International Journal of Religion
2024
Volume: 5| Number 12 | pp. 1609 – 1623
ISSN: 2633-352X (Print) | ISSN: 2633-3538 (Online)
ijor.co.uk
DOI: https://doi.org/10.61707/3j4w4p66

Struggles And Expectations: A Qualitative Study on The Impact of Covid-19 On Female Healthcare Workers in Malaysia

Noor Melissa Nor Hadi[1], Lester Naces Udang[2], Wendy Diana Shoesmith[3], Eugene Boon Yau Koh[4], Vie Cheong Thong[5], Nicholas Tze Ping Pang[6] and Walton Wider[7]

Abstract

The article presents findings from a qualitative study that delves into the challenges faced by female healthcare workers in Malaysia amidst the COVID-19 pandemic. Through thematic analysis, key themes such as fear of infection, resource constraints, stress from various sources, and the impact of COVID-19 protocols and new norms emerged. These challenges are exacerbated by the multiple roles that women juggle, emphasizing the need for comprehensive policies to address their unique needs and ensure their well-being and productivity. Despite potential biases in data collection, the study offers valuable insights into the experiences of female healthcare workers during the pandemic. Understanding these challenges is crucial for providing support and interventions to prevent mental health issues. Implementing family-friendly policies, bolstering support systems, and fostering a culture of empathy can help alleviate the burdens faced by women in the healthcare workforce. Addressing work-related health issues not only benefits individual employees but also enhances productivity and economic growth. It is essential for policymakers, healthcare administrators, and organizational leaders to prioritize the well-being of female staff members and create inclusive workplaces that cater to their diverse needs. By taking proactive measures, we can build a more equitable and sustainable healthcare workforce that thrives even in challenging times like the COVID-19 pandemic.

Keywords: *COVID-19, Pandemic, Female, Healthcare, Work-Related-Stress*

INTRODUCTION

In developing countries, women generally work to contribute to the family financial needs (International Labor Organization, 2021). Women's participation in the labour force has risen from 46.8% (2010) to 68.8% (2021) (Department of Statistics Malaysia, 2021). Working women in general have other roles: mother, spouse, daughter, caregiver (Noor N.M., 1999; Abdullah K., 2008; Jalal N. 2020). Four main reasons were cited as persistent challenges for working women which are gender roles, work-family balance, lack of transport and lack of affordable care for children (ILO, 2021). During the pandemic, working women found themselves juggling with more responsibilities and demands at home and workplace, with varying support levels. In general, working women are still expected to maintain their sociocultural role even as they assume the modern-day role as a worker. Due to this, they faced certain unique struggles and stressors that are different from their male colleagues. These struggles were particularly exacerbated during the COVID-19 pandemic in Malaysia, where the inequality between male and female workers was illustrated starkly.

Malaysia reported their first COVID-19 case on 25 January 2020 and the pandemic period lasted till end 2021. During the said period, the pandemic had created a new situation referred as the "new norm" as it progressed, where restrictions and rulings were imposed nationwide. The Movement Control Order (MCO) in Malaysia, implemented in response to the COVID-19 pandemic, comprised several phases, with the second and third

[1] Lecturer, Faculty of Medicine and Health Sciences, University Putra Malaysia, Malaysia E-mail: noormelissa@upm.edu.my

[2] Lecturer, Faculty of Liberal Arts, Shinawatra University, Pathum Thani, Thailand… Educational Psychology, College of Education, University of the Philippines, Diliman, Philippines E-mail: lester.n@siu.ac.th

[3] Researcher, Derbyshire Healthcare, NHS Foundation Trust, United Kingdom E-mail: wshoesmith@hotmail.com

[4] Lecturer, Faculty of Medicine and Health Sciences, University Putra Malaysia, Malaysia E-mail: eugene@ums.edu.my

[5] Lecturer, Faculty of Medicine and Health Sciences, University Malaysia Sabah, Malaysia E-mail: thongvc@ums.edu.my

[6] Assc. Professor, Faculty of Medicine and Health Sciences, University Malaysia Sabah, Malaysia E-mail: nicholas@ums.edu.my

[7] Professor, Faculty of Business and Communications, INTI International University, Malaysia E-mail: walton.wider@newinti.edu.my

stages being particularly significant in the nation's containment efforts. With the implementation of the first MCO beginning on March 18 2020, there were various restrictions on social activities, restricted hours for supermarkets, only the head of the family (a male or a husband as socially assigned) were allowed to go out to procure necessities, new work-from-home policy that forced people to stay mostly at home, school and childcare centre closure resulting to online learning and parents forced to be the teacher at home, and imposed travel restrictions causing forceful partner separations and familial support cut-off.

MCO Phase 2, spanning from May 4, 2020, to June 9, 2020, introduced stricter measures to limit movement and curb economic activities compared to its predecessor. Interstate travel was prohibited, non-essential businesses remained shuttered, and face mask usage became mandatory in public spaces. These measures aimed to curtail the spread of the virus and prevent potential outbreaks across regions. However, they also posed economic challenges, with many businesses and individuals facing financial strains due to the prolonged restrictions.

The subsequent MCO Phase 3, lasting from June 10, 2020, to December 31, 2020, continued the stringent regulations, with targeted measures introduced to address localized outbreaks. Despite efforts to gradually reopen the economy and society, interstate travel restrictions and strict enforcement of standard operating procedures (SOPs) persisted to contain the virus's spread. These phases tested the population's resilience, highlighting the delicate balance between public health imperatives and socio-economic considerations. While necessary to control the pandemic, the prolonged restrictions brought about economic hardships and social disruptions, underscoring the importance of collective adherence to public health guidelines to navigate through the challenges posed by the pandemic.

Throughout these three stages of the MCO, the psychological effects on various population had gradually but progressively emerged. Healthcare providers was one such population. As the pandemic progressed, various changes were made and adapted into the health services to cope not just with the pandemic burden, but also with service continuation albeit with strict precaution. Some of them faced the pandemic heads on, otherwise referred as "frontliner", while others run the support service which are as much as essential to complement the other. However, they do not just face adjustment inside the workplace but also outside. As the stress and number of cases grow, burn out and mental health problems were happening among this group (Barello, Palamenghi, & Gra, 2020). The Mental Health and Psychosocial Support Service (MHPSS) was launched nationwide as an initiative to ensure the wellbeing of staffs under the Ministry of Health Malaysia. In Hospital Tuanku Fauziah (HTF), a hospital in the northern region of Malaysia, the MHPSS overseen by the Psychiatric and Mental Health department, played a pivotal role in providing support exclusively to hospital staff. This comprehensive service encompassed various modalities, including group sessions, online psychosocial support, follow-up phone calls for staff members with moderate to severe scores on the Depression, Anxiety, and Stress Score-21 (DASS-21), crisis intervention, and psychoeducation.

The group sessions not only offered a platform for staff to seek support but also served as a mechanism to address issues and unmet needs by channeling them to relevant authorities. The data from the online DASS-21 revealed that since its launch on the State Department's official website, a total of 4255 individuals responded, with a significant majority being female (2991) compared to male respondents (1387). Notably, approximately 70.3% of the responders were female, aligning with previous literature reports indicating a higher prevalence of mental health issues among women. Moreover, observations during group sessions and online consultations further confirmed the predominance of female attendees, highlighting the importance of targeted mental health interventions tailored to the specific needs of female healthcare workers.

The importance of targeted mental health interventions tailored to the specific needs of female healthcare workers cannot be overstated. Women in healthcare face unique challenges, including navigating multiple roles, societal expectations, and workplace stressors, all of which can impact their mental well-being. Addressing these challenges requires interventions that take into account the intersectionality of gender and profession, recognizing the nuanced experiences and needs of female healthcare workers. By providing specialized support services and resources, such as gender-sensitive counseling, stress management workshops, and childcare assistance, healthcare organizations can create a supportive environment that promotes the mental health and

resilience of female staff members. Additionally, fostering a culture of openness and destigmatizing mental health discussions can encourage help-seeking behaviors among female healthcare workers, ensuring they receive the support they need to thrive personally and professionally. Ultimately, investing in targeted mental health interventions for female healthcare workers not only enhances their well-being but also contributes to the overall resilience and effectiveness of the healthcare workforce. Hence it was felt that the qualitative method would be the most suitable to document

This study aimed to document through a qualitative approach on how the pandemic has impacted female healthcare workers in HTF, and explore various factors contributing to their stress, stratified by different stages of Movement Control Order (MCO). This allowed us to further understand challenges and unmet needs faced during the pandemic. The implications of these findings would be to potentially aid in improving support and facilities as part of supporting the staff wellbeing and mental health in preparation for future pandemics or similar disasters which had equivalent and unequal effects on female mental health.

METHODOLOGY

The study was conducted at Tuanku Fauziah Hospital (HTF) in Perlis, Malaysia, over a duration of six months spanning from November 2020 to April 2021. The aim of the research was to explore the challenges faced by female staff members during the COVID-19 pandemic across three distinct phases of the Movement Control Order (MCO) implemented in 2020. These phases were categorized as follows: MCO phase 1 (March 18, 2020, to August 31, 2020), MCO phase 2 (May 4, 2020, to June 9, 2020), and MCO phase 3 (June 10, 2020, to December 31, 2020). An anonymous qualitative data collection approach was adopted, utilizing an online form to gather responses from the participants. The data collection focused on capturing insights on three questions. Firstly, the question focused on issues causing stress within the workplace. Secondly, the data collection focused on issues outside of the workplace contributing to stress. Thirdly, the respondents were asked for suggestions for potential improvements.

Of the 69 potential participants approached, 63 provided consent and completed the survey, resulting in a response rate of 91.3%. Six participants, accounting for 8.7% of the total, declined to participate. The collected data underwent thematic analysis to identify recurring patterns, themes, and insights.

Thematic analysis involved several iterative steps. Initially, the responses were transcribed and anonymized to ensure confidentiality. Then, the data was systematically coded, with each response being assigned relevant codes corresponding to specific themes or topics. These codes were developed through careful reading and interpretation of the data, allowing for the identification of commonalities and differences across responses.

Following coding, similar codes were grouped together to form broader themes or categories. This process involved comparing and contrasting codes, refining categories, and ensuring that all relevant aspects of the data were adequately represented. Through this iterative process, key themes emerged, reflecting the various challenges faced by female staff during different phases of the MCO.

Finally, the identified themes were interpreted and analyzed in relation to the research objectives. This involved examining the relationships between different themes, exploring underlying factors contributing to stress, and considering potential implications for workplace policies and practices. Overall, the thematic analysis provided valuable insights into the experiences of female staff members during the COVID-19 pandemic, highlighting areas for intervention and support.

RESULTS

Table 1. Sociodemographic findings.

Variables	N = 63 (%)
Age	
25 – 30	13 (20.6)
31 – 35	18 (28.6)
36 – 40	11 (17.5)
41 – 45	12 (19.0)
46 – 50	6 (9.5)
51 – 55	3 (4.8)
Race	
Malay	57 (90.5)
Chinese	4 (6.3)
Indian	2 (3.2)
Marital status	
Single	6 (9.5)
Married	55 (87.3)
Divorced	2 (3.2)
Number of children	
0	14 (22.2)
1	8 (12.7)
2	13 (20.6)
3	16 (25.4)
4	7 (11.1)
5	5 (7.9)
Origin (state)	
Perlis	26 (41.3)
Kedah	17 (27.0)
Perak	5 (7.9)
Johor	4 (6.3)
Kelantan	4 (6.3)
Pahang	3 (4.8)
Pulau Pinang	2 (3.2)
Melaka	1 (1.6)
W.P. Kuala Lumpur	1 (1.6)
Occupation	
Nurses	35 (55.6)
Doctors	13 20.6)
Administrative staff	7 (11.1)
Support staff	4 (6.3)
Assistant medical officer	4 6.3)
Department	
O&G	17 (27.0)
Internal Medicine	8 (12.7)
Anaesthesiology	5 (7.9)
Radiology	5 (7.9)
Paediatric	4 (6.3)
Pharmacy	3 (4.8)
Administration	3 (4.8)
Pathology	3 (4.8)
Infectious Control Unit	2 (3.2)
Psychiatry	2 (3.2)
Wound Care Unit	2 (3.2)
Emergency & Trauma	2 (3.2)
Surgery	2 (3.2)
Dermatology	1 (1.6)
Clinical Research Centre	1 (1.6)
Wound clinic	1 (1.6)
Customer Service	1 (1.6)
Occupational Safety & Hazard Administration	1 (1.6)

Factors cited as causing the stress at workplace.

Throughout the three phases of the Movement Control Order (MCO), three distinct factors contributing to workplace stress among female staff members at Tuanku Fauziah Hospital (HTF) in Perlis, Malaysia, emerged: lack of resources, fear of infection, and stress from others. During MCO phase 1, significant stressors included a lack of essential resources such as personal protective equipment (PPE), staff shortages, and difficulties arising from inadequate information for work processes. Staff members faced fears of infection, both in terms of contracting the virus themselves and transmitting it to others. Additionally, stressors related to administrative decisions and interactions with superiors contributed to workplace tension.

These stressors persisted into MCO phase 2, with the added challenge of staff mobilization to COVID-19 teams exacerbating existing shortages of personnel and equipment. Superiors' imposition of regulations and administrative decisions continued to generate stress among staff members, compounded by communication problems and difficulties in enforcing standard operating procedures (SOP) on others. The complexity of COVID-related procedures and disruptions to daily routines further intensified stress during this phase.

In MCO phase 3, concerns regarding administrative decisions and communication issues persisted, with staff members feeling neglected in terms of welfare and experiencing one-sided communication regarding SOP and workflow. Enforcement of SOPs on others remained a source of stress, alongside challenges related to childcare responsibilities and difficulties in accessing adequate rest. Additionally, the imposition of travel SOP restrictions posed obstacles for staff commuting to work from different states, exacerbating stress levels. Despite variations in specific stressors across the three phases, common themes such as resource shortages, fear of infection, and administrative challenges persisted, underscoring the ongoing impact of the pandemic on female staff members' well-being at HTF.

Table 2. Factors cited as causing the stress at workplace according to MCO period.

Themes	MCO 1	MCO 2	MCO 3
Lack of resources	• Lack of **PPE** • **Staff** shortage • Lack of **information** causing difficulty in work	• **Staff** shortage**:** Staff mobilisation to Covid-19 team • **Equipment:** High admission and ward transfer requests but **limited screening beds** available to process the receival	• **Staff** shortage: Staff mobilisation to Covid-19 team • Shortage of basic **equipment** • Returning home late due to high workload
Fear of infection	• Getting infected • Infecting others	• Getting infected • Public as carrier	• Worried of getting infected by patients
Stress from others	• **Administrative:** blanket rules on frozen leave and not allowed to work from home (non-clinical / not related to Covid-19 directly) • **Superiors:** Feeling not listened / taken care, giving seemingly redundant orders • **Other's** stress / anxiety causing own's stress • **Other staffs** (same / other unit) pertaining to work	• **Administrative:** blanket rules on frozen leave and not allowed to work from home (non-clinical / not related to Covid-19 directly), giving orders without being in the field • **Superiors:** for imposing certain regulations pertaining to training during Covid-19 • **Other's** stress / anxiety causing own stress • Enforcing the SOP **on others**	• **Administrative**: blanket rules on frozen leave and not allowed to work from home (non-clinical / not related to Covid-19 directly) • **Superiors**: felt they are neglecting staffs' welfare • **Communication problem** with admin, colleague and HOD (one-sided communication) pertaining to SOP and workflow • Enforcing the SOP **on others**

Covid-19 SOP and new norm	• Roadblocks causing traffic jam • Unable to attend courses outside the state – stunted career development • Needing to wear PPE. • Complexity of Covid-related procedure	• Roadblock causing traffic jam • Unable to attend courses outside the state – stunted career development • Changes of daily routine	• Changes of daily routine • New procedure: temperature scan and recording (forgot) • Travel SOP restrictions causing difficulty to travel to work for interstate
Multiple roles responsibilities	• **Childcare** (worry on leaving children at home) • Worry about **children's ODL**	• **Childcare** (worry on leaving children at home) • Worry about **children's ODL** • **Pregnancy**	• **Childcare** (worry on leaving children at home) • **Unable to rest**
Others	• Change of workplace		• Looking for parking space • Birth / delivery

Factors cited as causing the stress outside workplace.

In this stage, three themes emerged: fear of infection; Covid-19 infection and new norm; and multiple roles and responsibilities. Fear of infection was a prominent theme among female staff members at Tuanku Fauziah Hospital (HTF) in Perlis, Malaysia, throughout the three phases of the Movement Control Order (MCO). During MCO phase 1, these fear of infection concerns largely centered around the risk of contracting COVID-19 themselves and the potential to inadvertently transmit the virus to others, including colleagues and family members. This fear was compounded by uncertainties surrounding the effectiveness of safety measures and personal protective equipment (PPE). Moreover, worries arose from family members not adhering to standard operating procedures (SOP), potentially exposing them to the virus and further heightening anxiety levels.

In MCO phase 2, these fears persisted, with staff members expressing apprehension about becoming infected amidst rising case numbers and evolving public health guidelines. Concerns extended beyond immediate family members to include public adherence to SOP, particularly as outsiders visiting Perlis were perceived as potential carriers of the virus. The aftermath of political events, such as elections, also contributed to increased anxiety among staff members due to spikes in COVID-19 cases observed following such gatherings.

In MCO phase 3, the fear of infection remained a significant source of stress, with staff members expressing continued apprehension about their own health and the well-being of their loved ones. Worries persisted regarding potential lapses in adherence to SOP by family members and the general public, highlighting ongoing concerns about transmission risks within the community. Overall, fear of infection emerged as a consistent and deeply felt stressor throughout the different phases of the MCO, reflecting the pervasive impact of the pandemic on the mental and emotional well-being of female staff members at HTF.

Focusing on the second theme, the qualitative theme of COVID-19 standard operating procedures (SOP) and adjusting to the new norm reflects the profound impact of pandemic-related restrictions on individuals' daily lives and routines. Participants expressed challenges in adapting to the stringent measures imposed to contain the spread of the virus, such as limited movement between work and home, restrictions on social activities, and disruptions in accessing essential services like dental care. Moreover, the separation from family members, especially during festive seasons or due to interstate travel restrictions, highlighted the emotional toll of these measures. Additionally, roadblocks and limitations on the number of individuals allowed to go shopping or travel in a car further added to the logistical difficulties faced by participants. Overall, these experiences underscore the need for ongoing support and flexibility in navigating the evolving COVID-19 landscape, as individuals continue to grapple with the repercussions of the new norm on their daily lives and well-being.

Looking towards the third theme, the challenges related to multiple roles and responsibilities faced by women, are multifaceted and demanding. Balancing responsibilities both at home and in the workplace poses significant stressors, compounded by the additional pressures brought about by the COVID-19 pandemic. In addition to fulfilling professional obligations, participants had to navigate responsibilities such as monitoring children's

online distance learning (ODL), managing household chores and childcare, and ensuring the well-being of family members, especially amidst illness or other emergencies. The shift towards remote work for some spouses further exacerbates the burden, as individuals find themselves managing household tasks and childcare alone without the support of their partners. Concerns about children's education, illness in the family, and the inability to take leave to address other responsibilities further contribute to the complexity of managing multiple roles effectively.

Table 3. Factors cited as causing the stress outside of workplace according to MCO period.

Themes	MCO 1	MCO 2	MCO 3
Fear of infection	• Being infected • Infecting others • Family members not adhering to SOP	• Being infected	• Infecting others • Family members not adhering to SOP • Public not adhering to SOP • Outsiders bringing in Covid-19 when visiting Perlis • Increased case numbers after election
Covid-19 SOP and new norm	• **Family separation** (spouse / children / parents • Adjusting to **new norm** • **Limited movement** eg work-home, buying groceries • **Limited social activities** (eg exercise) • **Roadblocks**: traffic jam, being stopped at roadblock when fetching children at kindy / nursery • **Difficulty to get groceries** due to limit on number of person allowed to go shopping • **Limitation on number of person per car** (couple unable to travel together despite same workplace) • **School / nursery closed**	• **Family separation** (spouse / children / parents) especially during festive season • Adjusting to **new norm** • **Limited movement** eg work-home, buying groceries • **Limited social activities** • Unable to get dental care	• **Family separation** (spouse / children / parents) due to limited interstate border travel especially to Red zone states • Adjusting to **new norm**
Multiple roles responsibilities	• **Workload both at home and workplace** • Monitoring **children's ODL** • **Preparing food for family** before leaving for work • **Children's boredom** • **Illness in family** (husband, child)	• **Workload both at home and workplace** • Monitoring **children's ODL** • **Managing household chores / childcare alone** without husband's help (husband WFH) • Worried of **children's welfare** at home • **Handling shopping** for household items	• **Managing household chores / childcare alone** without husband's help (husband WFH) • **Children's education** lagging behind • **Unable to take leave** to settle other responsibilities • **Illness in family** (husband, child)
Others		• Partner's job lost • Postponed engagement	

Suggestions by respondents.

Respondents provided valuable suggestions aimed at addressing various challenges encountered during the different phases of the Movement Control Order (MCO) at Tuanku Fauziah Hospital (HTF) in Perlis, Malaysia. Regarding the lack of resources during MCO phase 1, respondents emphasized the need to ensure an adequate supply of equipment and personal protective equipment (PPE) to safeguard staff members' health and safety. They also highlighted the importance of increasing staffing numbers and reducing unnecessary admissions to alleviate workload pressures.

Concerning fear of infection, suggestions centered on implementing stricter measures to limit the influx of patients from outside Perlis and enforcing stringent standard operating procedures (SOP) within the hospital

premises. Respondents emphasized the importance of clearer guidelines for handling patients and advocated for authorities to conduct frequent checks on public adherence to SOP outside the hospital setting. Additionally, suggestions were made to screen admissions rigorously and implement work rotations for non-clinical staff to minimize exposure risks.

To address stress stemming from interactions with others, respondents proposed administrative measures such as allowing flexible work-from-home arrangements, facilitating post-call leave, and promoting open communication channels between management and staff. They also recommended implementing programs to boost staff morale and show appreciation for their efforts, with a particular emphasis on supporting junior doctors' career development.

In terms of adapting to COVID-19 SOP and the new norm, respondents suggested refining existing SOPs for temperature checks and recording procedures to enhance efficiency and effectiveness. They also proposed allowing certain activities and exercises under stringent SOP guidelines and permitting staff members to return to their hometowns under strict regulations.

Regarding multiple role responsibilities, respondents advocated for measures to support staff members with young children, including allowing transfers back to their hometowns and providing alternatives for online distance learning (ODL).

Finally, respondents suggested practical improvements such as increasing parking space for special populations such as pregnant women, elderly individuals, and persons with disabilities (OKU), as well as for staff members, to ease logistical challenges and enhance accessibility within the hospital premises. Overall, these suggestions reflect a proactive approach to addressing the complex challenges faced by female staff members during the COVID-19 pandemic, aiming to enhance workplace safety, support staff well-being, and improve overall operational efficiency at HTF.

Table 4: Respondents' suggestions and recommendations.

Themes	MCO 1	MCO 2	MCO 3
Lack of resources	• Provide enough equipment and PPE supply • Increase staffing numbers • Reduce unnecessary admissions	• Increase staffing numbers	• Provide enough equipment • Increase staffing numbers • Covid-19 allowance to be a regular allowance
Fear of infection	• Limit patient from outside Perlis • Strict SOP • Clearer guideline in handling patient • Authority to conduct frequent checks on public SOP adherence	• Limit patient from outside Perlis	• Limit patient from outside Perlis • Stringent screening for admissions • Non-clinical staffs to allow work rotation to reduce infection exposure
Stress from others	• Admin: Allow taking turns for WFH; allow taking leave by turn; allow post-call off / flexi hours; to review conditions in the field directly, open communication with staffs • Programs to lift the staffs' mood • HO posting assessment to remain the same as pre-covid-19	• Admin: Allow taking turns for WFH; allow post-call off; be more attentive to staff's welfare • Superiors: show appreciation to staffs • Show more compassion to each other	• Admin: to be more emphatic to staffs in the field; be more attentive to staff's welfare; open communication • Superiors: show appreciation to staffs • Motivate staffs • Support group • Be considerate of young Dr's career development
Covid-19 SOP / new norm	• Allow exercise and activities under stringent SOP • Allow to return to hometown under strict regulation		• Prepare better SOP for temperature check and recording

Multiple roles responsibilities	• Allow staffs with young children to transfer back to their hometown	• Allow staffs with young children to transfer back to their hometown	• Allow staffs with young children to transfer back to their hometown • Alternative for ODL
Others			• More parking space for special population (pregnant, OKU, elderly) • More parking space for staffs

DISCUSSION

The themes identified in the thematic analysis are intricately interconnected and collectively contribute to the challenges faced by female staff members during the COVID-19 pandemic. The fear of infection, a prominent theme, is closely tied to the frustrations regarding certain policies affecting workers' welfare (Shih et al, 2007). Female healthcare workers experience anxiety and stress not only about their own health but also about the risk of transmitting the virus to their families or those under their care. This fear is compounded by the adjustments and difficulties in daily life brought about by the pandemic situation and standard operating procedures (SOP), which affect their ability to fulfill their multiple roles as workers, mothers, wives, and caregivers (Nordin et al, 2022).

Moreover, changes in workflow and workload, another significant theme, exacerbate the challenges associated with having multiple roles and responsibilities. The adjustments in work environments due to COVID-19 restrictions directly impact the daily lives of female staff members, requiring them to adapt and manage their time and responsibilities effectively (Mattila et al, 2021). This can lead to increased stress and feelings of overwhelm, particularly when balancing professional duties with familial and caregiving obligations. A systemic review of 47 studies in 2021 found that staff/resource adequacy, workload and job roles are a major factor of stress and burnout among female healthcare workers (Sriharan et al, 2021). The burden of multiple roles and responsibilities has been a recurring theme throughout the analysis. Female staff members often find themselves torn between professional obligations and family responsibilities, leading to increased stress and burnout (Lee et al, 2022). The pandemic has further magnified these difficulties, as women are now tasked with navigating additional challenges such as homeschooling, caregiving for sick family members, and managing household responsibilities amidst workplace demands.

Overall, the thematic analysis underscores the complex and intertwined nature of the challenges faced by female healthcare workers during the COVID-19 pandemic. By recognizing the interplay between fear of infection, changes in workflow and workload, and the impact on multiple roles and responsibilities, healthcare organizations and policymakers can develop targeted interventions to support the well-being and resilience of female staff members amidst these unprecedented circumstances. This may involve implementing flexible policies, providing mental health support services, and fostering a supportive work environment that acknowledges and addresses the diverse needs of female healthcare workers (Greenberg et al, 2020).

This qualitative project also highlights existing inequalities experienced by females in the national healthcare workforce. Hence, the COVID-19 pandemic did not independently create, but rather, exacerbated existing challenges. National policies may not adequately account for the unique needs of women who juggle multiple roles as workers, mothers, spouses, and caregivers, especially during times of crisis. This was evident during the COVID-19 pandemic where we could see those blanket rules on frozen leave and limited opportunities for remote work precipitated increased stress levels among female workers.

This underscores the persistent sociocultural gender role expectations for female workers, highlighting the need for efforts to empower women to balance their roles and needs more effectively. Abdullah (2008) and Jalal (2020) indicated that these expectations remained ingrained, often leading to challenges in managing multiple responsibilities. Empowerment initiatives have been shown to positively impact mental health, as noted by Shooshtari et al. (2018), suggesting the importance of fostering assertiveness and empowerment among female workers. Lack of support and organizational factors can exacerbate mental health problems such as stress and

burnout among workers, as highlighted by Ruotsalainen et al. (2015), emphasizing the need for holistic and family-friendly policies in the workplace. Ismail (2008) and Jalal (2020) further emphasized the benefits of such policies in maintaining or improving female workers' well-being, satisfaction, career development, and productivity. Reinforcing family-friendly policies aligns with Malaysia's economic development plans and promotes gender-balanced approaches to family responsibilities. Additionally, implementing such policies can bring awareness to the ongoing struggles faced by working women and facilitate the expression of concerns and suggestions through anonymous online forms, as observed in the study. Although direct mental health and psychosocial support (MHPSS) channels like hotlines and text messages didn't yield responses, the focus on addressing complaints, issues, and suggestions through appropriate channels ensures that relevant information is relayed to hospital administrators for action.

This confluence of unsupportive policies, multiple roles, and increased stress levels has created a challenging environment for female healthcare workers. Without adequate support and resources, women may face heightened mental health risks, including anxiety, depression, and burnout (Huang et al, 2024). Addressing these issues requires a holistic approach that considers the intersecting factors impacting female staff members' well-being, including sociocultural expectations, organizational policies, and individual circumstances.

A critical component of supporting female staff members involves revising existing policies to better cater to their needs. This may include offering flexible work arrangements like telecommuting options or adjusted schedules to help women balance their professional and personal obligations more seamlessly. Moreover, providing mental health support services, such as counselling, stress management workshops, or resilience training, can aid female staff members in managing the heightened stress and anxiety stemming from the pandemic and other stressors (Ke et al, 2024).

Team leaders play a pivotal role in cultivating a healthy and safe working environment for female staff members. By actively promoting a culture of empathy, support, and psychological safety, team leaders can help mitigate stress and burnout among their team members. It is imperative for leaders to distribute workforce resources thoughtfully, taking into account each nurse's individual needs, competencies, and personal circumstances to ensure fairness and equity (Gao et al, 2020).

Additionally, facilitating adequate rest periods and creating opportunities for healthcare workers to unwind and decompress can significantly enhance their mental well-being during challenging times (Marzo et al. 2022). Regular debriefing sessions and peer support groups can provide employees with a platform to express their emotions, share experiences, and receive mutual support, fostering a sense of solidarity and camaraderie among colleagues. Limiting frequent changes in the work environment can also help alleviate mental distress, providing staff members with a sense of stability and familiarity in their professional surroundings (Roycroft et al, 2020). This comprehensive approach not only benefits female staff members but also contributes to the overall well-being and effectiveness of the healthcare workforce, ultimately leading to improved patient care outcomes and organizational performance.

Flexible working styles are increasing in trend during the pandemic period, giving the freedom to employees of choosing the preferred work time and location (Muto & Nakata, 2022; Shiri et al, 2022). The need for flexible work arrangements, such as post-call off, flexi hours, taking leave, or working from home (WFH), emerges as a crucial consideration in alleviating the burden on female staff members (Kossek & Michel, 2011). These measures can provide much-needed rest and allow them to catch up with other responsibilities at home, addressing concerns about workload and burnout. A cross-sectional study in Hospital Miri, Sarawak by Poh et al looking into the effects of implementation of Flexible Work Arrangements (FWA) and its benefits, found a gross positive feedback from 339 healthcare personnels, suggestive of FWA being the more preferred and feasible work arrangement during the COVID-19 pandemic (Poh et al, 2022). However, some may face additional challenges due to the loss of support systems, separation from family members, or new responsibilities such as managing children's education and online distance learning (ODL) activities.

In response to the unprecedented challenges posed by the COVID-19 pandemic, several countries have implemented policies to support healthcare workers in balancing their work-life obligations. In the United States, the The Department of Labor's (Department) Wage and Hour Division (WHD) administered Families

First Coronavirus Response Act (FFCRA) mandated certain employers to provide paid sick leave to employees, including healthcare workers affected by COVID-19. This initiative aimed to alleviate concerns about income loss and enable healthcare workers to take time off when sick or to care for family members.

In the United Kingdom, the National Health Service (NHS) prioritized mental health support for healthcare workers. Counselling services and mental health resources were made available to assist healthcare professionals in coping with heightened stress, anxiety, and emotional strain associated with their frontline duties during the pandemic. Additionally, childcare support initiatives were implemented in some healthcare settings to aid workers in balancing their employment commitments with childcare responsibilities, particularly in the face of school closures and other pandemic-related challenges (Yu et al, 2022).

Similarly, in Australia, the government encouraged healthcare employers to provide workplace flexibility options for their employees. These included remote work arrangements, flexible working hours, and job-sharing opportunities to help healthcare workers better navigate their work schedules alongside personal obligations during the pandemic (WGEA database, 2021). Furthermore, wellness programs tailored to support the physical and mental well-being of healthcare workers were introduced by some healthcare organizations in Australia (Australian Government National Health Plan, 2019). These initiatives encompassed mental health resources, stress management workshops, and mindfulness sessions, all aimed at assisting healthcare workers in navigating the complexities of the pandemic while prioritizing their overall well-being.

Several Asian countries have implemented policies and initiatives to support healthcare workers in balancing their work-life obligations. In Japan, some organizations in Japan have offered employee assistance programs (EAPs) to provide mental health support and counselling services to help healthcare workers cope with the stress and emotional challenges brought about by the pandemic (Muto et al, 2012). South Korea has taken steps to support healthcare workers by providing subsidies for childcare services, making it easier for them to access affordable childcare options while working long hours and irregular shifts during the crisis (Yu et al, 2021). Furthermore, for healthcare workers dispatched to a COVID-19 hospital, their housing expenses and welfare are covered by the South Korean government and some non-governmental organization (Kim et al, 2020).

These examples highlight the diverse range of supportive measures implemented across Asian countries to address the work-life balance of healthcare workers during the COVID-19 pandemic. Prioritizing the well-being of healthcare professionals is crucial in reducing burnout, enhancing mental health, and promoting overall work-life balance during these challenging times.

Compared with other countries, healthcare workers in Malaysia have demonstrated remarkable resilience and dedication in coping with the challenges posed by the COVID-19 pandemic (Hashim et al, 2021). The surge in cases has led to long hours and increased workloads for these frontline workers, who have responded by putting in extra effort to provide care for patients and support their colleagues. This commitment to their roles highlights the critical role healthcare workers play in managing the pandemic and ensuring the well-being of the community.

To address the mental health impact of working on the frontline, Malaysian healthcare institutions have implemented support services for healthcare workers. The mental health and psychosocial support unit (MHPSS) usually lead by psychiatrist or psychologist would monitor the mental wellbeing of all healthcare personnel, identifying those affected and provide mental health services to those in need. These services include counseling, helplines, and peer support groups aimed at helping healthcare workers manage stress, anxiety, and burnout. By prioritizing the mental well-being of healthcare professionals, institutions are recognizing the importance of addressing the holistic needs of their workforce during these challenging times (Malaysian MOH MHPSS Guideline, 2020).

The outpouring of community support has also played a significant role in boosting the morale of healthcare workers in Malaysia. Messages of gratitude, donations of personal protective equipment, and gestures of solidarity from the community have served as a reminder of the value and impact of their work in combating the pandemic. This support has fostered a sense of unity and appreciation among healthcare workers,

reinforcing their commitment to serving the needs of their patients and communities (Aziz et al, 2020; Shah et al, 2020)

Furthermore, teamwork and collaboration have been pivotal in enabling healthcare workers to effectively navigate the challenges of the pandemic. By coming together as a cohesive team, healthcare professionals have been able to provide mutual support, communicate effectively, and assist one another in delivering quality care. This collaborative approach has fostered a sense of unity and camaraderie among healthcare workers, emphasizing the importance of collective effort in overcoming the obstacles presented by the pandemic (Gao et al, 2020; Roycroft et al, 2020).

The resilience, dedication, and adaptability demonstrated by healthcare workers in Malaysia highlight their unwavering commitment to providing quality care and support during the COVID-19 pandemic. Through a combination of self-care practices, peer support networks, resilience training, celebrating small victories, access to resources, and flexible scheduling, female healthcare workers may cope effectively with the demands of their career and family roles. It is essential for healthcare institutions and communities to continue supporting and recognizing the efforts of these female healthcare workers as they navigate the diverse challenges of the pandemic.

Limitation

The interpretation of the data collected from the study should be approached with caution due to several potential limitations inherent in the research methodology, particularly within the context of Malaysia. Firstly, recall bias may have influenced participants' responses, as they may have difficulty accurately recalling past experiences or details, particularly amidst the stress and uncertainties of the COVID-19 pandemic. This bias could skew the data and lead to inaccuracies in the reported issues and suggestions.

Secondly, interpretation bias could have affected the analysis of the qualitative data, as researchers may have inadvertently imposed their own biases or preconceptions when coding and categorizing the responses. This bias may be influenced by cultural norms and values prevalent in Malaysia, potentially shaping the researchers' understanding of the data.

Thirdly, incomplete entry of data could have occurred due to technical issues or participant oversight, resulting in missing or incomplete responses that may impact the comprehensiveness of the findings. This limitation could be exacerbated by disparities in internet access or digital literacy levels among participants, particularly in less urbanized or marginalized communities within Malaysia.

Additionally, the loss of context is a significant concern, particularly in qualitative research conducted online. Without face-to-face interactions, nuances in participants' responses, body language, and tone may be lost, hindering a comprehensive understanding of their experiences and perspectives. This limitation is especially pertinent in a culturally diverse country like Malaysia, where subtle cultural cues and contextual factors may significantly influence communication.

Moreover, vague responses provided by participants could pose challenges in accurately interpreting and analyzing the data, potentially leading to misinterpretations or incomplete understanding of the issues at hand. This ambiguity may be exacerbated by language barriers or differences in communication styles among participants from diverse linguistic and cultural backgrounds in Malaysia.

To address these limitations and enhance the robustness of the findings, a follow-up study with a larger sample size and greater variation in participants could be conducted. In-depth interviews may provide richer insights into the experiences and perspectives of female staff members, allowing for a deeper exploration of the issues identified in the initial study. Furthermore, incorporating quantitative methods alongside qualitative approaches could offer a more comprehensive understanding of the prevalence and significance of the identified themes and factors, thereby addressing some of the limitations associated with qualitative data collection and analysis.

CONCLUSION

In conclusion, the study highlights the multifaceted challenges faced by female staff members in the healthcare sector, particularly amidst the COVID-19 pandemic and within the sociocultural context of Malaysia. Through thematic analysis, several key themes emerged, including fear of infection, lack of resources, stress from others, and the impact of COVID-19 standard operating procedures (SOP) and new norms. These challenges are compounded by women's multiple roles as workers, mothers, spouses, daughters, and caregivers, underscoring the need for a holistic approach in policy-making to address their unique needs and ensure their overall well-being and productivity.

Despite the limitations inherent in the data collection process, including potential recall bias, interpretation bias, and incomplete entries, the study provides valuable insights into the experiences of female staff members during the pandemic. Recognizing and understanding these challenges is crucial for providing the necessary support and interventions to improve the working environment and prevent mental health problems among female healthcare workers. Implementing family-friendly policies, reinforcing support systems, and fostering a culture of empathy and appreciation can go a long way in alleviating the stress and burden faced by women in the workforce.

Moreover, addressing work-related ill health not only benefits individual employees but also contributes to gaining more working days, enhancing productivity, and promoting economic growth. Therefore, it is imperative for policymakers, healthcare administrators, and organizational leaders to prioritize the well-being of female staff members and take proactive measures to create inclusive and supportive workplaces that cater to their diverse needs. By doing so, we can create a more equitable and sustainable healthcare workforce that thrives even in the face of unprecedented challenges like the COVID-19 pandemic.

Declaration

This study is conducted by a team of university lecturers and researchers, with no direct affiliation to the studied facility Tuanku Fauziah Hospital. The team receives no funding to conduct this research and there is no conflict of interest among the authors or with the mentioned organization.

REFERENCES

Abdullah, K., Noor, N.M., & Wok, S. (2008). The Perceptions of Women's Roles and Progress: A Study of Malay Women. Social Indicators Research, 89, 439-455.

Australian Government National Health Plan, Covid 19 Fact Sheet, 2019. Website: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.health.gov.au/sites/default/files/documents/2020/03/covid-19-national-health-plan-supporting-the-mental-health-of-australians-through-the-coronavirus-pandemic.pdf

Aziz, N. A., Othman, J., Lugova, H., & Suleiman, A. (2020). Malaysia's approach in handling COVID-19 onslaught: Report on the Movement Control Order (MCO) and targeted screening to reduce community infection rate and impact on public health and economy. Journal of infection and public health, 13(12), 1823–1829. https://doi.org/10.1016/j.jiph.2020.08.007

Barello, S., Palamenghi, L., & Gra, G. (2020). Burnout and somatic symptoms among frontline healthcare professionals at the peak of the Italian COVID-19 pandemic ., 290(May). https://doi.org/10.1016/j.psychres.2020.113129

Beckstein, Amoneeta & Rathakrishnan, Balan & Hutchings, Paul & Mohamed, Noor. (2021). The Covid-19 Pandemic And Mental Health In Malaysia: Current Treatment And Future Recommendations. Malaysian Journal of Public Health Medicine. 21. 260-267. 10.37268/mjphm/vol.21/no.1/art.826.

Eugene, K., Yau, B., Nicholas, P., Ping, T., S, W. D., Sandi, J., … Lin, L. J. (2020). The Behaviour Changes in Response to COVID-19 Pandemic within Malaysia, 27(2), 45–50.

Families first coronavirus response act: Employee paid leave rights. DOL. (The Department of Labor's (Department) Wage and Hour Division (WHD), 2020.

Flexible work post-covid. WGEA. (2021, December 8). https://www.wgea.gov.au/publications/flexible-work-post-covid#:~:text=WGEA%20data%20indicates%20that%20access,for%20formal%20flexible%20working%20arrangements.

Gao, X., Jiang, L., Hu, Y., Li, L., & Hou, L. (2020). Nurses' experiences regarding shift patterns in isolation wards during the COVID-19 pandemic in China: A qualitative study. Journal of clinical nursing, 29(21-22), 4270-4280.

Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during covid-19 pandemic. bmj, 368.

Huang, J., Huang, Z. T., Sun, X. C., Chen, T. T., & Wu, X. T. (2024). Mental health status and related factors influencing healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. PloS one, 19(1), e0289454. https://doi.org/10.1371/journal.pone.0289454

International Labour Organisation website (https://www.ilo.org/infostories/en-GB/Stories/Employment/barriers-women#global-gap)

Ismail, Maimunah & Ibrahim, Mariani. (2008). Barriers to career progression faced by women: Evidence from a Malaysian multinational oil company. Gender in Management: An International Journal. 23. 51-66. 10.1108/17542410810849123.

Jalal, N., Baskaran, R., Rajoo, N. T., Prathaban, S. N., Ambalagan, P., & Hashim, A. (2020). Gender Equality at the Workplace: Malaysia's Stance and Prevailing Challenges. International Journal of Innovation and Business Strategy (IJIBS), 14(2).

Ke, G. N., Gow, A., Wong, R. M. M., Raman, S., Mohammad, Z., De-Lima, N., Khairudin, R., Lau, W. Y., Kamal, K. A., Lee, S. C., & Grajfoner, D. (2024). Perceptions of risk and coping strategies during the COVID-19 pandemic among women and older adults. PloS one, 19(4), e0301009. https://doi.org/10.1371/journal.pone.0301009

Kim, M., Lee, J. Y., Park, J. S., Kim, H. A., Hyun, M., Suh, Y. S., Nam, S. I., Chung, W. J., & Cho, C. H. (2020). Lessons from a COVID-19 hospital, Republic of Korea. Bulletin of the World Health Organization, 98(12), 842–848. https://doi.org/10.2471/BLT.20.261016

Kossek EE, Michel JS. Flexible work schedules. APA handbook of industrial and organizational psychology, 1: building and developing the organization APA handbooks in psychology. Washington, DC, US: American Psychological Association; 2011. pp. 535–572.

Lee, S. H., Noh, J. W., Kim, Y., Ryoo, H. W., Park, K. H., Park, S. Y., Lee, S., Cheong, H. S., Heo, S. T., Hong, K. J., Kim, K. B., & Kwon, K. T. (2022). Expert Consensus on Measures to Promote Physical and Psychological Health among COVID-19-Related Healthcare Workers in Korea using Delphi Technique. Infection & chemotherapy, 54(2), 247–257. https://doi.org/10.3947/ic.2021.0137

Marzo, R. R., Khaled, Y., ElSherif, M., Abdullah, M. S. A. M. B., Zhu Thew, H., Chong, C., Soh, S. Y., Siau, C. S., Chauhan, S., & Lin, Y. (2022). Burnout, resilience and the quality of life among Malaysian healthcare workers during the COVID-19 pandemic. Frontiers in public health, 10, 1021497. https://doi.org/10.3389/fpubh.2022.1021497

Mattila, E., Peltokoski, J., Neva, M. H., Kaunonen, M., Helminen, M., & Parkkila, A. K. (2021). COVID-19: anxiety among hospital staff and associated factors. Annals of medicine, 53(1), 237–246. https://doi.org/10.1080/07853890.2020.1862905

Mental Health and Psychsocial Support in Covid-19, Guidelines COVID-19 Management No 5, 2020, Malaysian Ministry of Health. Website: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://covid-19.moh.gov.my/garis-panduan/garis-panduan-kkm/Annex_33_Mental_health_and_Psychosocial_support_23032020.pdf

Muto, G., Nakata, A., Park, D.-U., & Yokoyama, K. (2022, July 31). Occupational Safety and health of Flexible work style. Industrial health. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9453569/

Muto, T., Haruyama, Y., & Higashi, T. (2012). Descriptive study of external employee assistance program providers (EAP) in Japan. Industrial health, 50(4), 322–325. https://doi.org/10.2486/indhealth.ms1343

Non-Communicable Disease Unit, State Department of Perlis

Noor, N.M. Roles and Women's Well-Being: Some Preliminary Findings from Malaysia. Sex Roles 41, 123–145 (1999). https://doi.org/10.1023/A:1018846010541

Nordin, S., Yaacob, N. A., Kelak, J., Ilyas, A. H., & Daud, A. (2022). The Mental Health of Malaysia's Northwest Healthcare Workers during the Relaxation of COVID-19 Restrictions and Its Associated Factors. International journal of environmental research and public health, 19(13), 7794. https://doi.org/10.3390/ijerph19137794

Poh, T. E., Chai, S., Lim, Y. P., Wong, C. Y., Heng, F. E. K., & Wong, J. S. Y. (2022). Implementation of Flexible Work Arrangement among Healthcare Workers in Miri Hospital-Assessment of the Validity and Reliability of Flexible Work Arrangement Perceived Benefits and Barriers Scale, and the Exploratory Study. The Malaysian journal of medical sciences : MJMS, 29(6), 89–103. https://doi.org/10.21315/mjms2022.29.6.9

Roycroft M, Wilkes D, Fleming S, Pattani S, Olsson-Brown A. Preventing psychological injury during the covid-19 pandemic BMJ 2020; 369 :m1702 doi:10.1136/bmj.m1702

Ruotsalainen, J. H., Verbeek, J. H., Mariné, A., & Serra, C. (2015). Preventing occupational stress in healthcare workers. The Cochrane database of systematic reviews, 2015(4), CD002892. https://doi.org/10.1002/14651858.CD002892.pub5

Shah, A. U. M., Safri, S. N. A., Thevadas, R., Noordin, N. K., Rahman, A. A., Sekawi, Z., Ideris, A., & Sultan, M. T. H. (2020). COVID-19 outbreak in Malaysia: Actions taken by the Malaysian government. International journal of infectious diseases : IJID : official publication of the International Society for Infectious Diseases, 97, 108–116. https://doi.org/10.1016/j.ijid.2020.05.093

Shih, F. J., Gau, M. L., Kao, C. C., Yang, C. Y., Lin, Y. S., Liao, Y. C., & Sheu, S. J. (2007). Dying and caring on the edge: Taiwan's surviving nurses' reflections on taking care of patients with severe acute respiratory syndrome. Applied nursing research : ANR, 20(4), 171–180. https://doi.org/10.1016/j.apnr.2006.08.007

Shiri, R., Turunen, J., Kausto, J., Leino-Arjas, P., Varje, P., Väänänen, A., & Ervasti, J. (2022). The Effect of Employee-Oriented Flexible Work on Mental Health: A Systematic Review. Healthcare (Basel, Switzerland), 10(5), 883. https://doi.org/10.3390/healthcare10050883

Shooshtari, S., Abedi, M. R., Bahrami, M., & Samouei, R. (2018). Empowerment of women and mental health improvement with a Preventive approach. Journal of education and health promotion, 7, 31. https://doi.org/10.4103/jehp.jehp_72_17

Spoorty, M. S., Pratapa, S. K., & Mahant, S. (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic–A review. Asian Journal of Psychiatry, 102119.

Sriharan A, Ratnapalan S, Tricco AC, et alWomen in healthcare experiencing occupational stress and burnout during COVID-19: a rapid reviewBMJ Open 2021;11:e048861. doi: 10.1136/bmjopen-2021-048861

Velavan, T. P., & Meyer, C. G. (2020). The COVID-19 epidemic. Tropical medicine & international health : TM & IH, 25(3), 278–280. https://doi.org/10.1111/tmi.13383

Wells J. The impact of stress amongst health professionals. J Ment Health. 2011 Apr;20(2):111-4. doi: 10.3109/09638237.2011.556161. PMID: 21542715.

Yu, G., Craig, D., & Fu, Y. (2022, June 30). Mental Health Services in response to the COVID-19 pandemic in high-income countries: Protocol for a rapid review. BMJ open. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9247322/

Yu, H.M., Cho, Y.J., Kim, H.J. et al. A Mixed-Methods Study of Early Childhood Education and Care in South Korea: Policies and Practices During COVID-19. Early Childhood Educ J 49, 1141–1154 (2021). https://doi.org/10.1007/s10643-021-01239-5