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Labour protests during the pandemic: The case of hospital and retail workers in 90 countries

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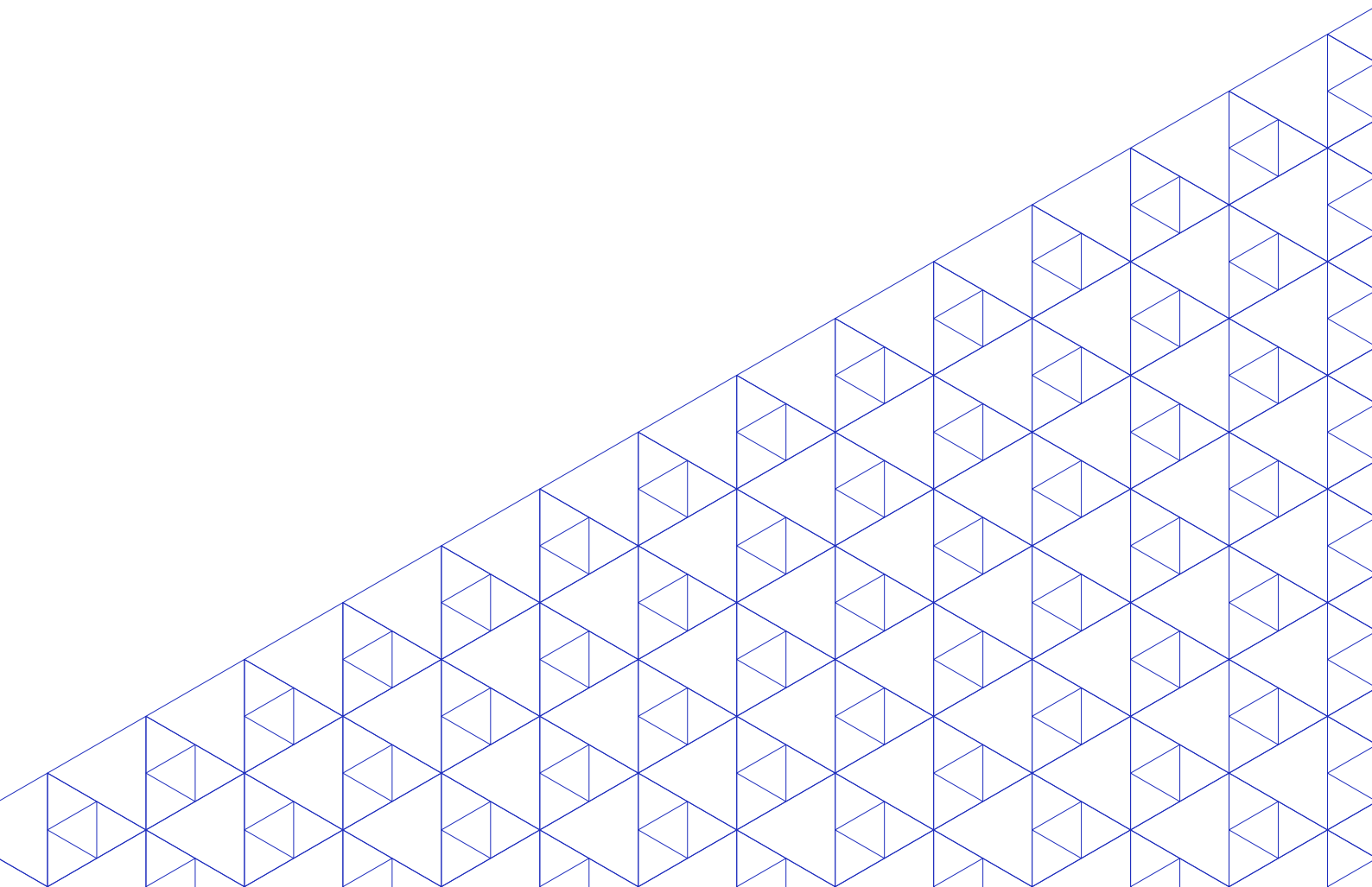
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The case of hospital and retail workers in 90 countries

Authors / Vera Trapmann, Charles Umney, Denis Neumann, Mark Stuart, Simon Joyce, Ioulia Bessa





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Abstract

With a novel methodology searching news events from world's largest news agencies via the online GDELT project, this report documents protest of key workers against their working conditions during the COVID-19 pandemic in 90 countries. The report offers the first global dataset of labour protests of key workers during the pandemic. It focusses on two sectors, healthcare and retail. The results show that, overall, despite large volumes of protest over acute COVID-related problems such as the provision of Personal Protective Equipment (PPE), the main concern of protesting workers during the pandemic was their pay. Collective action accompanying demands for pay rises involved not only the withdrawal of labour, but also demonstrations and leverage tactics. Health and safety was the second most important concern, and protests linked to these demands did not cease when the pandemic became less deadly. Protest spiked during the initial March 2020 lockdowns, before continuing at a lower level throughout the pandemic. The report identifies important variation between countries and sectors, and highlights specific local contingencies, and strategic decisions taken by workers and their unions. To this end, the report also analyses in more detail five countries where protest was particularly important: France, India, Nigeria, the United States, and Argentina. The report offers a first step to understanding the variety of labour protests beyond more institutionalised forms of collective voice. It will be important to study further the relation between informal forms of protest action and institutionalised gains, during and beyond COVID-19.

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Key findings

The COVID-19 pandemic has amplified the dependence of societies on a variety of key workers. This includes not only doctors and nurses, fire fighters and those working in public safety or transport but also those working in logistics, and retail and other key sectors. Essentially a large number of occupational groups have been, throughout the pandemic, risking their own safety to ensure that people had vital necessities.

Against this background, the working conditions of key workers have come to the fore during the pandemic. Facing an extremely challenging environment, key workers have raised their concerns about their working conditions through different forms of *protest*, including demonstrations, petitions, “sick outs”, public campaigning, or lobbying alongside conventional forms of strike action. The study examines protests by key-workers in 90 countries, based on those with the highest number of COVID19 infections per inhabitant. In total, 3873 protest events of key workers in healthcare and 466 events in retail were identified during the first 15 months of the pandemic.

Protest spiked in the initial lockdowns of March 2020, but continued at a lower level through the rest of the time period. Protests in retail occurred most often in Europe and North America, while protests in healthcare were most common in Europe and South America. The highest number of protests overall occurred in France, Italy, Greece, Spain, Brazil, Mexico, Argentina, Peru, Nigeria, the Russian Federation, India and the United States of America. Overall, protest was more frequent in healthcare than in retail, underlining higher levels of organisation in the healthcare workforce, and suggesting retail workers were relatively more likely to choose “exit” rather than “voice” when faced with worsening pandemic conditions. However, the data also reveal prominent protest movements by retail workers in certain countries, notably the United States and Argentina.

The evidence shows that, around the globe, key workers have protested for better pay and better PPE and raised concerns over working hours and work intensity, staff shortages, patient safety, violence and abuse in the workplace and dismissal. Pay was the most common trigger for protest globally, although regional differences were evident for other sources of grievance.

For healthcare workers, the lack of PPE and other health and safety measures were more often a trigger for protest in Africa and South America. Work intensity was disproportionately a trigger of protest in North America and Oceania. Patient safety was most often a cause for protest in Oceania. Abuse at the workplace was the most widespread trigger in the Arab States.

For retail workers, dismissal was the most common cause in Asia, where every fifth case of protest was related to cases of dismissal. Dismissal also accounted for a tenth of retail worker protest in Africa. Demands for collective voice or training were very low across both sectors and all countries.

Protests through strike action took place in just a fifth of cases in both sectors. The most frequent actions by key workers involved public demonstrations in the healthcare sector and leverage tactics in retail.

While we therefore saw important differences across countries and regions, we also detect important variation within countries, between sectors. Some countries experienced very high levels of protest in one sector and negligible levels in another. In explaining this variation, we suggest that strategic decisions by unions are likely to be important. For example, the disproportionately high volume of protest in French healthcare appears to result from a proactive decision by French unions to explicitly link acute COVID-related problems (such as PPE shortages) to a much more general concern of a perceived long-running worsening of conditions in the sector. By contrast, in healthcare in India a greater proportion of protest activity seemed to be conducted outside formal union channels, and tends to involve very short “flash strikes” in response to acute problems such as unpaid wages. In the United States, the disproportionately high level of protest in retail may be related to proactive campaigning by particular organisations.

► Introduction

The COVID-19 pandemic has had a wide and deep impact on the world of work and has exerted huge pressures on workers in many sectors of employment. Occupations have been thrust into the public eye to an unprecedented extent, especially the various key workers who have kept vital services functioning even as large swathes of economic activity came to a standstill. These workers were found in many sectors, including health and social care, essential public services like fire brigades, public safety, and education, as well as transport, logistics, and frontline retail work. The pandemic underlined the importance not just of health workers but other occupational groups, like retail workers. These occupational groups had previously been overlooked or even denigrated in public discourse as “low-skilled”, precarious work with few prospects for advancement – but were now visibly risking their own safety to ensure that people still had vital necessities.

Many of these frontline jobs exposed workers to the dangers of COVID-19 transmission, in too many cases ending in tragic deaths. However, while the public view of the critical and essential role played by many occupational groups may have been challenged (for instance, with many new references to the “heroism” of frontline workers), even more important was the ability of key workers to influence their own working conditions. Given the new and unforeseen challenges of the pandemic for workers, and the speed and urgency of many changes, workers have had to experiment with new forms of interest representation and mechanisms of voice, with consequences that may endure beyond COVID-19.

It is therefore important to understand the variety of forms of voice were used by key workers during the pandemic to express and advance their demands. What measures have key workers taken to improve their working conditions in the context of devastating COVID-19 transmission, and unprecedented new pressures exerted on them? In practice, we find that, alongside conventional trade union activity, more ad hoc forms of voice – which we might label *protest* – have been vital means for workers to represent their own interests in formidably difficult circumstances.

Historically, worker voice was institutionalised through union membership and collective bargaining. As a last resort, disruption via strikes served as an important power resource for workers. The speed and unforeseen nature of change in the pandemic resulted in other forms of protest, often outside these institutional channels. Indeed, many groups of key workers already worked in contexts where, long predating the pandemic, insecure work was common and institutionalised collective bargaining typically very weak – such as retail. Institutional forms of voice are severely limited in such settings, but this does not mean workers have no recourse. Consequently, the paper examines *protest* by key workers: that is, a more diffuse range of activities, undertaken by workers and designed to mobilise support for their demands, including demonstrations, petitions, “sick outs”, public campaigning, or lobbying, alongside more conventional methods like strike action.

The first case of COVID-19 was detected in China, which was also the first country to announce a lockdown on January 26th, 2020. New COVID-19 infections were already detected in other countries in January 2020, but most other countries began lockdowns only in March 2020. We therefore begin our analysis of worker protest from March 2020 onwards. We analyse protest by workers in healthcare and retail; two sectors where workers were required to continue attending work, but which contrast sharply in other ways. Much healthcare work has long featured a comparatively vaunted status in public discourse around the social value of work, often involves relatively defined career paths and qualification requirements, and in many cases is more likely to involve union representation and collective bargaining. By contrast, retail work has often been stigmatised as “low-skilled”, with weak security and weak prospects for promotion and career progression and is often perceived as particularly difficult to organise. However, during the pandemic, aspects of these stereotypes were profoundly challenged. Furthermore, these sectors were also selected for conceptual and pragmatic reasons explained below. Through a systematic analysis of worldwide news reporting, we charted thousands of instances of worker protest from across the globe during this time period and in these two sectors. We asked what the causes of these protests were, how they were manifested, and through which actors, and how they were distributed geographically. Overall, we found a great number of protests, with far more in healthcare than in retail. While there were protests in almost all the countries we examined, there was a notable concentration of protest events in a small number of countries, with protests

most prevalent in France, Italy, Greece, Spain, Brazil, Mexico, Argentina, Peru, Nigeria, Russia, India and the United States. There was also wide variation between sectors within countries; leading us to suggest that particular industrial settings and contingencies, and strategic decisions by key actors, played a more important role in catalysing protest during the pandemic than factors related to national-institutional context.

In what follows, we first review existing literature on the pandemic's challenges for workers, with a particular focus on our chosen sectors. After a discussion of our research methods, we present our quantitative findings about the extent and nature of worker protest in the two sectors since March 2020. Before concluding, we consider key cases where protest was especially common; specifically in healthcare in France, India and Nigeria, and in retail in the United States and Argentina.

► 1 Literature review

1.1 The pandemic and work in retail and healthcare

The direct and indirect consequences of the COVID-19 pandemic have had a profound effect on working life, and have posed particular challenges for many key workers, for whom options such as working from home have been impossible. While some of these workers have long been identified as critical public servants – notably, healthcare workers – this is less the case with other vital front-line jobs – such as supermarket retail. Challenges faced by workers in these and comparable industries during the pandemic include work intensification, substantial new health and safety hazards, and the psychological consequences of continuing to work in in fraught public-facing roles during a major public health crisis.

Before turning to our empirical investigation, we review existing research which addresses the employment challenges of COVID-19 – with particular focus on retail and healthcare – identifying issues for which worker protest is one potential response. We also consider from a more theoretical perspective how we might expect workers to respond to these issues, including the under-researched topic of worker protest. Comments from the ILO's supervisory system for the year 2020 provide important context on our two sectors.¹ In both retail and healthcare, the ILO noted problems of occupational segregation and pay gaps in many countries. Indeed, while gender discrimination does not feature in our quantitative findings as an explicit cause of protest, issues of gender inequality form vital context for much protest activity in these sectors; as the qualitative vignettes presented below make clear. Retail has also been subject to commentary about child labour in some countries though these issues did not appear to feature as important causes of protest in our dataset. In healthcare, through the supervision of the implementation of the Nursing Personnel Convention, 1977 (No. 177) the ILO has sought to catalyse the development of training, resourcing, and social dialogue standards for specific groups of healthcare workers in numerous countries. It also specifically noted the deficiency of PPE provision for healthcare workers in specific countries.² This last issue, as we shall see, is a widespread problem which has motivated a large volume of protest in both retail and healthcare.

1.2 Retail

Retail work has long presented significant challenges from the perspective of workers' rights and representation. In many countries, retail work remains weakly unionised, and dominated by extremely large employers who often have a track record of opposing union recognition (of which US giants such as Wal-Mart are emblematic: Lichtenstein, 2016; Hocquelet, 2016). Retail work is typically low-paid, with few opportunities for career advancement (McKie et al, 2009; Winton, 2021), and is often precarious, with weak institutional worker voice (Bailey et al, 2015; Mrozowski et al, 2018). It is also a relatively feminised workforce (Brydges and Hanlon, 2020). In this context, pressures of the pandemic have greatly amplified already-formidable problems facing workers, including their gendered effects.

In understanding the effects of the pandemic on retail work we must start by acknowledging variation within the sector. Some types of retail work were considered critical or essential by most governments and continued to operate during successive lockdowns (most obviously supermarket food retail) and others were not (such as luxury goods). The picture in retail is therefore uneven. Overall, the retail industry was highly vulnerable to job loss due to lockdowns (Lemieux et al, 2020; Qian and Fuller, 2020). Indeed, a large part of the highly gendered employment effects of lockdown globally stems from the fact that job losses were

¹ All references to ILO commentary are drawn from the ILO's searchable database of comments by supervisory bodies, which can be accessed at: <https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:20010:0::NO::>

² See Report of the Committee of Experts on the Application of Conventions and Recommendations (articles 19, 22 and 35 of the Constitution), III(B), Securing decent work for nursing personnel and domestic workers, key actors in the care economy, available at: https://www.ilo.org/ilc/ILCSessions/110/reports/reports-to-the-conference/WCMS_839652/lang-en/index.htm

concentrated in comparatively feminised work forces including sections of retail (Lee et al, 2021; Albanesi and Kim, 2021; Alon et al, 2021; Rivera and Castro, 2021). However, there were also spikes in demand for labour in critical retail operations (such as food retail), driven even higher by limits on mobility which reduced the availability of migrant workers (Burgos and Ivanov, 2021). Before 2020 there had been a long running trend in food consumption patterns, which had been shifting away from supermarket retail and towards restaurant and take-away businesses, but lockdowns sent this process into reverse overnight (Goddard et al, 2020; see also Leone et al, 2020; Burgos and Ivanov, 2021) while exerting new demands on grocery and cooked meal delivery services. Nevertheless, rising demand for labour in food retail should not be overstated or taken for granted, since it must be counterbalanced with trends towards automation that have also been accelerated during the pandemic (Lemieux et al, 2020; Albanesi and Kim, 2021).

In this context, particularly in supermarkets, retail workers who retained their jobs found themselves positioned as vital service providers on the front-line of public health battles. Major retail workplaces became prominent sites of COVID-19 transmission, and consequently became targets of new health and safety measures in many countries (Shahbaz et al, 2020; Goddard et al, 2020). Policymakers and businesses to some degree recognised that new training interventions would be necessary to enable retail workers to meet the demands of new pandemic-prevention measures (Sulaiman et al, 2020). However, this imperative clashed with the pre-pandemic context. Evidence from the United Kingdom of Great Britain and Northern Ireland suggests that the long-standing weakness of training and career pathways in many retail operations meant this pandemic-driven prospect of upskilling was often a false promise (Winton, 2021). Moreover, in many countries retail employers and governments have failed to provide adequate new protections for workers, for instance in terms of personal protective equipment (PPE) or strengthened rights to sick leave- though of course retail is by no means unique in this respect (De Matteis, 2021).

As such, retail workers faced severe pressures greatly increasing the stress and difficulty of their work, stemming from multiple sources: danger of infection, difficult relations with customers and a lack of meaningful power – often taking on new safety-related rule enforcement responsibilities, but without influence in shaping the nature of those rules, or any corresponding career progression (Elnahla and Neilson, 2021). Voorhees et al (2020) characterise pandemic-era frontline service industry workers, including in retail, as a neglected and overlooked group, facing anxiety and burnout, abusive customers, and unprecedented new demands for health and safety issues with often inadequate training provision. Evidence from Italy underlines that retail workers were particularly vulnerable to COVID-19 transmission due to their proximity to large volumes of customers (Barbieri et al, 2021). In the pandemic, women in retail work were more pessimistic about their futures than men, evidence from Spain suggests (Rubio-Valdehita et al, 2021).

However, the pandemic may also have prompted more empowering change for retail workers. As Mejia et al (2021) argue, the public narrative around retail shifted rapidly. While retail work had previously been denigrated in public discourse as low-skilled and low-paid, COVID-19 saw retail workers re-imagined as “heroes”. The social importance of their work became more prominent and indisputable, while the responsibilities and pressures placed on them mounted up. It is too early to say whether this discursive and ideological shift will endure in years to come. Nonetheless, when combined with increased demand for labour in food retail (though not across retail as a whole), we may surely ask: are we likely to see a more assertive retail workforce in the wake of COVID-19, which is more conscious of its own value, and if so, how may this be manifested?

It is too early to answer these questions definitively, though our data presented below provide an initial understanding. Classic tensions between “voice”, “loyalty”, and “exit” are relevant here. Where retail workers’ expectations and demands are raised and then disappointed, one likely response may be to leave the sector to seek employment where conditions are better. While there is limited pandemic-era evidence on turnover rates specifically in retail, studies of comparable occupations such as restaurant work (De Souza Meira, 2020) and hotel employees (Jung et al, 2021) suggest an uptick in voluntary quits.

The relative weakness of union representation, and high levels of casualisation, in retail may lead us to expect “voice” (including forms of protest) to be less common than “exit” (turnover) as a response to poor working conditions. At present, data does not exist that enables us to gauge and compare the relative frequencies of these phenomena. While some studies find evidence of a new propensity to protest among

retail workers during the pandemic, these focus on identifying particular cases rather than evaluating wider global trends. In a somewhat polemical piece, Orleck (2020) describes protest actions by retail workers in the United States during the pandemic. What is notable in Orleck's account is the variety of problems addressed through protest. Archetypal COVID-19 problems including PPE provision and demands for better social protection feature prominently as causes of protest, but so do concerns such as pay. It is possible that workers are capitalising on a strengthened sense of their own value to demand improved conditions, rather than simply responding defensively to acute and urgent deficits in health and safety procedures. Moreover, labour protest could be manifested through "traditional" means such as trade union organising and strikes but is not necessarily limited to this. The concentrated power of employers in retail makes this risky, however, and evidence is emerging of protest organisers in US retail being targeted for reprisals (Mejia et al, 2021:7). Thus, while the pandemic may have catalysed potentially important changes in retail worker interest representation, existing research does not enable us to say for certain, since there is so far no systematic data setting pandemic-era protest in a global perspective.

1.3 Health care work

Health care work has some similarities with retail in the pandemic, since it is another sector in which frontline workers were placed at risk while providing vital services. However, the industrial context is very different. The problems of insecure work are not as prevalent as in retail, and in many countries institutional voice is stronger. Healthcare work often requires more specific training or skills requirements than retail and has more clearly-structured career pathways. On this basis, we may anticipate healthcare workers are more likely than retail workers to exercise voice rather than exit in response to problems they face at work.

Nonetheless, in the period prior to the pandemic, healthcare workers were facing significant industrial relations challenges in many countries. Often, these were linked to budget pressures which reduced pay and staffing rates, potentially leading to work intensification, alongside shifts towards increased market competition in many healthcare systems (Krachler et al, 2021). The latter may carry consequences for workers' material conditions as well as the risk of hospital closures and may also lead to qualitative shifts in the nature of healthcare work that conflict with workers' own conceptions of how to do their jobs (Greer and Umney, 2022). Hence, while healthcare workers may historically have been relatively unlikely to strike and protest over working conditions, evidence from some countries suggests this has been changing over the last decade, including in France and the United Kingdom (Umney and Coderre-LaPalme, 2017), and Germany (Greer, 2008).

The pandemic has greatly intensified problems facing healthcare staff at work. Most obvious were concerns about safety, as poignantly underlined in Treston's (2021) personal reflection on life as a nurse during the pandemic. Infection is a serious risk facing hospital workers, and evidence from Italy suggests the most common source of infection was not patients but other healthcare workers (Mandic-Rajcevic et al, 2020). As with retail staff (and many other essential workers), risk of infection was exacerbated by deficiencies in PPE provision; powerfully underlined by the experience in the United States (Razzak et al, 2020). Long hours, intense work and isolated living conditions became a more prominent problem for healthcare workers, as evidence from China shows (Cao et al, 2020). Healthcare workers' safety is of course vital, but they also need a voice in establishing how changes to their workplaces are managed, to ensure wellbeing is front-and-centre (Dennerlein et al, 2020). In the pandemic this has often been lacking.

Aside from the risk of infection, the pandemic also imposed psychological strains on health workers, which are widely documented across many countries (Wanigasooriya et al, 2021; Romero et al, 2020; Mattila et al, 2021). Evidence from Spain suggests that this includes a rising prevalence of suicidal thoughts (Mortier et al, 2021). Evidence from China suggests the fear of infection was a source of stress among healthcare workers, particularly frontline nursing staff (Wang et al, 2020). Incidences of stress, depression and anxiety among healthcare workers appear to vary internationally, for instance being identified as proportionately a more severe problem in Italy (Lasalvia, 2021) than in China (Wang et al, 2020). As in retail, the effects of this strain were gendered. Research in Egypt found women were more likely to experience negative psychological effects than male counterparts (Elkholy et al, 2021), as did research from Chongqing (Xiaoming et al, 2020).

The literature therefore offers much evidence of the strains faced by healthcare staff during the pandemic. However, there has been much less focus on how they responded to this. Historically, there is evidence that healthcare workers are often reluctant to contest the terms of work, owing to their valuing of their caregiving role; though some researchers question whether this was already changing in the years immediately before COVID-19, owing to restructuring and marketisation in healthcare (Umney and Coderre-LaPalme, 2017). As with retail, we can distinguish between evidence which underlines the dangers of healthcare staff exiting their jobs in response to these problems (e.g., Jang et al, 2021), versus literature emphasising ‘voice’ in the form of protest. The latter is highly scattered and limited to case studies of particular protests – including a number of studies from Mexico (Torres-Hernandez et al, 2021; Navarro and Santillan, 2020) – with seemingly no quantitative data to-date.

1.4 Worker protest in the pandemic

Reviewing pandemic-era literature on retail and healthcare raises some important questions. Most prominently: how would workers respond to the challenges they faced? While literature is emerging which underlines turnover (or turnover intention), there is much less examination of cases where workers contested the terms of work (i.e., exercising voice rather than exit). Have workers been contesting the terms of work during the pandemic, and if so, how? Relatedly, while many of the problems we have identified appear across many countries, we also need to recognise the possibility of wide variation between countries: not only because of a long-standing comparative literature emphasising how different institutional contexts condition patterns of industrial relations (e.g., Hall and Soskice, 2001; Lansbury et al, 2020), but also because of the uneven impact of the pandemic itself. Thus, while it is common to find studies emphasising the disproportionate loss of women’s jobs, this effect is not universal and may be very different depending on national conditions (Ikkanacan and Memis, 2021; Reichelt et al, 2021). More generally, countries with more flexibilised labour markets appear to have been those where employment effects of COVID-19 were most severe, suggesting the crisis is highly nationally-patterned and is exacerbating inequalities in countries with already weak labour protections (Fana et al, 2020).

Hence a global perspective on the extent of labour protest in these sectors, which seeks to identify national variation, is an important unanswered empirical question. The literature surveyed so far underlines the prominence of a particular set of concerns which have been greatly amplified by the pandemic: including, health and safety concerns; new pandemic-prevention responsibilities, often without adequate support or training; and severe work intensification. Moreover, while we have cited evidence of workers protesting over these issues, we also noted that issues such as pay have featured in pandemic-era protest. Hence while it may be true that essential workers are to some extent victims of neglectful governments and employers (De Matteis, 2021) and are responding through protest to acute life-threatening health and safety problems, they may also be asserting demands for more progress on “bread-and-butter” issues like pay. Yet, no studies to date systematically investigate the causes and triggers of labour protest during COVID-19.

As well as the *causes or triggers* of protest, there is a need for a better understanding of the *forms* protest takes. Industrial relations scholarship has tended to focus on institutional functions such as collective bargaining and within that context, the use of strikes to advance demands at the bargaining table. For the purposes of this paper, however, we focus on “protest”; a broader and more diffuse term referring to any collective action launched by workers, designed to mobilise support for their claims. This category would certainly include strikes, but also includes demonstrations, boycotts, social media campaigning, and other methods. Furthermore, while established trade unions may be vital in launching protest initiatives, protest may be much more informal than the actors typically involved in institutional industrial relations; including workers cooperatives, new insurgent trade unions, and entirely informal groups of workers without any formalised organisational structure at all.

This broader conceptualisation of protest, while rarely examined systematically in industrial relations literature, is likely to be important in the pandemic context, for several reasons. First, the pandemic has imposed sudden and intense pressures in contexts where, in many countries, trade unions have a weak presence, creating new grounds for contestation where opportunities for institutional voice are limited. Second, where workers have a deep awareness of their importance as critical workers in a public health emergency, there

may be great affective and normative barriers to taking strike action, necessitating other methods of protest. Third, social distancing measures make typical strike practices such as picketing more problematic, which may lead in turn to innovation. So, we expect protest activities among retail and healthcare workers to exhibit a diverse set of practices during pandemic conditions.

The significance of other forms of protest are not simply a consequence of the pandemic, however. Some forms of protest may be becoming more important in industrial relations as established institutional voice mechanisms decline. Some trade unions, for instance, have adopted more protest-oriented approaches in some countries, reconfiguring themselves as social movements. This may be driven by both the decline in established institutional power resources, as well as a genuine desire to influence a wider policy agenda by shifts towards “social movement unionism”. There is some evidence of this already in the hospital sector. Greer’s (2008) study of the hospital system in Hamburg, for instance, shows unions moving towards more social movement-oriented tactics as institutional resources are closed off.

Consequently, we also draw on insights from social movement research. As Della Porta and Diani (2015: 3) explain, “social movement studies [...] stand apart as a field because of their attention to the practices through which actors express their stances in a broad range of social and political conflicts”. A key strength of social movement research is its commitment to understanding changing forms of protest – that is, shifts in the way that grievances are expressed (*ibid.*; Alimi 2015; Millward and Takhar 2019; Tarrow 2015; Wang and Sole 2012). By contrast, industrial relations research has tended to apply standardised measures across different historical and institutional settings: measures such as official strike data, union membership, collective bargaining coverage, and so on. While this approach brings benefits in terms of consistency and comparability, it also carries disadvantages, which become especially clear when trying to understand forms of worker contestation that fall outside these conventional, institutional forms. Nevertheless, there clearly are many examples of work stoppages by key workers, and it is therefore important to try and develop methods for capturing the broad range of protest events. Social movement research thus provides vital insights, drawing attention to the need to understand workers’ protest not just work stoppages related to collective bargaining, but a wider multiplicity of protests, sometimes of the most informal kinds. Moreover, it encourages us to think about the dovetailing between formal and informal activities, including where trade unions support, or draw support from, broader protest movements.

► 2 Methodology

This report draws on a newly created dataset documenting incidents of labour protest by key workers globally. Data were gathered via the online GDELT project, which monitors worldwide news reports, translating online articles in over 100 languages, with a news search interface. GDELT collects reports from the world's largest news agencies combined with the Google News algorithm. We searched for protest in 90 countries, choosing those countries where rates of COVID19 infection were highest (cases per 100,000 inhabitants). We also included some countries with lower rates of COVID19 cases, but which were of interest.

We defined healthcare and retail quite flexibly, but the nature of available online resources meant that we had to adopt more narrow search strategies, in order to reduce the generation of irrelevant results. We therefore focussed on workplaces as occupation as a way of finding relevant news coverage of worker protests. In retail, we were concerned to find cases of protest by *key* retail workers – rather than retail not deemed critical – and therefore focused our searches on supermarkets and other food and grocery shops in the formal economy, as well as grocery delivery. Furthermore, while recognising that in many countries retail is more often organised within the informal economy – with high levels of self-employment and family labour – our concern to examine collective action among employees (whether or not legally defined as such) guided our strategy towards more formalised sectors. To do this, we identified the five biggest supermarket chains in each country investigated, to identify labour protests in or around them. We included the largest online retail company, given the prominence of this one company's services during the pandemic. For the healthcare sector, which is generally more formalised, we searched using workplaces and occupations, as described below. Although our searches included the term *hospital*, in practice this strategy also identified protests by workers in other healthcare settings. Due to the nature of the COVID19 health crisis, though, it does appear that worker protest was concentrated significantly in the hospital sector.

As a result of these considerations, our strategy for searching online resources for reports of worker protests in healthcare and retail was as follows. For the healthcare sector, we used relevant sector-specific keywords, including *hospital*, plus occupational groups, including *nurses*, *doctors*, *health workers*, and *cleaners*, and added protest-related search terms including *strike*, *demonstration*, *rally*, *march*, *stoppage*, *unrest*, *dispute* and *conflict*. For the retail sector we identified the five largest supermarket chains in each country and searched for their names, as well as more general descriptions of workplaces in retail like *supermarket*, *store*, *retail*, *shopkeeper*, *food shop*, and *grocery store*, combined with keywords such as *protest*, *strike*, *stoppage*, *rally*, *mobilisation*, *fight*, *dispute*, and *demonstration*. We carried out these searches for each of the 90 countries selected.

Through this systematic search of the GDELT database we initially identified almost 100,000 news articles. These articles were then needed sifted manually to identify those related to worker protest because some included protest and healthcare search terms but in a different context – for example an article about a protester injured on an unrelated demonstration and taken into hospital could appear in the search results but was clearly not relevant to our current purpose. We thus selected only articles that clearly dealt with worker protest in critical retail and healthcare services.

Protest reports identified by this process were then coded manually through careful reading of all reportage. We coded for the type of protest action/type of labour protest, and the causes of labour protest. Codes were pre-defined. To ensure intercoder and intracoder reliability, coding rules were formulated. An initial codebook and set of instructions were subjected to rounds of reliability tests. In many cases, multiple news sources related to one event (requiring manual analysis to identify where different stories described the same event), which allowed us to discern overall protest dynamics (Hutter, 2014:5), mitigating bias in individual sources.

► Table 1: Type of Action

Type of Action	Definition
Strike	Workers withdraw labour (sometimes publicly visible, sometimes not)
Strike announcement	Workers are letting the public, the employer and/or the authorities know that they are planning to strike at some point in the future
Demonstration	Workers visible in the streets or in front of the workplace, holding signs with demands, and not officially striking
Leverage tactics	Demands and complaints released in public, mainly in written form, with the intent of applying pressure towards employer and/or authorities, as a collective initiative of a group of workers, not a single worker.

► Table 2: Causes of protest

Causes	Definition
PPE and other health and safety issues	All issues concerning work-related injuries and diseases; physical injuries or psychological (work-related stress); physical or verbal abuse, threats or assaults against workers; preventive measures, including equipment or lack thereof; health insurance; loss of earnings while sick; training around health and safety issues; measures for dealing with emergencies, including fire.
Pay	Everything to do with worker remuneration, including demands for higher pay; protests at falling pay; unfair deductions from pay; irregular pay; non-payment (wages theft); bonus payments (including non-payment or withdrawal of bonuses); protests about level of commission deducted by gig economy platforms.
Working hours and shifts	Everything related to how long workers work each day and/or week; work breaks and rest periods; organization of working time across the day and week.
Work intensity	Everything related to workload and work effort; mental and physical exertion at work; tiredness and exhaustion (this may also relate to working hours or health and safety); excessive juggling of conflicting demands.
Violence and abuse at work	Workers are subjected to violence in the workplace or are physically or psychologically abused in any other way while working.
Patient safety	Workers protesting because they perceive the welfare of patients to be at risk given the resources available to them.
Lack of staff	All cases where workers demand more staff at their workplace.
Unspecified working conditions	Cases where the news article does not further specify the trigger of the protest.
Demand for training	All cases where workers demand more training opportunities from the employer.

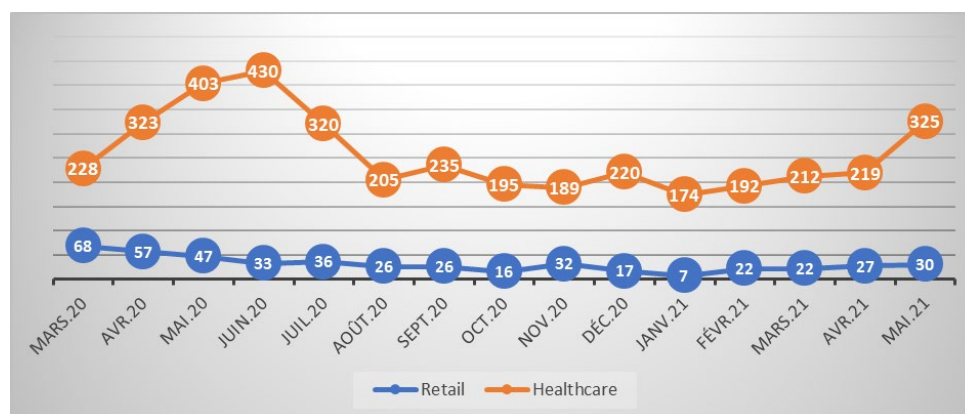
Causes	Definition
Dismissals	All cases where the dismissal of workers is the reason for the protest (either protest by dismissed workers, or workers protesting for the reinstatement of co-workers).
Collective voice	All cases where workers are protesting for their right to organise
Other Benefits	All demands for benefits apart from pay Examples include: extraordinary leave; demand for life insurance; free parking; free provision of meals; provision of decent accommodation between shifts; payment of allowances; vacation arrangements; sick leave.
Regulatory Issues	Demands made on regulatory authorities (government, local, national) Examples include: nurses demanding to be incorporated into health professionals law; demands for inclusion in labour law; demands for other new legislation; demands for repeal of laws; demands to be recognised as medical professionals; residence regulations; demands for the implementation of agreements (if not covered by the above).

► 3 Findings

Our key overall finding is the volume of protests. During the period of the pandemic we investigated, across the 90 countries studied, we observed 3873 protest events in the healthcare sector and 466 events in retail. This unevenness between the sectors – with far higher rates of worker protest in healthcare than in essential retail – tentatively supports our expectation, noted above, that healthcare workers may be more likely than retail workers to exercise voice rather than exit when confronted with problems at work. However, this picture requires further exploration and nuance, as we show in the qualitative vignettes set out below.

The level of worker protest also varied over time. There was a steadily high number of protests over time in the healthcare sector, with increases in May 2020 and May 2021, and a generally lower level in retail, with a peak at the start of the pandemic, with 68 protests in March 2020.

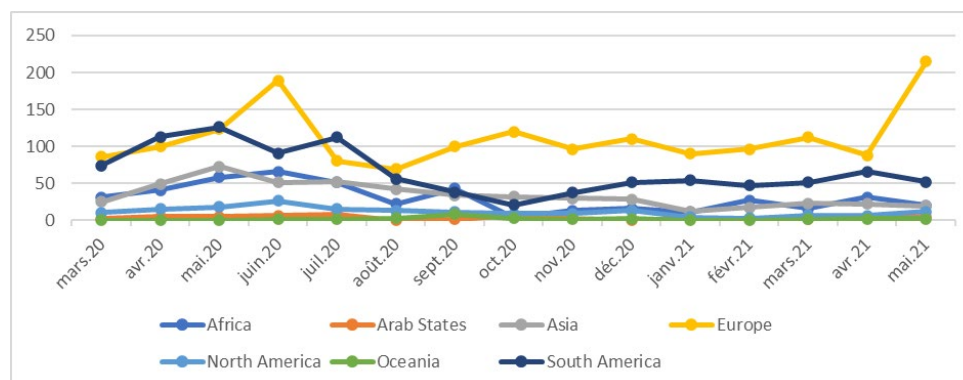
► **Graph 1: Protest in healthcare and retail in 90 countries worldwide**



Source: Own presentation

In most regions, protest was highest at the beginning of the pandemic and then decreased slightly, both in retail and healthcare. Interestingly, protest did not ebb away, but stayed steady and even increased in some regions and countries, as *Graph 2* shows. In Europe, for instance, we see sustained levels of protest among healthcare workers, which increased to the highest level observed in May 2021, some 15 months into the pandemic. While our data do not enable us to explain this finding definitely, it suggests a persistence of worker grievances, and failure of employers and governments to properly address workers' concerns. It may also point to an increasing confidence of workers to make claims against their employers – as we argue in relation to retail staff in the United States below.

► Graph 2: Protest per region in healthcare



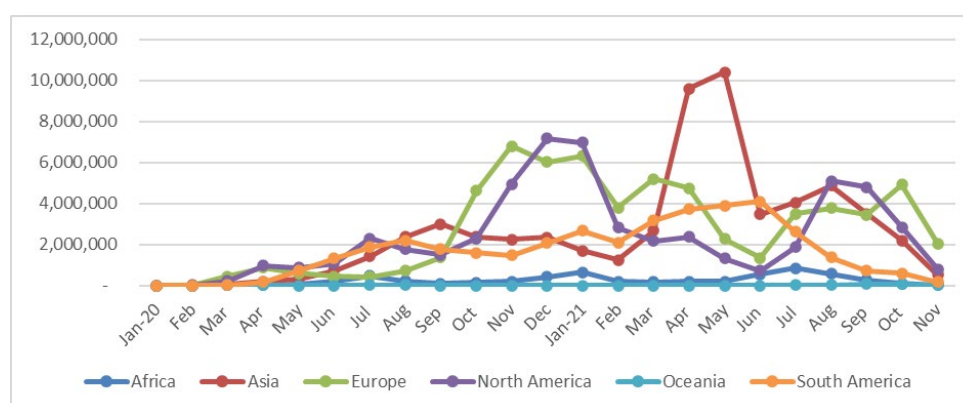
Source: Own presentation

Overall, protest has not been equally distributed but concentrated in a smaller number of countries. In retail, many countries saw negligible levels of protest reported, and where there was protest, in most cases this amounted to fewer than ten incidents. Only 12 countries saw protest happening more frequently than this, with most of those in West and Southern European Countries (Belgium, Germany, France, Italy, Greece, Spain, Portugal, United Kingdom), North America, Australia, and Argentina. Thus, 80 per cent of retail worker protest occurred in Europe and North America, with 50 per cent of events in just four countries the United States, Canada, Greece and Italy.

In the healthcare sector, again, protest levels were highest in Europe (43.3 per cent of the total), followed by South America (25.5 per cent). Elsewhere, France, Italy, Greece, Spain, Brazil, Mexico, Argentina, Peru, Nigeria, Russia and India saw the highest number of protests, all with over 100 incidents each, and 50 per cent of protests occurring in just six countries: France, Greece, Spain, Mexico, Argentina, Peru, and India.

If we compare the frequency of protest events with the rise of COVID19 cases in these regions we see that worker protest spiked before the cases were high in those regions.

► Graph 3: Positive cases by regions

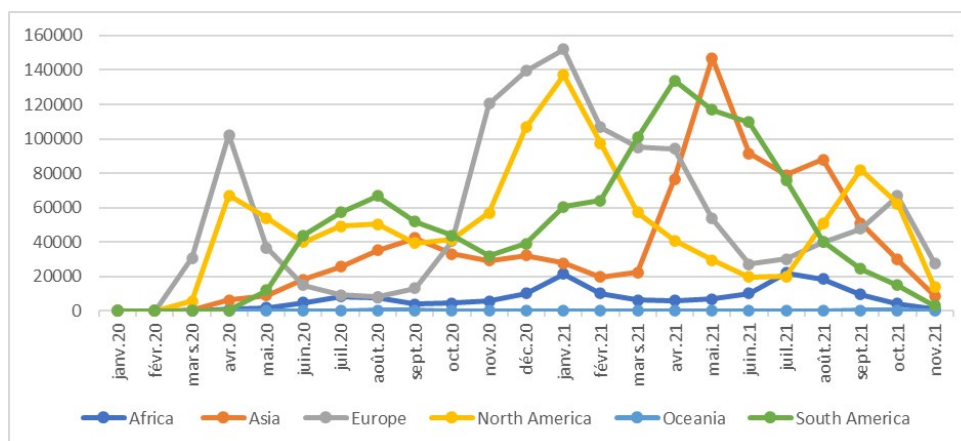


Source: Our World in Data; Own presentation

While all regions experienced a steady rise of infections from March 2020, with most saw a sharp increase of cases in November 2020, Africa had a lower rate of infection and no sharp increase in November 2020. However, in regard to protests in these regions, the rate of protest was higher before the pandemic reached its highest levels of infection. While further research would be beneficial, the highest levels of protests appear related to the first peak in number of COVID19 deaths in each region, particularly in Europe. March

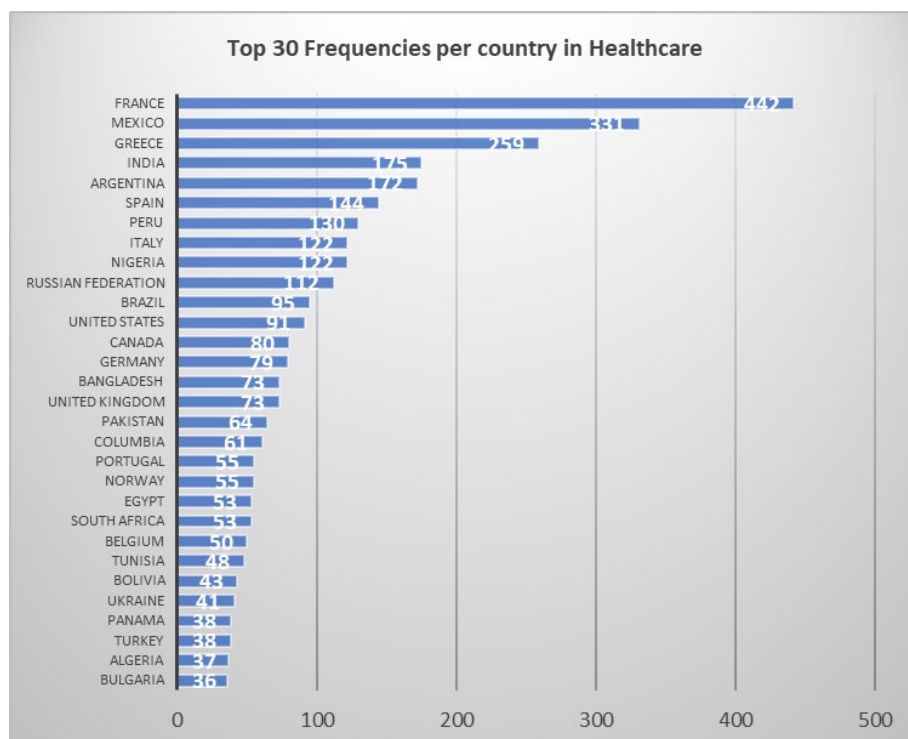
2020 also saw the beginnings of initial lockdowns, which were themselves also driven by high death rates and hospitals being at or over capacity. Only China started its lockdown earlier, in January 2020.³

► **Graph 4: Covid19 death rates by region**

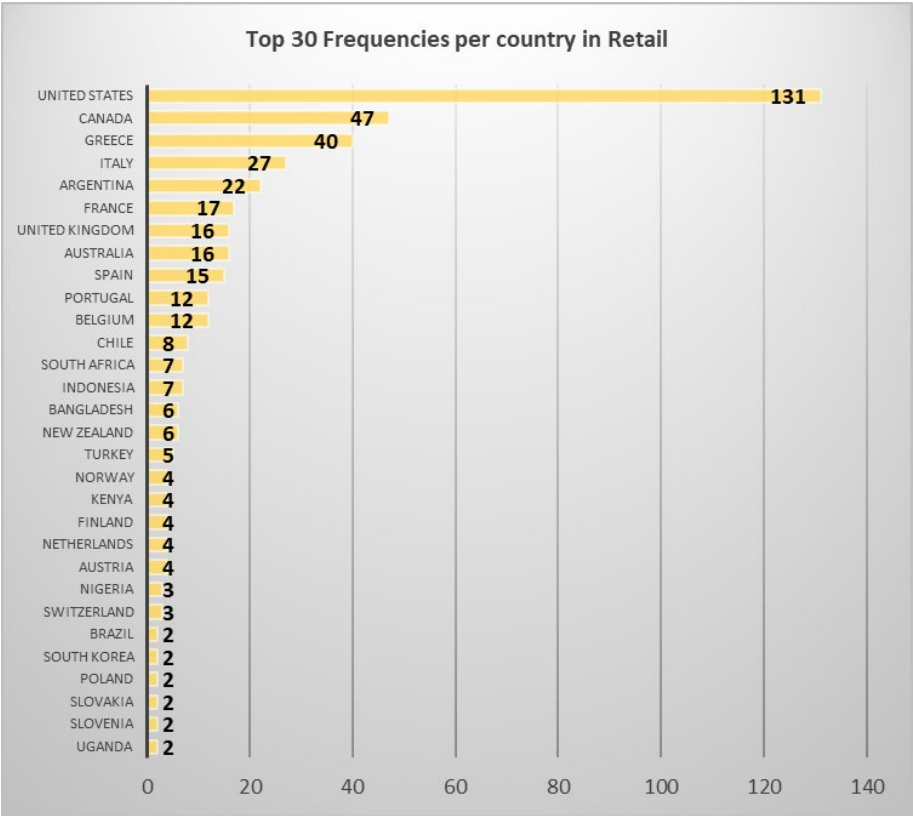


Source: Our World in Data; Own presentation

► **Graph 5: Frequencies of protest events, healthcare and retail**

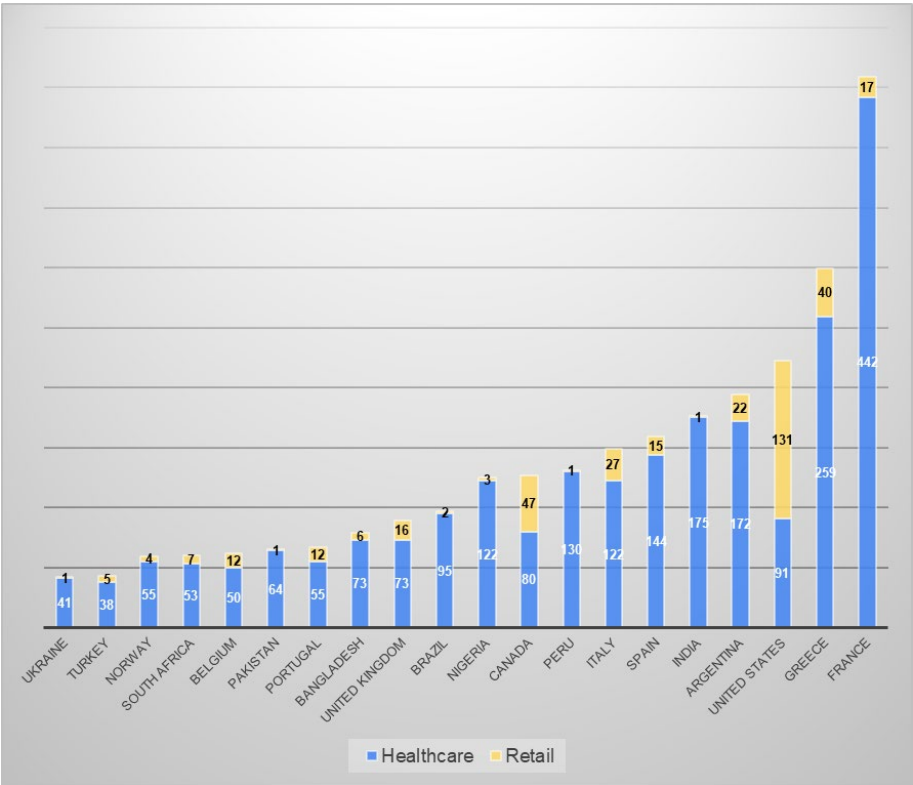


³ We were unable to include data for China in this research which would have necessitated a different search strategy, integrating further data sources in addition to GDELT. Unfortunately, such an approach was beyond the limits of this study.



Source: Own presentation

► **Graph 6: Top 20 countries with protests occurring in both sectors**



Source: Own presentation

► **Table 3: Regional distribution of protests**

Regions	HC Frequency	%	Retail Frequency	%
Europe	1675	43.3	192	41.2
South America	989	25.5	34	7.3
Asia	508	13.1	20	4.3
Africa	451	11.7	18	3.9
North America	171	4.4	178	38.2
Arab States	52	1.3	2	0.40
Oceania	24	0.6	22	4.70
Total	3870	100	466	100

For a substantial number of countries, however, we found negligible levels of worker protest reported in the data. In 46 countries we found no evidence of protest in retail, while in eight countries no protest was reported in healthcare. In six countries, no worker protest was reported for either of the two sectors: Dominican Republic, Denmark, Ethiopia, Montenegro, Singapore, and Togo.

3.1 Causes of protest

Protest events can occur for more than one reason (hence, the number of protests listed by cause is higher than the number of actual protest events). If we look at the causes of protest action, pay is the most common in both sectors, followed by PPE and related issues. In healthcare, 28.9 per cent of protests were stimulated by pay demands, and 41.4 per cent in retail. Concerns over PPE and other health and safety measures accounted for 24.5 per cent of all protests in healthcare, and 32 per cent of those in retail. Relatedly, in healthcare, concerns over staff and patient safety were causes for protests (8.9 per cent and 6.7 per cent respectively), which paints a concerning picture of the situation in hospitals during the pandemic. In many countries, healthcare prior to the pandemic had been going through periods of budget restraint and market-centred restructuring, reflecting a wider neoliberal policy trend in public service provision; which has in many cases involved pressures to limit expenditure on healthcare workforces and reduce capacity in healthcare systems (Klenk, 2016; André and Hermann, 2009; Krachler et al, 2021). These pre-existing pressures may have laid the groundwork for substantial waves of protest over staffing and resources during the pandemic – an argument we will develop further with reference to the French case study below. Nonetheless, the pre-eminence of pay as a concern in both sectors also requires note. It suggests that while issues of health and safety and resourcing assumed an obvious and urgent prominence, workers' protest in the pandemic goes far beyond these acute problems.

In this context, work intensity and working hours were also high up the agenda for protest (7.3 per cent in healthcare, 4 per cent in retail for work intensity; 2.1 per cent in healthcare and 6.2 per cent in retail for working hours). Violence and abuse in the workplace led to protest in 4 per cent of cases: 236 in healthcare and in 256 in retail. Abuse was directed at workers from various sources, including patients, relatives of patients, police or authorities, management, colleagues, among others. In Nigeria, for example, doctors went on strike citing abuse from police on their way to work, stating: "We want to send a clear message to the police authority that they cannot continue to flout the presidential order on medical and health workers' free access of movement to and from their places of work, and until the matter is adequately resolved, we remain on strike indefinitely."⁴ According to the World Health Organization (WHO), pre-pandemic, up

⁴ <https://tribuneonline.ng.com/lockdown-doctors-in-delta-embark-on-indefinite-strike-over-police-brutality/>

to 38 per cent of healthcare workers had already suffered physical violence at some point in their career.⁵ According to the International Committee of the Red Cross (ICRC), in the first six months of the pandemic, 600 cases of violence were committed against healthcare workers.⁶ Our data show a broader range of grievances causing protests over abuse, from discontent with management, misconduct by superiors and colleagues – including bullying and harassment – abuse by patients and relatives, to more general grievances such as racism. Interestingly, some of the reasons for protest among those included in our “other” category express general protest over deteriorating economic conditions. In some countries with high numbers of protest events – such as Argentina – unions organised support structures for workers against deteriorating economic conditions, like soup kitchens (Ferrero 2020).

► **Table 4: Distribution of causes for protests across all countries**

Causes of protests	Healthcare Frequency	%	Retail frequency	%
Pay	1886	28.9	272	41.4
PPE and other health and safety issues	1619	24.8	210	32
Lack of staff	583	8.9	9	1.4
Work intensity	478	7.3	26	4
Patient safety	440	6.7	0	0
Violence and abuse in the workplace	236	3.6	26	4
Working conditions, unspecified	150	2.3	14	2.1
Working hours and shifts	138	2.1	41	6.2
Dismissal	105	1.6	30	4.6
Other benefits	95	1.5	0	0
Demand for training	94	1.4	2	0.3
Regulatory issues	49	0.8	0	0
Collective voice	38	0.6	7	1.1
Other	614	9.4	20	3
Total	6525	100	657	100

The dominant causes for protest varied across regions. For the healthcare sector, while pay was the most dominant reason for protest globally, the lack of PPE and other health and safety measures were more often a cause for protest in Africa and South America. Thus, 28.2 per cent of all protests in Africa were motivated by health and safety concerns, as were 40.3 per cent of protests in South America. Lack of staff was disproportionately likely to be a reason for protest in Europe and North America. This likely does not reflect lower rates of staffing in Europe and North America (since these countries tend to perform comparatively

⁵ <https://www.who.int/news/item/28-04-2020-who-calls-for-healthy-safe-and-decent-working-conditions-for-all-health-workers-amidst-covid-19-pandemic>

⁶ ICRC: 600 violent incidents recorded against healthcare providers, patients due to COVID-19, <https://www.icrc.org/en/document/icrc-600-violent-incidents-recorded-against-healthcare-providers-patients-due-covid-19>

well on this metric according to OECD data⁷). Rather, it may instead reflect perceptions among staff of the longer-running degradation of work and reductions in capacity, as our commentary on the French case shows (below). Work intensity was disproportionately a cause of protest in North America and Oceania. Patient safety was more often than elsewhere a cause for protest in Oceania. Abuse at the workplace was a more widespread cause in the Arab States.

For the retail sector, pay (in 41.4 per cent of protest events) and PPE/health and safety (in 32 per cent of protest events) were also the most common causes of protest action, although with quite high regional differences. In Africa, pay was a cause in 63.6 per cent of retail worker protests, while in South America it accounted for only 20 per cent of the cases. As a cause of protests, PPE was slightly lower in Africa, Asia and Oceania but slightly higher in Europe, North America and South America. Working hours and shifts was a more common cause of protest action in South America (18 per cent) and Oceania (14.3 per cent) compared to the average of 6.2 per cent. Violence and abuse at work was slightly higher in South America (10 per cent) compared to the average (6.7 per cent). Dismissal was the most common cause of protest in Asia, where every fifth case of protest was caused by it. Dismissal also caused a tenth of retail worker protest in Africa.

Demands for collective voice or training caused few protests across both sectors and all countries. Regulatory issues did not account for many protest events and were often linked to pay where they did occur. For example, in Argentina, which had the highest number of protests stemming from regulatory issues, these were often linked to a law regulating the working and remuneration of healthcare workers.

⁷ <https://www.oecd.org/coronavirus/en/data-insights/number-of-medical-doctors-and-nurses>

► Table 5: Distribution of causes for protests per region (per cent)

Causes of protests		Globally		Africa		Arab States		Asia		Europe		North America		Oceania		South America	
Per cent		Health care	Retail	Health care	Retail	Health care	Retail	Health care	Retail	Health care	Retail	Health care	Retail	Health care	Retail	Health care	Retail
Pay		28.9	41.4	33.4	63.6	30.7	0	35.2	44	27.8	36.8	23.5	48.6	44.8	45.7	26.8	20
Other benefits		1.5	1.5	2.8	0	5.3	0	3	0	0.7	0	1.6	0	3.4	0	1.5	0
PPE and other health and safety issues		24.8	32	28.2	9.1	21.3	0	20.1	12	18.4	32.9	21.5	36.2	13.8	17.1	40.3	38
Patient safety		6.7	0	5.3	0	5.3	0	7.1	0	7.7	0	5.5	0	20.7	0	5.2	0
Lack of staff		8.9	1.4	3.7	0	5.3	0	4.1	0	13.7	2.5	18.9	0	0		1.8	2
Work intensity		7.3	4	4.6	4.5	0	0	4.9	4	8.8	5.4	14	1.6	13.8	8.6	5.6	4
Working hours and shifts		2.1	6.2	0.7	0	0	0	1.6	4	2.8	5.7	5.9	3.7	0	14.3	0.9	18
Working conditions (unspecified)		2.3	2.1	2.4	4.5	0	0	0.1	0	2.3	3.6	0.7	0.8	0	0	3.7	2
Violence and abuse in the workplace		3.6	4	6.7	4.5	10.7	0	7.9	4	1.4	3.9	1.6	3.3	3.4	0	4.9	10
Dismissal		1.6	4.6	1.5	9.1	6.7	0	2	20	1.4	4.6	0.7	2.5	0	8.6	1.8	2
Demand for training		1.4	0.3	4	0	1.3	0	0.4	0	1.5	0.4	0	0.4	0	0	0.8	0
Regulatory issues		0.8	0	0.3	0	2.7	0	0.4	0	0.4	0	3.3	0	0	0	1.3	0
Collective voice		0.6	1.1	0	0	0	0	0.3	0	0.9	1.4	0.3	1.2	0	0	0.5	0
Other		9.4	3	6.5	0	10.7	100	13	12	12.1	2.9	2.6	1.6	0	2.9	4.9	4
N		6525	657	721	22	75	2	708	25	3197	280	307	243	29	35	1488	50

Looking at individual countries (Table 6), the picture in healthcare offers some interesting observations. Looking at the 10 countries where most protests happened, health and safety and PPE were huge concerns that stimulated protest action – in Mexico and Peru it was the most common cause for protest action. In those countries 57.2 per cent and 38.5 per cent of protests, respectively, were about health and safety. However, also in those two countries, pay figured below average as a cause of protests, at only 16.3 per cent and 22.2 per cent compared to the mean of 26.7 per cent. Pay was also less of an issue in Greece and Spain, where lack of staff was instead the second most common concern. Lack of staff was also a prominent concern in Italy (18.6 per cent) and France (13.2 per cent).

► **Table 6: Causes of protests in 10 countries with most protest events in healthcare (per cent)**

Causes of protests	Argentina	France	Greece	India	Italy	Mexico	Nigeria	Peru	Russian Fed.	Spain	Total
Pay	40.5	33.2	7.5	42.6	27.9	16.3	46	22.2	41	10.3	26.7
Other benefits	0.9	0.1	0	1	0	0	0	4.5	3.9	3.3	0.9
PPE and other health and safety issues	18.9	14.7	27.8	21.6	17.7	57.2	29.2	38.5	17.4	23.4	25.5
Patient safety	0.6	9.5	7.7	5.4	10.2	1.9	1	15.8	9	10.3	7.3
Lack of staff	1.2	13.2	21.8	0	18.6	0.5	0	5	3.4	17.6	10.3
Work intensity	10.7	10.3	3.3	4.9	9.3	3.8	2	2.3	8	11.7	7.2
Working conditions, unspecified	6.8	3.1	1.2	0.5	0.9	4	0.5	0	0	1.5	2.4
Working hours and shifts	1.8	2.9	0	3.4	2.3	0.7	0	0.50	0.6	6.2	1.9
Violence and abuse in the workplace	7.4	0.5	1.5	9.8	0	6.1	8.4	1.8	3.9	1.5	3.2
Dismissal	0.9	0.6	1.7	2	0	1.9	2	2.3	2.2	2.2	1.3
Demand for training	0	0.3	3	0	4.7	1.9	5.9	1.8	0	1.8	1.6
Regulatory issues	2.4	0.1	0.3	0	0	0.2	0	0	0.6	1.1	0.4
Collective voice	1.8	0.2	2.7	0	0	0	0	0	0.6	0	0.7
Other	6.2	11.5	21.6	8.8	7.4	5.4	5	5.4	9	9.2	10.6

► Table 7: Distribution of type of protest action and issue per region in healthcare

	Demonstration		Leverage tactics		Strike		Strike announcement		Other		N
	Count	%	Count	%	Count	%	Count	%	Count	%	
PPE + H&S											
Africa	31	15.3	62	30.5	85	41.9	14	6.9	11	5.4	203
Arab States	1	6.3	10	62.5	0	0.0	0	0.0	5		16
Asia	34	23.9	72	50.7	18	12.7	7	4.9	11	7.7	142
Europe	155	26.3	207	35.1	153	26.0	58	9.8	16	2.7	589
North America	24	36.4	16	24.2	17	25.8	8	12.1	1	1.5	66
Oceania	0	0.0	3	75.0	0	0.0	0	0.0	1		4
South America	391	65.3	90	15.0	48	8.0	36	6.0	34	5.7	599
Pay											
Africa	31	12.9	37	15.4	115	47.7	46	19.1	12	5.0	241
Arab States	2	8.7	13	56.5	2	8.7	1	4.3	5		23
Asia	64	25.7	101	40.6	43	17.3	23	9.2	18	7.2	249
Europe	224	25.2	174	19.6	314	35.3	139	15.6	38	4.3	889
North America	28	38.9	13	18.1	15	20.8	9	12.5	7	9.7	72
Oceania	4	30.8	1	7.7	6	46.2	1	7.7	1	7.7	13
South America	237	59.4	45	11.3	42	10.5	46	11.5	29	7.3	399

► Table 8: Causes of protests in 10 countries in retail (per cent)

	United States	Canada	Greece	Italy	Argentina	Germany	France	Australia	United Kingdom	Spain	Total
Pay	43.3	15.9	43.1	43.8	28.1	31.3	12.5	20.7	23.5	52.9	41.4
PPE and other health and safety issues	42.8	65.1	26.4	18.8	21.9	50.0	34.4	34.5	47.1	35.3	32
Lack of staff	0.0	0.0	2.8	0.0	3.1	0.0	9.4	3.4	0.0	0.0	1.4
Working hours and shifts	0.0	14.3	12.5	12.5	18.8	0.0	0.0	17.2	0.0	5.9	6.2
Work intensity	2.2	0.0	5.6	12.5	6.3	0.0	12.5	10.3	0.0	0.0	4
Working conditions, unspecified	1.1	0.0	0.0	0.0	0.0	6.3	18.8	0.0	0.0	0.0	2.1
Violence and abuse in the workplace	4.4	0.0	1.4	3.1	12.5	0.0	0.0	0.0	0.0	5.9	4
Dismissal	2.2	3.2	8.3	3.1	3.1	0.0	12.5	10.3	5.9	0.0	4.6
Demand for training	0.6	0.0	0.0	0.0	0.0	3.1	0.0	0.0	0.0	0.0	0.3
Collective voice	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1
Other	1.7	1.6	0.0	6.3	6.3	9.4	0.0	3.4	23.5	0.0	3
Number of protests	131	47	40	27	22	20	17	16	16	15	311

In retail, pay stimulated protest action more often in Spain than anywhere else. Interestingly, PPE and health and safety measures were the main reason for protest action in Canada, Germany, the United Kingdom and the United States. This underlines how, despite these countries' developed status and comparative wealth, vital provisions for frontline workers were still neglected including by huge retail giants – as our discussion of retail worker protests in the United States illustrates. In the United Kingdom and Germany, the main concern was the need to provide adequate PPE to workers. In the US and Canada, concerns were around access to vaccines for workers, COVID-19 testing and PPE, as well as emergency measures at stores, such as the number of customers allowed at once, the need for the enforcement of masks for customers, and local authority rules on mask and vaccine mandates.

Lack of staff was a prominent cause of protest among retail workers in France, and featured heavily in Australia, Argentina, and Greece. Overall, France was a particular protest hotspot, accounting for one out of 10 cases of protest; we consider the reasons for this below. Working conditions have been a trigger for protests in various countries. Issues related to shift work featured heavily in the data for Argentina (18.8 per cent) and Australia (17.2 per cent), and work intensity an issue in Italy and France (12.5 per cent in each). Other working conditions grievance led to 18.8 per cent of protests in France, and 6.3 per cent in Germany. France also saw quite substantial protest around dismissals (12.5 per cent of all protest) as did Greece with 8.3 per cent.

3.2 Forms of protest action

Looking at how workers voiced their discontent, we observed four types of action were most common: demonstrations, strikes, strike announcements, and leverage tactics. These results are most interesting because they show that strike action was involved in only around 20 per cent of cases in both sectors. In some 80 per cent of cases, workers choose other means. An announcement of the intention to strike was referred to in 10.5 per cent and 14.4 per cent of cases in healthcare and retail respectively. However, the most common form of protests overall were public demonstrations in the healthcare sector, and leverage

tactics in retail. The prominence of demonstrations is interesting, since the “social distancing” and on-off lockdown context might ostensibly be thought to obstruct the use of demonstrations, but this appears not to have been the case. We might also assume that key workers – especially in healthcare, which accounted for most of our cases – may have been less willing to take strike action during a health emergency, especially in hospitals. The widespread use of leverage tactics is less surprising, given this context.

► **Table 9: Type of action in retail and healthcare**

Type of Action	Healthcare count	Healthcare (%)	Retail count	Retail (%)
Demonstration	1359	35.1	120	25.8
Strike	840	21.7	106	22.7
Strike announcement	407	10.5	67	14.4
Leverage tactics	1033	26.7	144	30.9
Other	231	6.0	29	6.2
Total	3870	100	466	100

Once more, the picture in different regions is one of variation. In healthcare, strike action was the first choice of action in the Arab States, as in Asia, and Europe. In North America, South America, and Oceania the first choice has been demonstrations, and leverage tactics in Africa. Strikes were not widespread in South America, only comprising 14.9 per cent of protest cases. In retail, strikes have been part of on average 22.7 per cent of protest events, but much more often in Africa and Oceania where it was the preferred method in 38.8 per cent and 40.9 per cent of cases respectively.

The low number of strikes in South America contrasts with an unusually high number of demonstrations: 62.2 per cent in healthcare compared to the average of 35.1 per cent, and 41.2 per cent compared to the average of 25.8 per cent in retail.

► Table 10: Type of action per region in healthcare and retail (per cent)

Type of Action	Africa		Arab States		Asia		Europe		North America		Oceania		South America		Total	
	Health	Retail	Health	Retail	Health	Retail	Health	Retail	Health	Retail	Health	Retail	Health	Retail	Health	Retail
Strike	25.3	38.9	57.7	0	37.7	17.6	30.3	24.1	21.6	25.8	25	40.9	14.9	0	21.7	22.7
Strike announced	6.9	0	23.1	0	8.6	5.9	3.9	15.4	6.4	18.5	12.5	4.5	6.6	5.9	10.5	14.4
Demo	15.7	50	7.7	0	29.3	58.8	26.9	21.0	36.8	25.8	29.2	9.1	62.2	41.2	35.1	25.8
Leverage tactics	37.7	0	7.7	0	17.1	17.6	26.2	35.4	24.0	25.8	29.2	40.9	9.4	50	26.7	30.9
Other	14.4	11.1	3.8	100	7.3	0	12.8	4.1	11.1	8.4	4.2	4.5	7.0	2.9	6.0	6.2
N	451	18	52	2	509	17	1674	195	171	22	24	34	989	34	3870	466

Interestingly, leverage tactics were most common in South America and Oceania in retail, and in Africa in healthcare.

Looking at those countries with the highest number of protest events in the healthcare sector, demonstrations were the most widespread method, but with some exceptions where strikes were very common, including France and Nigeria. Public pressure through leverage tactics were most widespread in Greece and the Russian Federation.

► **Table 11: Types of protest in 10 countries with most protests in healthcare: percentage of all protest**

Country	Strike	Strike announcement	Demonstration	Leverage tactics	Other
Argentina	12.2	10.5	59.9	5.2	12.2
France	61.5	20.8	15.2	2.5	0
Greece	17.4	11.2	27.0	44.4	0
India	23.4	13.7	45.1	8.6	9.1
Italy	11.5	13.9	36.1	37.7	0.8
Mexico	8.2	3.9	78.5	5.1	4.2
Nigeria	63.9	12.3	9	8.2	6.6
Peru	6.2	9.2	55.4	26.2	3.1
Russian Federation	0	1.8	6.3	86.6	5.4
Spain	4.9	14.6	37.5	36.8	6.3
Average for all 10 countries	25.5	12.1	38.2	20.3	3.9
N	513	243	767	407	79

3.3 Discussion of main quantitative findings

The descriptive statistics presented here are only a first step in understanding protest in retail and healthcare work during COVID19. Limitations of the dataset – particularly reliance on news reports, the absence of comparable pre-pandemic data and the need for more in-depth qualitative analysis – mean conclusions must be tentative. One particularly clear finding is that, during the period we examined, protest in healthcare greatly outweighed protest in critical retail. We are not able to explain this difference without additional research, but possible reasons can be tentatively identified, subject to further examination. As noted in the discussion of previous research, frontline service sector work may require few qualifications and may be highly precarious, and therefore may have experienced relatively high rates of staff turnover during the pandemic: that is, retail may have seen a tendency toward exit rather than voice. While there is little data on turnover in retail, studies of other types of frontline service work suggest a spike in voluntary quits (e.g., De Souza Meira, 2021; Jung et al, 2021). By contrast, healthcare work features specialised career and progression routes, making it more likely that healthcare workers would exercise voice rather than exit. This effect is likely to be strengthened by the higher prevalence of unions in healthcare compared to retail.

The overall dataset also reveals interesting findings about the causes and reported triggers of worker protest. Unsurprisingly, concerns around PPE and other health and safety concerns are prominent. These acute issues became pre-eminent grievances for workers as the pandemic took hold. These findings are deeply poignant, in that they illustrate the desperate situation many workers faced as they battled to keep services running while being undersupplied by governments and employers. However, while this is a vital

part of the story, it is not all of it. The prevalence of pay as a cause of protest suggests that, in many cases, workers were not responding defensively only to immediate threats to their health from the dangers of COVID19 transmission. Rather, we suggest that the new prominence given to these key workers in the public eye, combined with the extraordinary demands placed upon them, may have in some cases generated greater assertiveness and confidence in pushing for wider progress over pay and conditions of work. Indeed, in some cases, as we will show, this was an explicit objective. At this stage, we cannot generalise from this data about worker protest in these sectors on a global scale. However, our commentaries on individual countries will add some corroboration to this analysis.

Finally, the dataset reveals significant variation between countries and regions. Political, economic, and institutional contexts clearly matter in shaping patterns of protest. Nevertheless, over-generalisation about the role of national institutional factors should be resisted, given the huge differences we found *within* countries. For example, a comparatively large volume of protest were identified in healthcare in India but very little in retail, and the same can be said of Nigeria; we therefore examine reports from these country cases in more detail below. Moreover, among the handful of countries reporting no protests, there is no consistent economic or institutional profile. Hence, we suggest that spikes in protest in particular sectors and countries are likely to reflect not only the national institutional context, but also contingent factors and strategic decisions made by the actors involved. To illustrate this point, we examine in more detail reports from the five countries with the highest levels of protest in the two sectors: France, India and Nigeria for healthcare, and the United States and Argentina for retail.

3.4 Healthcare in France

Why is France, by some distance, the country where healthcare workers have protested the most frequently during the COVID-19 pandemic? The uniquely high volume of protest in French healthcare during the pandemic period reflects various distinct but interrelated factors, including contextual factors which pre-date the pandemic (the marketisation of French healthcare), and, importantly, strategic decisions made by French unions as the pandemic gained pace.

First, it is important to understand that, in the period immediately preceding the pandemic, protest action among healthcare workers in France had been increasing. Several years of budget pressure in the healthcare sector in France had led to reductions in staffing levels and the closure of numerous local hospitals. In addition, these budget restraints were also accompanied by various market-centric reforms to hospital governance and financing systems, which had led many healthcare workers and their unions to identify a shift to a more “business-facing” hospital, and to which many in the sector strongly objected (Umney and Coderre-LaPalme, 2017; 2021). Hence, even days before the scale of the pandemic became apparent and lockdowns began, there were instances of protests including strikes demanding more recruitment to reduce workload in Nantes⁸, and demonstrations against job losses in Carcassonne⁹.

However, just as much as institutional and economic context, the approaches and decisions of key union leaders in France are relevant in explaining workers’ responses to the pandemic. Phillippe Martinez, General Secretary of the CGT, made the following statement in February 2021¹⁰, reflecting the union’s approach:

“This Thursday, we affirm, at the national and interprofessional level, that it is impossible to set to one side current struggles for jobs and the improvement of working conditions in the name of a pseudo-national unity against COVID-19... Bruno LeMaire tells us that it’s not the time for a Social Spring. On the contrary!”

Hence as the crisis developed, key unions decided to maintain pressure over their existing objectives rather than making concessions. They had been mobilizing around issues of inadequate resources and staffing

⁸ Nantes. Grève à l’unité de soins intensifs en cardiologie - Hyères.maville.com

⁹ Carcassonne : 300 hospitaliers dans la rue pour dénoncer “l’inacceptable” plan social - lindependant.fr

¹⁰ Mobilisation : Des milliers de manifestants en France, la CGT occupe le terrain | Imaz Press Réunion : l’actualité de la Réunion en photos (ipreunion.com)

levels and COVID-19 exacerbated these concerns.¹¹ Some resisted various emergency Covid-related measures which they felt undermined job security and proper career training; for example, protesting against the reallocation of nurses on placement to the frontline in Montauban.¹² In Libourne, *Force Ouvrière* argued that COVID-19 was being used as a pretext for reorganisation and changes to working hours that were detrimental to workers.¹³ Unions also claimed that French authorities were trying to handle the pandemic while holding firm to their pre-existing budget restraint priorities, which workers and unions saw as a major obstacle to providing proper care as well as a threat to jobs.¹⁴

Consequently, in the news reporting on French protest, we observe healthcare workers and their unions seeking to bring together emerging Covid-related concerns (such as the drain on hospital resources and need for more equipment) with pre-existing concerns over jobs and working conditions in the framing of their disputes.¹⁵ Unions and other campaigners argued specifically and repeatedly that the pandemic was exposing existing problems whose root causes were government policy long predating Covid, pushing the sector towards the “*hôpital-entreprise*” model. The use of this framing in mobilising workers is a near-constant in the news reporting on many protest events, as shown in accounts of protest from early in the pandemic in Paris¹⁶, Bourdeaux¹⁷, Creuse-Gueret¹⁸, Creteil¹⁹, Lyon,²⁰ and Saint-Brieuc²¹, to name but a few of many examples, as well as in national-level calls for action.²² This framing appears to have been applied across many different professional and occupational groups within healthcare, including a strike by hospital human resource administrators in Dreux, who argued that the pandemic has exposed the need for more staffing to reduce excessive workload.²³

The strains placed on healthcare staff during the pandemic underlined union demands, providing them with a strong moral force which could be invoked to support their longer-standing claims. The CGT, for instance, sought to link problems which became particularly acute during the pandemic (such as aggressive patients), to a wider narrative about the deterioration of working conditions.²⁴ Unions argued that the measures introduced to mitigate Covid-related pressures were unable to make up for the damage caused by previous decisions.²⁵ Interestingly, in a few minor cases, the deterioration of social dialogue within hospital management structures was cited as another pre-existing problem, exacerbated by emergency COVID-19 measures (protests in Creuse²⁶ and Caussade²⁷). As other research has shown (Greer and Umney, 2022), weakness of social dialogue and accountability have been associated with marketisation and outsourcing, particularly in hospitals. Workers continued to protest against this even in cases where relevant articles make little reference to the pandemic itself; as in protest by outsourced cleaning workers in Parisian hospitals.²⁸

Hence a vital part of the picture in France is the decision of unions to continue to mobilise, and wherever possible, draw links between acute COVID-19-related issues and the longer-term deterioration of working conditions in healthcare. As such, many of the articles reporting protests frame demands as a bundled of concerns, particularly resources, pay, jobs and work intensification. It is interesting that specific COVID-19 related concerns for healthcare and other workers during 2020 – 2021, such as the provision of PPE and

¹¹ La “réa” du Chiva toujours en grève malgré l’imminence de la crise - ladepeche.fr

¹² Hôpital de Montauban : les élèves infirmiers s’élèvent contre leur utilisation - ladepeche.fr

¹³ Hôpital de Libourne : Force ouvrière appelle à la grève jeudi 18 février (sudouest.fr)

¹⁴ Un préavis de grève à l’hôpital de Valognes pour « une durée illimitée » | La Presse de la Manche (actu.fr)

¹⁵ Toulouse. Ils manifestent dès le premier jour du déconfinement : la colère du personnel hospitalier | Actu Toulouse

¹⁶ Plusieurs centaines de soignants manifestent à Paris pour un accès égalitaire aux soins (bfmtv.com)

¹⁷ Manifestations des soignants en Aquitaine : “nous n’avons pas été entendus” (francetvinfo.fr)

¹⁸ Une soixantaine de manifestants (seulement) devant l’hôpital pour soutenir les soignants de la Creuse - Guéret (23000) (lamontagne.fr)

¹⁹ Manifestation des soignants de l’hôpital Mondor à Créteil : «On a rempli notre part du contrat, à l’Etat d’agir» - Le Parisien

²⁰ Près de Lyon, le personnel de l’hôpital Le Vinatier dépose un préavis de grève pour le 9 juin | Actu Lyon

²¹ Saint-Brieuc. Le service des urgences surchargé, les médecins de l’hôpital se mettent en grève (ouest-france.fr)

²² Grève à l’hôpital: les syndicats appellent à une journée de mobilisation le 16 juin | Le HuffPost (huffingtonpost.fr)

²³ Les agents des ressources humaines de l’hôpital de Dreux lancent une grève reconductible - Dreux (28100) (lechorepublicain.fr)

²⁴ Coronavirus - Débordés face aux nombreux tests de dépistage, patients agressifs, rémunération jugée trop faible : les laboratoires en grève ce jeudi 17 septembre - lindependant.fr

²⁵ «La surcharge de travail est monumentale» : l’hôpital de Laval en grève contre le flux tendu - Libération (liberation.fr); see also Saint-Malo. Les syndicats hospitaliers lancent un appel à la grève ce jeudi (ouest-france.fr)

²⁶ Des agents hospitaliers de l’hôpital d’Évaux-les-Bains (Creuse) en grève vendredi - Évaux-les-Bains (23110) (lamontagne.fr)

²⁷ Préavis de grève à l’Ehpad Le Jardin d’Émilie à Caussade dans le Tarn-et-Garonne - ladepeche.fr

²⁸ Une grève perturbe le nettoyage de plusieurs hôpitaux parisiens (bfmtv.com)

other safety measures, are virtually never mentioned as primary triggers of protests in France. The strategy appears to have been to broaden the scope protests by linking COVID-19 specific demands with other issues.

Pay, in particular, is of vital importance given its prevalence in the quantitative protest data, and speaks to an increasing assertiveness in demanding the reversal of deteriorating working conditions and pay stagnation; given the new moral and discursive force of the image of healthcare staff as frontline workers putting themselves at risk.²⁹ However, one reason that so many protest events are reported around pay in France during the pandemic lies in unions' responses to one particular government intervention: the *Ségur de la Santé* was a consultation running from May - July 2020 to discuss resources and organisation of healthcare in the pandemic. It resulted in some pay increases for selected healthcare staff to acknowledge their service during the pandemic. However, the scale of these were disappointing for many, and so reaction against this central intervention catalysed a large number of protest events. More protest events are reported in France relating to this one policy alone, than the total for many other countries. These were either motivated by a belief that the extra payments were inadequate given the scale of the problem³⁰; or, even more frequently, reflect protests by specific groups of healthcare workers that were excluded from these additional payments such as psychiatric practitioners and midwives.³¹ This also included private healthcare workers who felt unjustly underpaid compared to public counterparts and who were excluded for the *Ségur de la Santé* pay increases, as exemplified by protests in Lyon³² and Wissembourg³³. The number of articles describing protests on this specific issue is vast. Relatedly, a centrally-developed special subsidy scheme also prompted large amounts of protest, since it prioritised hospitals in regions that had been hardest-hit by Covid and was perceived as unjust and exclusionary by some.³⁴ Perceived inequalities in these central interventions exacerbated the sense that certain professions (such as that of midwives) were undervalued by public authorities.³⁵

Some other themes emerge which, while not present in the majority of cases, nevertheless deserve mention. While precarity is not as widespread in French healthcare work as in many other industries or countries, a number of sources suggest it as a source of protest.³⁶ The use of fixed-term contracts, again, is a pre-existing issue which had been a source of contention pre-pandemic in the context of hospital budget cuts and attempts to weaken the status of civil servants in healthcare. However, issues related to the precarity of atypical employment were also likely exacerbated by the pandemic. One dispute in Drôme, for instance, related to a hospital's attempt to terminate workers who had been hired at the start of the pandemic to make up emergency shortfalls in staffing.³⁷ Disputes over working time were notable, given how working time is enshrined in national-level regulations. For instance, strikes in Corsica ensued after a local hospital appeared to delay the implementation of a central government decree granting staff payment for leave that had not been taken³⁸.

Finally, the potential for a high number of reported protest events also reflected the willingness of French unions and campaigners to engage in collective action, including on a national scale. National days of action were organised by unions and non-union campaigning organisations and led to many smaller events

²⁹ Saint-Brieuc - Les infirmiers anesthésistes d'Yves-Le Foll en « grève illimitée » à Saint-Brieuc - Le Télégramme (letelegramme.fr); see also Hôpital de Dinan : la CGT dépose un préavis de grève | Le Petit Bleu (actu.fr); À Rouen, une pétition contre la prime aux soignants : "Nous exigeons un salaire décent" | 76actu; Finistère : la CFDT appelle les citoyens à manifester le 16 juin | Côté Quimper (actu.fr)

³⁰ « Ségur de la Santé ». Les internes appelés à manifester le 9 juillet (ouest-france.fr); see also Manif devant l'hôpital de Cahors : les soignants ne veulent pas se laisser endormir - ladepeche.fr; Saint-Brevin. Établissements Mindin : appel à la grève de FO mardi 8 septembre (ouest-france.fr)

³¹ Manifestations des soignants en Aquitaine : "nous n'avons pas été entendus" (francetvinfo.fr); see also <https://www.ouest-france.fr/bretagne/rennes-35000/segur-de-la-sante-a-rennes-les-soignants-en-psychiatrie-reclament-l-augmentation-de-183-euro-promise-7003286>; Nancy : Grève illimitée au Centre Psychothérapique pour dénoncer les inégalités face à la prime du Ségur de la Santé (francetvinfo.fr)

³² Rhône. Centre Léon-Bérard: les médecins demandent l'équité avec les hospitaliers (leprogres.fr)

³³ Weiler. Au Mont des oiseaux, les personnels manifestent pour être traités comme les salariés du secteur public (dna.fr)

³⁴ Lisieux : les soignants manifestent devant l'hôpital pour une revalorisation de leur prime Covid | Le Pays d'Auge (actu.fr); see also Coronavirus : appel à la grève dans les Ehpad Korian ce lundi - Le Parisien; Prime aux soignants : grève du personnel de l'hôpital de Brive (francetvinfo.fr)

³⁵ Les sages-femmes en grève mardi 26 janvier (lest-eclair.fr); see also Les sages-femmes en grève mardi 26 janvier (lest-eclair.fr)

³⁶ Charente-Maritime : les psychologues manifestent devant l'hôpital de Saintes (sudouest.fr)

³⁷ Dans le nord de la Drôme, une grève à l'hôpital contre un projet de réduction des effectifs (francetvinfo.fr)

³⁸ Le STC appelle à la grève dans les hôpitaux de Corse à partir de mercredi (francetvinfo.fr)

across the country. Again, these typically took a broad focus, framing many different concerns as part of a wider narrative about deterioration of working conditions in healthcare, and at different times accentuating the issues of different occupational/professional groups. These various days of action generated a large volume of protest activity across many French regions.³⁹

In summary, the volume of protest in healthcare in France reveals was triggered by a range of highly context-dependent factors. First, conflict had been developing in the years immediately preceding the pandemic as a result of longer-term restructuring. Second, rather than seeing the pandemic as a reason to put these concerns on hold, trade unions instead emphasised the importance of, and sacrifices by, healthcare workers, and used this as an opportunity to push back against these long-standing issues. Through national days of action in particular, they were successful in galvanising significant support for protests. We should also see this in the context of French industrial relations more generally. In France, strikes are often relatively short, but relatively frequent, and unlike many other countries, may target government policy (see Den Butter and Koppes, 2003). This context, combined with the other factors described so far, proved to be a potent catalyst during the pandemic.

3.5 Healthcare in India

There is a extensive reporting of labour protests in healthcare in India, not least because of the size and diversity of the country itself. A relatively wide range of issues are involved, the great majority of which are highly localised, involving (often quite short) disputes between individual hospitals or regional authorities, but national-level policy has also triggered significant protests by medical workers.

Many of the issues involved are similar to what is observed in other countries. From early in the pandemic, different medical occupational groups in different regions began called for better PPE provision, and related Covid-prevention measures. The forms of protest used varied. For example, early 2020 saw protest action by nurses in Chikalthana⁴⁰; brief work stoppages in Shatabdi⁴¹; and further protests in Mumbai⁴², Ghaziabad⁴³, Berhampur⁴⁴, and elsewhere⁴⁵. While there have been many short-term work stoppages, there has also been a large amount of symbolic protests, including measures like wearing black armbands⁴⁶; or when doctors in one hospital sat outside in the rain to perform their duties, to draw attention to inadequate ventilation of the building.⁴⁷ Frequently, reporting on these events makes little mention of unions, suggesting more informal organisation among workers.

While the majority of the incidents reported are localised, there was also a number of national-level initiatives, which were more likely to involve established unions and professional associations representing medical staff. National-level activity in most cases appeared to involve symbolic protest actions seeking to leverage public opinion or gain the attention of policymakers: for instance through legal complaints and social media activism⁴⁸ in support of better PPE and other equipment (including inadequate maintenance of ventilators)⁴⁹. The Doctors Association of India also called for a “white alert” protest, involving symbolic

³⁹ CHU de Bordeaux : grève au service de chirurgie cardiaque (sudouest.fr); see also <https://www.nordeclair.fr/761343/article/2020-06-04/secur-de-la-sante-des-soignants-manifestent-nouveau-devant-des-hopitaux>; Côtes-d'Armor. La CGT dénonce la situation dans les établissements de soins et appelle à la grève (ouest-france.fr); Mobilisation : Des milliers de manifestants en France, la CGT occupe le terrain | Imaz Press Réunion : l'actualité de la Réunion en photos (ipreunion.com); Hôpital: la CGT appelle à la grève dans les services de réanimation le 11 mai (bfmtv.com)

⁴⁰ Nurses at Aurangabad hospital demand protection gear | Business Standard News (business-standard.com)

⁴¹ Shatabdi nurses strike due to mistreatment of COVID-19 patients, staff (mid-day.com)

⁴² Coronavirus in Mumbai: Kasturba hospital employees stage protest after two Class IV staff get infected (freepressjournal.in)

⁴³ Nurses in Ghaziabad hosp demand active quarantine as they are treating COVID-19 patients | Business Standard News (business-standard.com)

⁴⁴ Coronavirus | Nurses in Berhampur stage protest - The Hindu

⁴⁵ Coronavirus | Nurses protest, cite shortage of manpower - The Hindu

⁴⁶ Delhi medical workers to protest removal of quarantine facilities after COVID-19 duty (nationalheraldindia.com)

⁴⁷ Doctors protest working conditions at ESI hospital | Latest News Delhi - Hindustan Times

⁴⁸ Mumbai: KEM Doctors At Forefront Of Covid-19 Battle Complain Of Acute Staff Shortage, Highlight Critical Issues (swarajyamag.com)

⁴⁹ 20,000 to 30,000 ventilators lying idle in the country, doctors demand 50,000 PPE kits, launch campaign on Twitter - Jansatta

gestures like the lighting of a white candle, in support of improved protections for medical staff.⁵⁰ Similarly, symbolic protests (with black badges) were used by nurses to demand better provision for quarantine days to prevent Covid infections.⁵¹ The United Nurses Association describes “knocking on the door” of the Supreme Court to seek a legal judgement on the provision of proper equipment.⁵²

Aside from more symbolic protest activity, strikes have also been widely reported as a means to try to secure better Covid protections for healthcare staff. Again, this activity is mostly reported at local level, though there have been coordinated national-level strikes, particularly later in the pandemic, which will be discussed below. The strikes reported nearly always tend to be very short, and the phrase “flash strikes” is employed frequently in reporting. Again, the names of unions are very often absent from reporting, suggesting a strong reliance on small-scale informal organising or enterprise unions. For example, a short strike in Noida sought wider testing for medical workers.⁵³ Another impromptu “flash strike” (again, with no mention of a trade union) took place in Gujarat, by doctors demanding PPE.⁵⁴ There was another small-scale stoppage among outsourced medical staff in Dhanbad⁵⁵, and a strike of less than a day by nurses over working hours in Mumbai, June 2020⁵⁶. Calls for indefinite strikes were also reported, for example by Nurses in Delhi over safety and conditions.⁵⁷ However, the vast majority of healthcare worker strikes seem to be very short work stoppages of less than a day - sometimes only a couple of hours.

Aside from concerns about protection against infection, healthcare workers also sought pay improvement in response to the pandemic. As in other countries, this sometimes involved appeals for additional pay to reward additional efforts conducted in dangerous circumstances. Over 200 outsourced nursing staff at the Gandhi Hospital in Hyderabad protested to demand “incentive pay” at a large COVID-19 isolation facility in April 2020.⁵⁸ As with actions over health and safety, there was frequent use of symbolic actions such as candle-light protests⁵⁹, wearing of black armbands⁶⁰, and open letters of protest⁶¹. Again, unions are often not mentioned in reports, but they are sometimes more prominent. The ATGDA in Tripura, for instance, lobbied for a regional incentive pay during the pandemic.⁶² A strike involving 200 nurses in Pune over pay and working time was organised by two unions including the national United Nurses Association.⁶³ Nurses staged short stoppages and protest marches in support of wage claims in Kalyan.⁶⁴ The pursuit of improvement in pay was, as in other countries, bolstered by the moral claims of healthcare workers. For example, nurses in Chandigarh invoked their status as “corona warriors” to argue for higher salaries, in May 2020; a phrase which crops up repeatedly in news reports concerning healthcare workers.⁶⁵

One similarity with the case of Nigeria (discussed below), but a sharp contrast with France, is the prevalence of unpaid wages as a grievance for workers. This is frequently cited in reports on Indian healthcare worker protest, and many different regional and individual hospital authorities, at different times, are accused of failing to pay staff salaries owed. For example, 250 cleaning and refuse workers went on another short strike over unpaid wages in Nagpur in May 2020.⁶⁶ Doctors residents in Karnataka called an indefi-

⁵⁰ HM assured them security & appealed to them to not to do even symbolic protest as proposed by them, govt is with them. | | Corona mission: Doctors to be given proper protection- Amit Shah confirms (dailythanthi.com)

⁵¹ Chandigarh: PGI nurses threaten to protest if demands not met | Cities News, The Indian Express

⁵² Nurses Union Knocks on SC Door, Seeks Directions on PPE, Salaries and Accommodation (news18.com)

⁵³ GIMS narrowly avoids strike as two more medical workers test +ve - Hindustan Times

⁵⁴ Ahmedabad: Doctors at SVP strike work over N95 masks | Ahmedabad News - Times of India (indiatimes.com)

⁵⁵ Health workers demand PPE, stop sample collection at Dhanbad hospital | Ranchi News - Times of India (indiatimes.com)

⁵⁶ Coronavirus Cases, Mumbai, King Edward Memorial Hospital: Can't Do This Alone, Say Doctors At Mumbai's KEM Hospital After Nurses' Strike (ndtv.com)

⁵⁷ COVID crisis: AIIMS nurses union threatens for mass casual leave, indefinite strike if demands not met (aninews.in)

⁵⁸ Outsourced staff at Gandhi Hospital protest - The Hindu; Striking nurses resume duties - The Hindu

⁵⁹ Resident Doctors hold silent candle light protest - Star of Mysore

⁶⁰ BRIIMS nurses stage protest - The Hindu

⁶¹ Coronavirus in Mumbai: Equal work, unequal pay, complain some doctors on COVID duty at BMC hospitals (freepressjournal.in); Pune: Junior resident doctors at YCMH hold protest, seek 'equal pay for equal work' | Cities News, The Indian Express; Delhi: Doctors not paid salaries for 3 months, DMA writes to Amit Shah - delhi medical association letter to hm amit shah no salaries to doctors in delhi from last 3 months - AajTak

⁶² Coronavirus | Tripura govt. doctors demand dedicated hospital - The Hindu

⁶³ Pune: Nurses at Jehangir hospital go on strike | Cities News, The Indian Express

⁶⁴ nurses of Kalyan Dombivli Municipal Medical Department protest for salary hike zws 70 | Nurses' Movement (loksatta.com)

⁶⁵ Chandigarh nurses call for fair wages, insurance on International Nurses Day - Hindustan Times

⁶⁶ Cleaning workers in Mayo hospital on strike zws 70 | Safai Karamcharis at Mayo Hospital on strike (loksatta.com)

nite strike in protest at 16 months' unpaid stipends.⁶⁷ Sometimes protests over unpaid wages took quite distinctive forms; for instance, a mass tendering of notice by Resident Doctors at Katsurba hospital in July 2020⁶⁸; symbolic methods such as wearing black badges⁶⁹; and social media campaigns⁷⁰. Often *dharnas* are reported - a form of peaceful protest, involving sitting peacefully at - or outside the door of - the target of a protest, typically to draw attention to a debt or injustice. Hence this type of protest is particularly apposite to grievances over unpaid wages.⁷¹ Some protests over unpaid wages took more troubling forms reflecting desperation, as with "around half a dozen" workers at a quarantine centre in Noida threatened to jump off the building's roof.⁷²

The Hindu Rao hospital in North Delhi is a prominent example of protests over unpaid wages⁷³ and alleged failure to honour agreements over bonuses⁷⁴. In this case, workers used a wide range of actions including writing letters, drawing press attention to staff resignations, and engaging in short strikes⁷⁵. Hindu Rao workers sought to link up with other hospitals in the area where unpaid wages were also an issue, to coordinate joint strike action⁷⁶, also garnering wider expressions of solidarity from other practitioners as the issue gained public visibility⁷⁷. Workers at Hindu Rao also initiated mass requests for leave⁷⁸ and threatened to engage in a hunger strike⁷⁹. In October 2020 an agreement with authorities defused these activities, but they appear to have recommenced using the same tactics and over the same issues in late 2021.⁸⁰ In Surat Civil Hospital in Gujarat, another strike and dharna over unpaid wages were reported to have resulted in emergency services being shut down for the first time in the institution's history.⁸¹

There are also some grievances which appear to be particularly salient in India - more so than in other countries. First is the issue of adequately resourced facilities, which appears as a primary trigger for protest on various occasions. Members of the APMEU (100 workers) protested inadequate quarantine facilities at an ENT hospital in Visakhapatnam in June 2020.⁸² Local flash strikes were called in some areas to protest inadequate facilities.⁸³ Workers in some cases complained about being required to share accommodation, which was seen as infection hazard.⁸⁴ In early 2021, "flash strikes" involving 300 people were called over inadequate staffing arrangements at Pune's Sassoon General Hospital. Other protests over inadequate facilities have also been reported.⁸⁵

The issue of outsourced and casualised work in healthcare, while a small but notable issue in France, is much more prominent as a trigger of labour protest in India. A large volume of protests express demands

⁶⁷ Karnataka: Resident doctors on indefinite strike over unpaid stipend for over 16 months - India News (indiatoday.in)

⁶⁸ Bhupesh Baghel | Junior Doctors Protest In Raipur; What Is The Issue All About? Raised Slogan Against Bhupesh Baghel Chhattisgarh Government | Junior doctors demand money by selling dung at Covid Hospital; Work has been closed since yesterday - Dainik Bhaskar

⁶⁹ Now, senior doctors in Telangana threaten strike over delay in pay revision | Cities News, The Indian Express

⁷⁰ Mumbai resident doctors start social media campaign over non-payment of arrears - Top Stories News (indiatoday.in)

⁷¹ For example: Doctors at Hindurao Hospital have not got salary since 105 days - Doctors of Hindurao Hospital have not received salary for 105 days, threatened to stage dharna - Amar Ujala Hindi News Live; Health workers in Bhatkal stage protest with various demands, submit memorandum to Tahsildar - Bhatkallys.com

⁷² COVID-19 workers threaten to jump off hospital building over non-payment of salaries | Business Standard News (business-standard.com)

⁷³ No one listening to salary woes: Hindu Rao doctors - The Hindu

⁷⁴ Hospital contract staff in Nalgonda give strike notice - The Hindu

⁷⁵ Resident doctors of Hindu Rao threaten indefinite strike over pending salaries | Latest News India - Hindustan Times

⁷⁶ Resident doctors of NDMC hospitals to protest at Jantar Mantar tomorrow | Business Standard News (business-standard.com)

⁷⁷ Pending salaries: Senior doctors of NDMC hospitals threaten mass casual leave, indefinite strike | Cities News, The Indian Express; Doctors from three central govt hospitals hold symbolic protest in solidarity with MCD counterparts (aninews.in)

⁷⁸ Delhi Ndmc Medical College And Hindu Rao Hospital Doctors Go On Mass Leave Today Will Go On Indefinite Strike If Salary Arrears Not Paid - दृढ़ता पर स्वास्थ्यकर्मी : सैलरी न मिलने पर एक दिन के सामूहिक अवकाश पर हृदि राव व अन्य अस्पतालों के डॉक्टर - Amar Ujala Hindi News Live

⁷⁹ Resident doctors of NDMC Medical college on an indefinite hunger over non-payment of salaries (aninews.in)

⁸⁰ Pending salaries: Hindu Rao Hospital Resident doctors begin indefinite strike (medicaldialogues.in)

⁸¹ Third and fourth class employees of Civil and covid Hospitals in Surat went on strike over pay issue | Civil and Covid hospital employees in Surat go on strike over salary issue, block road outside superintendent's office, emergency services also stopped for the first time - Divya (divyabhaskar.co.in)

⁸² ENT hospital staff stage protest - The Hindu

⁸³ Doctors and nurses at MCH go on strike - The Hindu

⁸⁴ Amid coronavirus outbreak, Goa doctors threaten strike over room sharing | Business Standard News (business-standard.com)

⁸⁵ Junior Doctors Associations stage protest in Osmania Hospital (siasat.com);

to regularise the contractual status of casualised hospital staff.⁸⁶ This sometimes took dramatic forms. In one case, workers reportedly protested against alleged extortion by intermediaries, and the sudden dismissal and threats made to contract workers, at a dedicated Covid facility.⁸⁷ Indeed, there were some very large protest events reported, such as a threatened strike involving 12000 workers across Jharkhand state in support of regularisation.⁸⁸

An additional theme reported on Indian protest events concerned staff responses to attacks by patients and their families. These could be a major source of distress for workers, and some very troubling incidences of assaults are reported.⁸⁹ Tensions in medical staff's relations with patients, leading to protest by staff and demands for better protections, were frequently reported.⁹⁰ One of the largest examples was a strike of 3500 doctors across Madhya Pradesh, in support of a doctor whose license had been revoked in response to complaints from a deceased patient's family (the doctors' view apparently being that the relevant authorities had bowed unfairly to pressure from patients and attributed blame to their colleague where it was not warranted).⁹¹ In some cases attacks on doctors were used as a frame to bolster claims for more effective handling of COVID-19 cases.⁹²

Finally, some protests reportedly targeted government policy, both at regional and national levels. In various cases this involved challenging decisions about the use of resources. Staff went on strike to demand the resumption of non-Covid services at Gandhi hospital in Hyderabad in November 2020⁹³, and also in Karnataka⁹⁴. There were strikes protesting the alleged failures of the regional administration in building medical infrastructure in Nagpur.⁹⁵ A small number of events attracting wider coverage as they challenged the current administration itself. The Indian Medical Association organised nationwide short demonstrations followed by a 12-hour strike, to protest against the government's promotion of Ayurveda medical methods, which medical representatives described as "a regressive step and is a throwback to medieval ages".⁹⁶ The same organisation is reported to have initiated nationwide symbolic protests against the influence of Yoga Guru Baba Ramdev⁹⁷, who is close to the current administration and a sceptic of modern medical practice. There were also a small number of reported protests against brutal police treatment of doctors in the light of restrictions on movement, for example in Srinagar.⁹⁸

There were also reports of action taken against protesters. In New Delhi, for example, a private hospital dismissed 12 nurses for protesting unsanitary working conditions.⁹⁹ Striking Covid lab technicians in Bokaro were also threatened with dismissal by local officials.¹⁰⁰

⁸⁶ [bihar latest news patna aiims doctors will strike from 14 august | patna aiims resident doctors give ultimatum to administration, go on strike from 14th if demands are not met \(prabhatkhabar.com\)](#); [Temporary health workers go on protest seeking job regularisation - The Hindu](#)

⁸⁷ [Lady Hardinge staff protest abrupt termination, allege extortion for rehiring - Daijiworld.com](#)

⁸⁸ http://timesofindia.indiatimes.com/articleshow/77380355.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

⁸⁹ [Hyderabad: Doctors beaten up after death of corona patient in hospital, doctors on dharna; Push-and-punch from police - Jansatta](#); [Doctors to stage symbolic protest against attacks on medical practitioners on Friday \(aninews.in\)](#); [Rajkot: Doctors in Jetpur call for strike after Covid-19 patient 'assaulted his doctor' | India News, The Indian Express](#); [Valmiki Hospital doctors threaten to stop service as action against attackers delayed - Regional News - Samay Live](#)

⁹⁰ [See also Kalyan medics to strike work tomorrow after Shiv Sena corporator allegedly abuses doctor | Latest News India - Hindustan Times](#); [Doctors protest attack on urologist | Vadodara News - Times of India \(indiatimes.com\)](#); [Strike after four doctors assaulted in Delhi's Hedgewar Arogya Sansthan- The New Indian Express](#)

⁹¹ [3,500 doctors from the state to go on strike from thursday over sagar issue \(sanjeevnitoday.com\)](#)

⁹² [Hyderabad: Doctors continue strike even as health minister calls for another round of talks | Cities News, The Indian Express](#)

⁹³ [Junior doctors strike for non-Covid services to restart at Hyderabad hospital | Hyderabad News \(timesnownews.com\)](#)

⁹⁴ [Resident doctors stage protest in Bengaluru, seek COVID-19 allowance, clarity on internship \(aninews.in\)](#)

⁹⁵ [Nagpur GMCH doctors protest for more health infrastructure- The New Indian Express](#)

⁹⁶ [2L doctors to protest across nation against Centre's medical reforms \(siasat.com\)](#)

⁹⁷ [Doctors Protest of black badge against Yoga Guru Baba Ramdev Indian Medical Association \(IMA\) | देशभर के डॉक्टर्स की योग गुरु रामदेव पर FIR की मांग, आज वरिष्ठ में सभी काली पट्टी बांधकर काम करेंगे - Dainik Bhaskar](#)

⁹⁸ [IG Kashmir orders smooth movement of doctors after protest \(prokerala.com\)](#)

⁹⁹ ["Working conditions not suitable": 12 nurses sacked for raising concerns about private hospital in D- The New Indian Express](#)

¹⁰⁰ [Lab workers strike cripples Covid testing in Bokaro | Ranchi News - Times of India \(indiatimes.com\)](#)

3.6 Healthcare in Nigeria

There has been a high frequency of strikes reported in the healthcare sector in Nigeria during the pandemic. Interestingly, particularly in the early months of the pandemic, reference in such reports to Covid were sparse, suggesting longer-term underlying issues. Strikes are nearly always local or regional events, involving a wide multiplicity of unions and other actors.

While strikes by healthcare workers in India were usually very short, in Nigeria, they could be more protracted. For example, in Enugu state in March 2020, ARD ESUT-TH launched a lengthy intermittent strike over pay and related issues, arguing that action was needed to stem the flow of quits by doctors.¹⁰¹ In March 2020, doctors in Anambra began an indefinite strike over pay.¹⁰² Doctors in Abuja went on strike just as the Coronavirus crisis was emerging, in response to unpaid wages.¹⁰³ As in India, the non-payment of wages seems to be a constant demand in reported protests pre-dating and continuing right through the pandemic, across different occupations within the health system, ranging from doctors to outsourced cleaning and security contractors.¹⁰⁴ This may reflect the severe financial constraints facing municipalities and institutions.

While, as noted, most strikes are local, there are also nation-wide examples. For instance, a national strike was reported in September 2020 organised by JOHESU (which represents multiple categories of healthcare workers) over bonus payments and repairs needed for hospitals.¹⁰⁵ Many of these concerns pre-dated Covid and continued throughout the pandemic. However, as the pandemic accelerated, in some cases workers moderated strike plans, as in local action by the Association of Resident Doctors in Benue over redundancies.¹⁰⁶

Pay is the most commonly cited grievance in these disputes, but strikes were also used to address many other concerns, some only tangentially related to the pandemic. A strike by the Medical and Dental Consultants' Association of Nigeria targeted new requirements to make obtainment of a PhD compulsory for consultants lecturing in medical colleges (though this was a withdrawal of their college teaching rather than hospital work).¹⁰⁷ Nurses went on strike in Delta State in December 2020 over issues relating to staff shortages and career progression.¹⁰⁸ Moreover, numerous strikes were reported related to concerns with security. For example, following the kidnapping of a union members' wife, workers took industrial action to demand more effective protection from law enforcement¹⁰⁹ and there are multiple cases of abductions of medical colleagues themselves¹¹⁰. In one case healthcare workers took industrial action after masked gunmen invaded their workplace and stole equipment.¹¹¹ Doctors in Ebonyi were reported to go on strike over the abuse of staff by a patients' relatives.¹¹² Indeed, industrial action over assaults on doctors by patients was frequently reported during the period.¹¹³

Despite these distinctive incidents, as the pandemic accelerated in Nigeria, more instantly-recognisable and universal problems come to the fore. Once again, these were usually, but not always, local incidents.

¹⁰¹ Enugu doctors embark on strike despite coronavirus panic (thenationonlineng.net); Doctors Begin Indefinite Strike At ESUT Teaching Hospital Over Welfare | African Examiner

¹⁰² Anambra doctors begin indefinite strike (premiumtimesng.com)

¹⁰³ Abuja resident doctors embark on strike — Nigeria — The Guardian Nigeria News – Nigeria and World News

¹⁰⁴ Be patient with FG, Minister pleads with striking resident doctors (vanguardngr.com); Nigeria: Unpaid Salaries - Striking Ekiti Workers Declare Three Days Fasting, Prayers - allAfrica.com; Contractors Allege Non-payment of OAUTH Cleaners, Guards' 32-Month Salary | THISDAYLIVE; Nigeria: Abuja Doctors Lament Seven Months' Unpaid Salaries - allAfrica.com; Resident doctors demand 24-month salary arrears, improved working condition from Makinde - Daily Post Nigeria; Resident doctors, Legal officers begin indefinite strike in Ondo (vanguardngr.com)

¹⁰⁵ Nigerian health workers in new strike over hazard pay (kenyastar.com)

¹⁰⁶ Nigeria: Doctors Threaten Strike If Benue Hospital Fails to Recall Sack Letters - allAfrica.com

¹⁰⁷ Compulsory PhD: Medical consultants refuse to call off strike - Punch Newspapers (punchng.com)

¹⁰⁸ Nurses' strike cripple medical activities in Delta hospitals - Tribune Online (tribuneonlineng.com)

¹⁰⁹ Kidnapping: Medical Association embark on indefinite strike in Cross River (vanguardngr.com)

¹¹⁰ Doctors protest kidnap of colleague, embark on 2-day warning strike in Delta (tribuneonlineng.com); Cross River medical workers demand rescue of abducted female doctor - Punch Newspapers (punchng.com)

¹¹¹ COVID-19: Kogi FMC doctors embark on strike over 'threat to lives' - Nigerian News. Latest Nigeria News. Your online Nigerian Newspaper. (nigerianeye.com)

¹¹² Ebonyi doctors embark on indefinite strike - The Nation Nigeria (thenationonlineng.net)

¹¹³ Ogun: Resident doctors embark on warning strike over assault - Daily Post Nigeria; Nurses protest assault on colleagues in Owo hospital (thenationonlineng.net)

Nurses in Enugu released a viral video and public statements protesting the lack of PPE.¹¹⁴ The Association of Resident Doctors at the teaching hospital in Oghara initiated a dispute over PPE, failure to close certain services as a precautionary measure, lack of life insurance, and lack of additional compensatory payments, in response to COVID-19.¹¹⁵ Similar issues were also evident in various other localities.¹¹⁶ These often involved a multiplicity of unions and professional associations, such as in a strike in Lafia in June 2020 which involved various actors in tandem.¹¹⁷ Most of these cases involved strikes, but some incidents also involved smaller-scale “confrontations” of unspecified type, as with nurses in Abuja in April 2020.¹¹⁸ There was also some national-level action. The Nigerian Medical Association advocated at national level for provisions such as life insurance for medical workers leading to a protracted and intermittent dispute.¹¹⁹ Moreover, the National Association of Resident Doctors launched an indefinite national strike over PPE in June 2020.¹²⁰ Persistent issues of non-payment of wages dovetailed other issues, such as non-payment of promised COVID-19 bonuses; as in a 14-day strike called by the national Association of Resident Doctors in May 2020.¹²¹ and the national umbrella union Medical and Health Workers Union of Nigeria in August 2020.¹²² In other cases, hospital administrative and technical staff protested their exclusion from these schemes.¹²³

The most wide-ranging national protest by healthcare workers in Nigeria examined took place in April 2021: a large nationwide strike calling for salary improvements, additional allowances and improved working conditions¹²⁴, which was called by the Association of Resident Doctors. It, and ensuing related actions (including another large strike in August 2021), continued intermittently throughout 2021, before being called off after apparent progress in October 2021.¹²⁵

One of the triggers of protests, catalysed by the pandemic, concerned lockdown policies and police enforcement of these. Medical staff were exempt from restrictions on movement as part of lockdowns. However, there appear to have been numerous incidents where police reportedly did not respect this exemption, resulting in protests among healthcare workers. For example, protests over alleged police brutality against medical staff were reported in A’ibom¹²⁶ and in Ondo¹²⁷, where medical workers have been prevented from going about their business. The ARD in Asaba launched an indefinite strike over the enforcement by police of movement restrictions in April 2020.¹²⁸ In this case, doctors’ representatives argued: “It is a common law of nature that before you save somebody, your safety should be guaranteed first”. There were also regional protests against local government economic responses to COVID-19-driven economic pressures, as in Kogi, where government imposed a pay cut on doctors¹²⁹, as well as other regions¹³⁰.

Finally, there were reports that government took action against protesters. For example, the Governor of Ondo State reportedly dismissed nurses who had protested over back pay.¹³¹ In the Enugu strike mentioned

¹¹⁴ COVID-19: Nurses Protest Lack of Protective Equipment in Enugu Hospitals | THISDAYLIVE

¹¹⁵ COVID-19: DELSUTH doctors lament shortage of face masks, others - Punch Newspapers (punchng.com)

¹¹⁶ COVID-19: Ogun health workers demand N100k hazard allowance | TheCable; LAUTECH resident doctors demand insurance, PPEs - Punch Newspapers (punchng.com); OOUTH doctors’ begin three-day warning strike over poor welfare packages (tribuneonline.ng.com); Falana-led coalition expresses solidarity with striking health workers (thecable.ng); Health workers’ strike grounds hospital services in FG-owned hospitals in Lagos (vanguardngr.com); Resident Doctors Commence Strike In Taraba – Channels Television (channelstv.com); Nurses in Kwara embark on strike over lack of kit to protect them from COVID-19 - Ripples Nigeria

¹¹⁷ Health workers in Nassarawa go on strike over lack of PPE, welfare - NewsWireNGR

¹¹⁸ EXCLUSIVE: Nurses Protest Lack Of Protective Equipment At Abuja National Hospital After Suspected COVID-19 Patient Rushed To Intensive Care Unit | Sahara Reporters

¹¹⁹ Coronavirus: Doctors, nurses demand life insurance as cases hit 318 - Punch Newspapers (punchng.com); Doctors begin nationwide strike | The Nation (thenationonline.ng.net)

¹²⁰ UPDATED: Resident doctors begin indefinite strike amidst COVID-19 (thenationonline.ng.net)

¹²¹ Resident Doctors Threaten Strike Action Over COVID-19 Allowance, Other Demands – Channels Television (channelstv.com)

¹²² Health workers issue fresh strike notice over COVID-19 allowance (thenationonline.ng.net)

¹²³ Psychiatric hospital workers protest over alleged discrepancies in payments of COVID-19 hazard allowance - National Accord Newspaper

¹²⁴ This attracted very wide reporting: a handful of examples include Resident doctors begin nationwide strike as patients relocate to private hospitals - Tribune Online (tribuneonline.ng.com); High compliance in UCH as resident doctors commence strike (tribuneonline.ng.com); Resident Doctors in NAUTH, Nnewi joins NARD nationwide strike, paralyzes health care delivery (vanguardngr.com)

¹²⁵ Nigerian doctors call off 2-month strike despite pay arrears - ABC News (go.com)

¹²⁶ Lockdown: A’ibom doctors threaten strike over alleged police officer’s assault on member | Pulse Nigeria

¹²⁷ Ondo nurses demand justice over police assault on member amid coronavirus curfew (tribuneonline.ng.com)

¹²⁸ https://tribuneonline.ng.com/lockdown-doctors-in-delta-embark-on-indefinite-strike-over-police-brutality/

¹²⁹ COVID-19: Kogi medical doctors reject salary cut - Vanguard News (vanguardngr.com)

¹³⁰ Adamawa Nurses Lament Deduction Of Monthly Salaries By State Government | Sahara Reporters

¹³¹ EXCLUSIVE: Ondo Government Sacks Nurses For Demanding Payment Of Accumulated Salaries | Sahara Reporters

above, it was reported that the relevant local authorities did not honour previous agreements, exacerbating conflicts.¹³² There were instances in which regional governments were reportedly threatened striking staff, as when Kaduna state officials threatened to fire staff taking industrial action in response to a 25% pay cut in May 2020.¹³³ In Nasarawa, reported retaliatory action by hospital managers against protesting staff included the removal of training provisions, further worsening relations with workers.¹³⁴

3.7 Retail in the United States

The context in retail in the United States contrasts greatly with the situation in healthcare. Retail workers in the United States, like in many other countries, are weakly organised and represented, and more often on precarious contracts with little career stability or opportunity for advancement. There have been reports of anti-union sentiments among some large retailers.¹³⁵ While there is a large volume of protest incidents, these are often very small scale. Nonetheless, as the pandemic continued, there is a suggestion that workers increased the scale and ambition of their actions. Moreover, the very extensive presence of one particular union (the UFCW) in a large proportion of protest events, underlines the point also made in relation to France: alongside more “structural” or institutional factors, union strategy and leadership matters greatly in explaining dynamics of pandemic-era protests.

A systematic qualitative reading of news reporting in the United States on pandemic-era retail protest reveals that protest coalesced around a much more narrowly defined range of grievances. Specifically, unions and non-union campaign groups in retail in the United States organised multiple events demanding hazard pay and better workplace protections against COVID-19 transmission. Interestingly, while individual protest events were often very small (for instance, involving a handful of workers walking off the job for short periods), they were often coordinated across many locations nationally. While in some cases they were targeted at large individual employers, such as Jewel, CVS or Amazon¹³⁶, in others they engaged with multiple employers simultaneously¹³⁷, but typically around a rather constant and defined set of grievances. The UFCW appears to have played an important role in organising these events, which appear in many different locations, and take different forms ranging from strikes to coordinated health and safety complaints.¹³⁸

The salience of hazard pay was increased by specific developments, which underline the importance of large retail companies in explaining the volume of protests. A national wave of protest at many different sites was reportedly triggered by one large firm’s (Kroger’s) decision to end an emergency \$2 raise instituted early in the pandemic.¹³⁹ A similar incident occurred involving UFCW and Stop & Shop.¹⁴⁰ Hazard pay-related protests were triggered in Los Angeles when Kroger reportedly closed stores in response to local authorities mandating a hazard pay raise.¹⁴¹ These kinds of triggers were also reported elsewhere. For example, an Amazon employee who had organised protests was dismissed, which some campaigners reportedly argued was a reprisal for his activism. This was triggered other events¹⁴². While these were often small events, they set off a series of events which gained momentum as the pandemic wore on (with one

¹³² [Doctors Begin Indefinite Strike At ESUT Teaching Hospital Over Welfare | African Examiner](#)

¹³³ [COVID-19: Doctors, nurses begin seven-day warning strike in Kaduna \(tribuneonline.ng.com\)](#)

¹³⁴ [Resident doctors embark on strike in Nasarawa - TODAY](#)

¹³⁵ <https://www.populardemocracy.org/news/how-walmart-persuades-its-workers-not-unionize>;

¹³⁶ [Jewel Responds to Delivery, Warehouse Employees Vote to Authorize Strike – NBC Chicago](#); [amazon workers go on strike for biggest strike since outbreak protests against inadequate protection measures | amazon.com/sina finance/sina.com](#); [Coronavirus: CVS Pharmacy Employees Worry About Safety, Lack Of Cleaning Supplies \(buzzfeednews.com\)](#)

¹³⁷ [Stop & Shop, Whole Foods, and Trader Joe’s workers in Boston unite to protest | Daily Mail Online](#)

¹³⁸ For just a few of many examples of UFCW being cited prominently, see: [COVID-19: Grocery workers demand masks, hazard pay amid virus surge \(cincinnati.com\)](#); [Retail Workers’ Union Urges Stores to Require Masks as Largest Grocery Chain Lifts Mandate \(newsweek.com\)](#); <https://www.wwweek.com/news/2020/03/31/grocery-workers-across-oregon-complain-of-dangerous-working-conditions-amid-pandemic/>

¹³⁹ [Kroger to Eliminate ‘Hero Pay’ Bonus for Employees Working During Pandemic – NBC Los Angeles](#); [Kroger ending \\$2 an hour “hero pay” bonus for workers - CBS News](#)

¹⁴⁰ [UFCW unions chide Stop & Shop for ending ‘appreciation pay’ \(supermarketnews.com\)](#)

¹⁴¹ [Grocery store workers, community members call on Kroger to stop closing local stores \(foxla.com\)](#); [Workers rally to boycott Food4Less in Los Angeles – Liberation News](#)

¹⁴² <https://bdnews24.com/world/americas/2020/03/31/instacart-amazon-workers-strike-as-labour-unrest-grows-during-coronavirus-crisis/>; [Non-union Amazon workers protesting coronavirus conditions get support of big labor groups | Fox Business](#)

newspaper commenting on the “altering of the labor landscape” by Spring 2021).¹⁴³ For instance, by May 2021, retail worker activists were organising events targeting multiple large retailers simultaneously, for instance to tie-in with Essential Workers’ Day (which itself ties in with International Workers’ Day).¹⁴⁴ While in most cases these are spearheaded by the UFCW or a connected campaign group, United for Respect¹⁴⁵, there are cases of other company-specific groups emerging, such as Whole Worker, at Whole Foods¹⁴⁶. The forms employed in these initiatives varies greatly: some cases protest events are simply petitions to the press or public authorities expressing dissatisfaction; or else getting union-sympathetic politicians to speak on their behalf.¹⁴⁷ In other cases there are small scale walkouts, and particular press attention has been given to coordinated “sick outs”.¹⁴⁸

While this wave of multiple coordinated but small-scale events characterises most of the retail protest in the data examined in the United States, there are other factors which deserve mention. The visibility of the Black Lives Matters movement during 2020-2021 appears to have dovetailed with pandemic-era labour protest. A number of reports referred to protests by workers who wanted to wear facemasks displaying support for BLM but were forbidden to do so by employers.¹⁴⁹ Protests in some cases were catalysed by the diversity of state-level (or even city-level) legislatures, particularly where those states leaned towards populist positions which questioned pandemic prevention measures. The vocal opposition to vaccine and mask mandates by the Governor of Texas, for instance, was compared unfavourably by retail workers to counterparts in other states, leading to state-level protests.¹⁵⁰ We should also note that emerging protests in the platform economy overlap with retail protests, as exemplified by experiences at Shipt, where platform workers protested against changes to pay systems imposed by the company in response to huge spikes in demand for grocery delivery due to the pandemic.¹⁵¹

The pandemic period has also seen ambitious new projects by unions which are not necessarily directly COVID-19-related: most notably, initial attempts to organise Amazon warehouses, including but not limited to the widely-discussed site at Bessemer, Alabama¹⁵² (where workers eventually voted against unionisation). While unsuccessful, these suggest the US labour movement is setting itself new targets for the future. At this stage, we can only speculate on the relationship between COVID-19-era protest and these ambitions. Nonetheless, Jaffe (2021) argues explicitly that some of the tactics used in these unionisation drives were learnt in the wave of pandemic-driven organising.

3.8 Retail in Argentina

In Argentina, supermarket retailers were classed as a critical service. In numerous cases workers reportedly protested against the lack of protective equipment as well as a lack of safety procedures imposed on customers when entering shops.¹⁵³ They reportedly called for the availability of a range of equipment, including not just PPE but items like thermometers to check customers’ temperature.¹⁵⁴

¹⁴³ amazon workers go on strike for biggest strike since outbreak protests against inadequate protection measures | [amazon.com/sina-finance/sina.com](https://www.amazon.com/sina-finance/sina.com); Some Instacart workers strike, others demand more as coronavirus alters labor landscape (nbcnews.com)

¹⁴⁴ Amazon, Instacart workers plan May Day strike to protest treatment during the coronavirus pandemic | [Jamestown Sun](https://www.jamestown-sun.com); Amazon, Walmart, FedEx, Instacart, Target, And Whole Foods Frontline Workers Plan Walkout Strike (ibtimes.com)

¹⁴⁵ Workers call for hazard pay, sick days ahead of holiday shopping season - UPI.com

¹⁴⁶ Whole Foods workers plan 'sick out' amid coronavirus pandemic, demand better safety and benefits | [Fox News](https://www.foxnews.com)

¹⁴⁷ Massachusetts Sen. Ed Markey, union workers decry Stop & Shop's decision to cut 'appreciation pay' for grocery store employees amid coronavirus pandemic - [masslive.com](https://www.masslive.com)

¹⁴⁸ amazon workers go on strike for biggest strike since outbreak protests against inadequate protection measures | [amazon.com/sina-finance/sina.com](https://www.amazon.com/sina-finance/sina.com); Whole Foods workers plan 'sick out' amid coronavirus pandemic, demand better safety and benefits | [Fox News](https://www.foxnews.com); Target extends coronavirus pay raises; workers plan sickout - [Chicago Tribune](https://www.chicagotribune.com)

¹⁴⁹ Workers continue protest against Market of Choice (kezi.com); Workers Speak Out Against Black Lives Matter Face Mask Bans (businessinsider.com)

¹⁵⁰ Texas Grocery Workers At Risk Want Better Pay, Protections (ketr.org); Essential workers protest over Abbott's decision to lift mask mandate (fox4news.com)

¹⁵¹ <https://www.startribune.com/some-shipt-workers-plan-to-walk-out-because-of-changed-payment-model/571751002/>

¹⁵² Iowa Teamsters are organizing a union at Amazon and threatening a strike (press-citizen.com); Amazon workers hold rally in effort to unionize (wbrc.com)

¹⁵³ Another complaint against La Gallega: employees without gloves or masks – [Diario El Ciudadano y la Región](https://www.diariociudadano.com) (elciudadanoweb.com)

¹⁵⁴ Lomas: Jumbo employees demand security measures – [InfoRegión](https://www.inforegion.com.ar) (inforegion.com.ar)

Trade unions supported these efforts, for instance by setting up hotlines for workers to report violations of health and safety procedures.¹⁵⁵ For example, early in the pandemic, the Union of Commercial Employees conducted a survey of health and safety violations by the multinational Carrefour, leading to a legal complaint made to local police offices. In this case workers' action appeared to lead to better provisions by the company.¹⁵⁶ Another regional union gained newspaper coverage by calling for a reduction in opening hours for supermarkets to mitigate the spread of infection.¹⁵⁷

Pay was another major source of protest; particularly the pursuit of additional payments and bonus schemes to compensate for the strains of working throughout the pandemic. Various actors called for solidarity payments to key workers including those in retail. These have been advanced through various channels including communiques by trade unions and proposed legislation from politicians sympathetic to unions and workers' causes.¹⁵⁸ In some cases these payments appear to have been agreed but companies reportedly pulled back from them, citing financial troubles due to reduced sales.¹⁵⁹ For example, Carrefour again saw public demonstrations by workers after allegations they had reneged on a pandemic bonus scheme.¹⁶⁰

As in the United States, in protests by retail workers, there is a strong and recurrent emphasis given in reports to the moral claims workers make. By emphasising the risks they take, and the importance of their jobs, workers drew on this 'moral power' to give their arguments a weight to compensate for the relative weakness of organised industrial power. As the preceding discussion has shown, workers have relied on methods such as demonstrations and legal complaints, rather than strikes. Unions are often cited as spokespeople in these events or as the actors initiating legal complaints, but rarely as organisers of industrial action. Workers were reportedly at risk and some supermarket workers disseminated videos calling attention to poor company practices, for instance, and have also cited examples of violent repercussions for those who have spoken out.¹⁶¹ Workers at the same company (Coto) published an open letter citing over 300 infections and identifying 56 branches as being in a state of "complete sanitary abandonment"- in some cases directly criticising unions they feel have inadequately represented their concerns.¹⁶²

While overwhelmingly complaints coalesced around safety provisions and bonus payments, it is interesting to note that long-standing complaints over job insecurity, workload and dismissals without justification have not gone away in retail work during the pandemic.¹⁶³

¹⁵⁵ Another complaint against La Gallega: employees without gloves or masks – Diario El Ciudadano y la Región (elciudadanoweb.com)

¹⁵⁶ The Trade Union denounced Carrefour for not complying with biosecurity standards (diarioelargentino.com.ar)

¹⁵⁷ Union requests reduction of hours in supermarkets - El litoral

¹⁵⁸ They ask for a bonus for commercial employees for the health emergency - Radio Amanecer

¹⁵⁹ Carrefour: workers denounce that the company does not comply with the payment of a bonus of 5 thousand pesos – Diario El Ciudadano y la Región (elciudadanoweb.com)

¹⁶⁰ Workers demonstrated in front of Carrefour to demand the bonus of 5 thousand pesos – Diario El Ciudadano y la Región (elciudadanoweb.com)

¹⁶¹ Another delegate denounces that COTO does not respect the protocols and makes employees who are part of risk groups work - Info General | Corrientes Today (corrienteshoy.com)

¹⁶² Coronavirus: Coto workers report 300 infections in the company (diariojunio.com.ar)

¹⁶³ Workers demonstrated in front of Carrefour to demand the bonus of 5 thousand pesos – Diario El Ciudadano y la Región (elciudadanoweb.com); Avellaneda: The claims of vital's hierarchical staff continue – InfoRegión (inforegion.com.ar); Serious complaint against super Chinese chain: they beat employees and have them "in black" | 0223

► Conclusion

The research presented here is the first attempt to develop an understanding of trends in worker protest stimulated by the pandemic on a truly global scale. Indeed, there are very few studies of pandemic-era worker protest at all, and what does exist tends to focus on one country (e.g. Orleck, 2020), or offer short sketches of particular protest events (Torres-Hernandez et al, 2020). Quantitative studies of workers in the pandemic have focused on the effects of COVID19, often on psychological wellbeing (Wanigasooriya et al, 2021; Romero et al, 2020; Mattila et al, 2021; Rubio-Valdehita et al, 2021), or else of intention to leave the occupation (De Souza Meira et al, 2020; Jung et al, 2021); not their protest activity, and certainly not on the geographical scale we have attempted here. As such, while we know about the likelihood of exit for many workers who have suffered during the pandemic, we know less about their use of voice options, specifically in respect of protests.

The questions we have examined here could not be more vital. While governments and employers, as well as the general public, have continually paid tribute to frontline workers, this often fell short in terms of material commitments – over health and safety provisions, over social protections, or over working conditions. For observers interested in working conditions and workers' rights, the question of whether and how workers can represent their own interests in this context, to demand better treatment, is vital. We have shown through an examination of news reports that they can and have done so during the pandemic. Protest has been much more frequent or frequently reported in healthcare work than in retail. But even in retail, workers appear to have grown in confidence and ambition, which is reflected in the scale of their organising and the demands they make on employers – as our examination of reports in the United States shows.

How might we explain the variation we see across countries and sectors? At this stage, conclusions must necessarily be tentative. The sectoral difference is very clear: more protests were reported in healthcare than retail. We can suggest two factors that may explain this difference. First, more established career pathways in healthcare may encourage people to express voice in the face of problems rather than choosing to exit. By contrast, retail workforces are more likely to be impacted by large numbers of voluntary quits, which may defuse the potential for protest to some extent. Second, trade unions tend to be more firmly embedded in healthcare workforces than retail in many countries, which is likely to further increase the viability of voice rather than exit in the COVID-19 context. However, while overall protest in retail is low, our vignettes, particularly in the United States, reveal that when workers and their representative organisations are determined, they can build momentum even in improbable and hostile circumstances. As we note, the surprising victories of worker organising at Amazon branches in the United States – which are only just beginning to be reported at time of writing – may reflect a legacy of the determination with which workers faced the challenges of the pandemic (see Jaffe, 2021).

Regarding country differences, the picture is highly contingent and likely reflects complex local factors. There is no clear story whereby certain regions or political-economic profiles predict the extent of protest, and countries which have large amounts of protest in one sector may have far less in another. Our qualitative vignettes underline that the agency and strategic decisions of key actors is important in explaining how events unfolded. The case in point here is French healthcare, where a large volume of protest appears to have been attributed to one particular event and where unions repeatedly called for coordinated national actions. Certainly, the *nature* of protest is profoundly impacted by the national context. But this is not simply a question of industrial relations context only, but also of wider democratic and political institutions, and wider currents of social protest. For instance, in Nigeria, distrust and concerns over police accountability led to waves of protest against violence experienced by healthcare workers. In the United States, the Black Lives Matter protest movement dovetailed with retail labour protest. These stories indicate how each country has its own dynamics that make generalisation difficult. Nevertheless, running through each case is the insight that waves of protest happen because key actors – typically but not exclusively unions – are proactive in identifying problems and framing these as warranting action. More than anything else, this factor is likely to explain the extent and nature of protest during COVID-19 and suggests that workers' organisations have the capacity to have an impact, even in circumstances as formidable as a healthcare emergency.

These considerations also make it difficult to draw firm conclusions regarding *low* levels of protest in our dataset. The six countries where we found no evidence of protest span a huge range of institutional contexts, defying any effort to discern reliable patterns related to national context. Moreover, there is much variation within countries. For example, in the retail data, Nigeria and India registered very low levels of protest, despite having among the highest in healthcare. This suggests, tentatively, that specific contextual conditions matter more than national systems. Certain countries – notably France – feature highly in both, but again this probably reflects the strategic decisions of French unions to pursue a mobilisation strategy. Moreover, while informality of employment may be a motivator of protest, we found no clear link between levels of informal employment and levels of protest. While informality led to protest in healthcare in India, for example, it appears not to have led to protest in retail. Further research is required to further develop understanding in this area.

We have also emphasised the importance of pay as an issue motivating protest, ahead of ostensibly more urgent pandemic-related issues such as PPE provision. However, we are reluctant to draw general conclusions beyond these insights. Our further analysis of the reports for France, India, Nigeria and Argentina and the United States reveal the complex contextual and contingent factors which have led to spikes of protest in those countries. If there is a common thread, it is that workers' organisation, even – or especially – during times of crisis, are asserting the interests of key workers and demanding they are treated with the respect they deserve.

Annex: Overview Coded Countries and assigned Regions

Africa	Arab States	Asia	Europe	Northern America	South America	Oceania
Algeria	Jordan	Bangladesh	Albania	Canada	Argentina	Australia
Cameroon	Lebanon	India	Belarus	United States	Bolivia	New Zealand
Egypt		Indonesia	Belgium		Brazil	
Ghana		Japan	Bosnia-Herzegovina		Chile	
Ivory Coast		Malaysia	Bulgaria		Columbia	
Kenya		Pakistan	Cyprus		Costa Rica	
Nigeria		Philippines	Czech Republic		Dominican Republic	
Senegal		South Korea	Estonia		Ecuador	
South Africa		Sri Lanka	Finland		El Salvador	
Trinidad & Tobago			France		Guatemala	
Tunisia			Georgia		Honduras	
Uganda			Germany		Mexico	
Zambia			Greece		Panama	
Zimbabwe			Hungary		Paraguay	
			Iceland		Peru	
			Ireland		Uruguay	
			Italy		Venezuela	
			Latvia			
			Lithuania			
			Luxembourg			
			Macedonia			
			Moldova			
			Netherlands			
			Norway			
			Poland			
			Portugal			
			Russian Federation			
			Serbia			

Africa	Arab States	Asia	Europe	Northern America	South America	Oceania
			Slovakia			
			Slovenia			
			Spain			
			Sweden			
			Switzerland			
			Turkey			
			Ukraine			
			United Kingdom			
14	2	10	36	2	17	2

Observed Countries	90
Coded Countries	86
Coded Events N	3870

References

- Abers, Rebecca Neaera, Federico M Rossi, and Marisa Von Bülow. "State-society Relations in Uncertain Times: Social Movement Strategies, Ideational Contestation and the Pandemic in Brazil and Argentina". *International Political Science Review* 42, no. 3 (2021): 333–49. doi:10.1177/0192512121993713.
- Albanesi, Stefania, and Jiyeon Kim. "Effects of the COVID-19 Recession on the US Labor Market: Occupation, Family, and Gender". *Journal of Economic Perspectives* 35, no. 3 (2021): 3–24. doi:10.1257/jep.35.3.3.
- Alimi, Eitan Y. "Repertoires of Contention". In *The Oxford Handbook of Social Movements*, edited by Donatella Della Porta and Mario Diani, 399–409. New York: Oxford University Press, 2015.
- Alon, Titan, Doepke, Matthias, Olmstead-Rumsey, Jane, and Tertilt, Michèle, *The impact of COVID-19 on gender equality* (Cambridge: National Bureau of Economic Research, 2020), <https://www.nber.org/papers/w26947>
- André, Christine, & Hermann, Christoph. "Privatisation and marketisation of health care systems in Europe". In *Privatisation against the European Social Model* edited by Marica Frangakis, Christoph Hermann, Jörg Huffschild and Károly Lóránt, 129–44. London: Palgrave Macmillan United Kingdom, 2009.
- Azzellini, Dario. "Class Struggle from Above and from Below during the covid-19 Pandemic", *Journal of Labor and Society* 24, 3 (2021): 418–439, doi: <https://doi.org/10.1163/24714607-bja10018>
- Bailey, Janis, Robin Price, Amanda Pyman, and Jane Parker. "Union Power in Retail: Contrasting Cases in Australia and New Zealand." *New Zealand Journal of Employment Relations* 40, no. 1 (2015): 1–18. <https://search.informit.org/doi/10.3316/informit.034754621812274>.
- Bamber, Greg J., Lansbury, Russell D., Wailes, Nick, & Wright, Chris F. (2016). *International and Comparative Employment Relations: National Regulation, Global Changes*. London: Routledge, 2016.
- Barbieri, Teresa, Gaetano Basso, and Sergio Scicchitano. "Italian Workers at Risk During the COVID-19 Epidemic". *Italian Economic Journal* 8, no. 1 (2022): 175–95. doi:10.1007/s40797-021-00164-1.
- Brydges, Taylor, and Mary Hanlon. "Garment Worker Rights and the Fashion Industry's Response to COVID-19". *Dialogues in Human Geography* 10, no. 2 (2020): 195–98. doi:10.1177/2043820620933851.
- Bufquin, Diego, Jeong-Yeol Park, Robin M. Back, Jessica Vieira De Souza Meira, and Stephen Kyle Hight. "Employee Work Status, Mental Health, Substance Use, and Career Turnover Intentions: An Examination of Restaurant Employees During COVID-19". *International Journal of Hospitality Management* 93 (2021): 102764. doi:10.1016/j.ijhm.2020.102764.
- Burgos, Diana, and Dmitry Ivanov. "Food Retail Supply Chain Resilience and the COVID-19 Pandemic: A Digital Twin-based Impact Analysis and Improvement Directions". *Transportation Research Part E: Logistics and Transportation Review* 152 (2021): 102412. doi:10.1016/j.tre.2021.102412.
- Caldera-Villalobos, Claudia, Garza-Veloz, Idalia, Martínez-Avila, Nadia, Delgado-Enciso, Iván, Ortiz-Castro, Yolanda, Cabral-Pacheco, Griselda A., and Martinez-Fierro, Margarita L. "The Coronavirus Disease (COVID-19) challenge in Mexico: a critical and forced reflection as individuals and society". *Frontiers in public health* 8, 337 (2020). doi: 10.3389/fpubh.2020.00337
- Cao, Jinya, Jing Wei, Huadong Zhu, Yanping Duan, Wenqi Geng, Xia Hong, Jing Jiang, Xiaohui Zhao, and Boheng Zhu. "A Study of Basic Needs and Psychological Wellbeing of Medical Workers in the Fever Clinic of a Tertiary General Hospital in Beijing During the COVID-19 Outbreak". *Psychotherapy and Psychosomatics* 89, no. 4 (2020): 252–54. doi:10.1159/000507453.

Donatella Della Porta and Mario Diani. "Introduction: The Field of Social Movement Studies". In *The Oxford Handbook of Social Movements*, edited by Donatella Della Porta and Mario Diani, 1-28. New York: Oxford University Press, 2016

De Matteis, Sara. "COVID-19: Are Not All Workers 'essential'?" *Occupational and Environmental Medicine* 78, no. 5 (2021): 305–6. doi:10.1136/oemed-2020-107272.

Dennerlein, Jack T., Lisa Burke, Erika L. Sabbath, Jessica A. R. Williams, Susan E. Peters, Lorraine Wallace, Melissa Karapanos, and Glorian Sorensen. "An Integrative Total Worker Health Framework for Keeping Workers Safe and Healthy During the COVID-19 Pandemic". *Human Factors: The Journal of the Human Factors and Ergonomics Society* 62, no. 5 (2020): 689–96. doi:10.1177/0018720820932699.

Elkholy, Hussien, Fairouz Tawfik, Islam Ibrahim, Waleed Salah El-Din, Mohamed Sabry, Suzan Mohammed, Mohamed Hamza, et al.. "Mental Health of Frontline Healthcare Workers Exposed to COVID-19 in Egypt: A Call for Action". *International Journal of Social Psychiatry* 67, no. 5 (2021): 522–31. doi:10.1177/0020764020960192.

Elnahla, Nada, and Neilson, Leighann C. "The stressors faced by retail workers during the COVID-19 pandemic". *Association of Marketing Theory and Practice Proceedings* 2 (2021). https://digitalcommons.georgiasouthern.edu/amtp-proceedings_2021/2

Fana, Marta, Sergio Torrejón Pérez, and Enrique Fernández-Macías. "Employment Impact of Covid-19 Crisis: From Short Term Effects to Long Terms Prospects". *Journal of Industrial and Business Economics* 47, no. 3 (2020): 391–410. doi:10.1007/s40812-020-00168-5.

Goddard, Ellen. "The Impact of COVID-19 on Food Retail and Food Service in Canada: A Second Assessment". *Canadian Journal of Agricultural Economics/revue Canadienne D'agroeconomie* 69, no. 2 (2021): 167–75. doi:10.1111/cjag.12282.

Greer, Ian, and Umney, Charles. *Marketization*. London: Bloomsbury, 2022

Greer, Ian. "Social Movement Unionism and Social Partnership in Germany: The Case of Hamburg's Hospitals". *Industrial Relations: A Journal of Economy and Society* 47, no. 4 (2008): 602–24. doi:10.1111/j.1468-232x.2008.00537.x. Hall, P. A., & Soskice, D. (2001). An introduction to varieties of capitalism. *op. cit.*, 21-27.

Hocquelet, Mathieu. "Organizing employees at the giant of retail sales: UFCW and Our Walmart confront a fifty-year tradition of anti-union discourse and practices". *La Revue de l'Ires* 88, no. 1 (2016): 129-56.

İlkkaracan, İpek, and Emel Memiş. "Transformations in the Gender Gaps in Paid and Unpaid Work During the COVID-19 Pandemic: Findings from Turkey". *Feminist Economics* 27, no. 1–2 (2021): 288–309. doi:10.1080/13545701.2020.1849764.

Jung, Hyo Sun, Yoon Sik Jung, and Hye Hyun Yoon. "COVID-19: The Effects of Job Insecurity on the Job Engagement and Turnover Intent of Deluxe Hotel Employees and the Moderating Role of Generational Characteristics". *International Journal of Hospitality Management* 92 (2021): 102703. doi:10.1016/j.ijhm.2020.102703.

Klenk, Tanja. "Hospital Planning in a Competitive Arena: Sustaining or Suspending Market Forces?" In *Public Accountability and Health Care Governance*, edited by Paola Mattei, 37-64. London: Palgrave Macmillan, 2016.

Krachler, Nick, Ian Greer, and Charles Umney. "Can Public Healthcare Afford Marketization? Market Principles, Mechanisms, and Effects in Five Health Systems". *Public Administration Review*, 2021. doi:10.1111/puar.13388.

Lasalvia, A., C. Bonetto, S. Porru, A. Carta, S. Tardivo, C. Bovo, M. Ruggeri, and F. Amaddeo. "Psychological Impact of COVID-19 Pandemic on Healthcare Workers in a Highly Burdened Area of North-east Italy". *Epidemiology and Psychiatric Sciences* 30 (2021): 1–28. doi:10.1017/s2045796020001158.

Lee, Sang Yoon T., Park, Minsung, & Shin, Yongseok. *Hit harder, recover slower? Unequal employment effects of the Covid-19 shock*. Cambridge: National Bureau of Economic Research, 2021. <https://www.nber.org/papers/w28354>

Lemieux, Thomas, Milligan, Kevin, Schirle, Tammy, and Skuterud, Mikal. "Initial impacts of the COVID-19 pandemic on the Canadian labour market". *Canadian Public Policy* 46, no. S1 (2020): S55-S65. <https://doi.org/10.3138/cpp.2020-049>

Leone, Lucia A., Sheila Fleischhacker, Betsy Anderson-Steeves, Kaitlyn Harper, Megan Winkler, Elizabeth Racine, Barbara Baquero, and Joel Gittelsohn. "Healthy Food Retail During the COVID-19 Pandemic: Challenges and Future Directions". *International Journal of Environmental Research and Public Health* 17, no. 20 (2020): 7397. doi:10.3390/ijerph17207397.

Lichtenstein, Nelson. "Chapter 12. Wal-Mart, John Tate, and Their Anti-Union America" In *The Right and Labor in America: Politics, Ideology, and Imagination* edited by Nelson Lichtenstein and Elizabeth Tandy Sherner, 252-275. Philadelphia: University of Pennsylvania Press, 2016. <https://doi.org/10.9783/9780812207910-014>

Lustig, Nora, Martínez Pabón, Valentina., Sanz, Federico, and Younger Stephen D. *The impact of COVID-19 lockdowns and expanded social assistance on inequality, poverty and mobility in Argentina, Brazil, Colombia and Mexico*. Washington: Center for Global Development, 2020. <https://www.cgdev.org/publication/impact-covid-19-lockdowns-and-expanded-social-assistance-inequality-poverty-and-mobility>

Mandić-Rajčević, S, F Masci, E Crespi, S Franchetti, A Longo, I Bollina, S Velocci, et al.. "Source and Symptoms of COVID-19 Among Hospital Workers in Milan". *Occupational Medicine* 70, no. 9 (2020): 672-79. doi:10.1093/occmed/kqaa201.

Martínez Navarro, Freddy, and Fernández Santillán, José (2020). "National Experience of Mexico on Coronavirus-COVID-19 Pandemic". In *Good Public Governance in a Global Pandemic* edited by Paul Joyce, Fabienne Maron and Purshottama Sivanarain Reddy, 453-464. Brussels: The International Institute of Administrative Sciences, 2020. <https://doi.org/10.46996/pgs.v1e1>

Mattila, Elina, Jaana Peltokoski, Marko H. Neva, Marja Kaunonen, Mika Helminen, and Anna-Kaisa Parkkila. "COVID-19: Anxiety Among Hospital Staff and Associated Factors". *Annals of Medicine* 53, no. 1 (2021): 237-46. doi:10.1080/07853890.2020.1862905.

McKie, Linda, Gill Hogg, Laura Airey, Kathryn Backett-Milburn, and Zoe Rew. "Autonomy, Control and Job Advancement". *Work, Employment and Society* 23, no. 4 (2009): 787-96. doi:10.1177/0950017009344918.

Mejia, Cynthia, Rebecca Pittman, Jenna M.D. Beltramo, Kristin Horan, Amanda Grinley, and Mindy K. Shoss. "Stigma & Dirty Work: In-group and Out-group Perceptions of Essential Service Workers During COVID-19". *International Journal of Hospitality Management* 93 (2021): 102772. doi:10.1016/j.ijhm.2020.102772.

Millward, Peter, and Shaminder Takhar. "Social Movements, Collective Action and Activism". *Sociology* 53, no. 3 (2019): NP1-NP12. doi:10.1177/0038038518817287.

Mortier, Philippe, Gemma Vilagut, Montse Ferrer, Consol Serra, Juan D. Molina, Nieves López-Fresneña, Teresa Puig, et al.. "Thirty-day Suicidal Thoughts and Behaviors Among Hospital Workers During the First Wave of the Spain COVID-19 Outbreak". *Depression and Anxiety* 38, no. 5 (2021): 528-44. doi:10.1002/da.23129.

Mrozowicki, Adam, Bembič, Branko, Kall, Kairit, Maciejewska, Małgorzata, and Stanojević, Miroslav. "Union Campaigns Against Precarious Work in the Retail Sector of Estonia, Poland and Slovenia". In *Reconstructing Solidarity: Labour Unions, Precarious Work, and the Politics of Institutional Change in Europe* edited by Virginia Doellgast, Nathan Lillie and Valeria Pulignano, 144-65. Oxford: Oxford University Press, 2018. DOI: 10.1093/oso/9780198791843.001.0001

Orleck, Annelise. "And the Virus Rages On: "contingent" and "essential" Workers in the Time of COVID-19". *International Labor and Working-class History* 99 (2021): 1–14. doi:10.1017/s0147547920000174.

Qian, Yue, and Fuller, Sylvia (2020). "COVID-19 and the gender employment gap among parents of young children". *Canadian Public Policy* 46, no. S2 (2020): S89-S101. doi:10.3138/cpp.2020-077

Razzak, Junaid A., Junaid A. Bhatti, Muhammad Ramzan Tahir, and Omrana Pasha-Razzak. "Initial Estimates of COVID-19 Infections in Hospital Workers in the United States During the First Wave of Pandemic". *PLOS ONE* 15, no. 12 (2020): e0242589. doi:10.1371/journal.pone.0242589.

Reichelt, Malte, Kinga Makovi, and Anahit Sargsyan. "The Impact of COVID-19 on Gender Inequality in the Labor Market and Gender-role Attitudes". *European Societies* 23, no. sup1 (2021): S228–45. doi:10.1080/14616696.2020.1823010.

Rivera, Valentina, and Francisca Castro. "Between Social Protests and a Global Pandemic: Working Transitions Under the Economic Effects of COVID-19". *Social Sciences* 10, no. 4 (2021): 145. doi:10.3390/socsci10040145.

Romero, Carolina S., Carlos Delgado, Juan Catalá, Carolina Ferrer, Carlos Errando, Adina Iftimi, Ana Benito, Jose De Andrés, and Maria Otero. "COVID-19 Psychological Impact in 3109 Healthcare Workers in Spain: The PSIMCOV Group". *Psychological Medicine* 52, no. 1 (2022): 188–94. doi:10.1017/s0033291720001671.

Rubio-Valdehita, Susana, Ana Rodríguez-López, and Angélica Marín. "Concern About the Effects of the Pandemic Caused by Covid-19 in the Retail Sector in Spain. Differences Between Men and Women", 2021. doi:10.3390/ecerph-3-09035.

Shahbaz, Muhammad, Bilal, Muhammad, Moiz, Abdul, Zubair, Shagufta, and Iqbal, Hafiz M.N. "Food safety and COVID-19: precautionary measures to limit the spread of coronavirus at food service and retail sector". *Journal of Pure and Applied Microbiology* 14, no. suppl 1 (2020): 749-56.

Sulaiman, Mohammed Ali Bait Ali, Mohammed Nazeer Ahmed, and Muhammad Salman Shabbir. "Covid-19 challenges and human resource management in organized retail operations." *Utopia y Praxis Latinoamericana* 25, no. 12 (2020): 81-92.

Tarrow, Sidney. "Contentious Politics". In *The Oxford Handbook of Social Movements*, edited by Donatella Della Porta and Mario Diani, 86-107. New York: Oxford University Press, 2015

Torres-Hernández, Gabriela, García-Espinosa, Patricia, Botello-Hernández, Edgar, and Ortega-Moreno, Diego. "Mexican Medical Students Protest During COVID-19 Pandemic". *International Journal of Medical Students* 9, no. 1 (2021): 63-65.

Treston, Carole. "COVID-19 in the Year of the Nurse". *Journal of the Association of Nurses in AIDS Care* 31, no. 3 (2020): 359–60. doi:10.1097/jnc.0000000000000173.

Umney, Charles, & Coderre-LaPalme, Genevieve. "Blocked and new frontiers for trade unions: contesting 'the meaning of work' in the creative and caring sectors". *British Journal of Industrial Relations* 55, no. 4 (2017): 859-878. <https://doi.org/10.1111/bjir.12251>

Voorhees, Clay M., Paul W. Fombelle, and Sterling A. Bone. "Don't Forget About the Frontline Employee During the COVID-19 Pandemic: Preliminary Insights and a Research Agenda on Market Shocks". *Journal of Service Research* 23, no. 4 (2020): 396–400. doi:10.1177/1094670520944606.

Wang, Dan J., and Soule, Sarah A. "Social movement organizational collaboration: Networks of learning and the diffusion of protest tactics, 1960–1995". *American Journal of Sociology* 117, no. 6 (2012): 1674-1722.

Wang, Hui, Yu Liu, Kaili Hu, Meng Zhang, Meichen Du, Haishan Huang, and Xiao Yue. "Healthcare Workers' Stress When Caring for COVID-19 Patients: An Altruistic Perspective". *Nursing Ethics* 27, no. 7 (2020): 1490–1500. doi:10.1177/0969733020934146.

Wanigasooriya, Kasun, Priyanka Palimar, David N. Naumann, Khalida Ismail, Jodie L. Fellows, Peter Logan, Christopher V. Thompson, Helen Bermingham, Andrew D. Beggs, and Tariq Ismail. "Mental Health Symptoms in a Cohort of Hospital Healthcare Workers Following the First Peak of the COVID-19 Pandemic in the UK". *Bjpsych Open* 7, no. 1 (2021). doi:10.1192/bjo.2020.150.

Winton, A. "Conflicting narratives and critical perspectives on the future of retail work". *Presentation given to the DIGIT research centre*, November 2021

Xiaoming, Xu, Ai Ming, Hong Su, Wang Wo, Chen Jianmei, Zhang Qi, Hu Hua, et al.. "The Psychological Status of 8817 Hospital Workers During COVID-19 Epidemic: A Cross-sectional Study in Chongqing". *Journal of Affective Disorders* 276 (2020): 555–61. doi:10.1016/j.jad.2020.07.092.

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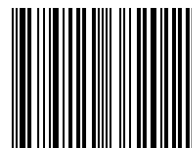
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