








The mental health of nurses who are women and mothers during the COVID-19 pandemic

Mental health of nurses, women and mothers during the COVID-19 pandemic period

Salud mental de enfermeras, mujeres y madres durante el período pandémico del COVID-19

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ABSTRACT

Objective: To reflect on the mental health of nurses who are women and mothers in the context of the COVID-19 pandemic.

Method: Theoretical-reflective study based on scientific literature, supported by national and international scientific literature, in addition to a critical analysis by the authors.

Results: Reflections on the subject go beyond the impact of motherhood on these women's lives, as it portrays a gender issue and the role of women within society. The stress of working on the frontlines of a pandemic, added to the demands of children and housework, can trigger exhaustion and mental health repercussions.

Conclusion: Workers must seek individual measures and health managers must enable collective strategies in the work environment of the institutions, proposing public policies that make both employers, workers and their families co-responsible.

Keywords: Mental health. Nursing. Pandemics. Women. Mothers.

RESUMO

Objetivo: Refletir sobre a saúde mental de enfermeiras mulheres e mães no contexto da pandemia da COVID-19.

Método: Estudo teórico-reflexivo realizado a partir da literatura científica, fundamentado por literatura científica nacional e internacional e análise crítica dos autores.

Resultados: As reflexões acerca da temática vão além do impacto no que se refere à maternidade na vida dessas mulheres, pois retrata uma questão de gênero e sobre o papel da mulher dentro da sociedade. O estresse da atividade laboral na linha de frente de uma pandemia somado às demandas dos filhos e do trabalho doméstico pode desencadear exaustão e repercussões na saúde mental.

Conclusão: Cabe às trabalhadoras buscarem medidas individuais além de os gestores de saúde oportunizarem estratégias coletivas no ambiente de trabalho das instituições, proporcionando políticas públicas que corresponsabilizem tanto empregador quanto trabalhador e suas famílias.

Palavras-chave: Saúde mental. Nursing. Pandemias. Mulheres. Mães.

RESUMEN

Objetivo: Reflexionar sobre la salud mental de enfermeras, mujeres y madres en el contexto de la pandemia de COVID-19.

Método: Estudio teórico-reflexivo basado en literatura científica, sustentado en literatura científica nacional e internacional y análisis crítico de los autores.

Resultados: Las reflexiones sobre el tema van más allá del impacto de la maternidad en la vida de estas mujeres, pues retrata una cuestión de género y el papel de la mujer en la sociedad. El estrés de trabajar en la primera línea de una pandemia, sumado a las exigencias de los niños y las tareas del hogar, pueden desencadenar agotamiento y repercusiones en la salud mental.

Conclusión: Corresponde a los trabajadores buscar medidas individuales además de los gestores de salud para brindar estrategias colectivas en el ámbito laboral de las instituciones, propiciando políticas públicas que hagan corresponsables tanto al empleador como al trabajador y sus familias.

Palabras clave: Salud mental. Enfermería. Pandemias. Mujeres. Madres.

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■ INTRODUCTION

The first notifications about the coronavirus disease-19 (COVID-19) took place in December 2019, in China. On March 11, 2020, the World Health Organization (WHO) declared the situation a pandemic⁽¹⁾.

Ever since, the number of cases had a worldwide impact. As a result, measures were taken to halt the spread of the virus and control the pandemic. These include social distancing, remote work, suspension of school activities, and the temporary closing of factories and commerce⁽²⁾.

As the pandemic advanced, health workers had to deal with new challenges and changes in their work environment. 50% of nursing workers were in the frontlines of the struggle against COVID-19. It has been estimated that approximately one million of these workers were women. The reality of these nurses, due to their current condition and work, underwent significant changes due to this sanitary context, which had been lasting for more than 18 months, both in their work environments and in their daily lives⁽³⁻⁴⁾. In this setting, the predominance of women in the field of nursing is related with cultural and historic elements associated with the profession⁽⁵⁾.

Health care has almost always been a woman's responsibility. This corroborates statistics according to which most nurses in western patriarchal societies are women, who work providing care in and out of health institutions⁽⁶⁾.

In this regard, the COVID-19 pandemic not only exposed difficulties in the field of health, but it also highlighted social inequalities, such as those associated with gender. With the implementation of distancing measures, schools and nurseries were closed until further notice, which led to changes in the domestic environment of all families⁽⁷⁾.

The stress from work, coupled with demands from children and domestic chores, affect most females, potentially leading to exhaustion and having consequences to their mental health. In this regard, the mental health of female nurses was harmed by the COVID-19 pandemic, being frequently affected by anxiety and depression symptoms which had a substantial impact on the wellbeing and on the daily activities of these workers⁽⁵⁾.

Among nursing workers, women are the most susceptible to psychic suffering and potential mental disorders. The triggers of these issues can be related with parts of the work process, such as shifts; worker-patient, worker-family, and worker-worker relations; overwork; tiredness and social support, considering that many women both carry out domestic chores and are mothers⁽⁸⁾.

This reflection is justified as, not only this is an academically relevant topic, it is one where there is a perceivable

gap in knowledge. Few studies addressed the mental health of nurses who are both women and mothers during the pandemic. We found research that addressed female overload^(6,7,9,10), motherhood and work^(2,8,11), and mental health and nursing^(1,3,5,12-14) during the pandemic.

The topic, therefore, is a reality and a social need, since statistics indicate that most nursing workers are women, who can become women in this stage of their lives.

This study proposes reflections on the mental health of nurses who are women and mothers during the pandemic and on the challenges that emerge from this context, in order to contribute to the field of knowledge about mental health and nursing. These contributions can subsidize discussions about a topic which is relevant in the context at hand, going beyond the academic environment.

As a consequence, our guiding question was: How well is the mental health of nurses who are women and mothers during the pandemic? Thus, the objective of this study is to reflect on the mental health of nurses who are women and mothers in the context of the COVID-19 pandemic.

To do so, we carried out a theoretical-reflective study, created using discursive formulations on the topic, according with national and international literature, in addition to a critical analysis from the authors. We attempted to contribute to a discussion about nurses who are women and mothers in the COVID-19 pandemic, addressing the mental health of these nurses.

Our search was conducted in the electronic databases SciELO, PubMed, LILACS, from March to July 2021. Descriptors were selected by a consultation in the Health Science Descriptors (DeCS) website, using the Portuguese version of the descriptors: Mental Health; Nursing; Pandemics; Women; Mothers. 492 publications were found. After reading the abstract, we selected 14 works, which contributed to the generation of the category: "Being a woman, a mother, and a nurse during the COVID-19 pandemic: reflections on mental health".

■ REFLECTION

Being a woman, a mother, and a nurse during the COVID-19 pandemic: reflections on mental health

Historically, women were submitted to the activities of care, meaning that they were given professions such as maids, babysitters, nurses, elder caregivers, and teachers. These values are often repeated without question, since they are ingrained in the idea of "being a woman"^(7,9).

In this context, the profession of nursing has become filled with females, who have an essential role in the act of caring and in the principles of the profession⁽⁹⁾. Nursing, as a profession in the field of health, has historically based its knowledge on human care, which can be understood as an act that goes beyond technical procedures, requiring involvement and commitment to another⁽¹⁰⁾.

Emerging from the Latin words *cogitare* and *cura*, care is the action of providing to another physical and emotional wellbeing. Culturally, the feminine is associated with “care”: in the first years of one’s life, as one becomes diseased, ages and dies, female figures become present⁽⁹⁾. Therefore, when the subject is care, women continue to be naturally identified with it, which is done using the justification of “female attributes”, which are socially constructed⁽⁷⁾.

As the years passed, there has been a lot of progress in regard to a woman’s role in society⁽⁷⁾. Nonetheless, childcare is still considered a woman’s responsibility, in a culture still untethered from traditional elements. This association of health work and domestic chores can lead to exhaustion, when those who share a house do not divide their activities equally with one another. Thus, it is important to consider the impact of motherhood in the life of women, and how necessary it is for them to readapt and conciliate familial and professional responsibilities⁽²⁾.

In this context, many women chose to be mothers, thus accumulating roles as workers and mothers. Thus, even before the pandemic, the mother, the nurse mother already had to conciliate personal, familial, domestic, and professional activities⁽¹¹⁾.

Considering that the COVID-19 pandemic changed the life of children and families all around the world, discussing the mental health and care of mothers of small children is essential, starting when we accumulate questions on the insecurity about contamination, and uncertainties regarding the future. Also, since the schools were closed, caregivers became stressed and preoccupied, making care, in most cases, almost impossible to conciliate with other work⁽¹²⁾.

As a result, a need to care for the family emerged during the isolation period, including ensuring the safety of the children and the high risk of contamination in the professional environment. This led to the constant fear of infection in one’s home, leading to mental health issues and stress, in addition to the experiences in the frontline⁽⁸⁾.

One must be sensible to recognize the consequences and restrictions of this setting, understanding that, although the alterations and adaptations it provoked were necessary, they change the routine of families and impacted on the support systems and practices of care. Furthermore, new work types and functions, such as remote work, were carried out in the

same space and time as childcare and home chores. This provokes reflections about the idea of being present, and, simultaneously, about being absent while present, requiring from these women and mothers and from their small children emotional adaptation and actions of mental health care⁽¹²⁾.

Rates of symptoms of depression, stress, and anxiety have been shown to be higher among nurses, women, and mothers, when compared to men; the same is true for sleep disorders⁽⁸⁾. Therefore, these workers in the field of health are susceptible to mental suffering, as they have to face countless difficulties in their working lives, in addition to dealing with the emotional instability caused by their fears and the suffering of their patients⁽¹³⁾.

Thus, working with nursing requires, in addition to technical and scientific abilities, knowledge about how to control one’s emotions, due to the potential exposure to situations of risk, physical and emotional exhaustion that have become present in their daily work⁽⁵⁾.

Evidence about the mental suffering of female nurses during the COVID-19 pandemic led to a 48.9% incidence of anxiety and a 25% incidence of depression in these workers. In a study carried out with workers from different sectors in the field of health, nurses represented 51.44% of anxiety cases and 33.17% of insomnia cases⁽¹⁴⁾. These findings show how the coronavirus harmed these workers, impacting on the mental health of these women, mother, nurses.

In the setting that is the context of our reflection, it is extremely important for nurses who are women and mothers to use strategies to reduce the emotional and physical exhaustion caused by the overload of functions and activities.

The search for individual or group therapy can aid them during the pandemic, a moment when spaces where one can speak and listen in-person are restricted by social isolation. Therefore, remote therapy can be an important strategy in this setting⁽¹⁵⁾.

Additionally, virtual spaces, such as groups in messaging apps, and collective video calls aimed at relaxation, can be created to help the mental health of these women, minimizing the turmoil formed by the feelings that permeate their lives in this pandemic context⁽¹⁶⁾. In addition, these environments could also be used to maintain communication with relatives, in addition to reduce negative effects and choose internal demands, aiming to provide the wellbeing and mental stability of these nurses⁽¹⁾.

Other measures include reducing the consumption of news pieces that can provoke anxiety or stress; recommendations in this regard include reading books or other interesting materials, keeping a regular sleep routine, and, especially, exercising, doing yoga, meditating, and participating in many leisure activities that cause wellbeing⁽¹⁾.

In the context of public policies, the personal and affective dimensions of these nurse mothers ignored⁽⁶⁾. This shows the need for institutional policies that address the demands of these nurses who are women and mothers. Therefore, State and society must understand motherhood conditions as public interest ones, mapping the health worker population, and identifying who is the most psychologically vulnerable to include them in specific actions of care and self-care^(7,15).

■ FINAL CONSIDERATIONS

This reflection aimed to bring to the forefront a discussion about the mental health of nurses who are women and mothers during the pandemic, considering that this topic goes beyond the impact of motherhood in the life of these women, also enveloping gender issues and the role of women in society.

Therefore, the stress of work activities, coupled with the demands of children and domestic work can trigger exhaustion and have repercussions on the mental health of these women, often leading to symptoms such as anxiety, stress, fatigue, and depression, which have implications in the daily life of these workers.

Therefore, these women must receive support to restructure their routines, reducing the impact caused, especially, by the pandemic. As a result, health managers must encourage individual and collective strategies to promote spaces in the work environment of institutions to prevent the mental suffering of these women. Furthermore, it is essential to propose public policies that treat both employer, employee, and their families as co-responsible for the quality of assistance, since an adequate work environment requires innovative practices with no alienation, including spaces to rest and even group multidisciplinary therapies.

The limitation of this study was the fact it did not address chauvinism and structural sexism within health institutions. Therefore, we suggest further studies to be carried out in this regard, with relevant repercussions on teaching and research, both in academic and assistance environments.

Therefore, it is necessary to empower female nurses as the main actors in the workforce of nursing, in order to provide humane care practices to these workers, going beyond the work environment. Calling attention to this topic is a sign that the awareness about gender issues has advanced, and a defense of a mostly female profession.

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