctors to change their professional lives. The COVID-19 Pandemic requires additional adjustments in the professional life of doctors. Many of these adjustments will be disproportionately made by female doctors.2

Discussion

Gender inequity in medicine

Manifestations of the solution to the imbalance between work and life differ significantly depending on gender, more often than not, female doctors make more adjustments and risk being less than fully committed (personally or professionally). Historically, more women doctors have chosen (or encouraged to choose), changing careers or reducing their professional hours, so that the proportion of female doctors who reduce their professional hours exceeds that of their male colleagues. This phenomenon has become a part of modern medicine. When faced with severe overwork, allowing doctors to shorten their hours of work or limiting leadership options can be seen as a rewarding path to life. The COVID-19 Pandemic is forcing more doctors to turn to these life paths to counterbalance growing personal responsibilities. However, when these adjustments are disproportionately represented by women doctors, these actions stigmatize women doctors and undermine career growth.3

How women in healthcare can manage work-life balance during Covid

An ever-growing number of suspected and confirmed Covid-19 cases, an exorbitant workload, widespread media coverage, long
shifts with increasing numbers and severity of patients, fear of carrying the virus, financial instability, exhaustion of personal protective equipment, lack of specific drugs, job insecurity, home or inability to visit family due to a pandemic and a feeling of lack of adequate support can exacerbate the mental burden of women in healthcare. To prevent such events, a work-life balance must be found among these frontline workers.4

Here are some strategies suggested to women in the healthcare industry to balance work and life at the individual as well as the organization level, especially during this Covid Pandemic.5,6

Work-life balancing strategies

- Take time to relax, whatever you like and after which you relax, for example, meditation, gardening, painting or just talking with loved ones.
- Keep reminding yourself that you are doing great with this Pandemic. Your skills are best used for the most decisive moment.
- Try to control only the controlled. Often the situation or the circumstances are not in our hands. We tend to lose precious time to think about how we can change or change this situation.
- Prioritize relaxation or self-care whenever possible - taking care of yourself will help you best fulfill your role.7
- Understanding the problems of remote work and helping your people solve them. This means supporting them while they manage their personal lives along with their work, and allowing them not to feel uncomfortable if their children, family, etc., interrupt them during work.
- Don’t burden yourself with unnecessary burdens by stressing stressors that you cannot control or that you cannot do anything about.
- Stay up to date with information related to COVID-19. Information on the recent Pandemic will provide the necessary confidence in working with such patients and ultimately reduce stress.
- Discuss your problems with someone who can suggest a solution as a group of peers, immediate supervisors, etc., cooperate with each other to find solutions to issues.
- Create a structured but flexible schedule and let your children make choices about this structure so they can agree. Invite Facetime kids into the family and play games like Charades, Pictionary, etc.8,9

Conclusion

The rapid increase in the number of COVID-19 cases worldwide has led to a huge increase in the workload of nurses around the world. Consequently, there is an urgent need to find a work-life balance among these healthcare workers. Women in healthcare, as well as organizations, must work together to maintain a positive work-life balance and defeat this growing monster.10

Surgical seriously care units (SICU) require complex care from a multi-disciplinary group that can lead to moving desires for junior common surgical learners, which makes a challenging working and learning environment. We should point to distinguish desires in SICU revolution.11

With the advent of digitalization, technology has become a contributing factor to the entire COVID-19 Pandemic. Hospitals and healthcare professionals must make sufficient use of it to benefit their facilities and patients. To adapt to this new normal and to the changes in the coming decade, hospitals need to make sure their infrastructure is prepared enough to cope with the onset of digitalization. This will include the availability of interoperable health information systems, robust cybersecurity defenses and trained women healthcare professionals.

References

1. Myers SP, Dasari M, Brown JB, et al. Effects of gender bias and stereotypes in surgical training: a randomized clinical trial. JAMA Surg. 2020;155(7):552–560. https://doi.org/10.1001/jamasurg.2020.1127.
2. Ly DPJA, Jena AB. Sex differences in time spent on household activities and care of children among US physicians, 2003-2016. Mayo Clin Proc. 2018;93(10):1484–1487. https://doi.org/10.1016/j.mayocp.2018.02.018 (PubMedGoogle ScholarCrossref).
3. Tanaka M Bertontelli, St John ER, Eserchons C, Hogben K, Ahmed HU, Hroudou D, Imperial Breast and Urology Covid-19 Outcomes Group. Safety and adverse events of urgent elective surgery during COVID-19 within three UK hospitals. Br J Surg. 2021;108(1):e51–e52. https://doi.org/10.1093/bjsi/zzaa058. January.
4. Wright AA, Katz IT. Beyond burnout—redesigning care to restore meaning and sanity for physicians. N Engl J Med. 2018;378(4):309–311. https://doi.org/10.1056/NEJMj1716845 (PubMedGoogle ScholarCrossref).
5. Banke-Thomas Aduragbemi, , Christian Chigozie Makwe, Balogun Mobolanle, , Bosede Bukola Afolabi, Theresa Amoseghuchukwu Alex-Nwanga, Ameh Charles Anawo. Utilization cost of maternity services for childbirth among pregnant women with coronavirus disease 2019 in Nigeria’s epicenter. Int J Gynecol Obstet. 2020. https://doi.org/10.1002/ijgo.13436, 0 ,0 .
6. Steven Jensen-Howard and Simon Workman, “Coronavirus Pandemic Could Lead to Permanent Loss of Nearly 4.5 Million Child Care Slots,” Center for American Progress, April 24, 2020, available at: style=”font-size: 16px;”>https://www.americanprogress.org/issues/early-childhood/news/
U.S. Bureau of Labor Statistics. Table 5. Employment Status of the Population by Sex, Marital Status, and Presence and Age of Own Children under 18, 2018-2019 Annual Averages. Available at: https://www.bls.gov/news.release/famee.t05.htm (last accessed October 2020).

U.S. Census Bureau. Table AVC1. Average Number of People Per Family Household with Own Children under 18, by Race and Hispanic Origin, Marital Status, Age, and Education of Householder; 2019. Available at: https://www.census.gov/data/tables/2019/demo/families/cps-2019.html (last accessed October 2020).

When not winning means losing: Underrepresentation of women surgeons in recognition awards at a single institution. Heather, Lyu G, Douglas Smink, Doherty Gerard M, Melnitchouk Nelya, Nancy L. Cho. Publication Stage. When Not Winning Means Losing: Underrepresentation of Women Surgeons in Recognition Awards at a Single Institution. Press Journal Pre-Proof; The American Journal of Surgery; 2020. https://doi.org/10.1016/j.amjsurg.2020.12.002. Published online.

Matthew C Bobel, Branson Carolina Fernandez, Chipman Jeffrey C, Campbell Andre R, Brunsvold Melissa E. Who wants me to do what? varied expectations from key stakeholder groups in the surgical intensive care unit creates a challenging learning environment. Publication Stage. Press Journal Pre-Proof; The American Journal of Surgery; Published online: December 2020.

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