



Participant background reading MWIA COVID-19 member survey

Title: Medical Women's International Association (MWIA) member survey of COVID-19 experiences as healthcare providers.

Alfred/Monash project number: 761/20

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Background:

Medical Women's International Association (MWIA) is non-sectarian, non-profit making international non-governmental organisation (NGO) of medical women and medical students from different countries and cultures around the globe¹. This survey seeks to explore how COVID-19 has affected ~~every facet~~ the of work and personal life of women physicians. COVID-19 has imposed many challenges upon the health sector globally and from the time the WHO proclaimed this a global pandemic, health systems have had to rapidly adapt to address the risk of exposing health care workers to the virus whilst providing the highest levels of care possible, to those in need. To date, much of the research has looked at healthcare workers referring to them either as physicians or nurses, providing minimal or no sex disaggregated data for physicians². The terms 'physician' and 'doctor' will be used interchangeably, as reflected in the literature.

Significance of This Research:

The percentage of women physicians has steadily increased in many countries ranging from 53% in some European nations 28% in the African region³ and in most nations, the workplace challenges women doctors face, are unique⁴. This research aims to fill this gap in the research during COVID-19.

Much of the research to date, has identified that health workers have faced enormous amounts of stress due to the novel nature of the virus, the numbers of sick patients inundating the health sector, the lack of personal protective equipment and separation from family to protect them from disease. Little is known about the specific impact all of this has had on women doctors. Women doctors are often the carers of children and elderly parents

outside of the workplace, so that absence from home can potentially increase the burden on the family unit if they become ill and increase the strain on the health system and work colleagues if they become ill themselves.

A recently published study out of the UK⁵, describes the impacts on women physicians as disproportionately more complex as they are often the primary carers of children. One example given is the recommendation to home-school during COVID-19 and the study claims that this has resulted in women doctors experiencing feelings of guilt for not working or for not being at home. This research aims to explore the experiences of a group of women doctors working in diverse medical settings around the globe, by asking women doctors what they have experienced whilst working during the COVID-19 pandemic and how has this affected their work life and sense of wellbeing. The study aims to fill a significant gap in the research during COVID-19.

The benefits of this research:

In most countries there are increasing proportions of women doctors. Exploring the experiences of women doctors during a pandemic, can highlight areas where this workforce can be better supported which in turn, can maintain the efficiency of the health sector.

Supporting healthcare workers during a pandemic is a priority for the health of any nation. Understanding how to improve the workplace and the safety for frontline women doctors, will benefit the public directly.

Participants:

All members of MWIA are women doctors who work across a range of health sectors and specialities internationally. The approximate membership of fifteen hundred women, provides a selective sample comprising of new graduates to late career physicians. Retired doctors will be excluded.

Recruitment:

Members will be invited by email to participate in the same anonymous, voluntary online survey around their experiences during the COVID-19 pandemic and will be provided with a plain language statement that explains the aims so that they can decide if they would like to take part in this research. Signing up to complete the survey, will indicate that the explanatory statement has been read and that consent is given to participate.

The survey will take about 5 minutes to complete. Completion of this survey will contribute to this aim.

Participants have the right not to finish the survey, to skip any questions they prefer not to answer, or not submit the finished survey. Once the survey is submitted, it will not be possible to return the data because the answers the researchers will have no way of knowing what data belongs to whom.

The proposed project is to analyse the data and publish the findings in a peer reviewed journal. The survey will be open for a total of twelve weeks.

Participant Incentives:

Choosing to participate is voluntary and choosing to participate or declining to participate will not have any consequences.

Data/Material Collection Technique(s):

All data will be stored on locked drives and available to the research team removing any traceable information. The data will be kept for a minimum of seven years after last

publication. Data will be stored on password protected drives in the cloud and will not be shared with third parties.

Potential Risks

This is a low risk study. Participants reflecting on their experiences might experience some emotional distress. Additionally, if the sample response for any one country is small, the participant might be identifiable, in which case this data will not be included in any publication.

Risk Management Strategy

These risks will be outlined in the in the plain language statement. A recommendation to reach out to national and international support organisations⁶ will be included in case of emotional distress. The larger the response per country, the less likely the participant is identifiable therefore, small sample responses will be omitted to protect the identity of the respondents.

References:

1. <https://mwia.net>
2. Adams JG, Walls RM. Supporting the health care workforce during the COVID-19 global epidemic. *JAMA*. 2020;323(15):1439–40.
3. Boniol M, Mclsaac M, Xu L, Wuliji T, Diallo K, Campbell J. Gender equity in the health workforce: analysis of 104 countries. Working paper 1. Geneva: World Health Organization; 2019 (WHO/HIS/HWF/Gender/WP1/2019.1). Licence: CC BY-NC-SA 3.0 IGO.
4. Yarrow, E, Pagan, V. Reflections on front-line medical work during COVID-19 and the embodiment of risk. *Gender Work Organ*. 2020; 1– 12. <https://doi.org/10.1111/gwao.12505>
5. Yemisi Jones, MD, Vanessa Durand, DO, Kayce Morton, DO, Mary Ottolini, MD, MPH, MEd, Erin Shaughnessy, MD, MSHCM, Nancy D Spector, MD, Jennifer O’Toole, MD, MEd, Collateral Damage: How COVID-19 Is Adversely Impacting Women Physicians. *J. Hosp. Med* 2020;8;507-509. Published Online First July 20, 2020. doi:10.12788/jhm.3470
6. <https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/>