

The Pandemic: Two years that have changed Ireland. Part 1: Health, Healthcare and the Labour Market

Laura Foley, UCD Geary Institute for Public Policy

Introduction

This is the first in a series of papers that aim to give an overview of some of ways in which the COVID-19 pandemic has changed Ireland. This paper examines some of the key statistics that illustrate the impact of COVID-19 on Irish society since Ireland’s first confirmed case on 29th February 2020 and it focuses on healthcare, social care, and the labour market. The paper underlines how the pandemic has had an unequal impact across society and how it has had a specific gendered impact as not only were the economic sectors that employ a majority of women workers greatly impacted, but women also took on an unequal amount of unpaid care and housework responsibilities (see Fernandez Lopez and Schonard, 2022).

29/02/2020	NPHEA announce that the first confirmed case of COVID-19 has been detected in Ireland
01/03/2020	A school in North Dublin announces a temporary closure as one of its students tests positive for COVID-19
11/03/2020	The first death of a person from COVID-19 is confirmed in Ireland
12/03/2020	The Government announces that all educational and childcare facilities are to temporarily close
13/03/2020	The Pandemic Unemployment Payment (PUP) is introduced (at a rate of €203 per week)
15/03/2020	The Government ask that all public houses, hotel bars, and nightclubs temporarily close
15/03/2020	The Employer COVID-19 Refund Scheme is introduced
24/03/2020	The PUP is increased to €350 per week and the Temporary Wage Subsidy Scheme is launched (replaces the COVID-19 Refund Scheme)
27/03/2020	The Government announces the temporary closure of all non-essential businesses and announces movement restrictions including ‘stay at home’ measures, and restricting exercise to within 2km.

Figure 1: Timeline of events February-March 2020

The Impact on Health and on Healthcare and Social Care Settings

The COVID-19 crisis is first and foremost a health crisis. Coronavirus disease (COVID-19) is an infectious disease that is highly transmissible and anyone can get sick with it. There have been 1,529,627 confirmed PCR tests in Irelandⁱ. However, the true number of overall infections is likely to be higher due to: i) shortages of available PCR tests, especially between December 2021-January 2022 when case numbers were increasing significantly, and ii) the shift in testing criteria as PCR tests ceased to be available to all age groups and there was a shift to self-reportingⁱⁱ.

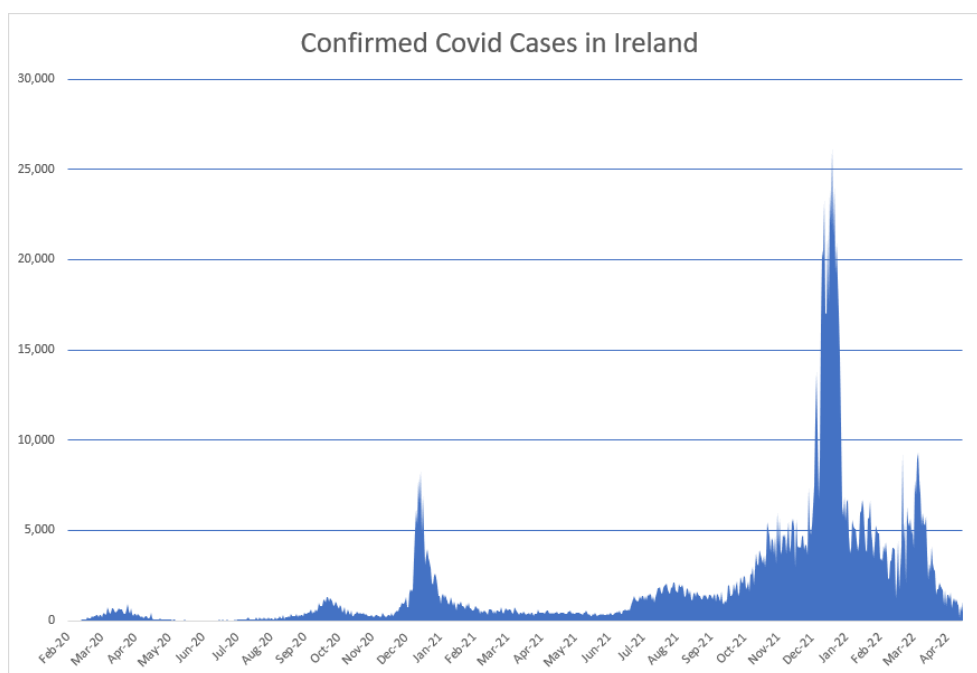


Figure 2: Confirmed COVID-19 cases from PCR up to 4 May 2022. Source: <https://covid19ireland-geohive.hub.arcgis.com/>

There have been in excess of 7,000 deaths related to COVID-19ⁱⁱⁱ. More than 1,000 of those deaths occurred in January 2021. The World Health Organisation (WHO) (2021) note that while most people who become infected with COVID-19 recover fully, “approximately 10%-20% of people experience a variety of mid- and long-term effects after they recover from their initial illness. These mid- and long-term effects are collectively known as post COVID-19 condition or ‘long COVID’”.

In addition to the virus itself, COVID-19 has had wider societal health impacts. COVID-19 placed a substantial strain on Ireland’s hospital settings. The OECD notes that Ireland has relatively fewer beds and a higher bed occupancy than other countries (OECD, 2021^{iv}). As the number of people infected with COVID-19 has fluctuated since March 2020, there have been times when there has been significant concern in relation to the number of intensive care beds

that will be needed (Power, 2020). The pandemic also resulted in delays in other illnesses being detected and delays in people accessing treatments for other illnesses. During the Spring 2020 lockdown in Ireland, hospitals had to cancel some elective procedures, and a number of health screening services, such as BreastCheck, CervicalCheck, and BowelCheck, were paused (Hennessy and McGauran, 2021). When health screening services resumed, many people who were invited for a screening did not attend due to fear of contracting COVID-19 while in a healthcare setting (ibid). In 2021, there was a 20% reduction in the number of cancer surgeries that were carried out compared to 2019, and a 15% reduction in the number of patients receiving radiation oncology, which the Irish Cancer Society has noted is “really troubling” and could lead to reduced chances of survival (Loughlin, 2022).

Pregnancy

COVID-19 has also had acute impacts on pregnancy in Ireland. Widespread restrictions were placed on maternity-related services due to the pandemic. Partners were restricted from attending antenatal appointments and limits were placed on the duration of time that partners were able to spend with mothers during labour and birth. Thus, not only were expectant parents fearful of contracting COVID-19 while in healthcare settings but there was increased levels of anxiety before, during, and after, birth stemming from additional stress caused by pandemic-related restrictions (see e.g. Molgora and Accordini’s (2020) study).



Figure 3: HSE campaign to promote COVID-19 vaccines among pregnant women⁹.

In 2021, when COVID-19 vaccines were originally introduced, the WHO advised against vaccination for pregnant women but this advice later changed. However, this may have led to low levels of uptake among pregnant women who were still fearful of the impact of the vaccine.

To counter accusations of poor communication with pregnant women about the COVID-19 vaccine (see Burke, 2021), the Irish health authorities rolled out information campaigns to try to counter expectant mothers’ fears surrounding the COVID-19 vaccine. This was vital as the number of pregnant women, or women who had been recently pregnant, who needed intensive care treatment for COVID-19 was increasing (Burns, 2021)^{vi}. A survey of maternity hospitals in October 2021 found that the rate of vaccination among pregnant women in hospitals had increased from 30% to 58% (compared to 92% of the population at the time) (Griffin, 2021a, Griffin, 2021b).

Mental Health



The pandemic has also taken a toll on people’s mental health. In the 2021 Healthy Ireland survey, 30% of people reported that their mental health had worsened since the public health restrictions were brought in in March 2020, and 81% of people said that they felt a lower level of social connectedness due to the pandemic (Department of Health, 2021). One survey reported an increase in mental health referrals and relapse amongst those with mental illness following the start of the pandemic and the restrictions that were implemented (College of Psychiatrists Ireland, 2020). Women reported a greater decline in wellbeing since the beginning of the pandemic, with younger women in particular more acutely affected (Hennessy and McGauran, 2021). As noted by Fernandez Lopez and Schonard (2022, p. 6), “certain groups of women, namely pregnant, miscarrying, in postpartum or those victims of intimate partner violence^{vii}, have an even higher risk for developing mental health disorders during the pandemic”. Furthermore, more women than men in Ireland reported that they were “extremely” concerned about the health of others (24% and 15% respectively, (Central Statistics Office (CSO), 2020b).

The Gendered Care Divide

COVID-19 has also underlined the gendered care divide. Women constitute the majority of paid caregivers in hospitals, care facilities, and private households (see UN Women, 2020; Foley and Piper, 2020). Women make up over 70% of global frontline health- and social care workers and thus were more likely to be on the frontlines caring for patients affected by COVID-19 (ILO, 2020). In Ireland, four out of five workers in the health service are women (CSO, 2020a). In particular, those who were on the frontline during the first COVID-19 wave in Ireland were exposed to acute risks due to insufficient personal protective equipment (PPE), with some healthcare workers being told that “they did not need protective equipment or testing because they were ‘young and healthy’... while others were forced to share equipment such as thermometers and goggles” (Leahy, 2022^{viii}). As Figure 4 shows, in the early waves of the pandemic in Ireland, healthcare workers constituted the majority of COVID-19 cases.

Date	Overall cases	Healthcare worker cases	% of Healthcare worker vs overall
12 th April 2020	430	335	78%
23 rd April 2020	936	328	35%
8 th Jan 2021	8,248	708	8.50%

Figure 4: Healthcare Workers COVID-19 cases compared to overall cases. Source: <https://covid19ireland-geohive.hub.arcgis.com/>

Long-term care settings in Ireland were particularly impacted by the pandemic as they were “disproportionally affected in terms of incidence, morbidity and mortality” (HIQA and HPSC, 2021, p. 7). In nursing homes, not only are staff more likely to be women, but so too are the residents as there are a higher percentage of women residents compared with men (Hennessy and McGauran, 2021). Nursing Homes Ireland (2020) notes that, early in the pandemic, there was a scarcity of PPE, insufficient testing, staffing pressures, and the transfer of patients from hospitals to nursing homes without testing, all of which contributed to residents in nursing homes being the most susceptible to COVID-19. By November 2021, nursing homes and residential care settings had “borne the brunt” of COVID-19 related deaths as these care settings accounted for 62% of deaths linked to COVID-19 (Carswell, 2021). In addition to the impact on nursing home residents and their family members, staff were also detrimentally affected. Research by Phelan *et al.* (2021) found that one in five directors of nursing at residential care homes plan to leave their jobs following the stress of dealing with the pandemic.

In addition to providing care in formal settings, women also provide the majority of unpaid care. Across the European Union, 81% of women and 48% of men provide care on a daily basis

(Fernandez Lopez and Schonard, 2022, p. 1). The pandemic exacerbated this as when formal care services were reduced in Ireland during lockdowns, and older and vulnerable people were told to cocoon, women were more likely to report taking on the responsibility for caring for dependent relatives and friends, as noted by Hennessy and McGauran (2021, p. 7).

The Impact on the Labour Market

Job Losses and Business Closures

COVID-19 has fundamentally disrupted the world of work^{ix}. In March 2020, as Ireland implemented public health restrictions to curb the spread of the virus, many businesses decreased the size of their workforce, or closed down their operations entirely (Beirne et al., 2020). This resulted in the largest monthly increase in unemployment levels in the history of the State (Coates et al., 2020). The impact of job losses and business closures was felt unequally across sectors, skills-levels, genders and age groups. Those who worked in hospitality, food services, wholesale and retail, and tourism experienced the largest job losses in Ireland at the start of the pandemic. Those who lost their job in the early stages of the pandemic, or who were temporarily laid off, were “more likely to be young, low-skilled and part time than the population average” (Coates et al., 2020, p. 33). Women may have been more negatively impacted by the pandemic than men as the sectors that were most impacted by restrictions overall, namely hospitality, retail, and personal care services, are those that have high levels of women workers (Brioscú et al. 2021, p. 215). Eastern European women were the group most detrimentally affected by COVID-19-related job losses in Ireland (Enright et al., 2020).

The Irish government implemented a range of interventions to support businesses and individuals who faced workplace closures, reductions in working hours, and unemployment. The supports included the Pandemic Unemployment Payment (PUP), which ran from March 2020 until 25th March 2022, and the Temporary Wage Subsidy Scheme (TWSS), which ran until August 2020 when it was replaced by the Employment Wage Subsidy Scheme (EWSS - this is due to close on 31st May 2022). A COVID-19 Restrictions Support Scheme (CRSS) was also launched in 2020 as a targeted support to assist eligible businesses that had been forced to close or whose business had been heavily restricted due to movement restrictions.

The numbers of persons availing of these schemes has fluctuated over the past two years. Initially, women were more likely to be in receipt of the PUP than men, who were more likely to receive the TWSS. However, as the pandemic progressed, more men than women have been in receipt of the PUP (Hennessy and McGauran, 2021). At the peak of the crisis, there were 605,674 people receiving the PUP (week ending 3rd May 2020), of which 57% were men compared to 43% women, with the hospitality sector accounting for nearly 22% of these PUP claims (CSO, 2021). Overall, the total number of people who had received the PUP for at least one week between its launch in March 2020 to the end of March 2022 was 879,766^x. The

numbers of people in receipt of the PUP decreased steadily in 2021 as sections of Ireland’s economy gradually opened:

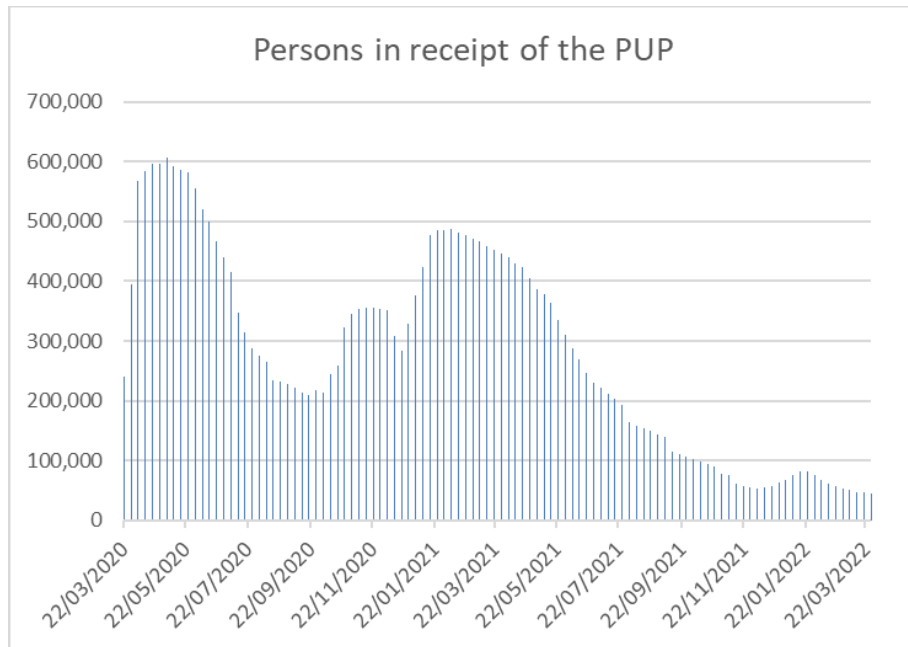


Figure 5: PUP recipients between March 2020 and March 2022. Source: Central Statistics Office

The Shift to Remote Working



Another key change spurred by the pandemic has been the substantial shift to remote working. In a study conducted on small and medium enterprises (SMEs) by the CSO in 2020,

respondents reported that 46% of their employees were working either partially or fully remotely (CSO, 2020b)^{xi}. This varied by sector as not all jobs can be done remotely. Women were more likely than men to work in “essential” face-to-face roles during the pandemic due to women’s concentration in the healthcare sector and key retail providers (Hennessy and McGauran, 2021). For those businesses in the Professional and IT sectors, 79% of employees were working either partially or fully remotely, whereas in the Accommodation and Food Service Activities sectors, only 8% of staff were working fully or partially remotely, with 92% continuing to work on site (ibid).

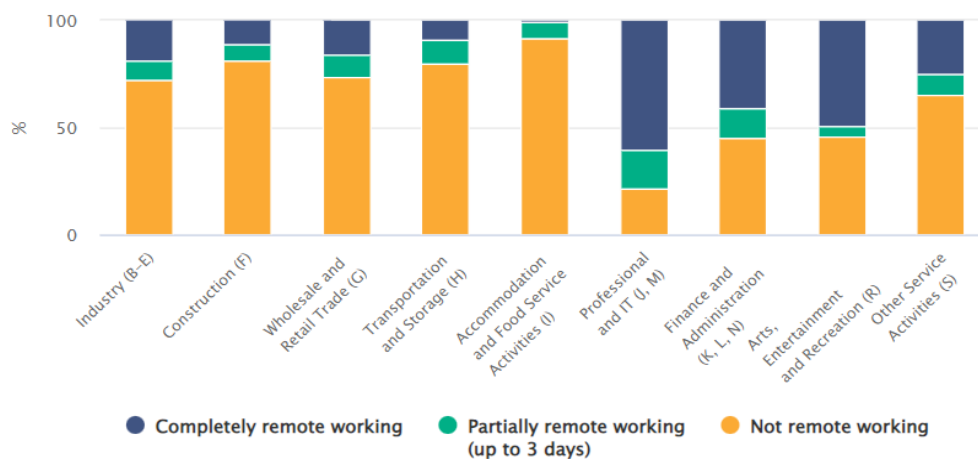


Figure 6: Working location by staff and sector at the end of 2020. Source: CSO Ireland

The levels of remote working varied between 2020 and 2022 as Ireland entered different stages of re-opening. In a CSO survey (from November 2021), “80% of those in employment had worked remotely at some point since the start of the pandemic” (CSO, 2022a). Of those in employment who can work remotely, 88% stated that they would like to do so when all COVID-19-related restrictions are lifted. Of these, 28% stated that they would like to work remotely *all the time*, 60% said they would like to work remotely *some of the time*, and 12% said they would *not like to work remotely* moving forward (ibid). For some workers, remote working offered advantages. 74% of those who had to switch to remote working stated that they felt they had “more time on their hands” as the remote working arrangement allowed them “to do things they never got the chance to do before the pandemic” (ibid). However, as the next section shows, remote working also poses risks for workers.

The Gendered Impact

The impact of COVID-19 on the world of work was not gender neutral. Women were much more likely than men to be employed in roles that have high levels of contact-density, which increased their risk of contracting COVID-19 (Fitzgerald, 2020). This is because women are

more likely than men to be employed in healthcare, social care, personal services, food preparation, hospitality, leisure and travel services (Fitzgerald, 2020).

In an online survey conducted by the National Women’s Council of Ireland in May 2020 that examined women’s experiences of caring during the pandemic, women reported that they were managing many roles: teachers, cooks, cleaners, counsellors, and home nurses. The pressure of juggling these multiple roles has led to many mothers leaving the labour force during the pandemic. The International Labour Organisation and UN Women found that over 2 million mothers left the labour force in 2020, which they underline “expose[s] the motherhood penalty faced by millions of women around the world in the midst of the COVID-19 pandemic” (ILO and UN Women, 2022).

For women who continued working but from home, their living and working conditions were impacted if they had caring responsibilities. This was especially the case for working mothers of young children (Fernandez Lopez and Schonard, 2022). A survey of 271 employers in Ireland conducted by Ibec^{xii} found that 20% of respondents had noticed how the pandemic had impacted women within their organisations (Ibec, 2021). Respondents reported that ‘more women’ had requested for changes to their working schedule to accommodate caring responsibilities (48% stated ‘more women’, 3% stated ‘more men’, and 31% reported that a similar number of women and men had requested changes). 31% of respondents reported that more female employees had requested unpaid leave in order to fulfil caring responsibilities^{xiii}.

What does this mean moving forward?

The impacts of the pandemic on Ireland’s labour market and health and social care systems will likely remain for some time. COVID-19 underlined the importance of country’s having functioning health and social care systems so there are ongoing concerns regarding staff shortages in the Health Services Executive. This has been compounded by the immense pressure that healthcare workers were put under during the pandemic and the significant backlogs of patients that have built up, leading the health system to be described as “understaffed and overstretched”^{xiv}. The impact of COVID-19 on nursing homes has also raised concerns about the current models of care for older people in Ireland, with the Health Information and Quality Authority (HIQA) recommending that Ireland “explore alternative, more suitable models of care, such as homecare and assisted living” (2020, p. 44).

Care work, in which women are disproportionately overrepresented, was at the core of the COVID-19 pandemic yet as Fernandez Lopez and Schonard (2022, p. 2) highlight, as States implemented policy measures to mitigate the impact of COVID-19, paid and unpaid care work was given little attention. Therefore, in order to ‘build back better’ post-pandemic, it is vital that the care sector is “placed at the spotlight of social and economic transformation” and that it becomes “more gender-sensitive and inclusive” (ibid, p. 2-3).

Even with the lifting of COVID-19 restrictions in Ireland, staffing levels in certain industries continue to be impacted. For example, in the tourism and hospitality industry (which was heavily impacted by restrictions) thousands of skilled workers had to go onto the PUP and subsequently left tourism and hospitality to seek work in other sectors (Paul, 2022). This has created staffing challenges with research by Fáilte Ireland (2022) showing that nine in ten hospitality businesses are struggling to hire skilled staff which they note is “undoubtedly one of the biggest barriers to the sector’s recovery from the pandemic”^{xv}.

One pandemic-related change that may remain in some form in the future is hybrid working practices/ off-site working, with the acceleration of digital technology also likely to facilitate home working (Maqui and Morris, 2020; Kennedy et al., 2021). The jobs website, Indeed, noted that the searches for jobs in Ireland that allow “working-from-home” was six times higher in December 2021 than before the pandemic (Slattery, 2022). Employers are also now more likely to offer a remote working option than they were in pre-pandemic times. In December 2021, 12.5% of the job advertisements that were available contained remote working in the job description, compared to 2.9% of job advertisements in 2019 (ibid). A more permanent shift to remote working may shape office space requirements in the future which means that some of Ireland’s existing office spaces could be “redesigned to allow for additional space per employee or repurposed to facilitate additional shared on-site collaboration spaces” (Kennedy et al., 2021, p. 5). However, it is important to note that while remote working offers some new opportunities, the European Economic and Social Committee (2021) have raised some concerns about the risks of remote working, especially for women workers. They note that remote working could render employees “invisible in the work community” and could lead to workers “missing out on formal and informal support structures, personal contacts with colleagues and access to information, promotion and training opportunities” (ibid, point 1.3). In addition, they note that remote working could exacerbate gender inequalities if women are expected to take on the additional pressure of unpaid care work alongside their paid work (ibid). These points need to be taken into consideration for future remote working policy developments.

References

- Beirne, K., Doorley, K., Regan, M., Roantree, B., and Tuda, D. 2020. The Potential Costs and Distributional Effect of COVID-19 related unemployment in Ireland. *The Economic and Social Research Institute*. Budget Perspectives 2021 Paper 1. April 2020. <https://doi.org/10.26504/bp202101>
- Brioscú, A., O’Reilly, J. D., and Coates, D. 2021. The COVID-19 Pandemic and Ireland’s Labour Market: Insights through the Lens of the Pandemic Unemployment Payment and the Characteristics of Impacted Workers. *The Economic and Social Review*, 52(2): 193-216.

Burke, C. 2021. Health authorities accused of poor communication as more than half of pregnant women forgo vaccine. *The Journal*, 27 October: <https://www.thejournal.ie/vaccination-rates-pregnant-women-5578879-Oct2021/>

Burke-Kennedy, E. 2021. Number of people receiving PUP falls by over half a million since peak of crisis. *The Irish Times*, 9 November: <https://www.irishtimes.com/business/economy/number-of-people-receiving-pup-falls-by-over-half-million-since-peak-of-crisis-1.4723600>

Burns, S. 2021. Twenty pregnant or postpartum women treated in ICU with COVID-19 since June. *The Irish Times*, 25 October: <https://www.irishtimes.com/news/health/twenty-pregnant-or-postpartum-women-treated-in-icu-with-covid-19-since-june-1.4709985>

Carswell, S. 2021. Sharp reduction in Covid-19 outbreaks in nursing homes linked to booster rollout. *The Irish Times*, 3 November: <https://www.irishtimes.com/news/health/sharp-reduction-in-covid-19-outbreaks-in-nursing-homes-linked-to-booster-rollout-1.4718111>

Carswell, S. 2022. Q&A: What are the new Covid rules and what is the logic behind them? *The Irish Times*, 12 January: <https://www.irishtimes.com/news/health/q-a-what-are-the-new-covid-rules-and-what-is-the-logic-behind-them-1.4774843>

Coates, D., Byrne, S., Brioscú, A., Corcoran, D., Cronin, H., Keenan, E., and McIndoe-Calder, T. 2020. The Initial Impacts of the COVID-19 Pandemic on Ireland's Labour Market. Working Paper. Department of Employment Affairs and Social Protection.

College of Psychiatrists Ireland. 2020. COVID-19 Impact on Secondary Mental Healthcare Services in Ireland. College of Psychiatrists Survey issued to Consultants, June 2020. <https://www.irishpsychiatry.ie/wp-content/uploads/2020/06/Full-Report-of-Survey-to-Consultant-Psychiatrists-on-COVID19-impact-on-MHS-17.06.20.pdf>

CSO. 2020a. Women and Men in Ireland 2019. <https://www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2019/work/>

CSO. 2020b. Business Impact of COVID-19 on SMEs 2020. <https://www.cso.ie/en/releasesandpublications/ep/p-bics/businessimpactofcovid-19onsmes2020/adaptingandremoteworking/#:~:text=Respondents%20reported%2046%25%20of%20staff,either%20fully%20or%20partially%20remotely.>

CSO. 2021. COVID-19 Income Supports – An Analysis of Recipients March 2020 to May 2021. <https://www.cso.ie/en/releasesandpublications/fp/fp-c19isar/covid-19incomesupports-ananalysisofrecipientsmarch2020tomay2021/pandemicunemploymentpayment/>

CSO. 2022a. Press Statement- Pulse Survey Our Lives Online: Remote Work November 2021. Central Statistics Office Ireland, 18 January [Online]: <https://www.cso.ie/en/csolatestnews/pressreleases/2022pressreleases/pressstatementpulsesurveyourlivesonlineremoteworknovember2021/>

CSO. 2022b. Impact of COVID-19 on our Society and Economy: Two Years On. CSO Press Statement, 23 February 2022. <https://www.cso.ie/en/csolatestnews/pressreleases/2022pressreleases/pressstatementcovid-19twoyearson/>

Cullen, P. 2022. ‘There aren’t enough good people out there’: Why can’t the HSE find more staff? *The Irish Times*, 11 April: <https://www.irishtimes.com/news/health/there-aren-t-enough-good-people-out-there-why-can-t-the-hse-find-more-staff-1.4849425>

Department of Health. 2021. Healthy Ireland Survey 2021. Published 7 December. <https://www.gov.ie/en/publication/9ef45-the-healthy-ireland-survey-2021/>

European Economic and Social Committee. 2021. Teleworking and gender equality – conditions so that teleworking does not exacerbate the unequal distribution of unpaid and domestic work between women and men and for it to be an engine for promoting gender equality. SOC/662.

Enright, S., McGinnity, F.m Privalko, I., and Russell, H. 2020. *COVID-19 and non-Irish nationals in Ireland*. The Economic and Social Research Institute: Dublin.

Fernandez Lopez, L., and Schonard, M. 2022. An ambitious future for Europe’s women after COVID-19: mental load, gender equality in teleworking and unpaid work after the pandemic. European Parliament. Policy Department for Citizens’ Rights and Constitutional Affairs. PE 719.547. February 2022. [https://www.europarl.europa.eu/RegData/etudes/BRIE/2022/719547/IPOL_BRI\(2022\)719547_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2022/719547/IPOL_BRI(2022)719547_EN.pdf)

Fitzgerald, C. 2020. Understanding COVID-19 and Sectoral Risk – Economic Activity and Sectoral Differentiation. National Economic and Social Council.

Foley, L. 2022. Gender-based Violence in Ireland. Public Policy Paper. UCD Geary Institute for Public Policy. Available here: <https://publicpolicy.ie/papers/gender-based-violence-in-ireland/>

Foley, L., and Piper, N. 2020. *COVID-19 and Women Migrant Workers: Impacts and Implications*. IOM Geneva: International Organization for Migration. <https://publications.iom.int/fr/system/files/pdf/the-gender-dimensions-of-the-labour-migration.pdf>

Griffin, N. 2021a. Vaccine hesitancy rife among pregnant women with just 30% uptake. The Irish Examiner, 17 October: <https://www.irishexaminer.com/news/arid-40723122.html>

Griffin, N. 2021b. Vaccination rate among pregnant women increasing. The Irish Examiner, 28 October: <https://www.irishexaminer.com/news/arid-40731486.html>

Health Information and Quality Authority (HIQA). 2020. The impact of COVID-19 on nursing homes in Ireland. July 2020. https://www.hiqa.ie/sites/default/files/2020-07/The-impact-of-COVID-19-on-nursing-homes-in-Ireland_0.pdf

Health Information and Quality Authority, and Health Protection Surveillance Centre. 2021. Analysis of factors associated with outbreaks of SARS-CoV-2 in nursing homes in Ireland. 26 May 2021. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/research/hpschiqacollaborativeanalysis/Factors-associated-with-outbreaks-in-NHs-Report.pdf>

Hennessy, O., and McGauran, A-M. 2021. Gender and Covid-19 in Ireland. NESC Secretariat Covid-19 Working Paper Series. Paper No. 21. March 2021. http://files.nesc.ie/nesc_research_series/Research_series_paper_21_Gender.pdf

Horgan-Jones, J., and O'Connell, H. 2022. *Pandemonium: Power, Politics and Ireland's Pandemic*. Gill Books: Dublin, Ireland.

Ibec. 2021. Impact of COVID-19 on Women. Written by G. Anderson. Ibec: Dublin, Ireland. Available from: <https://www.ibec.ie/connect-and-learn/media/2021/04/18/new-ibec-research-reveals-impact-of-covid-on-women-in-business>

ILO and UN Women. 2022. Over 2 million moms left the labour force in 2020 according to new global estimates. ILOSTAT, 8 March. ILO and UN Women. Available at: <https://ilostat.ilo.org/over-2-million-moms-left-the-labour-force-in-2020-according-to-new-global-estimates/>

ILO. 2020. ILO Monitor: COVID-19 and the world of work. Fifth edition. Updated estimates and analysis. 30 June 2020. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_749399.pdf

Kelly, B. D. (2020). Impact of Covid-19 on Mental Health in Ireland: Evidence to Date. Irish Medical Journal, 113(10). <http://imj.ie/wp-content/uploads/2020/12/Impact-of-Covid-19-on-Mental-Health-in-Ireland-Evidence-to-Date.pdf>

Kennedy, G., Killeen, N., Skouralis, A., Velasco, S., and Wosser, M. 2021. COVID-19 and the commercial real estate market in Ireland. Central Bank of Ireland, Financial Stability Notes, Vol. 2021, No. 4. <https://www.centralbank.ie/docs/default-source/publications/financial-stability-notes/covid-19-and-the-commercial-real-estate-market-in-ireland.pdf>

Leahy, P. 2022. Young and healthy frontline workers denied PPE during first Covid wave. *The Irish Times*, 2 May: [irishtimes.com/news/health/young-and-healthy-frontline-workers-denied-ppe-during-first-covid-wave-1.4866995](https://www.irishtimes.com/news/health/young-and-healthy-frontline-workers-denied-ppe-during-first-covid-wave-1.4866995)

Loughlin, E. 2022. ‘Really troubling’ 20% drop in cancer surgeries could lead to reduced survival chances. *Irish Examiner*, 21 February: <https://www.irishexaminer.com/news/arid-40812618.html>

Maqui, E., and Morris, E. 2021. The long-term effects of the pandemic: insights from a survey of leading companies. ECB Economic Bulletin, Boxes 8.

McAuliffe, N-I. 2021. Irish women more likely than men to be job hunting since pandemic – study. *The Irish Times*, 25 August: <https://www.irishtimes.com/business/work/irish-women-more-likely-than-men-to-be-job-hunting-since-pandemic-study-1.4655367>

Molgora, S., and Accordini, M. 2020. Motherhood in the Time of the Coronavirus: The Impact of the Pandemic Emergency on Expectant and Postpartum Women’s Psychological Well-Being. *Frontiers in Psychology*, 11:567155.

Nursing Homes Ireland (NHI). 2020. Oireachtas Special Committee on Covid-19 Response. NHI response to request for submission 15th June. 25 June 2020: https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/special_committee_on_covid_19_response/submissions/2020/2020-07-27_submission-nursing-homes-ireland-scc19r-r-0354d_en.pdf

NWCI. 2020. Women’s Experiences of Caring during COVID-19. November 2020. https://www.nwci.ie/images/uploads/FINAL_Womens_Experience_of_Caring_During_COVID19_Survey_Report.pdf

OECD. 2021. Health at a Glance 2021. <https://www.oecd.org/health/health-at-a-glance/>

Paul, M. 2022. Tourism businesses warn that staffing crisis could shut them down. *The Irish Times*, 8 February: <https://www.irishtimes.com/business/transport-and-tourism/tourism-businesses-warn-that-staffing-crisis-could-shut-them-down-1.4796813>

Phelan, A., Daly, L., Coffey, A., Kent, S., Naughton, C., Tuohy, D., Ryan, A., and Byrne, M. 2021. Experiences of Directors of Nursing in preparing for and managing COVID-19 in care homes for older people. School of Nursing and Midwifery, Trinity College Dublin. <https://www.tcd.ie/tcphi/assets/pdf/experienceofdons-carehomes-covid.pdf>

Slattery, L. 2022. Demand for remote working in Ireland amongst strongest in OECD, says Indeed. *The Irish Times*, 27 January: <https://www.irishtimes.com/business/work/demand-for-remote-working-in-ireland-among-strongest-in-oecd-says-indeed-1.4787333>

UN Women. 2020. *Gender-Responsive Prevention and Management of the COVID-19 Pandemic: From Emergency Response to Recovery & Resilience*. UN Women, New York. www.unwomen.org/-/media/headquarters/attachments/sections/news%20and%20events/in%20focus/covid-19/gender-responsive-prevention-management-covid19.pdf?la=en&vs=1519

World Health Organisation (WHO). 2021. Coronavirus disease (COVID-19): Post COVID-19 condition. 16 December 2021. Q&A. [https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-\(covid-19\)-post-covid-19-condition](https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-post-covid-19-condition)

ⁱ This figure is up to 11 May 2022. Source: <https://covid19ireland-geohive.hub.arcgis.com/>

ⁱⁱ In January 2022, the government changed its rules on COVID-19 testing and no longer required those aged between 4 and 39 years who had tested positive on an antigen test to get an official PCR test through the HSE. Those who had a positive antigen had to self-report their result on the HSE system (see Carswell, 2022).

ⁱⁱⁱ This includes probable and possible deaths. Source: <https://covid19ireland-geohive.hub.arcgis.com/>

^{iv} See Chapter 5 of the OECD's (2021) report [here](#).

^v Source: <https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/health-professional-information-covid-19-vaccine-and-pregnancy/6-reasons-fact-1-ig.png>

^{vi} In June 2021, 10% of COVID-19-patients in ICUs in Ireland were pregnant (Griffin, 2021a).

^{vii} Levels of domestic violence in Ireland also increased during the pandemic (see Foley, 2022).

^{viii} See Horgan-Jones and O'Connell (2022) for full details.

^{ix} The International Labour Organisation (2020) note that, by June 2020, 93% of the world's workers lived in countries with some type of workplace closure measures in place.

^x Source, CSO (2022c), Cumulative Number of Persons receiving the PUP.

^{xi} 47% of SMEs reported that remote working did not change staff productivity (CSO, 2020b).

^{xii} The survey took place in March 2021.

^{xiii} 3% of respondents said that 'more men', while 19% said that similar numbers of women and men had requested such leave.

^{xiv} Quote from Anne O'Connor, CEO of the HSE (see Cullen, 2022).

^{xv} Quote from Paul Kelly, Fáilte Ireland's CEO in a statement on 6 April 2022 to the Oireachtas Committee on Tourism, Culture, Arts, Sport and Media, <https://www.failteireland.ie/Utility/News-Library/Statement-from-Paul-Kelly-to-the-Oireachtas-Commit.aspx>