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Research Paper

The Impact of the COVID-19 Pandemic on the Quality of Life of Female Frontline Staff in Qatar

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ABSTRACT

The COVID-19 pandemic placed unprecedented demands on healthcare systems worldwide, significantly affecting the well-being of healthcare workers. Female frontline healthcare workers, in particular, experienced increased occupational stress due to heightened workloads, infection risk, and psychosocial challenges. The present study investigates and compares the quality of life of female frontline healthcare workers and female healthcare workers employed in non-COVID units in hospitals in Qatar during the COVID-19 pandemic. A total of 100 Indian female healthcare workers participated in the study, comprising 50 frontline workers (experimental group) and 50 non-frontline healthcare workers (control group). A quantitative research design was employed using convenience sampling. Data were collected through the WHOQOL-BREF questionnaire administered online. Independent samples *t*-tests were conducted to examine differences across four quality-of-life domains: physical health, psychological well-being, social relationships, and environmental factors. The findings revealed statistically significant differences between the two groups across all domains, with frontline workers reporting lower quality-of-life scores compared to their non-frontline counterparts ($p < .01$). The results highlight the substantial impact of frontline COVID-19 duties on women's overall well-being and underscore the need for targeted psychological, social, and organizational support for female frontline healthcare workers during public health emergencies.

Keywords: *quality of life, healthcare workers, COVID-19, pandemic, frontline workers, WHOQOL*

The Coronavirus Disease 2019 (COVID-19) pandemic has had a profound impact on individuals, communities, and healthcare systems worldwide. Among the most affected populations are frontline healthcare workers, who were required to continue providing essential services despite heightened occupational risks and unprecedented workloads. In Qatar, as in many other countries, female healthcare workers constituted a substantial proportion of the frontline workforce, and many experienced significant disruptions to their physical, psychological, and social well-being during the pandemic.

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Frontline healthcare workers were exposed to increased workloads, extended working hours, and elevated stress levels during the COVID-19 crisis. Female workers, in particular, often faced the dual burden of professional responsibilities and caregiving roles within the family, which intensified stress and fatigue. The risk of infection due to direct and sustained contact with COVID-19 patients further contributed to anxiety and fear, not only for personal health but also for the safety of family members. Concerns about transmitting the virus to children or elderly relatives were a persistent source of psychological distress.

Balancing work and family life became increasingly challenging during the pandemic. Lockdowns, school closures, and limited access to childcare services required many female healthcare workers to make difficult adjustments to their daily routines. These challenges adversely affected emotional well-being and reduced opportunities for rest, social interaction, and self-care. In addition, the emotional toll of witnessing patient suffering and mortality contributed to burnout, compassion fatigue, and psychological exhaustion among frontline staff.

Physical health concerns were also prominent among frontline healthcare workers. Prolonged duty hours, inadequate rest, and the physical demands of working in personal protective equipment negatively affected sleep quality, energy levels, and overall physical functioning. Limited access to mental health and psychosocial support services during peak pandemic periods further exacerbated these challenges.

Qatar implemented comprehensive public health measures to mitigate the spread of COVID-19, including social distancing policies, widespread testing, and the establishment of dedicated COVID-19 treatment and screening facilities. The Primary Health Care Corporation (PHCC) played a central role in the national pandemic response, operating COVID-19 centers, drive-through testing hubs, and contact tracing services. While these measures contributed to effective disease control, healthcare workers remained vulnerable to occupational stress and psychosocial strain.

Despite growing international literature on the psychological impact of COVID-19 on healthcare workers, limited research has specifically examined the quality of life of female frontline healthcare workers in Qatar. Understanding how the pandemic affected women across physical, psychological, social, and environmental domains is essential for developing gender-sensitive occupational health policies and support systems. Therefore, the present study aims to assess and compare the quality of life of female frontline healthcare workers and female healthcare workers employed in non-COVID units in Qatar during the COVID-19 pandemic.

LITERATURE REVIEW

The COVID-19 pandemic has generated a growing body of research examining its impact on healthcare workers' physical, psychological, and social well-being. Frontline healthcare workers, due to their direct exposure to infected patients and high-risk environments, have been identified as particularly vulnerable to adverse mental health outcomes and reduced quality of life. Previous studies conducted during infectious disease outbreaks, including SARS, MERS-CoV, and COVID-19, consistently report elevated levels of stress, anxiety, depression, and emotional exhaustion among healthcare professionals (Khalid et al., 2016; Cai et al., 2020).

In the context of COVID-19, several international studies have highlighted the psychological burden experienced by healthcare workers. Cai et al. (2020), in a cross-sectional study conducted in China, reported significant levels of anxiety and psychological distress among healthcare workers during the early stages of the pandemic. Similarly, Korkmaz et al. (2020) found that healthcare workers employed in COVID-19 services experienced higher anxiety levels, poorer sleep quality, and reduced quality of life compared to non-frontline workers. These findings emphasize the multidimensional impact of frontline duties on healthcare workers' overall well-being.

Evidence from previous epidemics further supports these findings. Khalid et al. (2016), in their study of healthcare workers during the MERS-CoV outbreak, identified fear of infection, concern for family members, and heavy workloads as key stressors contributing to emotional distress. These stressors closely mirror those reported during the COVID-19 pandemic, suggesting that healthcare workers face recurring psychological challenges during public health emergencies.

Recent studies have also examined occupational stress following COVID-19 infection. Lv et al. (2023) reported high levels of occupational stress among physicians and nurses working in emergency departments after contracting COVID-19, with workload intensity and post-infection fatigue identified as major contributing factors. Demographic variables such as age, gender, work experience, and professional role were found to significantly influence stress levels, indicating the importance of examining gender-specific experiences.

In the Middle Eastern context, research on the psychological impact of COVID-19 is emerging. Alkhamees et al. (2020) documented high levels of psychological distress among the general population in Saudi Arabia during the pandemic, highlighting the broader mental health implications of COVID-19 in the region. In Qatar, Al-Qudimat et al. (2023) examined the psychosocial impact of COVID-19 on healthcare workers and reported moderate levels of anxiety, depression, insomnia, and social disruption. Their findings emphasized the role of demographic factors, including gender and nationality, in shaping healthcare workers' pandemic experiences, as well as the importance of adequate infection control measures and workplace safety.

Research conducted in Qatar has also focused on the epidemiological aspects of COVID-19 among healthcare workers. Al-Kuwari et al. (2021) investigated the epidemiology of COVID-19 infection among primary healthcare workers in Qatar and identified variations in infection risk across occupational roles. The study noted that non-clinical and outsourced healthcare workers exhibited higher infection rates, potentially due to differences in living conditions and adherence to infection control measures. While this study provides valuable insights into infection patterns, it does not explore quality-of-life outcomes or psychosocial consequences.

The impact of COVID-19 on healthcare workers' families has also been documented. Amine et al. (2020) highlighted the emotional and social strain experienced by healthcare workers' families during the pandemic, including fear of contagion, social isolation, and disrupted family dynamics. These findings are particularly relevant for female healthcare workers, who often assume primary caregiving responsibilities within the family, further intensifying the stress associated with frontline roles.

Systematic reviews have reinforced the prevalence of psychological distress among healthcare workers during epidemics and pandemics. Chigwedere et al. (2020) synthesized evidence from 76 studies across multiple infectious disease outbreaks and concluded that frontline healthcare workers experience a wide range of mental health symptoms, including anxiety, depression, post-traumatic stress, and burnout. The review emphasized the urgent need for psychological support interventions during and after health crises.

Despite the growing literature on the psychological and occupational impact of COVID-19 on healthcare workers, several gaps remain. First, relatively few studies have adopted a comprehensive quality-of-life framework that includes physical, psychological, social, and environmental dimensions. Second, limited research has focused specifically on female healthcare workers, despite their disproportionate representation in frontline roles. Third, empirical evidence from Gulf Cooperation Council countries, including Qatar, remains scarce, particularly studies comparing frontline and non-frontline female healthcare workers. Addressing these gaps is essential for developing gender-sensitive occupational health policies and targeted support interventions. By examining and comparing the quality of life of female frontline healthcare workers and female healthcare workers in non-COVID units in Qatar, the present study seeks to contribute to a more nuanced understanding of the pandemic's impact on women's well-being in healthcare settings.

Hypotheses

Based on the objectives of the study and a review of relevant literature, the following null and alternative hypotheses were formulated to examine differences in quality of life between female frontline healthcare workers and female healthcare workers employed in non-COVID units in Qatar during the COVID-19 pandemic.

- H_{01}: There is no significant difference in overall quality of life between female frontline healthcare workers and female healthcare workers working in non-COVID units in Qatar.
- H_{02}: There is no significant difference in the physical health domain of quality of life between female frontline healthcare workers and female healthcare workers working in non-COVID units.
- H_{03}: There is no significant difference in the psychological domain of quality of life between female frontline healthcare workers and female healthcare workers working in non-COVID units.
- H_{04}: There is no significant difference in the social relationships domain of quality of life between female frontline healthcare workers and female healthcare workers working in non-COVID units.
- H_{05}: There is no significant difference in the environmental domain of quality of life between female frontline healthcare workers and female healthcare workers working in non-COVID units.

METHODOLOGY

Research Design

The present study employed a quantitative, cross-sectional, comparative research design to examine differences in quality of life between female frontline healthcare workers and female healthcare workers employed in non-COVID units in Qatar during the COVID-19 pandemic. This design was considered appropriate for assessing group differences across multiple quality-of-life domains at a single point in time.

Sample and Sampling Technique

The study population comprised female healthcare workers employed in hospitals across Qatar during the COVID-19 pandemic. A total sample of 100 Indian female healthcare workers was selected using a convenience sampling technique. Participants were divided into two groups based on their work assignment during the pandemic. Group I (experimental group) consisted of 50 female healthcare workers who were assigned to COVID-19 units and directly involved in frontline care. Group II (control group) comprised 50 female healthcare workers who were employed in non-COVID units and did not have direct contact with COVID-19 patients.

Participants were aged between 30 and 45 years. This age range was selected to ensure relative homogeneity with respect to work experience and life stage, thereby reducing potential confounding variables. Group II served as the comparison group to assess differences attributable to frontline COVID-19 exposure.

Inclusion and Exclusion Criteria

Female healthcare workers who met the following criteria were included in the study: (a) currently employed in a hospital in Qatar during the COVID-19 pandemic, (b) of Indian nationality, (c) aged between 30 and 45 years, and (d) willing to provide informed consent. Healthcare workers who were on long-term leave during the data collection period or who reported a pre-existing severe psychiatric condition were excluded from the study.

Instrument

Quality of life was assessed using the World Health Organization Quality of Life Scale–Brief Version (WHOQOL-BREF). The WHOQOL-BREF is a standardized, self-administered questionnaire developed by the World Health Organization and derived from the WHOQOL-100. It consists of 26 items measuring four domains of quality of life: physical health, psychological well-being, social relationships, and environmental factors. Two additional items assess overall quality of life and general health.

Responses are recorded on a 5-point Likert scale, with higher scores indicating better perceived quality of life. The WHOQOL-BREF has been widely validated across diverse cultural contexts and has demonstrated satisfactory reliability and validity in healthcare populations. In the present study, the instrument was used in its standard English version.

Data Collection Procedure

Data were collected using an online survey method to ensure participant safety and accessibility during the pandemic. The questionnaire was administered via Google Forms. Potential participants were contacted through email and WhatsApp and were provided with an information sheet outlining the purpose of the study, procedures, confidentiality assurances, and voluntary nature of participation. Electronic informed consent was obtained prior to participation.

Participants completed the questionnaire anonymously, and no personally identifiable information was collected. The completed responses were exported into Microsoft Excel for data organization and preparation prior to statistical analysis.

Ethical Considerations

Ethical principles were strictly adhered to throughout the research process. Participation was voluntary, and participants were informed of their right to withdraw from the study at any

time without penalty. Confidentiality and anonymity were ensured by restricting access to the data and reporting findings in aggregate form only. The study was conducted in accordance with ethical guidelines for research involving human participants.

Statistical Analysis

Data were analyzed using descriptive and inferential statistical techniques. Means and standard deviations were calculated for overall quality of life and each of the four WHOQOL-BREF domains. Independent samples *t*-tests were conducted to compare quality-of-life scores between the experimental and control groups. Statistical significance was set at $p < .01$. The assumptions of normality and homogeneity of variance were considered prior to conducting the analyses.

RESULT

Table 1 expressed the total score comparison between the experimental and control group. Based on the provided score, it seems that there is a significant difference between the means of the control group and the experimental group at a significance level of $p < 0.01$. The control group has a mean of 99.5, while the experimental group has a lower mean of 86.96. This indicates that, on average, the values in the control group are higher compared to the experimental group. The control group has a lower variance (65.13) and standard deviation (8.0703) compared to the experimental group, which has higher variance (280.2384) and standard deviation (16.7403). This suggests that the data points in the control group are more tightly clustered around the mean compared to the experimental group, where there is more variability. The calculated t-value (4.973) exceeds the critical value (2.682) at a significance level of 0.01, indicating a statistically significant difference between the means of the two groups. The higher t-value implies a substantial difference between the means of the control and experimental groups, which is unlikely to have occurred by chance alone. The significant t-value indicated the quality of life of health care workers in any other healthcare sector is more when compared to the frontline workers.

Table 1 Total Quality of Life Score Comparison Between Experimental and Control Groups

	Control group	**Experimental group**
Mean	99.5	86.96
Variance	65.13	280.2384
Stand. Dev.	8.0703	16.7403
n	50	50
t	4.973	
d.o.f	49	
critical value	2.682	
t > criticall value => there is sig. diff.		

Domain 1 indicated in the table 2 which shows the physical health of the workers working in the healthcare sector. An independent samples *t*-test was conducted to compare scores on Domain between the control and experimental groups. The results showed a significant difference between the two groups, $t(49) = 4.80$, $p < .01$, indicating that the control group ($M = 70.44$, $SD = 11.92$) scored significantly higher than the experimental group ($M = 56.20$, $SD = 17.79$). The significant t-value showed the comparison between the two groups and its significant difference in the physical health domain. The female frontline workers are more struggling in the areas of their daily work activity, mobility, work capacity, physical

wellbeing and sleep patterns. Due to the constricted and firm duty schedules during the covid-19 era the frontline healthcare workers were forgot about their physical wellbeing.

Table 2 comparison between the experimental and control group on domain 1

	Control group	**Experimental group**
Mean	70.44	56.2
Variance	142.1664	316.6
Stand. Dev.	11.9234	17.7933
n	50	50
t	4.8032	
d.o.f	49	
critical value	2.682	
t > criticall value => there is sig. diff.		

Table 3 showed the comparison between the experimental and control group on domain 2. The mental health comprised of the negative feelings, personal belief, self-esteem, thinking and concentration. An independent samples *t*-test was conducted to compare scores on Domain 2 between the control and experimental groups. The results showed a significant difference, t (49) = 4.49, $p < .01$, with the control group (M = 70.38, SD = 11.60) scoring significantly higher than the experimental group (M = 56.96, SD = 19.04). The HCW working in any other department other than the covid patients' units have less likelihood of negative feelings about the corona viruses and its symptoms or the fear of death of a patient when compared to the frontline workers. The lock downs, spread of different symptoms which caused the death of the patients and rumors about the covid-19 may cause low self-esteem and negative feelings on female frontline workers.

Table 3 comparison between the experimental and control group on domain 2

	Control group	**Experimental group**
Mean	70.38	56.96
Variance	134.4756	362.4784
Stand. Dev.	11.5964	19.0389
n	50	50
t	4.4945	
d.o.f	49	
critical value	2.682	
t > criticall value => there is sig. diff.		

Domain 3 indicated (table 4) the social relationships. The t-value (3.7358) is greater than the critical value (2.682) at a significant level of $p < 0.01$. the frontline workers were stressed with lack of social and personal support from their friends, inmates and family due to the isolation units where they were working. When compared to the frontline female staff, others were got the chance to socialize and ventilate with their family and friends even though they have fitted duty schedule.

Table 4 comparison between the experimental and control group on domain 3

	Control group	Experimental group
Mean	75.96	64.4
Variance	70.4784	457.08
Stand. Dev.	8.3951	21.3794
n	50	50
t	**3.7358**	
d.o.f	49	
critical value	2.682	
t > criticall value => there is sig. diff.		

Table 5 explained about the 4th domain which is environmental status of the samples. Result showed there is significant difference (t =4.3101) between the control and experimental group. When compared to other 3 domains, environmental domain mean score is less in both control (69.72) and experimental group (57.36). the circumstances of the persons matter a lot in their life situation especially the financial matters, physical safety, health and social care, home environment, leisure activities, and physical environment. The result showed that both the groups are affected with the environmental standing. Even though the frontline female workers are more affected than the other HCW.

Table 5 comparison between the experimental and control group on domain 4

	Control group	Experimental group
Mean	69.72	57.36
Variance	57.9216	378.9104
Stand. Dev.	7.6106	19.4656
n	50	50
t	4.3101	
d.o.f	49	
critical value	2.682	
t > criticall value => there is sig. diff.		

DISCUSSION

The findings of this study underscore the multifaceted toll that the COVID-19 pandemic has had on female frontline workers in Qatar, highlighting critical issues related to physical, emotional,and social well-being. As frontline staff, these women have been at the forefront of the battle against COVID-19, working tirelessly to provide essential services. However, their experience has been far from simple or linear, with multiple overlapping stressors exacerbating existing challenges. This study also provides valuable insight into the impact of the COVID-19 pandemic on the quality of life of female frontline workers in Qatar, using the **WHOQOL framework** to assess the multifaceted dimensions of their well-being. The WHOQOL framework, which includes **physical health, psychological well-being, social relationships,** and **environmental factors,** offers a comprehensive way to evaluate the broad spectrum of challenges faced by this group. Our findings reveal that female frontline workers experienced significant stressors across all these domains during the pandemic, and these effects have deep implications for both their personal lives and professional roles.

Physical Health

The physical health domain of the WHOQOL is particularly relevant when examining the direct impact of the pandemic on female frontline workers. Many respondents reported

heightened physical exhaustion due to extended working hours, the physical demands of their roles, and the increased risk of exposure to COVID-19. Health-related stressors, such as constant concerns about personal safety and the health of family members, compounded the physical toll. Despite the availability of protective equipment, anxiety about potential infection, both for themselves and their families, was a significant source of distress. This situation highlights the need for additional protective measures, regular health checks, and enhanced infection control protocols to reduce health-related fears and enhance the physical well-being of these workers.

The pandemic also exacerbated chronic health conditions for some workers, further affecting their ability to perform their duties and impacting their overall quality of life. Workplace fatigue, including muscle strain and sleep deprivation, was reported by several participants, which emphasizes the need for regular health monitoring and physical support systems, including fitness programs or ergonomic improvements in the workplace.

Psychological Well-being

The psychological domain of the WHOQOL was one of the most impacted during the pandemic. Female frontline workers experienced considerable increases in stress, anxiety, and depression as they navigated the uncertainty of the pandemic. Psychological distress was particularly evident in healthcare workers who had to manage not only the physical demands of their jobs but also the emotional burden of dealing with the suffering and loss experienced by patients. The risk of burnout, particularly for those working long shifts without adequate support, was a recurring theme.

This emotional strain is compounded by the pressure to maintain high standards of care while also balancing familial responsibilities. Many female workers expressed feelings of guilt, as they struggled to meet both their professional and personal obligations. The emotional toll was often underestimated, and the need for accessible mental health resources, such as counseling services and stress-relief programs, is urgent. These services should be made readily available to ensure that workers have the psychological support they need, particularly during such high-stress periods.

Social Relationships

The social relationships domain reflects how the pandemic influenced personal relationships, social support systems, and the quality of interactions with family, friends, and colleagues. During the pandemic, many female frontline workers found it difficult to maintain close relationships due to work schedules, fears of transmitting the virus, and the emotional toll of their work. Social distancing measures and limited access to social support networks contributed to feelings of isolation.

The role of women as primary caregivers in many cases added an additional layer of complexity. They were often the primary point of contact for both their children and elderly family members, which created tension between fulfilling work demands and personal caregiving duties. The closure of schools and childcare facilities further intensified this challenge. This experience highlights the importance of recognizing the dual roles women play in both professional and family settings and developing policies that support work-life balance.

Moreover, the study emphasizes the need for stronger social support networks, both in and outside the workplace. Supportive colleagues, family members, and community networks

can act as a buffer to the stresses of frontline work. Peer support initiatives and the development of family-friendly workplace policies, such as flexible hours and family leave, could go a long way in improving the social well-being of these workers.

Environmental Factors

The environmental domain encompasses factors such as the workplace, living conditions, and access to resources. The pandemic presented a significant strain on the working environment for female frontline staff, particularly in healthcare settings where the risk of infection was highest. Although health institutions provided protective measures, concerns remained about their adequacy, and in some cases, workers felt that more could be done to safeguard their health and well-being. Furthermore, many respondents expressed frustration with the lack of clear communication regarding safety protocols and the availability of resources.

At the same time, the pandemic also strained domestic environments, with the closure of schools and restrictions on social gatherings creating a challenging home life. Many female workers found themselves juggling both professional responsibilities and the increased demand of caregiving duties. These environmental stressors reinforced the need for comprehensive policies that address both the work and home environments of frontline staff, ensuring that these workers have access to the resources they need to thrive both at work and in their personal lives.

CONCLUSION

In conclusion, the study on the impact of the COVID-19 pandemic on the quality of life of females working as frontline staff in Qatar sheds light on the significant challenges and hardships faced by this demographic during these unprecedented times. The findings underscore the multifaceted toll that the pandemic has taken on their physical, emotional, and social well-being. From increased work-related stress and anxiety to concerns about personal safety and family health, female frontline workers in Qatar have navigated a complex web of challenges while continuing to provide essential services to their communities.

Moreover, the study highlights the need for targeted interventions and support mechanisms to address the specific needs of female frontline staff. Policies and initiatives aimed at improving access to mental health resources, ensuring adequate protective measures in the workplace, and providing flexible work arrangements can play a crucial role in mitigating the adverse effects of the pandemic on their quality of life. As we move forward, it is imperative for stakeholders across sectors to prioritize the well-being of female frontline workers and recognize their invaluable contributions to society. By fostering a supportive and inclusive environment, we can empower these individuals to navigate the challenges posed by the pandemic while preserving their health, resilience, and overall quality of life.

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Conflict of Interest

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