



15 September 2022

Dear Senate Committee,

In 2020 as part of the Frontline Healthcare Workers Study, we conducted a survey of nearly 10,000 health workers in Australia. The findings are published in a book “Experiences of Health Workers in the COVID-19 Pandemic<sup>1</sup>”.

A sample of survey responses relevant to work and care is attached.

### **No space for me**

Many healthcare workers with children struggled with the competing demands of being a responsible worker and a good parent. Their attempts to meet the needs of those around them often came at the expense of their own needs.

My main issue is I need some time ON MY OWN!! But working part time, and with three children to home- school and care for, I feel I am unable to EVER get quiet alone time. (Radiographer, emergency department, female, age 31– 40)

I have struggled with being an employee and a mother of three children all at school. I can't seem to fit all the demands on me into a day well— so I found self- care was the first thing to go, which didn't help me sustain my strength for the situation. Administrative worker, palliative care, female, age 41– 50

I am hammered all day at work, then come home to the household that is working and schooling from home. They “want to talk” when all I want to do is sit quietly. (Nurse, medical specialty, female, age 51– 64)

---

**Postal address: Centre for Health Policy,  
University of Melbourne**

<sup>1</sup>Bismark, M., Willis, K., Lewis, S., & Smallwood, N. (2022). *Experiences of health workers in the COVID-19 pandemic: in their own words*. Routledge.

Even using all supports around us, the strain on wellbeing is profound. The hardest part is the lack of ability to take a proper break. If not working, then home- schooling or parenting. The ability to recharge is

not present. (Occupational therapist, community care, female, age 31– 40)

The loss of routine, with no “me time”, was the most stressful. Trying to keep home- schooling momentum going, then having to go to work and being in- charge and “on” ... when all I wanted to do was cry in the corner because some days had been spent with three hours of yelling and trying to keep everyone from having a meltdown. (Nurse, intensive care, female, age 41– 50)

It was very isolating being at home trying to teach remotely and homeschool my kids at the same time. (Junior doctor, emergency department, female, age 41– 50)

I think the combination of having to teach my children at home on my days off work and being made to feel bad for requiring onsite help at school when I did work, was what pushed me over the line. No downtime alone has been really hard coupled with significant limitations on how I can outwork my stress when I’m not at work. (Nurse, intensive care, female, age 41– 50)

Maintaining and supporting my children with school— one of them with special need— and working leaves absolutely no time to manage anything stress- related. We need more acknowledgment and flexibility for workers with children who need to school from home. (Social worker, respiratory medicine, female, age 41– 50)

Home- schooling three primary- school aged children, and having a baby, and going back to help in the emergency department because of COVID- 19. Right now, I’m not the priority. (Nurse, emergency department, female, age 31– 40)

It has been the hardest thing I have had to deal with in my nursing career, both for me and my family. (Nurse, emergency department, female, age 31– 40)

There’s never been a more challenging time in my experience as a paediatrician. Managing patients, checking in on my staff’s mental health, managing my family with my husband unemployed, and one son still in senior school. I feel I’m not looking out for me as there’s nothing left in the tank! (Senior doctor, medical specialty, female, age 51– 64)

## Gender, the life- course, and work

As they grappled with increased demands at home and at work, healthcare workers reflected on how their struggle exemplified gender inequalities at work and in society. They pointed out the imbalance in taking on additional caring responsibilities, described little understanding from male colleagues, and expressed concern about the future consequences for women's careers.

It feels harder for us women who also take on so much of the schooling and domestic tasks as well. (*Occupational therapist, medical specialty, female, age 41– 50*)

Having a caring role for my young pre- school aged children, and also my elderly mother, is even more challenging during the pandemic. I feel that my (older, male) colleagues have little understanding of how challenging this is. The pandemic has amplified sexism in the workplace. (*Senior doctor, intensive care, female, age 31– 40*)

There is a pervading attitude that: (a) women will deal with all the child rearing aspects; and (b) this means they are now fairly useless from an employment perspective. This will hurt their careers in ways that they cannot recover from. This will end up as a self- fulfilling prophecy without better recognition of the impact of COVID- 19 on health workers who are mothers, and policy and financial steps taken to change this. Otherwise, we will see worsening of the current economic and senior leadership inequality between women and men. (*Senior doctor, medical specialty, female, age 41– 50*)

The impact on my productivity, as a female academic clinician, has felt much more severe than what I observe from my male peers. (*Senior doctor, anaesthetics, female, age 41– 50*)

I'm worried about women's rights and the quest for equality going backwards. (*Senior doctor, medical specialty, female, age 41– 50*)

The demands of work also disrupted important life events. Particularly poignant are the stories that female healthcare workers shared about having a baby during the pandemic.

I had to return from maternity leave four months early due to staff shortages. I feel that I was robbed of this time with my baby. (*Senior doctor, emergency department, female, age 31– 40*)

I'm pregnant and feel the hospital has offered me no support in this regard particularly given we are in the midst of a health crisis. The general attitude is that you need to leave if you're not happy, rather than the workplace having a systemic look at alternative duties that may be available, and the unique challenges a pregnant woman may face during the middle of a pandemic. (*Social worker, medical specialty, female, age 20– 30*)

I went through pregnancy and delivery during lockdown. Lack of support is very stressful. My partner was only allowed to visit two hours a day while in hospital, friends can't visit. I know many trainees

are in similar positions currently, or worrying about how they will look after small babies, or be able to safely return to work if there is still a COVID outbreak at the end of maternity leave. (*Junior doctor, emergency department, female, age 31– 40*)

I had to stop breastfeeding my baby, as my workplace told me that they couldn't afford for me to have a pumping break. I was not at all ready for him to be weaned. (*Nurse, surgical, female, age 31– 40*)

We would be happy to provide any further information that may be helpful for your inquiry.

Yours sincerely,

**Professor Marie Bismark**

MBChB LLB MBHL MPsy MPH FAICD FAFPHM