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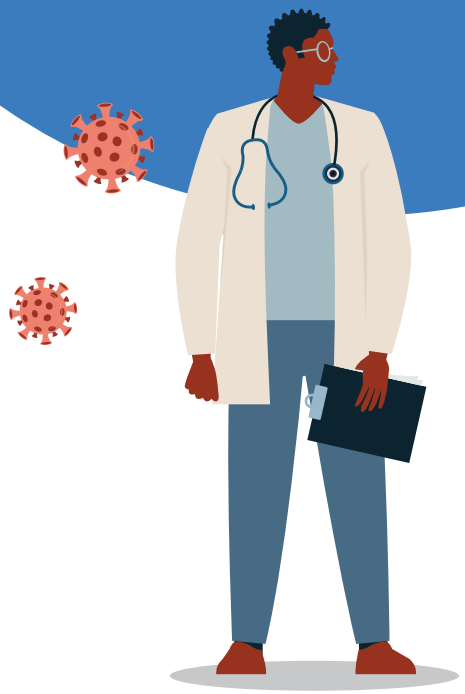


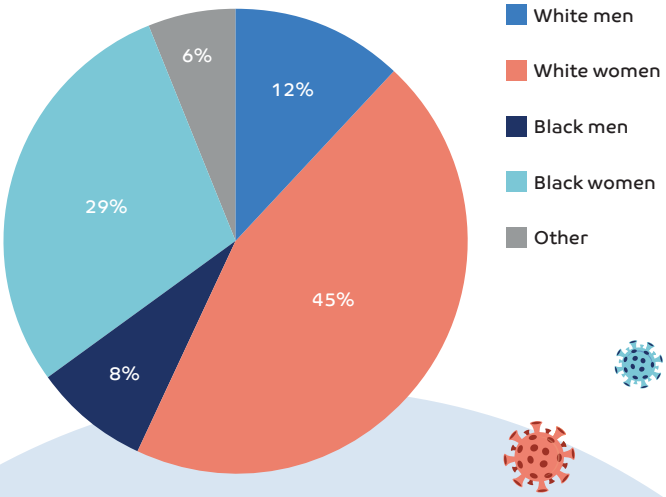
Gender and race: Experiences of health workers in Brazil during COVID-19

This brief highlights findings from an online survey of 1,263 health workers within Brazil's national health system during the COVID-19 pandemic. The survey findings show how race and gender intersect, shaping the experiences of health workers. Overall, Black women received the least resources and institutional support, while facing the greatest mental health impacts and instances of workplace harassment. Racial inequalities tend to be more pronounced than gender inequalities, especially with regard to access to resources. For example, Black men reported having less access to personal protective equipment (PPE) compared to White women. These findings highlight the critical need for measures to support healthcare workers that account for both race and gender.

Methods

Conducted between September 15 and October 15, 2020, the online survey covered topics such as access to resources, institutional support, mental health, and workplace harassment. Qualitative analysis was also conducted of respondents' testimonies of workplace harassment. The race and gender breakdown of respondents are shown in Figure 1. Respondents were physicians, nurses, community health workers, and other health care workers. Most White and Black women as well as Black men identified as nurses, and most White men as physicians.

Figure 1. Respondents by race and gender



Context

The Brazilian government's response to the COVID-19 pandemic has been characterized by lack of coordination, inadequate investment in health, and absence of leadership by President Jair Bolsonaro, who has actively denied the severity of the pandemic and spurned public health measures such as mask-wearing (Caponi 2020; Castro 2020; Ferigato et al. 2020). In denying the pandemic, Bolsonaro often displays bravado and toxic masculinity, urging Brazilians to "face the virus as men and not as brats" (Ferraz 2020). Such displays of toxic masculinity can be viewed against a backdrop of a growing anti-feminist movement in Brazil (Rothermel 2020).

It is in this context that we analyze the experiences of health workers in Brazil, of whom close to 70% are women (Cofen 2020a; Scheffer et al. 2020). Women healthcare workers tend to predominate in lower-paying occupations such as nursing and community health work (Cofen 2020a; Scheffer et al. 2020). Racial hierarchies are deeply entrenched in the Brazilian health system. In many health centers, White nurses with tertiary education hold managerial and administrative roles, supervising nursing staff who are largely Black and undereducated (Lombardi and Campos 2018).

This racial hierarchy can be traced back to the professionalization of nursing at the end of the nineteenth century, when socially mobile women, who were predominantly White, began enrolling in nursing school. Prior to this, nursing was practiced without formal training and was considered charitable or enslaved work, done without payment or recognition (Lombardi and Campos 2018). Racial and gender hierarchies also play out in community health work, with Black women comprising the majority of community health workers in Brazil (Milanezi et al. 2020; Nunes 2020).

Alongside the professionalization of nursing, another important contextual factor to consider is the shift towards a corporate style of management within the Brazilian national health system from the 1990s, influenced by neoliberal and austerity policies (Andreazz and Bravo 2014). This manifests, for example, in the focus on productivity and in the prioritization of quantity of work over quality of care (Morosini, Fonseca, and Lima 2018; Nogueira 2019).

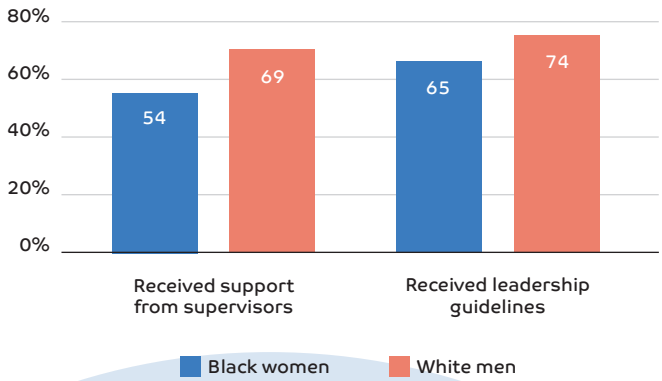
Access to resources and institutional support

The survey findings show that White men were most likely to have access to PPE and training, while Black women were least likely to have such access (Figure 2). When it came to PPE, racial inequalities were starker than gender inequalities, likely due to the professional profile of participants. In the sample, Black men and women were more likely to work as nursing technicians and community health workers, while White women and men were more likely to hold clinical roles.

Figure 2. Percentage of health workers who reported having access to resources

Similarly, in terms of institutional support, Black women were least likely to report receiving support from their supervisor as well as leadership guidelines, while White men were most likely to report receiving such institutional support (Figure 3).

Figure 3. Percentage of health workers who reported receiving institutional support



Lack of institutional support was a theme reflected in some testimonies by participants. One physician shared that her supervisors failed to show support and empathy, even accusing her of making up symptoms when she contracted COVID-19:

> ***"Our bosses don't give us support. We are exposed and continuously lack support. Whether with tests or psychological support. When I got infected, I had to listen [to them claim] that I invented the symptoms. Several colleagues have experienced similar situations. It's very demotivating and sad."***
> ***(Physician, White woman, Santa Catarina, South Brazil)***

Mental health

Health workers' level of fear concerning COVID-19 varied by race and gender. Black women were most likely to indicate fear of contracting COVID-19, followed by White women, Black men, and White men (Figure 4). There were also gender differences in mental health impacts, with 83% of Black and White women reporting that the pandemic had impacted their mental health, compared to 69% of Black and White men (Figure 5).

Figure 4. Percentage of health workers who reported experiencing fear concerning COVID-19

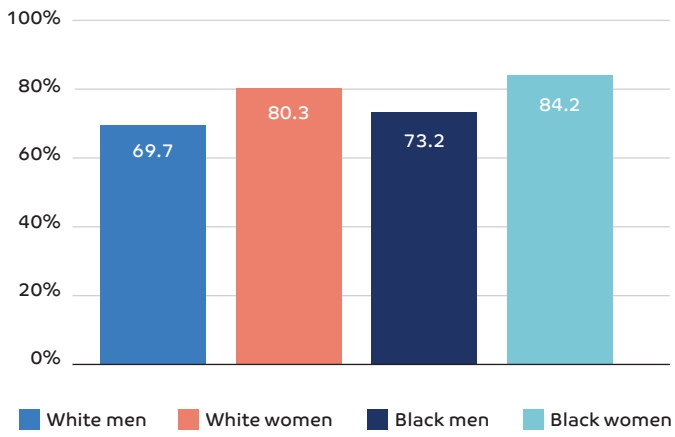
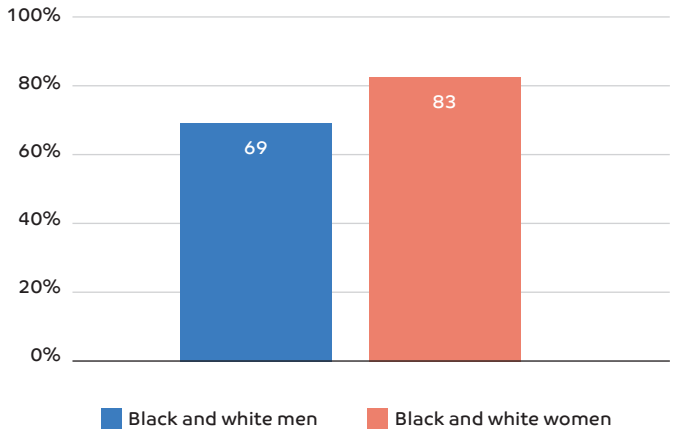
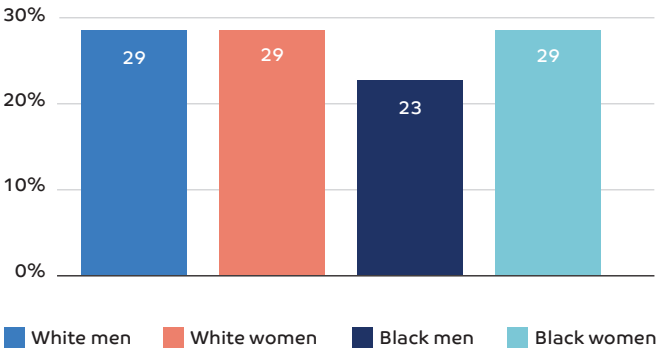


Figure 5. Percentage of health workers who reported experiencing mental health impacts



When it came to mental health support, Black men reported receiving the least support to handle the emotional toll of working on the frontline, while other groups received comparable levels of support (Figure 6).

Figure 6. Percentage of healthworkers who reported receiving mental health support



Health workers also shared that they experienced loneliness and isolation, as they could not see their loved ones due to the demands of their work and concerns about exposing loved ones to the virus:

> ***"As I work on the frontline in this pandemic, I didn't see my daughter for a month and didn't hug my parents. I felt such loneliness having to talk to them by video call... the pain was surreal, wanting to be near [them] and not being able [to be]. It was the only way to keep them safe and secure"***
>
> ***(Community health worker, Black woman, Amazonas, North Brazil)***

Workplace harassment

Women were more likely to report experiencing workplace harassment, with 38% of Black women and 34% of White women reporting to have experienced harassment, compared to 32% of Black men and 25% of White men (Figure 7).

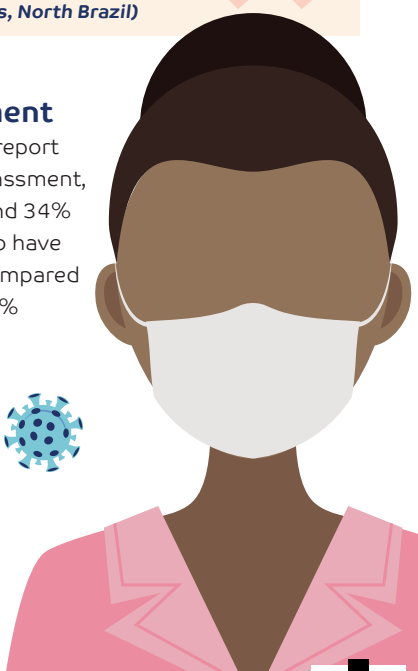
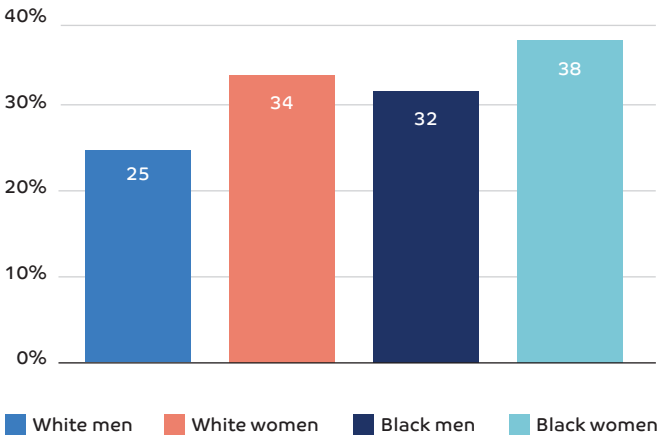


Figure 7. Percentage of healthworkers who reported experiencing workplace harassent



A qualitative analysis of testimonies of harassment shows that supervisors were the aggressors in most cases of harassment reported by respondents. In many of these cases, respondents were humiliated, threatened, and coerced to work in unsafe conditions without proper equipment and training. Respondents were also harassed by families and patients, who perceived them as 'COVID-19 vectors' or carriers of the virus. This was especially the case for community health workers, who are deeply embedded within their communities. The harassment caused many respondents to feel devalued, discouraged, and unhopeful. Gender dynamics also played out in the harassment, with respondents facing motherhood discrimination, as well as verbal abuse with undertones of sexism.

> ***"I'm the oldest on the team and the most recently hired. My immediate boss screams at me in team meetings. They've put me in challenging situations. They've already questioned my competence in front of everyone. They've already interfered with my work process, preventing me from bonding with patients."***
> ***(Psychologist, Black woman, Ceara´, Northeast)***

> ***"I was excluded along with my son, who is a four-year-old, because I work in health care and some think I'll be infected and infect other people. That's prejudice."***
> ***(Service manager, White woman, Sao Paulo, Southeast)***

> ***"I'm pregnant and my boss demanded that I continue seeing patients normally. She accused me of using my pregnancy to avoid work. In addition to being pregnant I became hypertensive. PPE was a nursing priority, and my room was only cleaned once a week and only the floor. I had to clean my room."***
> ***(Physiotherapist, White woman, Santa Catarina, South)***

> ***"COVID shifts were not negotiable and the managers lacked understanding often as to the difficulty of dealing with a child with no school (they did not permit teleworking, not even temporarily at the beginning of the pandemic)."***
> ***(Physician, Black woman, Federal District, Midwest)***

Conclusion

The survey findings reveal how gender and race intersect, shaping the experiences of health workers. Among all groups surveyed, Black women faced the greatest brunt of the pandemic. Overall, they received the least resources and institutional support, while experiencing the most workplace harassment and the heaviest mental health toll. It is worth noting that racial inequalities tend to be more pronounced than gender inequalities, especially with regard to access to resources. Black men had less access to PPE compared to White women, besides receiving the least mental health support among all groups. This reflects racial hierarchies within the Brazilian health centers, in which White women hold more administrative and managerial roles compared to Black men and women (Lombardi and Campos 2018).

Given how gender and race intersect, measures to support healthcare workers during the pandemic and beyond need to account for both gender and race. Such measures include:

- Allowing flexible scheduling and providing childcare support to healthcare workers who have caregiving responsibilities
- Tackling verbal abuse by supervisors and patients
- Expanding mental health support for health care workers
- Ensuring appropriate salaries and workloads
- Ensuring adequate access to PPE, especially among lower-ranked cadres of health workers
- Providing career advancement opportunities, such as training and mentorship, to Black healthcare workers

To address historical injustices and promote gender equality within the health system, these measures should be focused on women, particularly Black women. As women are the backbone of the health system, supporting them would strengthen the health system and ensure its resilience during times of crisis.

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