
The Impact of COVID-19 on Utah Women and Work: Health Impacts

The COVID-19 pandemic of 2020–21 has affected workers across the globe, and women in the workforce have been disproportionately impacted, including those who live in Utah. The pandemic affected every aspect of life, especially physical and mental health. While the fatality rate has been higher for men, the pandemic impacted women’s mental health at a higher rate with more women being laid off or furloughed in certain industries (e.g., retail, food services, hospitality), experiencing increased workloads in other sectors (e.g., healthcare, education), absorbing greater unpaid caregiving responsibilities from homeschooling and childcare disruptions, and reporting elevated instances of domestic violence.¹ These impacts have led to increased post-traumatic stress disorder, anxiety, and depression among women.²

To better understand these experiences, [Utah Women & Leadership Project](#) (UWLP) researchers conducted an extensive, in-depth survey to understand the impact of COVID-19 on Utah women and work. The survey opened for data collection in January 2021 to all Utah women aged 20 and older who were either currently employed or who were unemployed due to the pandemic. The objective was to understand more clearly the experiences of Utah women as they navigated paid work during the pandemic. This comprehensive study collected data on a wide variety of topic areas and included both quantitative and open-ended questions to capture respondents’ perceptions and experiences. This brief is the final in a six-part series on the impact of COVID-19 on Utah women and work.³ In this brief, we focus on qualitative findings regarding the most oft-mentioned impact of the pandemic: mental and physical health.

Study Background & Overview

An online survey instrument was administered to a non-probability sample of Utah women representing different settings, backgrounds, and situations (i.e., age, education, race/ethnicity, marital status, socioeconomic status, county/region, job type, sector/industry, hours worked per week, employment status, and workplace situation). A call for respondents was announced through the UWLP monthly newsletter, social media platforms, and website. In addition, the research team members worked closely with nonprofit organizations, chambers of commerce, government agencies, municipalities and counties, women’s networks and associations, multicultural groups, businesses, universities, churches, and volunteers who assisted in disseminating the survey to their employees and contacts. Additionally, targeted recruitment efforts were made to include women of all demographics throughout the state, including providing the survey in both English and Spanish (see design information in previous briefs).

Overall, 3,542 Utah women completed the survey, with 2,744 responding to at least one of the four open-ended questions. The demographics and limitations for survey respondents who responded to qualitative items are summarized in Table 1 in a previous brief titled “[No. 32: The Impact of COVID-19 on Utah Women and Work: Career Advancement Challenges](#).” Of all qualitative respondents, 30% mentioned a mental health toll and/or felt additional stress during the pandemic. This was by far the most oft-cited sentiment mentioned in open-ended comments; it was repeated in every one of the four open-ended questions. Of the 2,530 respondents who responded to the open-ended question, “What benefits, if any, have you experienced (or anticipate experiencing) in your job/career because of the COVID-19 pandemic?” 9% mention mental and physical health benefits of the pandemic, mostly due to the time saved working from home that could be spent on more valued activities. On the flip side, of the 2,713 respondents who responded to the open-ended question, “How has the pandemic affected your work experience?” 4% specifically mentioned a toll on their physical health. All responses were coded and analyzed for major themes and subthemes. Select comments are included in the narratives below that exemplify responses within the following four categories: Cause of Mental Health Toll, Effects of Mental Health Toll, Physical Health Toll, and Mental and Physical Health Benefits.

Causes of Mental Health Toll

Surprisingly, no clear trends emerged in the analysis of qualitative responses that mentioned a mental health toll by demographics such as age, education level, race or ethnicity, marital status, industry, or career stage. While the lack of obvious trends can also be attributed to sample limitations, the qualitative data indicate declined mental health despite demographic and workforce differences.

Additionally, worsening mental health did not discriminate by situations or experiences. The mental health toll of the pandemic emerged in a wide variety of circumstances and situations. For example, those working from home felt a mental health toll, as did those going into the office. Also, the factor of children in the home made a difference: respondents caring for children felt burned out and overwhelmed, while those without children felt isolated and lonely. This section documents respondents’ perspectives of their worsening mental health. Specifically, five primary causes emerged regarding the impacts of the pandemic on mental health: experiencing work pressure, contracting and spreading COVID-19, having children at home, coping with financial instability, and working essential jobs.

1. **Work Pressure:** Of those who described a mental health decline (N=855), 29.9% cited work-related pressure as the cause. In some cases, respondents working from home felt they had to work more hours and press themselves to prove they were still as productive as they had been when they worked in the office. According to one respondent, “I feel kind of forgotten by my work, especially since I’m actually working much more now, and I don’t feel it’s appreciated. I have been very stressed that I’ll get in trouble for being less productive, and I can’t afford to get fired or anything because my spouse is in a hospitality industry that is struggling to stay afloat. I’ve just been really stressed.” Another respondent felt the same: “I think the major difficulty for me, as someone with no kids and is employed, has been the pressure to turn things around at unrealistic rates to show that you are in fact working from home and the mental health/burnout that is causing.”

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Furloughs of colleagues or additional COVID-19 requirements meant more work responsibility was put on respondents, often without extra pay. For example, one woman stated, “I worked at a busy restaurant as a bartender. The day after the shutdown I was the only ‘To Go’ employee. None of us had been trained on it so there was a lot of stress. Ultimately it was also a significant loss of income as people tend to tip less compared to dining experiences. I was making approximately 1/3 of my previous income but working more hours.” Another respondent said, “I am more concerned about my job performance. My mental health is at an all-time low. I worry about everything (family, finances, household responsibilities, ability to eat, etc.) except work, but not being worried about work has me in a continuous cycle of anxiety and worry.” Lastly, a teacher explained, “Due to pressure placed on me from my job, I have seen a significant decline in my mental and physical health. With the added expectations, I am getting burned out, working longer hours, and feeling anxiety and depression creep into my everyday life. As a teacher, I am working every day in person to meet students’ needs but am also being expected to have an online course for students as well. This only adds stress and anxiety to my already overwhelming feelings.”

2. **Contracting and Spreading COVID-19:** Almost a quarter (22%) of respondents were worried about contracting and spreading COVID-19, especially those who were not able to work from home and had coworkers who were not as cautious. One respondent stated, “Work is more mentally and emotionally draining. I feel like I have to constantly defend my choice to always wear a mask, be cautious, and keep safe social distance between coworkers when that’s what we have been told to do.” A second Utah women explained, “Because I have two high-risk family members at

home and I am expected to work in close contact with people at work, I am quite worried about contracting the virus and passing it on to my loved ones. I would hate to be the one who ‘killed’ my spouse and daughter. This has caused a lot of stress and anxiety for me.” Another respondent said, “My husband’s work has affected my mental health greatly. I had to go on more antidepressants and couldn’t cope with the kids and stress because we couldn’t go anywhere or see anyone. The worst part is feeling alone in taking it seriously in Utah, which reduced the places

we could go even more because we couldn’t trust others to wear masks or distance or anything.” And a final respondent explained, “Depression increased due to lack of human interaction, but anxiety increased when going into the office as people didn’t always take social distancing and masks seriously.”

3. **Children at Home:** Some respondents who had children at home (12.6%) often felt the work pressures mentioned above in addition to added home responsibilities as they navigated homeschooling and COVID-19 precautions. This mother explained, “It’s been so much harder. I’ve had to watch my three-year-old kid from home while I work, and I have a job that I’m in meetings most of the day. I work in a male-dominated industry, so I feel they don’t understand when they hear the craziness in the background. My work-life balance has disintegrated since working from home, and I’m on call now for projects 24-7. My emotional wellbeing has taken a huge hit as we dealt with my husband’s furlough, postponement of school for my daughter, and my burnout. It’s been rough.” Another mother stated, “The childcare and household responsibilities fell disproportionately on me, while my partner basically went ‘back to business as usual’ and I was left in the dust trying to balance full-time work and full-time childcare. My mental and physical health took a steep decline. Fortunately, my work has been flexible enough to allow this, but the burnout is very real, and I feel like I am paying a higher price than my partner in this pandemic.” And this working mother shared her experience: “I have a child with profound special needs and trying to homeschool her was extremely difficult. She almost ended up losing her ability to walk, regressed on all her goals like communication and toileting, got super depressed, and more. My husband was never sent home from his workplace during COVID, so he went to work every day, and the responsibility of the house and homeschooling fell on me as I was trying to work from home. It felt like I could *never* get a full day of work in unless I worked late at night. Even now it’s midnight and I am taking this survey because I didn’t have uninterrupted time today to do it.”

4. **Financial Instability:** Some respondents (11.6%) felt increased financial strain and pressure to secure financial stability as they were not able to secure the same hours as before the pandemic, experienced a furlough, lost business, or saw their spouse lose their employment. This business owner explained, “I’m saddened and extremely worried about the next month, and the next. I’m getting very little sleep because of worry and working long hours trying to do so much of it myself. We’re exhausted and scared we will be shut down again. Our small business won’t survive another shutdown.” Another respondent described her particular situation, “As a single woman, I have not experienced some of the stresses many women have in balancing home schooling or a partner working from home at the same time. That being said, I am the primary support system for my elderly parents and have had to shoulder some of the financial burden because my mother was furloughed from her job. This additional support I must give them has put me in a constantly stressful situation regarding finances.”

5. **Essential Workers:** A mental health toll was also reported by those on the front lines of the pandemic (essential workers), such as healthcare workers, educators, and grocery store workers, to name a few (6.4%). One healthcare worker stated, “I’ve got quite a few patients with risk factors. It’s stressful thinking that if I unknowingly passed COVID along to them, someone could potentially die from it. So, my personal life has changed dramatically. I basically only interact in person with my husband and daughter. Sometimes, I feel quite isolated. Throughout the course of my workday, although I’m taking precautions, I feel vulnerable to becoming infected. It’s stressful. Every patient comes in with an increased level of stress and anxiety due to the pandemic, so I’m interacting with stressed, anxious people all day.”

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A teacher also explained, “My administration seems to think the precautions are ‘over the top’ when they are actually barely meeting the minimum. We’re scared, overwhelmed, and feeling totally burned out. We have to keep track of virtual, in-person, and quarantined students. It feels like we’re doing multiple jobs at once. This is my 8th year of teaching and the first year that I hate my job. We are constantly bullied by the public to ‘do our job or shut up.’ Our fears are laughed at. I feel totally invalidated and undervalued.” Another teacher agreed, “The social outlash against teachers and the disregard for our family’s wellbeing makes me depressed. I wish our state was handling this better, and I wish that we were being compensated for all the additional responsibilities. I have never felt more expendable, disrespected, and have never considered leaving my job more.”

And this respondent said, “I’m in frontline retail grocery sales, and this year has been so stressful and exhausting. I’m grateful to have job security, but my mental and emotional health has suffered greatly during the last year. I’m a single parent trying to juggle enormous pressure at work to maintain sales numbers and take care of my family and home responsibilities. I’m working 60, sometimes more hours a week, worrying about getting sick, and they just keep pushing us for more.”

Effects of Mental Health Toll

The effects of mental health decline were often described by study participants as actual diagnoses, including stress, general mental health decline, anxiety, guilt and failure, burnout, fatigue, depression, and loneliness. Respondents also described indirect effects such as their work suffering, the inability to focus or be productive, feeling overwhelmed, and feeling like a failure in all areas of their lives. Five effects of the mental health impacts of the pandemic emerged as primary themes: stress, unspecified mental health toll, anxiety, burnout or fatigue, and isolation or loneliness.

1. **Stress:** Of respondents who felt a mental health toll from the pandemic (N=855), 51.1% specifically mentioned increased stress. One respondent remarked, “I’m a childcare provider, and I feel like I’m putting my life and other people’s lives at risk daily. We are constantly bleaching things and trying to avoid being coughed on just in case. Children have been brought into our facility while infected with COVID-19. Things are very tough and stressful every day.” Another explained, “I am more tired now than I have ever been because of the mental and physical stress of wondering if this could be the day I catch COVID-19 and die.” Another study participant stated, “I feel stress about the safety of the work environment, the change in workload and requirements, and an increase in amount of work that needs to be done at home.” And a final woman said, “I am stressed every time I go to work because nobody is wearing masks, sanitizing, and washing, and nobody within the company enforces it.”

2. **Unspecified Mental Health Toll:** Another 20.8% mentioned a general negative impact to their mental health without a specific classification. One respondent stated, “I feel like I’ve been exposed to a trauma repeatedly over the last 10 months, and my typical coping mechanisms are drastically reduced. I’m the type of person who really needs something out on the horizon to look forward to in order to keep my mental health in a good place. With those things ripped away and no timeline for knowing when they will come back, keeping a positive outlook or good mental health has been a huge struggle.” And one mother remarked, “I have worked harder than ever before. I am the primary breadwinner for the family and, while my job was never at risk, I felt driven to perform to ensure it remained stable. The tone while my children were at home was really awful. I was unable to balance the demands of an

executive role with the demand of schooling my children (8 and 15 years old). That experience alone will require counseling for all of us.”

3. **Anxiety:** For 17.5% of respondents, the pandemic caused increased anxiety. One respondent said, “I have a very stressful job and now I’m stressed out about the pandemic and the world in general. I’m not sleeping well. I have constant anxiety. It’s nearly impossible to focus at times. I’m certainly not as productive as before, and that causes additional stress. I’ve started looking for a different job; something with fewer deadlines and less stress.” Another respondent explained, “I have had difficulties concentrating because of generalized anxiety due to the changing nature of my work and the fact that I know people that are ill and could be dying.” Another respondent noted, “The impact of the pandemic on working parents cannot be understated. We have faced responsibility for teaching and caring for our children 24/7, all while trying to work full-time in a new and unfamiliar environment of 100% telework. Those of us in the ‘sandwich generation’ also had to take on responsibility for our parents during this time, including things like grocery shopping and mental health support. Many of us also had the misfortune of having children and/or parents test positive for COVID or have to spend time in quarantine due to exposure. The level of worry and anxiety impacted every aspect of life.”
4. **Burnout and Fatigue:** Burnout and fatigue were felt by 14.9% of respondents who reported a mental health toll. As covered in this and previous briefs, additional responsibility at work and at home took its toll on Utah women. One respondent explained, “Every female faculty member on this campus whom I’ve spoken to in the last 10 months is burned out. We are literally *on fire* with burnout. Most of the advice we get is to ‘just do what the male faculty members are doing because look how much they are getting accomplished during COVID!’ There is no relief to the pressure. I can’t *do* more, *be* more, *earn* more . . . there isn’t anything left! The free mental health services are not available until June 2021.” One healthcare worker stated, “I’m working long hours, being on call, planning and preparing for surges, and dealing with demands of projects, timelines, and a reduction in force. This year has been extremely challenging for me. My mental health was the worst it’s been in years. I required medication to help me deal with things. I felt like I was juggling 20 balls in the air and at any time they would all fall. I did not see an end in sight.” Lastly, one woman stated, “I’m tired. I’m sad.”
5. **Isolation and Loneliness:** Social distancing and remote work had a negative effect on 12.3% of respondents who reported loneliness and feelings of isolation. This respondent explained, “I have to work very long hours all by myself, which is very lonely and depressing. Therefore, my mental health has declined greatly. It is hard to be alone all day and then not be able to gather with friends at home

on top of that. Loneliness has been the biggest side effect of COVID-19 for me.” Another participant stated, “In this rural area, there is not a lot to do, and our complete social interaction comes from school and work. I grew up in a bigger city, and it was extremely hard to move to this rural area and then to be sent home in isolation to teach. It was hard mentally.” One woman explained, “I have a really hard time feeling like I’m doing well or progressing. I’m essentially alone for the entire workday and, with the pandemic, I’ve been alone most of the time anyway. If I’m having a really bad mental day, then those conditions make it brutal. I can’t just talk to someone in passing if I’m feeling down; I must make a bigger effort. So, by the time I talk to someone, it’s usually because I’m at a boiling point and can’t handle whatever I’m feeling.” Lastly, one respondent explained, “Having *zero* onsite and face-to-face time has been difficult for me. I did not realize how much socializing I gained from work, nor how important it was to my happiness, energy, and mental health.”

Physical Health Toll

Only 114 respondents (4% of the sample) mentioned a physical health toll from the COVID-19 pandemic. These physical health declines included both direct effects such as contracting the virus and indirect effects like less movement and exercise and physical problems that manifested from the stress of their experience. Three themes emerged regarding the physical health impact of the pandemic: unspecified toll, COVID-19 sufferers, and indirect impacts.

1. **Unspecified Toll:** Of the 114 women who reported a physical health toll, 33.3% did not offer specifics but mentioned a general toll (often alongside a mental toll). For example, one respondent shared, “I feel my mental health, physical health, and motivation has greatly decreased.” Another respondent said, “The impact of a spouse losing their job is catastrophic. The loss has a major impact on me financially, physically, emotionally, socially.”
2. **COVID-19 Sufferers:** Direct physical health impacts were felt by 23.7% of those who reported a physical health toll. These largely included those who contracted the virus and any ongoing effects stemming from the illness. A respondent in healthcare explained, “I got very ill with extreme fatigue and heart problems, which nobody seems to have any help for.” A teacher weighed in with her experience, “One of the most frustrating things about this was I did get COVID. My quarantine time was difficult because I still had to keep my classes going with online work even though I felt horrible. I remember answering real-time questions for students while taking vomit breaks.” One childcare provider stated, “As of today, I shut down my family childcare program due to testing positive for COVID-19 yesterday. I am extremely worried that parents, who put trust in me, will enroll their children somewhere else. I am also very worried about the health of the

children that were under my care and got exposed to COVID-19 through me.” A final respondent commented, “I was unable to work for 6 weeks due to having COVID and being a long-hauler. The headaches, brain fog, and complete exhaustion prevented me from doing anything. I’m 10 weeks out and still have exhaustion. I can’t run or walk for extended periods of time.”

3. **Indirect Impacts:** Another 19.3% reported indirect physical health impacts stemming from their pandemic experience, such as those caused from stress or working from home. For instance, one respondent stated, “The expectation to just step up and do more work for less pay, even though others were furloughed or laid off, has been demoralizing and has led to stomach ulcers, bad sleep, burnout, and likely a job change.” Another woman explained, “The amount of stress outside of work (politics, increased stress and difficulty in safe grocery shopping, scarcity, etc.) has also impacted my stress tolerance levels, which contributed to the burnout brought on by work. I have developed major stress-related digestive problems as well as muscular injuries since the start of the pandemic.” One respondent said, “At work, I had a nice desk, keyboard tray, and a chair that prevented me from developing issues with my right arm, shoulder, and my right leg. Since working from home, these have come back and have been significant.” Finally, one respondent stated, “Health-wise it has been a struggle because I have migraines. Moving into the virtual world means more time staring at a computer screen and more migraines.”

Some 13% of these respondents described less movement and activity due to working from home. For example, one respondent explained, “I have put on some weight and believe it is mostly due to not needing to move as much. Everything is electronic and right at my fingertips, so I don’t walk to the print room or file room or to meetings. Our 30 min/3 day a week exercise time at work was taken away because of the pandemic. For some strange reason, we have no exercise program available with telework, and I probably need it more now than ever before.”

Mental and Physical Health Benefits

Of the 2,530 respondents who responded to the open-ended question, “What benefits, if any, have you experienced (or anticipate experiencing) in your job/career because of the COVID-19 pandemic?” 43.5% mentioned the ability to work from home and/or more flexibility in their schedules. A large proportion of those respondents said the increased flexibility and remote work improved their physical and/or mental health. Of the 9% (N=218) of respondents who mentioned mental and physical benefits of the pandemic, 56.9% attributed the benefits to working from home and flexibility.

Respondents felt they were better able to focus and could be more productive working from home. They appreciated the time saved from having no commute, which helped them

better fit in time for valued activities, relationships, and exercise. For example, one respondent stated, “I work 100% from home now. I love it! My mental and physical health is better. Less stress, better eating habits, calmer. I’m saving money by not driving and buying clothes for work. My overall quality of life has improved dramatically. I have more quality time with loved ones. I can’t say enough about the positive impact on my life personally.” Summarizing the feelings of many respondents, one woman said, “The freedom of working from home has been huge. I didn’t realize how much stress was involved in physically being at the office. I feel I’ve been better able to care for myself and my household by physically being in my home more often.” Two related themes emerged from the participants’ responses: mental health benefits and physical health benefits.

1. **Mental Health Benefits:** Respondents felt that the ability to work from home, and the flexibility it afforded, helped improve their overall mental health. Reduced stress levels and anxiety, more quality time spent with family and pets, and improved work-life balance were specifically mentioned by respondents as benefits. One respondent explained, “I feel less stress and anxiety induced by in-office work, workplace drama, and commuting.” Another stated, “It’s helped me work more efficiently and produce better work. Since I’m working from home, I’m fighting less anxiety, which allows me to be a better worker.”

“The increased flexibility has been amazing! I feel much more able to take care of my children’s needs and much less stressed about their daily schedules.”

One mother in our study said, “This has been a great opportunity to open the line of communication with our kids about mental health, taking

care of both our mental and physical health, and taking care of family relationships.” Another mother stated, “The increased flexibility has been amazing! I feel much more able to take care of my children’s needs and much less stressed about their daily schedules.”

Notably, 10.1% of respondents who felt a mental or physical health benefit described their employers’ increased focus and prioritization of employees’ physical and mental health. One participant explained that there was “more understanding of mental health needs” from her employer, and a deeper “understanding of balancing work/family life.” Another respondent shared, “My workplace has emphasized personal care and taking time for the things that help me recover, process, and feel happy as priorities.” Finally, one woman explained that employers had “really stepped up emotional and mental support,” while others made sure that their employees had access to the needed resources to improve their mental health.

2. **Physical Health Benefits:** In addition to the flexibility of working from home, many Utah women listed “no commute to and from work” as another major benefit. They explained that they were able to spend more time sleeping and exercising, preparing healthier meals, and practicing

better overall self-care. For example, one respondent felt that the simplified lifestyle “increased time for exercise and self-improvement.” While working from home, one woman shared, “I can read and respond to emails on my home treadmill and not worry that I won’t be changed and presentable again precisely within a one-hour allotted lunch break. The pandemic has improved my work life.” Another shared, “I’ve been eating healthier since moving home because I’m able to cook things on my lunch break instead of having to go get something from a fast-food place.” A final participant explained, “It has allowed me to work from home, which, in turn, allowed me to get more sleep. It was a whole domino effect from there. I was able to get more sleep, which helped me eat better, which gave me more energy, which led to exercising more, which led to an overall healthier me.”

Some respondents referenced cleaner work environments as a benefit of changes due to the pandemic. One respondent shared that she hoped that her employer would “continue to clean/sanitize” and have employees stay home if they were feeling sick. Another listed “increased sanitization and cleanliness in my workspace and jobsite overall,” as a benefit. For respondents who worked in industries that received early access to the vaccine, several mentioned receiving the vaccine as a major physical health benefit.

Conclusions and Recommendations

This research brief sheds light on the health effects of COVID-19 on working women. Because of the health risks of COVID-19 and the safety precautions implemented to decrease risk, women either lost their job, were sent home to work, or risked their health by interacting with coworkers and/or the public. For those who experienced remote work, some enjoyed the extra time for family, activities, and exercise. More often, however, women felt mental declines from either the additional responsibility of both working at home and taking care of their family or feeling isolated and lonely. Utah women working with the public felt anxiety about

contracting and spreading the virus and, in some cases, felt a lack of support from the community regarding health risks. While some experienced decreased physical health from contracting the virus, others faced physical problems that manifested from the stress of their experience.

There are important actions that can support the mental and physical health of Utah women in the workforce. First, all women, especially women of color and those with low household income levels, need better access to mental health care to heal and thrive. Employers can ensure adequate mental health coverage in insurance options and foster an atmosphere that acknowledges and supports mentally healthy activities and lives. Legislators can support mental health coverage amendments, mental health days for students and employees, and overdose and suicide prevention programs.

Second, flexible and remote work options benefit many women and families, evidenced by those who said it led to a healthier work/life balance, increased productivity, and provided more time for relationships, preferred activities, and exercise. Employers can continue to offer a work-from-home option for applicable positions or, if the position requires an office presence, allow for flexibility in work hours. Research has shown that empathetic and supportive policies attract and retain employees, along with increasing employees’ psychological safety, organizational commitment, and productivity.⁴ Utah state and local governments can implement policies that support Utah women in terms of childcare, flexible work arrangements, and family leave policies.

The pandemic has impacted nearly every aspect of Utah women’s lives, which, for most, includes their physical and mental health. Ensuring that women can thrive mentally and physically is important moving forward. As Utah leaders and residents better understand the challenges that Utah women have faced related to COVID-19, a more equitable recovery can be crafted. This will, in turn, strengthen our businesses, families, communities, and the state as a whole.

¹ Laughlin, L., & Wisniewski, M. (2021, March 23). *Women represent majority of workers in several essential occupations*. U.S. Census Bureau. <https://www.census.gov/library/stories/2021/03/unequally-essential-women-and-gender-pay-gap-during-covid-19.html>; see also other briefs in this six-part series.

² Van Ness, M. (2021, April 1). *COVID-19 and women’s mental health: The impact on wellbeing, disparities, and future implications*. Baylor University. <https://www.baylor.edu/communityconnection/news.php?action=story&story=222809>

³ The other five briefs in this series included: 1) [The Impact of COVID-19 on Utah Women and Work: Changes, Burnout, & Hope](#), 2) [The Impact of COVID-19 on Utah Women and Work: Career Advancement Challenges](#), 3) [The Impact of COVID-19 on Utah Women and Work: Childcare and Homeschooling](#), 4) [The Impact of COVID-19 on Utah Women and Work: Caregiver Experiences](#), and 5) [The Impact of COVID-19 on Utah Women and Work: Resilient Mindset & Wellbeing](#).

⁴ Morgan, L. (2010). *The impact of work-life balance and family-friendly human resource policies on employees’ job satisfaction*. Social Science Premium Collection.

https://nsuworks.nova.edu/hsbe_etd/78/; Scribner, R. T., Vargas, M., & Madsen, S. R. (2020, December 2). *Flexible and family-friendly policies at Utah’s “Best Places to Work.”* Utah Women & Leadership Project. <https://www.usu.edu/uwlp/files/briefs/27-flexible-family-friendly-policies-utah-best-places-to-work.pdf>

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