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Women and Covid-19. The Perspective of Spanish Female Social Workers during the First Wave of the Pandemic

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Abstract

This paper aims to analyse the impact of Covid-19 on women professionals in social services in Spain and to determine which variables may have affected them to a greater or lesser extent. The consequences of the pandemic are not gender-neutral, so it is particularly relevant to know the perspective of this highly feminised professional group, which continued to carry out its essential activity during the hardest moments of the pandemic. For this purpose, a sample of 466 women professionals in the sector was obtained in fieldwork carried out between 1 and 19 April 2020. The results showed that social workers perceived great difficulty in continuing to carry out their functions in this context, as well as a notorious affectation both personally and professionally, with the youngest, those with the least seniority in the organisation and those with dependent children being the most affected in some of the different aspects analysed.

Keywords: social workers, women, Covid-19, workplace issues, social services.

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Introduction

The Covid-19 pandemic has affected the whole of humanity, highlighting, in the first instance, the limitations of the health systems in the different countries, but it has also shaken up the different social protection systems, perhaps less visibly because of its medium- to long-term consequences. By early 2022, the world, albeit at very uneven rates depending on the country, is in the midst of a vaccination process and the definitive eradication of the disease still seems uncertain, with new variants of the virus emerging, millions of new cases reported worldwide, and thousands of deaths resulting from the disease (WHO, April 2021).

Literature review

The consequences of the pandemic on people's physical health and on countries' economies are obvious. More uncertain are the emotional and psychosocial consequences. Social protection systems are particularly affected by the closure of non-essential activities, home confinement, mobility restrictions, etc., which have had a considerable impact on the development of social protection services. In Spain, as in other countries, the Covid-19 pandemic has exposed many of the structural problems present in our country. This health emergency has shaken different spheres of life: economic, social and health, as well as interpersonal relations. Social services have also been affected by the impact of the pandemic (Muñoz-Moreno *et al.*, 2020; Calzada *et al.*, 2020).

Disadvantaged groups and individuals have increased. They have been affected by the closure and interruption of non-essential jobs, the reduction of economic activity, the loss of jobs which, although precarious, brought economic earnings. Government measures came too late and thousands of people did not even have the possibility to feed themselves, generating what in Spain has been called the 'hunger queues'. A social crisis has been generated in which excluded people or those at risk of exclusion have not had resources and/or did not have a level of savings that would allow them to face six months without any economic income. This highlights the gap in social status and poverty has begun an upward escalation with no prospect of being contained in the medium term. (Nomen, 2021).

The pandemic can be considered in a triple dimension, health, social and economic, in which we believe it is necessary to know the extent of the gender impact. It is a crisis that affects women and men differently, due to the centrality of care work. Many women have had to give up their jobs because schools are closed. They suffer greater job insecurity and poverty, which puts them in a worse situation to face a new period of crisis, with some of the most affected sectors highly feminised, such as commerce, tourism and hospitality, the increased risk of gender-based violence and other types of violence against women derived from the situation of confinement (Women's Institute of the Spanish Government, 2020).

Women are most likely to suffer the social and economic consequences of the pandemic (Burki, 2020). In Spain, before it, 53.3% of single-parent families were at risk of exclusion or poverty, compared to 27.9% overall. These single-parent households represent a total of 1,842,200 households, 83% of which are headed by women (Adecco Foundation, 2018).

Employment data (BBVA Research, 2020) have shown that the impact of Covid-19 has led to a sharp decline in the number of employed people in the first two quarters of 2020, with women being the most affected (Esade Ramon Llull University, 2020). It can be seen that the subsequent recovery in the third quarter of 2020 has been stronger for men, which has widened the gender gap. In addition, more than half of women's employment, 51%, is concentrated in just four occupational sectors: commerce, hotels and restaurants, education, and health and social services. In the short and medium term, many women who were already in a precarious situation are likely to lose their jobs and incomes. (Castellanos *et al.*, 2020). A similar trend has been observed in other countries, such as the United States, (U.S. Bureau of Labor Statistics, 2020) where married women lost more jobs relative to married men, with the loss of nearly one million jobs in September 2020, coinciding with the back-to-school season, while job gains by married men and women remained steady. This greater loss of jobs could be explained in part by women taking on more household and childcare tasks (Krentz *et al.*, 2020; Alon *et al.*, 2020).

Women took on more of the household chores during confinement, even in families where both parents continue to work, with the closure of schools and the difficulties in outsourcing domestic services, it has been observed that chores continue to be shared unequally between men and women (Farré and González, 2020).

Parrado and León (2020) identify that women had a greater psychological impact and worse mental health during confinement, along with groups such as students, people with lower incomes or those who had less space per person in the dwellings. They are also more vulnerable to fears associated with the pandemic situation (of death or infection of family members, further spread of the virus, or not seeing family or friends): for every man with one of these fears, there are usually 2 women with the same fear (Sandín *et al.*, 2020). At the professional level, studies such as that of Lai *et al.* (in Huarcaya-Victoria, 2020), carried out among healthcare staff, identified women, nursing staff and front-line workers as groups with more severe degrees of mental health problems (depression, anxiety, insomnia, stress, etc.). Santamaría *et al.* (2020) also identify that the pandemic has generated symptoms of stress, anxiety, depression and insomnia among healthcare workers, with higher levels among women and older professionals.

Even the WHO has issued guidelines to safeguard the mental health of the population of different age groups, indicating special attention to women, children and service providers, suggesting measures to mitigate anxiety, depression and

stigma, etc. (Kumar and Nayar, 2020). Different studies have also pointed to greater mental health consequences for women (stress, anxiety) (Chen *et al.*, 2020; Connor *et al.*, 2020, Li *et al.*, 2020; Huang *et al.*, 2020, Rabbani *et al.*, 2020).

The complexity of the impacts of the pandemic therefore places special demands on the professional activity of social workers, as they extend across multiple and overlapping areas of care. Unlike health and education service providers whose expertise is limited to a single domain, the multi-faceted, people-in-their-environment approach is key to the pandemic response (Cross and González-Benson, 2020).

Firstly, because it is a profession considered essential, which has been on the front line in the face of the social consequences of Covid-19, trying to cushion the serious social effects that the epidemic has had on the most vulnerable population and, secondly, because it is a highly feminised profession in which the impacts produced by the pandemic on women who have been most exposed to this reality can be more easily tested, the purpose of this work is to provide answers to the following questions: (1) What impact has the Covid-19 epidemic had on women social services professionals in Spain?; (2) What variables would be conditioning the greater or lesser degree of affectation of women professionals in this sector?

Methodology

Sample and procedure

The results shown in this paper are based on a questionnaire administered to professionals from public and private social services in Spain. A total of 560 people took part. The fieldwork was carried out between 1 and 19 April 2020, i.e. in the midst of the confinement and state of alarm in Spain during the first wave of the pandemic.

The questionnaire administered consists of five distinct parts: 1. Socio-demographic characteristics and professional situation; 2. Sixteen items aimed at assessing the impact that the health crisis and the state of alarm have had on the normal development of social services; 3. Eight items regarding the knowledge of the protection measures that have been implemented in the different entities; 4. Aimed at analysing the professional and personal situation with the current situation (13 items); and 5, concerning the degree of adequacy of measures to care for the vulnerable population (24 items).

Data collection

Only responses from women were selected, reducing the initial sample from 560 to 466 cases.

Survey instrument and data analysis

To facilitate the study of the results, factor analyses were carried out, with varimax rotation, of sections two, four and five of the questionnaire, which were measured on a Likert scale, in order to reduce the number of items, work with this information in an aggregated manner and facilitate cross-referencing with the variables that could be exerting the greatest influence on the degree of affectation of the professionals. The resulting factors have been transformed into a 0-100 scale for ease of presentation.

Table 1 shows the internal consistency of the dimensions obtained through factor analysis as measured by Crombach’s alpha.

Table 1. Reliability of the dimensions obtained from factor analysis

Questionnaire dimensions	Factors obtained	No. of items that compose it	Crombach’s alpha (internal consistency)
Dimension 2: Assessment of the impact of Covid-19 on professional development	1. Degree of preparedness and effectiveness of measures implemented	8	.822
	2. Degree of affectation of functions by Alarm State	4	.795
	3. Telework Effectiveness	3	.722
Dimension 4: Assessment of professional/personal situation	1. Feeling overwhelmed by the situation	5	.777
	2. Appropriate resources and measures to deal with the situation	6	.740
	3. Telework	2	.726

Dimension 5: Assessment of the degree of adequacy of measures to care for vulnerable people	1. Worsening conditions of vulnerable population with Alarm State	9	.947
	2. Degree of adequacy of measures to care for vulnerable population	8	.862
	3. Effectiveness of partnership and social and health monitoring measures	4	.774

Source: author's own.

Ethical considerations

This work complies with the requirements of the Ethics Committee of the Vice-Rector's Office for Research of the University of Huelva.

Characteristics of the respondents

The socio-demographic profile of these professionals shows that most are in the 35-46 age range, followed by the 47-59 age range. The average age is 42.7 years. Half of the women are married or in a registered partnership, while around 40% are single. Slightly more than half have children (53.9%).

Meanwhile, 98% of the women in the sample have a university or higher education. More than 75% are social workers.

In terms of employment status, 70% of female professionals are employed in the public sector, while only 23% are employed in the private sector. Most of them work full time (88.2%) and occupy technical positions (67.2%) and management, coordination and team responsibility functions (18.2%). In relation to the length of time they have been working in the entity, 42% have been working for ten years or less and 39.7% between 11 and 22 years. Also, 47.5% of the professionals have been carrying out their work 100% telematically, compared to 52% who did it in person.

The vast majority work in primary care (42.4%), with children and family 16.1%, elderly (9.2%) and people with disabilities (7.7%). In relation to family responsibilities, there is a greater tendency for women with children to telework, as shown in *Table 2*.

Table 2. Teleworking according to family responsibilities

Telework	Children			
	No		Yes	
	N	%	N	%
No	77	52,4	70	47,6
Yes	91	48,9	86	64,7

Source: author's own.

Results and discussion

In order to carry out a more detailed analysis of the degree of professional and personal impact of the different measures applied in the work of social services professionals in Spain, a breakdown of the different items that make up dimension 4 of this work is shown (Table 3).

Table 3. Average score of the items of the dimension relating to the assessment of the professional and personal situation (dimension 4).

	N	Rating 0-100
Often, these days, I have felt like crying.	464	58,19
Over the past few days, discussions with social services colleagues have increased.	453	31,35
I have often felt support and understanding from social service users when faced with the difficulty of the situation.	421	62,29
During these weeks, I have worked many more hours beyond my working hours.	420	59,17
There have been times when I have felt overwhelmed by the situation.	439	60,82
I have been provided with the necessary protective equipment to carry out my work..	424	65,04
My professional mobility has not been affected. I have been able to move to my place of work without any problems.	417	42,21
I have had the basic training to cope with my work during this time.	399	56,20
In my workplace I have been properly accredited to do my work during the alarm period.	435	42,07
In general, I have found support from my co-workers in solving problems I have been facing these days.	388	67,20
I have often felt helpless these days.	396	76,14

I am teleworking at home and I go to the workplace some days.	398	48,87
Despite teleworking, I know that I can be called back to work at any time.	363	59,44

Source: author's own.

These data are consistent with those shown in previous studies carried out in social services, which already pointed both to this affectation and feeling of being overwhelmed (Muñoz-Moreno *et al.*, 2020) as well as to work overload and the fact of spending more hours on work as a consequence of the pandemic (Calzada *et al.*, 2020).

However, despite the difficulties, the professionals have largely felt the support and understanding of the users of social services (62.29) and have had the support of their colleagues to solve problems they have had to face in this new context (67.2).

With regard to the protective measures that have been implemented in the centres during this initial period of the state of alarm (Table 4), the most common were those aimed at reducing interaction between professionals and users (82.2), as well as the posting of information signs indicating preferably non-face-to-face care (78.3) and on hand and respiratory hygiene (69.1). Nevertheless, there are shortcomings in the design of training activities for the health education of professionals and users (30) and in the availability of water-alcohol solution dispensers and other health protection measures (42.7). Regarding the measures implemented, Ubillos *et al.* (2020) point out that there are also differences by gender when it comes to dealing with them, as women have a greater perception of risk compared to men and at the same time consider that they have a greater capacity to comply with the protection measures, even if this affects their activities or may be annoying, include actions that they do not like, or despite any difficulties they may encounter.

Table 4. Knowledge of the protection measures implemented in the centres (Dimension 3)

	N	Yes	No	Don't know
Notices or circulars informing not to go to the centres except for justified reasons and never in case of symptoms	466	78,3	10,5	11,2
Hand hygiene and respiratory hygiene information panels	466	69,1	21,9	9
Training activities for the health education of users and workers	466	30	61,8	8,2
Soap and paper towels for hand hygiene available in all toilets.	466	63,7	25,5	10,7

Dispensers with hydroalcoholic solution, disposable tissues and waste containers with pedal-operated lid	466	42,7	46,4	10,9
Measures to minimise interaction with users and other professionals	466	82,2	13,5	4,3
Intensified cleaning programmes in the centre	466	60,5	21	18,5
Workers and users have been informed of the actions being taken to protect them	466	63,5	26,8	9,7

Source: author's own.

In order to answer the second research question posed in the framework of this study, which variables would be conditioning the greater or lesser degree of affectation of the professionals in this sector, *Table 5* shows the disaggregated items of the factor 'Feeling overwhelmed by the situation' crossed by the most significant socio-demographic and socio-economic variables, which allows a profile to be obtained of the professionals who have been most affected by the situation. The purpose is to determine which variables are most decisively influencing the degree to which professionals are personally affected by the circumstances arising from the pandemic in their professional development.

The table collects synthetic information relating the items to age, marital status, existence and number of children in the household, years working, employment status, type of organisation and qualification.

It is observed that age is one of the variables that most influences the degree of affectation of the professionals, as the youngest are those who have experienced the strongest urge to cry, have felt more overcome by the situation and have experienced more helplessness in the development of professional practice. However, older women stand out as having experienced an increase in discussions with social services colleagues, as well as the 47-59 age group who report working more hours than those reflected in their working hours than the rest. In this respect, a parallel could be established with studies such as that of Santamaría *et al.* (2020) on health professionals, which showed a greater impact on mental health (stress, anxiety, etc.) in the case of women who worked in this field, and also in older professionals, who in the case of Social Services are the ones who have perceived the greatest increase in interpersonal conflicts at work as well as a heavier workload in terms of hours worked.

Table 5. Detailed analysis of the variables that make up dimension 4: Assessment of professional/personal situation (specifically the factor 'Feeling overwhelmed by the situation').

	Age	Marital status	Children	Number of children	Years worked	Employment status	Organisation type	Qualification
Often, these days, I have felt like crying.	Younger people	--	--	Those with more children	Fewer years worked	--	1st subsidised 2nd public 3rd private	Social work
Over the past few days, discussions with social services colleagues have increased.	Older people	--	Women without children, but with little difference (31,90 vs. 30,36)	--	More years worked	--	1st subsidised 2nd public 3rd private	Social work
During these weeks, I have worked many more hours beyond my working hours.	The 47-59 age group stands out, but there is no clear trend.	Married women stand out (61.42 vs. 55.57).	Women with children stand out (60 vs. 58.29).	--	More years worked	Full-time workers	1st public. Private and subsidised equal	Other qualifications (60.74 vs. 58.62)

It can be said that there have been times when I have felt overwhelmed by the situation.		Women without children, but with little difference (61,71 vs. 60,02)	Women with 2 children stand out, but there is no clear trend.	More affected are those who have been working for less time. Tendency to decrease as time increases.	Full-time workers (61.92 vs. 49.43)	1st subsidised 2nd public 3rd private	Social work more than other qualifications (61.78 vs. 57.87)
I have often felt helpless these days.	The younger the age, the more overcrowded	Those without children more affected (67.9 vs. 62.5)	As the number of children increases, so does the feeling of powerlessness.	Younger women much more affected (71 vs. 67, 58 and 51)	Full-time workers (65.33 vs. part-time 61.3)	--	Social work more than other qualifications (66,1 vs. 61,4)
	--	Single women more affected than married women (67.5 vs. 64.3)					

Source: author's own.

If we look at the number of children living in the household, we see that the more children there are, the more they report having experienced the urge to cry and the greater the feeling of helplessness in their professional work. This could be associated with the greater presence of women in household tasks and childcare (Krentz *et al.*, 2020; Alon *et al.*, 2020), and this in the complicated context of the pandemic, with measures such as home confinement or the closure of educational centres, while care tasks continued to be shared unequally between women and men (Farré and González, 2020). Regarding telework, it has also been observed that mothers who work remotely are more likely to report feelings of anxiety, loneliness and depression than fathers who work remotely. (Lyttelton *et al.*, 2020).

This greater emotional distress of female social workers with children as well as the feeling of greater powerlessness to carry out their jobs must be understood in the context of this double (or triple) working day, on the one hand their paid employment, and on the other hand the demands of home and child care, which is associated with worse indicators of mental health, vitality and stress (Saavedra, 2017) and all of this in a pandemic context in which relationships with others outside the household, who would act as support providers, were severely limited.

A greater degree of affectation is also observed among women who have been working for less time, who report having felt like crying more than the rest, as well as feeling helpless in the performance of their work, a tendency that decreases as experience increases, reflected in the number of years in their current job. Women with more seniority in the job reported experiencing an increase in discussions with professional colleagues and having worked more hours than usual in their employment contract.

With regard to the type of organisation, professionals from public entities stand out as those who report having worked more hours than those reflected in their working hours.

It is important to note that labour relations and gender attitudes influence each other and evolve in tandem (Reichelt *et al.*, 2021). Through this study, it becomes clear that Covid-19 has affected women to a greater extent in the different spheres of work, family, personal, etc., underlining once again that the pandemic and its consequences are not gender-neutral. This unprecedented situation that has shaken up existing dynamics in the productive and reproductive spheres could be taken as an opportunity to push society towards more egalitarian attitudes, both in the employment and household spheres.

Conclusion

In conclusion, this study has served to answer the research questions posed. With regard to the first of these, it seems clear that most of the professionals consider that their functions have been greatly affected by the state of alarm and slightly more than half of them stated that they have felt overwhelmed by the situation, perceiving difficulty in continuing to carry out their functions in this context, having felt like crying and overloaded with work that has led them to dedicate hours even outside their usual working hours.

The professionals did not perceive teleworking as a sufficiently effective measure for the development of their functions, and highlighted in this context of special affectation positive elements such as the support and understanding of the users of their services, as well as the support of their co-workers.

Regarding the second question posed, we observed that age is one of the variables that most influences the degree of affectation of the professionals, with the youngest being the ones who have experienced more inclination to cry, have felt more overcome by the situation and have experienced more helplessness in the development of professional practice. Women who have been working in the organisation for fewer years are also more affected, a trend that decreases with increasing seniority in the organisation. It was observed that the more children in the household, the more women workers experienced a greater need to cry and a greater feeling of helplessness in their professional work.

The limitations of the study should be taken into account. The fieldwork was carried out in the midst of a health emergency and during the period of home confinement, which made it necessary to carry out the questionnaires telematically. This meant that part of the population did not receive the information related to the survey in order to be able to participate in it. To overcome this difficulty we applied a multiple invitation protocol through a snowball process, the questionnaire was disseminated through social networks and shared by different associations and professional bodies, thus ensuring that the instrument reached as many people as possible.

Although we have tried to ensure the maximum representativeness of the Spanish territory, the results of this work do not pretend to be generalisable to the whole population. They are an approximation to this reality through the description and analysis of the sample. Although a stratified sampling by quotas has not been established, given the difficulty of obtaining a detailed census of social services professionals in Spain, all regions are represented.

The high percentage of female participants in the sample compared to males is representative of feminisation: in the future it could be considered to specifically expand the sample with males in order to make comparisons of the different issues. The perception of the situation and the impact on professionals could also

be analysed with a longer time perspective now that we are moving towards the so-called ‘new normal’ thanks to mass vaccination.

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