The Impact of COVID-19 on Working Women

Saida Affouneh¹, Sirin Abusalha², Soheil Salha¹, Mona Demaidi¹, Arij Abu Obaid¹, Wejdan Awadallah Alkouk¹ and Zuheir Khlaif¹

¹Faculty of Educational Sciences and Teachers Preparing, An Najah University, Palestine

²Faculty Department of Sociology and Communication, Budapest University of Technology & Economics, Hungary

Abstract.

This research aims to study the impact of COVID-19 on women who are working in higher education institutions in Palestine. In addition to examine the negative and positive aspects of their social professional and educational life. A sequential mixed methods approach was used to investigate the impact of COVID-19 on working women. The phase stage of the research started by qualitative phase through using focus group session in order to explore the lived experience of the working women. Moreover, the findings of the first phase were used to develop the instrument of quantitative approach which was in the second phase of the study. The results of the study have shown that impact of COVID-19 ON working women in regard of the psychological, personal, and economical aspects. The majority of the respondents stated that their lives have been negatively affected due to the pandemic as they could not balance between their duties at home and their jobs which had particularly large impact on working mothers. Also, there has also been different results and impacts that is related to mental health and psychosocial factors, and economic insecurity with COVID-19.

Keywords: COVID-19, Socio-Economic, Psychological Impact, Gender Equality, Work-Life Balance

1 Introduction

The COVID-19 pandemic has been spreading since late 2019 in China and has resulted in direct effects in everyday life across the world. At present, it has affected more than 112 million people with a death toll of 2.48 million around the world (Malik and Naeem, 2020). It has also impacted the global economy affecting over two billion workers. However, this pandemic had a different impact on men and women, including health, social, economic, and psychological implications. Pandemics and outbreaks have differential impacts on women and men. For example, UN Women reported that women are at more risk of economic uncertainty as more than 65% are engaged in informal sectors (Haldevang, 2020). Therefore, there must be strategic planning for COVID-19 to ensure the protection of women and girls in decision-making and implementation (World Health Organization, 2020).

The first case of COVID-19 in Palestine was recorded in March 2020 in Bethlehem city with a state of emergency promptly declared by the Prime Minister that same day. This was followed by a complete lockdown, including closures of educational and religious facilities as well as courts of law throughout the West Bank. These enforcements impacted the economy and the mental health of people in Palestine. (World Health Organization, 2020).





25-27 February 2022

Rotterdam, The Netherlands

As in most countries worldwide, the impact of COVID-19 and lockdown has been particularly severe for Palestinian women simply due to their gender. This includes difficulties accessing health care, an increase in unpaid labor and care of family members, greater vulnerability on the labor market, and greater risk of economic hardship, especially for those Palestinian women that act as the main provider of their households. For many women, lockdown has meant being trapped in the home along with a potential aggressor and without the possibility of leaving the house to seek support or protection.

Lockdown had a severe impact on economic hardship and has resulted in a rise in unemployment among Palestinians. Various restrictions were forced on movement, resulting in the shuttering of businesses and decrease in demands for goods and services. (World Health Organization, 2020).

1.1 Purpose of the study

This research aims to study the impact of COVID-19 on women who are working in higher education institutions in Palestine. In addition to examine the negative and positive aspects of their social professional and educational life.

1.2 Contribution

The context of this study is completely different from previous studies since this study conducted in a region which is suffering from crisis for more than 70 years which could add new sights about the women technostress who are living in crisis and have social commitments due to the Palestinian culture such as taking care of the family, adults, caring about infected people in addition to her professional work.

1.3 Research Questions:

To analyze the problem areas, we propose three research questions:

- Q1: The impact of COVID-19 on working women regarding the economic factor.
- Q2: The impact of COVID-19 on working women regarding the psychological factor.
- Q3: The impact of COVID-19 on working women regarding the personal factor.

2 Literature Review

2.1 COVID-19 and Women

The COVID-19 global outbreak is a significant event of the 21st century as it has a worldwide impact on every aspect of life. Despite various efforts to decrease the effect of COVID-19, the importance of establishing and reforming gender-sensitive policies has become a necessity. Women are more likely to be negatively affected by the pandemic compared to men. Research studies and statistics showed a dramatic increase in domestic violence, as well as a direct impact on females' financial status, health, and psychological/mental wellbeing (N & T Nair, 2020). Women were directly impacted by COVID-19 as it had put them in a greater risk of facing sexual exploitation, violence and lower their opportunities to mental health facilities and care as well as economic opportunities (Lim, 2021). Moreover, domestic violence against women has significantly increased in many countries after the outbreak where home isn't always the safe place which





25-27 February 2022

Rotterdam, The Netherlands

can lead to mental health issues such as anxiety, depression and stress. Nonetheless, the Covid-19 epidemic has had a greater impact on women than males in various areas, including the workplace (particularly in the health and social services sector) and at home, where lockdown and quarantine procedures have increased burden. Women make about 70% of the health workforce worldwide, and they are frequently frontline health professionals (nurses, midwives, and community health workers). Similarly, women make up the majority of health-care facility support employees (cleaners, laundry, and catering), (Thibaut & Wijngaarden, 2020).

The COVID-19 pandemic has been witnessing a growing number of online learners with heterogeneous demographic backgrounds in terms of gender and educational levels. Several studies have investigated the effect of learners' demographic backgrounds on online learning outcomes (Gašević et al., 2016). Numerous studies have explored the impact of gender (e.g. Boyte-Eckis et al., 2018; Cai et al., 2017) and educational levels (e.g. Diep et al., 2016) on online learning outcomes. Educational levels could greatly predict online learning outcomes (Huang & Fang, 2013), while the effect of gender on online learning outcomes is controversial. Females could achieve higher learning outcomes than males because they were more persistent and committed than males (Richardson & Woodley, 2003). Females had stronger self-regulation than males, which also led to their significantly more positive online learning outcomes than males (Alghamdi et al., 2020). However, no significant gender differences were revealed in leaning outcomes because males were more stable in attitudes, while females performed well in engagement (Nistor, 2013). Furthermore, no significant gender differences in learning outcomes were found based on learning styles.

2.2 Health Impact on Women

The coronavirus (COVID-19) pandemic has been the greatest challenge women in different countries are facing. Due to the pandemic, businesses adopted remote working to pursue their operations. The new norm of working from home added tremendous pressure on working women. Women have two full-time jobs, one at home where she takes care of the family, and the other is working remotely for her company. This is particularly notable in developing countries where women have to handle the home workload without any support from their husbands. Therefore, working women have a difficulty in balancing their family duties with their work tasks, and making a work-life balance has become necessary for women to cope with their duties. Thus, this research paper focuses on the impact of COVID-19 on working women and offers suggestions for a better work-life balance during pandemic situations (Amaras, 2020).

The position of women in the labor market remains very different from that of men, as most women work shorter hours, earn less, and hold fewer senior positions than men (EPIC). Due to the COVID-19 pandemic, the gender employment gap increased and left women in a more vulnerable position where they may lose their jobs, especially in developing and emerging economies (OECD/ILO, 2019).

Despite the fact that COVID-19 infects both men and women equally, more women are dying of the disease than men due to different factors. Health worker women are at the frontlines of fighting the disease, which puts them at significant risk of infection (Farrar & Gupta, 2020). Moreover, women are also indirectly impacted by COVID-19, as there are limitations on access to healthcare and a lack of humanitarian resources. According to UN





25-27 February 2022

Rotterdam, The Netherlands

Women, many women were unable to get the medical care they needed and were more likely to experience longer waiting times than men when seeking medical care (UN Women, 2020). In addition, women are facing greater domestic violence during the pandemic as a result of the increase in tension, stress, and the challenging conditions during the crisis (Yasmin, 2016).

2.3 Socio-Economic Impacts on Women

The global outbreak of COVID-19 has had a significant impact on the economy worldwide. However, it has had a specific impact on women as there is a higher percentage of women in the informal sector; most women tend to be employed in industries such as travel, hospitality, textile manufacturing, and retail sales, which were adversely impacted by the pandemic (ILO, 2018).

The pandemic has also changed the social and economic realities of people's lives. This is a nearly universal imposition, as there were new policies of working from home that began in March 2020 which led to social and economic insecurity. Moreover, the COVID-19 lockdown forced companies to lay off employees and studies have shown that women are more likely to have lost their jobs than men, which has caused the loss of their health insurance and other benefits (B&A, 2020).

COVID-19 has triggered a distinct economic crisis in a number of areas of work and business, including manufacturing, retail, travel, and commerce (Restubog et al., 2020). Unemployment is on the rise, putting even the most solid professionals at risk of losing their jobs. According to the International Labor Organization, by the end of the second quarter of 2020, there will be 25 million new unemployed people (Restubog et al., 2020).

2.4 Gender and Gender Equality

The definition of gender is crucial as it forms the base of this research. Scholars have been refining various definitions of gender throughout the years: gender is defined as the behavioral, social, and psychological characteristics of men and women (Archer & Lloyd, 1985; Nicholson, 1994; Unger, 1979; West & Zimmerman, 1991). However, the definition of gender may vary between individuals based on their perception of individual roles within a group. Gender can be also defined as being feminine or masculine, which varies between different cultures and societies (United Nations Women, 2017).

The concept of gender is segmented into five elements based on the World Health Organization: relational, historical, contextual, and institutional. The term gender was introduced by Gayle Rubin in 1960 for the purpose of distinguishing the terms sex and gender, as well as to define gender as a social construction of sex. Another definition was proposed by Yvonne Hirdman, which is in accordance with the definition of United Nation Women, who stated that gender is the difference between feminine and masculine. As stated previously, people from different societies and cultures perceive gender differently, especially between the different generations, religious groups, classes, and the male and female sexes. There are two principles that form the gender system: male superiority and the separation of gender. The principles indicate the several tasks, positions, and roles of men and women in the society.





25-27 February 2022

Rotterdam, The Netherlands

The definition of gender is important when referring to gender equality, as it implies the similarity of women and men in their responsibilities, rights, resources, roles, and opportunities. However, this does not suggest that women and men are the same or should be the same.

The United Nations has defined and indicated that gender equality ensures that individuals receive the same rights and opportunities without gender being a factor to be considered. Much of the time when discussing the issue of gender equality, people promote the idea of woman and men becoming the same. On the contrary, gender equality does not mean "the same as," but involves granting equal weight to both men and women's perspectives, interests, and opportunities in decision-making.

Gender equality is reflected by granting equal value and provision of opportunities to men and women, which is articulated in attitudes and behaviors by providing laws and policies to ensure gender equality. In contrast, gender inequality arises when there is a difference in gender relations, with men above women and women being treated as inferiors to or less valuable than men solely by virtue of their sex. These hierarchical gender relations have affected women's presentation in the workplace, the household, and religious and cultural intuitions. Therefore, gender inequality impacts the opportunities available to women in all areas including education, health, work opportunities, and development.

In 1979, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was adopted by the United Nations General Assembly and by 174 countries. It defined gender inequality as "any distinction, exclusion or restriction made on the basis of sex....in the political, economic, social, cultural, civil or any other field."

Another organization from United Nations – UNHCR – defines gender equality as "an equal visibility, empowerment and participation of both sexes in all spheres of public and private life." The article also discusses how European countries describe gender equality; it is defined as "giving girls and boys, women and men, de jure equal rights, equal opportunities, equal conditions and equal treatment in all fields of life and in all spheres of society."

Independent Consultant (2000) ensuring equal treatment for both genders in pay, representation in stagging, and equal allocation of budget and resources in the workplace. According to the United Nations, "equality is the cornerstone of every democratic society that aspires to social justice and human rights" (Grown, Gupta, and Khan, 2003).

3 RESEARCH DESIGN AND METHODS

3.1 Research design

A sequential mixed methods approach was used to investigate the impact of COVID-19 on working women. The phase stage of the research started by qualitative phase through using focus group session in order to explore the lived experience of the working women. Both qualitative and quantitative strands of data are collected and analyzed separately, and integrated – either concurrently or sequentially – to address the research question. Moreover, the findings of the first phase were used to develop the instrument of quantitative approach which was in the second phase of the study. The participants were working women who were contacted directly via emails and were asked to fill an online survey, as social distancing was taken into consideration. To address research problems, the mixed methods study design utilizes the capabilities of both quantitative and qualitative methodologies. This design





25-27 February 2022

Rotterdam, The Netherlands

consists of quantitative and qualitative stages, each of which is completed separately before merging quantitative and qualitative data for a more comprehensive knowledge of the study questions and phenomena. Data from both the quantitative and qualitative phases are combined into a single mixed methods study. To conduct a midwifery study, a sequential explanatory mixed methods design was used since it was the greatest match for answering the research objectives and drawing larger inferences from the data. This sequential explanatory design midwifery research began with a quantitative phase and ended with a qualitative phase. During the study process, both quantitative and qualitative data were gathered, analyzed individually, and then combined. Triangulation was employed to connect the two stages, allowing the combined data to be interpreted. Findings from the qualitative phase were utilized to explain and contextualize quantitative findings and interpretations in a more complete way.

3.2 Research instruments

Focus group session

Two focus group sessions were conducted over Zoom for two hours each session and each one composed of 15 participants from different universities and professional faculties from different Palestinian universities. The researchers developed the focus group prompts based on the findings of previous studies (Citations). Two researchers administered each focus group one was as a facilitator and the second one was taking notes and summarizing the discussion among the participants. Moreover, a consent form was taken to record the sessions.

Qualitative data analysis procedures

Three researchers transcribed the audio files of the focus group sessions. The other three researchers compared the transcribed files with the audio to make sure that each file containing all the data. The next step was sending the transcribed files to the participants to edit, add to confirm the meanings of their responses. A formal approval was obtained from the participants with minor changes and few additions.

A conceptual form of content analysis was used to analyze the data. The conceptual analysis was used to find out the high frequency of each theme. Table 1 summarizes the highest frequency of each theme emerged from the focus group sessions analysis.

Table 1 Summarizes the highest frequency of each theme emerged from the focus group sessions analysis.

Theme	Frequency
Psychological aspect	26
Personal aspect	23
Economic aspect	20
Social aspect	5
Health	2

Findings of focus group sessions.





25-27 February 2022

Rotterdam, The Netherlands

The focus group was centered around different themes which examined the effect of COVID-19 on working women in Palestine. The interviewer asked the participants questions related to their psychological and personal aspects, the impact of the political situation on them, their mental health, social challenges and economic factor during the pandemic.

Psychological and Personal Aspect

Two focus groups were conducted with women working in different sectors in Palestine, with a total of 30 women. As a general observation, the emotional reaction to the COVID-19 pandemic is multifactorial. It depends not only on external elements, but on personal ones as well. However, there have been many similarities in regard to the feelings of boredom, worry, phobia, and surprisingly excitement for spending more time at home with the family. As Participant 1 indicated

[W]hen it started, it was amazing as we could try a new experience to work from home and we can stay close to our families, I thought it was like a dream, but it was challenging to manage between my kids and work as they think I am available.

However, this was not always the case for all participants. Participant 2 emphasized the burden she faced while working from home as the increase in responsibilities shifted her away from her family and kids. He reported that

My kid told me 'Mom all the world went to their house on March 3rd, you went to your work and never came back', I felt devastated after that so I was always trying to balance between my family and work, but it was a big responsibility for me from the stress of work.

As is noticeable here, women have faced different experiences during the pandemic. Many started the lockdown excited about the change in routine and the opportunity to be closer to home. Nonetheless, it was challenging to balance their responsibilities at work with their responsibilities at home.

Due to the current political situation in Palestine, women have always faced fear and uncertainty in their lives or their loved ones' lives. However, COVID-19 was a unique situation: the way it spread and affected people's lives has put women in more fear, as they were not familiar with this situation or how to deal with it in order to protect themselves and their families. This initially increased the feeling of fear, but that feeling diminished at later stages when they learnt how to cope with it. Participant 4 emphasized how COVID-19 had a great impact on the psychological element: "We are always stressed from different things: health as we didn't know much about the pandemic and how we could protect ourselves, second is the family issue where we needed to provide safety to our kids." Participant 3 stressed how COVID-19 terrified her children, as they could not understand the concept of a virus, especially when seeing their parents overprotective and paranoid about it. However, we cannot blame the parents at this point, since the pandemic was a new thing that the world had not faced for the last century, so they did not know how to deal with it. "We were afraid, and especially on the kids, as one of my kids understood that COVID-19 was a monster, so he was very scared of it. Now we explained it to them. Whenever I told him to wash his hands, etc. he would be terrified."

Furthermore, the biggest challenge for participants was when one of the family members came into contact with someone who had COVID-19 or was infected with the virus and in a critical condition. The pressure of continuing their everyday life and duties, working and





25-27 February 2022

Rotterdam, The Netherlands

taking care of the family in spite of the constant worries about the consequences, affected their mental health. Participant 5 mentioned, "My niece was dying in the hospital that was one of the painful moments during the pandemic, but I had to work and attend classes. I also had COVID-19, but I continued to give classes. So that was one of the biggest challenges. We have proven how women are strong and challenged."

Moreover, it is critical to pay particular attention to the mental health of persons in situations where they have reason to dread not only death, but also ramifications in a variety of domains, including family, school, society, and the economy (Ornell et al., 2020). Previous research has found that fear is linked to depression, anxiety, perceived infectivity, and germ aversion (Ahorsu et al., 2020). Another negative effect of dread is the stigmatization and discrimination of persons who are affected or show symptoms of COVID-19 (Ahorsu et al., 2020).

Finally, it should be noted that the adjustment to a new life of social separation may differ depending on the individual's age, gender, and other factors. As a result, given the relevance of fear in the setting of a pandemic, scales addressing this emotion have been established and may be useful in understanding and managing this emotional component (Ahorsu et al., 2020; Sakib et al., 2020). As Participant mentioned "The work from home has changed – it didn't affect negatively 100% - instead of preparing for the class 2 hours, now we prepare 6 hours but now we need to use the existing tools and search for different resources to take advantage of technology. I remember working until 2 3 am as in the day I need to give the classes and help my kids with their studies, make sure that their education is being good and taking care of my family too."

The amount of stress women has faced during this period, in order to balance their duties at work with those of their homes, is evident. Therefore, they have exceeded their working hours and put more pressure on themselves, which has caused enormous amounts of stress.

Economic Factors

Financial loss has been shown to be strongly linked to psychological distress and is a risk factor for mental health disorders with long-term consequences. Business interruption or bankruptcy, unpaid bills, stress from losing a job, poverty, inability to provide care for a family, and food insecurity are only a few instances of the incredibly unpleasant financial consequences of this pandemic (Bhuiyan et al., 2020; Dsouza et al., 2020; Mamun and Ullah, 2020). Indeed, a lack of necessities such as water, food, clothing, and shelter appears to be a particularly damaging source of irritation, anxiety, and rage (Brooks et al., 2020).

COVID-19 has affected the participants differently; some were not affected by the pandemic as they remained in their current jobs without any decrease in or cuts to their salaries. In fact, it even had a positive impact on their economic status for many, as they cut on many costs such as travelling, shopping, etc. which allowed them to save during that time. Participant 7 mentioned how they saved during that time because they did not travel, but at the same time it caused some stress as they could not meet with their families. "We travelled less so we could save a lot of money, but this wasn't good as we travelled to see family and they are away from us." Participant 9 also agreed on the positive impact of COVID-19 on their economic status, as she mentioned that she stopped shopping as often as she used to. They have also limited their visit to shops to avoid any risk of being in contact with anyone who is infected with the virus.





25-27 February 2022

Rotterdam, The Netherlands

On the other hand, Participant 10 mentioned how their life was affected negatively by the situation, "My husband owned a travel agency, so he had to close his agency for almost a year as travelling was banned. This has caused a lot of financial stress on us as we were only depending on salary." Participant 2 also highlighted that even though shops were closed, they still ended up buying more than usual including all the disinfectants, masks, and sanitizers.

3.3 Quantitative instrument

Based on the findings of the first phase of the qualitative dana analysis, pool of items had been created from participants' responses and grouped under the contracts based on the highest frequency as mentioned in table 1. The initial draft of the instrument composed of these constructs including psychological aspect, personal, and economic aspect. Each construct composed of 10 items. The questionnaire consisted of two sections: the first section consisted of demographic information about the participants such as their academic level and their position, while the second section consisted of their economic and psychological aspects. The types of the times were variant from five-point Likert scale items consisting of responses "strongly agree," "agree," "neutral," "disagree," and "strongly disagree" to answering "Yes" and "No" as well as ordering the responses. The questionnaire reliability coefficient was calculated using Alpha Cronbach and it was 0.71, which is suitable for scientific research purposes.

3.4 Data collection procedures

Development of the quantitative instrument

149 women were surveyed e on how their personal and household finances were affected by the COVID-19 pandemic as well as their psychological and mental health. They were asked about their income, payment of bills, borrowing, debt, savings, and ability to pay for other essentials such as food, work-life balance, mental health and stress. This questionnaire took place between 14-28 August 2021, using Zoom online panel.

Data analysis procedures

IBM SPSS 20 Statistical Program Package had been used to perform the methodological calculations.

Means, standard deviations, percentages were used to rate the impact of economic and psychological factors on women work. Frequencies and percentages were used to estimate the impact of personal factor on women work. Chi square test was used to examine the relations between demographic variables and some items of economic and psychological factors.

By using content analysis, this study revealed positive and negative impacts on working women. Women tend to spend more time with family, flexible working hours, vocational learning, and focus on health. On the other hand, women had an increase in workload, monotonous routine, stress, and a bleak future.

Population of the study

The population of the quantitative part consisted of working women in different organizations in Palestine. The total number of participants of the current study is 149. Tables 1, 2, and 3 show the sample distribution based on their location, position, and academic level.





25-27 February 2022

Rotterdam, The Netherlands

The questionnaire was designed in Microsoft Forms and distributed online to all participants. To recruit the participants, invitations were sent to the audience of the study through posting on social media and using the snowball technique to collect data

Sample of the study:

The sample of the study, consisting of 149 worker women, was chosen as a stratified random sample from the whole population according to three variables: academic level, experience, and social status.

4 RESULTS

4.1 Distribution of Samples

Tables 1-3 below indicate the sample distribution in accordance with the three variables, SPSS function, means, frequencies, and percentages were used to analyze the data.

Table 1 below indicates the distribution of the sample according to their academic level: BA, MA, and PhD. From the results below, half of the participants have a BA degree, 30% have an MA degree, and only 19% have a PhD degree. This factor is important when analyzing the economic factor to compare between the academic level and economic difficulties.

Table 1: Distribution of sample according to academic level

Academic level	Frequency	Percentage
B.A	76	51.0
M.A	45	30.2
Ph.D.	28	18.8
Total	149	100.0

Table 2, below, shows the distribution of the sample according to experience. Most women who participated in the survey had 6-12 years' experience with a percentage of 29, followed by 24% for both 13-19 and over 20 years, and finally 22% for less than 5 years. The work experience factor highlights the psychological impact, as most of the participants have more than 13 years' experience. This indicates that most of their work life has been in an office environment and thus can impact their ability to transfer into home-based offices, as well as be a potential explanation for any technological challenges.

Table 2: Distribution of sample according to experience

Experience	Frequency	Percentage
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25-27 February 2022

Rotterdam, The Netherlands

5 years or less	33	22.1
6-12 years	43	28.9
13-19 years	37	24.8
20 years or more	36	24.2
Total	149	100.0

As is indicated in table 3 below, most of the participants are married (72%), which will be connected to the psychological and personal impacts as they will have responsibilities in both their homes and in their jobs, meaning most of them lack the work-life balance.

Table 3: Distribution of sample according to social status

Social status	Frequency	Percentage
Single	41	27.5
Married	108	72.5
Total	149	100.0

4.2 The Economic, Psychological, and Personal Impacts

(Q1): The impact of COVID-19 on working women in regard to the economic factor.

As is shown in table 4 below, COVID-19 has had a moderate impact on working women in regard to the economic factor. The economic situation of women has been negatively impacted by COVID-19, especially in terms of meeting their bills and credit commitments. It is noticeable that the average income has not been affected by COVID-19. However, the current financial situation has been impacted by a moderate to high degree during the pandemic. The reason could be the increase of expenses while working from home and the children studying from home, such as an increase in the electricity bills or consumption of food.

Item N	Mean	S.D	Percentage	Impact
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25-27 February 2022

Rotterdam, The Netherlands

How would you describe [your household's]/[your] current financial situation?	2.94	0.86	58.8	Moderate
How confident are you about [your household's]/ [your] financial situation in the next 3 months?	2.71	1.05	54.2	Moderate
By the end of the month, [my household]/ [I] will have some money left after having paid for food and other regular expenses.	2.66	1.12	53.2	Moderate
How well is/are [your household]/[you] meeting your bills and credit commitments at the moment?	2.77	0.76	69.25	High
How has [your total monthly net household income]/ [your total monthly net income] from all sources changed since the beginning of March?	1.54	0.86	38.5	Low

Table 4: Means, standards deviations, percentages, and estimations of economic impact

(Q2): The impact of COVID-19 on working women in regard to the psychological factor.

The second question shows that COVID-19 has a high impact on women in regard to the psychological factor. Women in different organizations were asked questions in regard to their mental ability, work-life balance, and support from the organization. It is notable that COVID-19 has had a great impact on the mental wellbeing of women, which can be associated with the pressure load from not having an adequate work-life balance or getting any support from their organization in order to conduct their daily job. As mentioned before, most women who participated in the survey are married, which could relate to the fact that they do not have good work-life balance.

Item	Mean	S. D	Percentage	Impact
How would you rate your mental wellbeing right now?	3.73	1.11	74.6	High
My organization supports me to balance my work and caring responsibilities effectively.	2.75	1.12	55.0	Moderate
Do you feel you have a good work-life balance?	2.95	1.08	59.0	Moderate

Table 5: Means, standards deviations, percentages, and estimations of psychological impact

(Q3): The impact of COVID-19 on working women in regard to the personal factor.

For the last part of the survey, yes or no questions were asked to determine some statistical relations between the different items. Firstly 44.3% said that they do not have a suitable space in which to work from home. At the same time, 55.7% answered no to the question regarding turning off work mode, which can be related to not having a separate space in which to work; it will be difficult for them to step away from work as they will feel the need to continue



25-27 February 2022

Rotterdam, The Netherlands

working. When people work from their office, it is easier to turn off work mode when you leave and go home.

As for question 3, 73.8% answered "Yes" to the question about sticking to a work routine. It is important to note that this survey was conducted between April and May 2021, meaning most women had adapted to a work routine – this is unlike most of the studies that were conducted in the first few months of COVID-19, where most employees were facing challenges with sticking to a routine at home. However, there are still some problems with stepping out of work to take short breaks, as 73.2% of women answered "No" to the question about regular breaks. In spite of this, 55.7% still do not feel as productive at home as they are at the office, which can be associated with different reasons: having no work-life balance, not having enough support from the organization when transitioning to working from home, and facing different challenges from technology or performing their daily tasks.

Finally, 80.5% of respondents answered "Yes" to returning to the office, which can be untestable as the chances of productivity and growth is limited when you work from home.

Item	Ye		N	0	
Hem	Freq.	%	Freq.	%	
Do you have a separate and suitable space in your home for work?	83	55.7	66	44.3	
Is it easy to "turn off work mode" at the end of the day?	63	42.3	88	55.7	
Have you been able to stick to a work routine or schedule?	110	73.8	39	26.2	
Do you take regular breaks?	40	26.8	109	73.2	
Do you feel as productive at home as you are at the office?	66	44.3	83	55.7	
There are different challenges to stop me from working.	73	49.0	76	51.0	
Do you look forward to returning to the office?	120	80.5	29	19.5	
Is there anyone on the team who has been especially helpful in your WFH transition?	80	53.7	69	46.3	
Do you feel connected enough to your teammates?	93	62.4	56	37.6	
Do you feel you have been able to learn and grow in the last few months?	104	69.8	45	30.2	

Table 6: Frequencies and percentages of personal impact

Hypothesis 1:

There is no statistical significant relation at $(\alpha \le 0.05)$ between academic level and mental wellbeing.

The researchers used Chi square test to examine hypothesis 1 as shown in table (7)

Table (7)

Chi square test to examine the relation between academic level and mental wellbeing

Mental wellbeing	1	2	3	4	5	D .F	Chi square	Sig
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25-27 February 2022

Rotterdam, The Netherlands

Academic level							value	
B.A	4	5	22	25	20			
M.A	2	3	9	16	15	8	5.49	0.7 03
Ph.D.	1	5	5	9	8		/	03

Table (7) indicates that there is no statistical significant relation at ($\alpha \le 0.05$) between academic level and mental wellbeing.

Hypothesis 2:

There is no statistical significant relation at $(\alpha \le 0.05)$ between the experience and the work-life balance.

The researchers used Chi square test to examine hypothesis 2 as shown in table (8)

Table (8)

Chi square test to examine the relation between the experience and the work-life balance

Work-life balance Experience	1	2	3	4	5	D.F	Chi square value	Sig.
5 years or less	8	9	10	5	1			
6-12 years	6	11	15	8	3			
13-19 years	4	9	16	6	2	12	5.535	0.938
20 years or more	5	9	11	7	4			

Table (8) indicates that there is no statistical significant relation at $(\alpha \le 0.05)$ between the experience and the work-life balance.

Hypothesis 3:

There is no statistical significant relation at $(\alpha \le 0.05)$ between social status and the current financial situation.

The researchers used Chi square test to examine hypothesis 3 as shown in table (9)

Table (9)

Chi square test to examine the relation between social status and the current financial situation

Current financial situation							Chi	
	1	2	3	4	5	D.F	square	Sig.
Social status							value	



25-27 February 2022

Rotterdam, The Netherlands

Single	7	12	12	4	6	4	11.182*	0.025
Married	19	29	36	22	2			

Table (9) indicates that there is statistical significant relation at $(\alpha \le 0.05)$ between social status and the current financial situation.

5 Conclusion

The COVID-19 pandemic, which began its spread as of late 2019 in China, has resulted in direct effects in everyday life across the world. Today, it has affected more than 112 million people with a death toll of 2.48 million around the world (Malik and Naeem, 2020). It has also impacted the global economy and affected over two billion workers. However, this pandemic had a different impact on men and women, including health, social, economic, and psychological implications. Pandemics and outbreaks have differential impacts on women and men. For example, UN Women reported that women are at greater risk of economic uncertainty as more than 65% are engaged in informal sectors (Haldevang, 2020). Therefore, there must be strategic planning for COVID-19 to ensure the protection of women and girls in decision-making and implementation (World Health Organization, 2020).

The researcher conducted survey research targeting working women in Palestine in order to examine the impact of COVID-19 on their economic, psychological, and personal factors. As is indicated from the research, women have been negatively affected.

For future studies, the relation between different variances (work experience, academic level, and social status) will be examined in relation to the three factors (psychological, economic, and personal).

6 References

- Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., and Pakpour, A. H. (2020). The Fear of COVID-19 Scale: development and initial validation. Int. J. Ment. Heal. Addict. 1–9. doi: 10.1007/s11469-020-00270-8 [Epub ahead of print]
- A.K.M.I. Bhuiyan, N. Sakib, A.H. Pakpour, M.D. Griffiths, M.A. MamunCOVID-19-related suicides in Bangladesh due to lockdown and economic factors: Case study evidence from media reports
- Alyami, M., Henning, M., Krägeloh, C. U., and Alyami, H. (2020). Psychometric evaluation of the Arabic version of the Fear of COVID-19 Scale. Int. J. Ment. Heal. Addict. 1–14. doi: 10.1007/s11469-020-00316-x [Epub ahead of print]
- A.K.M.I. Bhuiyan, N. Sakib, A.H. Pakpour, M.D. Griffiths, M.A. Mamun COVID-19-related suicides in Bangladesh due to lockdown and economic factors: Case study evidence from media reports.
- Brooks SK Dunn R Amlôt R Rubin GJ Greenberg N A systematic, thematic review of social and occupational factors associated with psychological outcomes in healthcare employees during an infectious disease outbreak.
- J Occup Environ Med. 2018; 60: 248-257





25-27 February 2022

Rotterdam, The Netherlands

- CARE Palestine Gender Rapid Assessment Report, March 2020; WCLAC Statement on the Occasion of Labor Day Demands Greater Prioritization of the Needs of Palestinian Working Women in the Governmental Economic Interventions and Responses to COVID-19, May 1st, 2020
- Draft resolution EB146/Conf/17 from the 146th session of the WHO Executive Board (Geneva, 3-8 February 2020) and recommended to the Seventy-third World Health Assembly for adoption. Strengthening preparedness for health emergencies; implementation of International Health Regulations (IHR, 2005). Geneva: World Health Organization; 2020 (https://apps.who.int/gb/ebwha/pdf_files/EB146/B146 _CONF17-en.pdf, accessed 28 April 2020).
- Emily Lim "COVID-19 BRIEF: Impact on Women and Girls", (2022).
- Thibaut F and van Wijngaarden-Cremers PJM (2020) Women's Mental Health in the Time of Covid-19 Pandemic. Front. Glob. Womens Health 1:588372. doi: 10.3389/fgwh.2020.588372
- Garrett B and Gangopadhyaya A, How the COVID-19 recession could affect health insurance coverage, May 4, 2020, https://www.rwjf.org/en/library/research/2020/05/ho
- Haldevang, D. M., 2020, Coronavirus is imperiling billions of informal workers-especially women. https://qz.com/1831326/coronavirus-imperils-billions-of-informal-workers-especially-women/
- International Labour Organization (ILO), "Women and men in the informal economy: a statistical picture (third editions)", 2018
- ISSP (2018), International Social Survey Programme: Work Orientation IV ISSP 2015, http://w.issp.org/menu-top/home/ (accessed on 25 March 2020).
- Jeremy Farrar and Geeta Rao Gupta, "Why we need women's leadership in the COVID-19 response", World Economic Forum, 3 April 2020, 13 WHO, "Shortage of personal protective equipment endangering health workers worldwide", News Release, 3 March 2020.
- Kaste A, Hartman T. Seven steps of Research Process. Writing and Authoring Tools. http://unmc. libguides.com. /writing University of Nebraska Medical Centre. Hazelbrigg. http://www.cvc.sunusb.edu/300/lectures/proposal.pdf
- OECD (2020), Who Cares? Attracting and Retaining Care Workers for the Elderly, OECD Health Policy Studies, OECD Publishing, Paris,
- Qualitative versus quantitative approaches (2008) http://www.drcath.net/toolkit/quantandqual.ppt Research Methodology: Part3 Research Design and Plan. http://www.scribd.com/doc/1016595/
- Restubog, S. L. D., Ocampo, A. C. G., and Wang, L. (2020). Taking control amidst the chaos: emotion regulation during the COVID-19 pandemic. J. Vocat. Behav. 119:103440. doi: 10.1016/j.jvb.2020.103440
- Sana Malik and Khansa Naeem, Impact of COVID-19 Pandemic on Women Health, livelihoods & domestic violence, 2020 https://www.iassw-aiets.org/wp-content/uploads/2021/01/Covid19-impact-on-women.pdf
- Scientific problem: Pre-Lab SelfGuideNC State University, 2004, www.ncsu.edu/labwrite



25-27 February 2022

Rotterdam, The Netherlands

Seema Yasmin, "The Ebola Rape Epidemic No One's Talking About", Foreign Policy, 2 February 2016, < https://foreignpolicy.com/2016/02/02/the-ebolarape-epidemic-west-africa-teenage-pregnancy/>.

Stars of Hope Society for the Empowerment of Women with Disabilities and Social and Economic Policies Monitor – Al Marsad (2020). Position Paper: The Official Response to the Economic and Social Conditions of Women and Girls with Disabilities.

UN Women, "COVID-19: Emerging gender data and why it matters", 26 June 2020.

United Nations Women, Concepts and definitions; 2017, http://www.un.org/womenwatch/osagi/conceptsandefinitions.htm