



COVID-19's effects on the healthcare and social assistance workforce in Canada: Gendered employment loss and wage inequality 2020-2021

Aim: to provide an analysis of healthcare and social assistance gendered workforce dynamics during the COVID-19 pandemic, with a particular focus on employment and the gender wage gap.



Key findings:

- Women health care and social assistance workers lost approximately 216,400 jobs compared to men, who lost 8,400 jobs, during the pandemic's first three months (March, April, and May 2020).
- Women comprised almost 80.4% of the workforce in health care and social assistance occupations before February 2020, yet they sustained 94% of the job losses during the first three months of the pandemic.
- It took almost thirteen months (until June 2021) for women healthcare and social assistance workers to regain all lost jobs.
- The wage gap between men and women health and social assistance workers widened in 2020. Analysis based on median weekly wages from Labour Force Survey data for 2019 and 2020 shows that women health and social assistance workers earned 15.8% less than men in 2020, compared to 13.4% less during the year 2019.
- Across every province except one (Nova Scotia), women's healthcare and social assistance worker's wage rates were lower than men's wages in 2020. The gender wage gap varied by province, with the widest wage gap in Manitoba (18.9%), and the lowest gender wage gap in Quebec (5.3%).

Background

The COVID-19 pandemic has placed a significant burden on healthcare and social assistance workers across Canada. Over a year and a half, healthcare and social assistance workers have faced ongoing outbreaks and long-term impacts on both health systems and their own wellbeing. Women hold over 80.4% of total healthcare and social assistance jobs in Canada, putting them disproportionately at risk of both the primary (viral infection) and secondary (mental health etc.) effects of COVID-19.

- Canada's proportion of health care workers as a share of its total COVID-19 cases (94,811 cases/6.8%) is higher than that in France, Germany, and the United States (as of May/ June 2021).ⁱ

- Three-quarters (77%) of healthcare workers working in direct contact with confirmed or suspected cases of COVID-19 reported worsening mental health, compared with before the COVID-19 pandemic.ⁱⁱ
- Prevalence of severe burnout among Canadian healthcare professionals increased from 30% - 40% in March 2020 to >60% in March 2021.ⁱⁱ

In addition to these effects, and despite fulfilling the majority of frontline service roles, this brief demonstrates that women healthcare and social assistance workers have faced disproportionate employment loss and interruptions, and continued wage inequality.

Methods

Our analysis is based on data and statistics from Statistics Canada's Labour Force Survey. This report compares data for 2019 and 2020. The employment data is for women and men aged 15 years and over. Employment numbers include both full-time and part-time workers. The wage data is for the full-time healthcare and social assistance workers. Our focus on women and men, as opposed to diverse gender identities, reflects the limited availability of data segregated by binary gender identities.

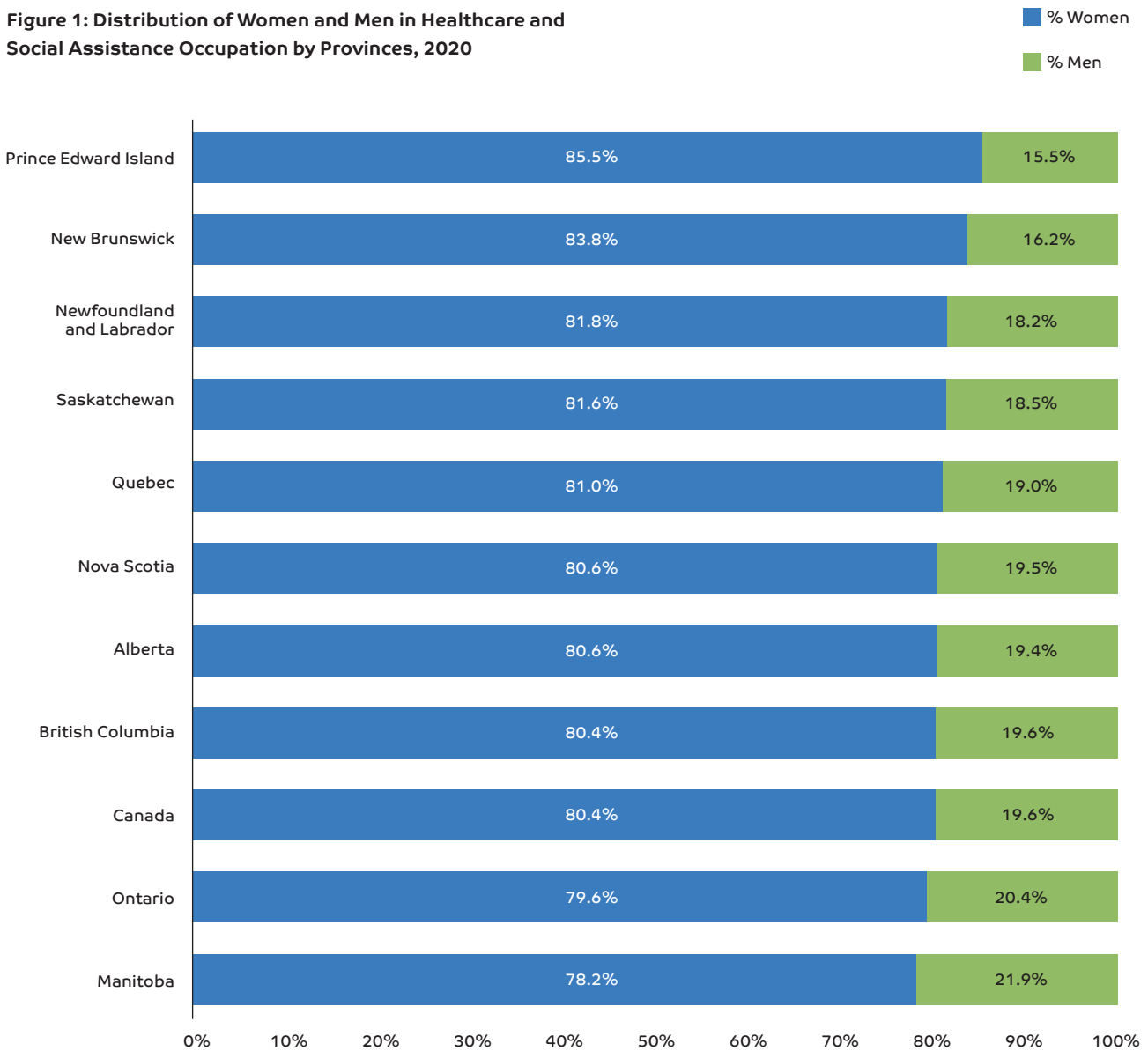


The Healthcare and Social Assistance Workforce

The Canadian health and social sector employed approximately 2.43 million workers in 2020. With 1.96 million women workers, the health and social sector is one of the most prominent occupations for working women in Canada.

Women comprised eight out of ten health and social care workers in Canada in 2020 and constitute between 78% to 85% of healthcare and social assistance workers across Canadian provinces (Figure 1).

Figure 1: Distribution of Women and Men in Healthcare and Social Assistance Occupation by Provinces, 2020



Notes: Distribution of total healthcare and social assistance workers by sex and provinces. Data refers to total employment in the age group (15 years and above) for both full-time and part-time employment by the North American Industry Classification System (NAICS), Author's calculation.

Sources: Statistics Canada. Table 14-10-0023-01 -Labour force characteristics by industry, annual (x 1,000)

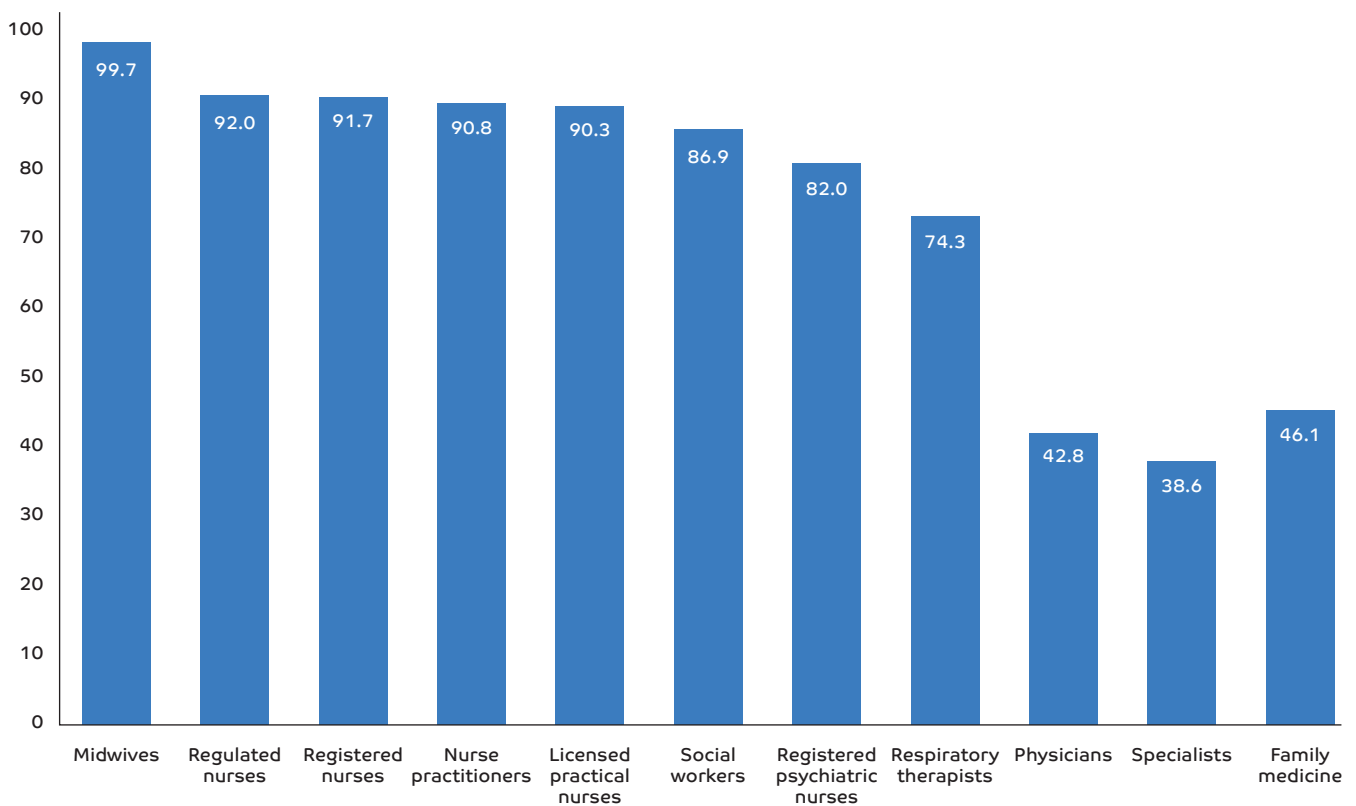
Selected Statistics of Healthcare and Social Assistance Workforce

Women’s healthcare and social assistance workers are the backbone of the Canadian health care system. Figure 2 highlights the large proportion

of women working in critical health services, including nurses, social workers and physicians. The Canadian healthcare and social assistance workforce comprises a high proportion of women in all occupations except for

physician and specialist. Male workers make up about 57.2% of physicians and 61.4% of specialist occupations in the workforce, with female workers comprising the vast majority of nurses, midwives and social workers.

Figure 2: Proportion of Women in Selected Health Care Services, 2019



Notes: For more information regarding collection and comparability of data, refer to Canada’s Health Care Providers, 2015 to 2019 — Methodology Notes on CIHI’s website: cihi.ca.

Source: Health Workforce Database- Canada’s Health Care Providers, 2015 to 2019 — Data Tables Canadian Institute for Health Information; Statistics Canada, Demography Division.

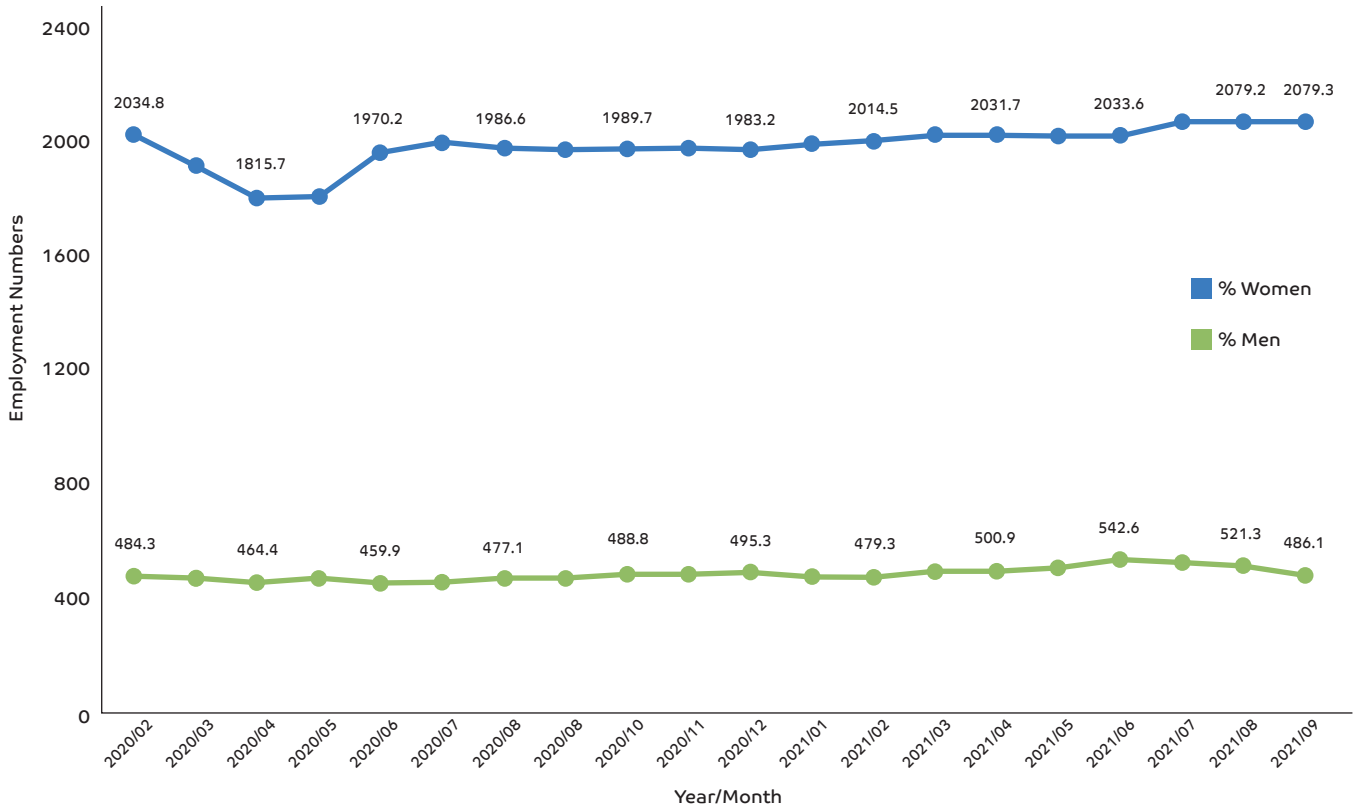
Effect of COVID-19 on Women’s Employment in Healthcare and Social Assistance Sector

Figure 3 shows gendered employment losses during COVID-19 from February 2020 to September 2021. While men’s healthcare and social assistance workers’ employment saw only a small temporary decline, women’s

employment dropped significantly during the first three months of the COVID-19 pandemic. Women healthcare and social assistance workers lost approximately 216,400 jobs, compared to men with 8,400 jobs, during the first three months (March, April, and May 2020). Women comprised 81% of the workforce in healthcare and social

assistance occupations before February 2020, yet they sustained 94% of the job losses during the first three months. While men working in healthcare and social assistance regained all lost jobs within six months (by November 2020), it took almost 13 months (until June 2021) for women health care and social assistance workers to regain lost jobs.

Figure 3: Employment of Women and Men in Healthcare and Social Assistance Occupation- February 2020 to September 2021



Author's calculations.

Notes: Data refers to total employment (full-time and part-time employment) of men and women in the age group (15 and above)

Source: Statistics Canada. Table 14-10-0022-01, Labour force characteristics by industry, monthly, unadjusted for seasonality (x 1,000)

The Gender Wage Gap in the Healthcare and Social Assistance Workforce

Even in occupations where women are in the majority, they still earn less wage than men, according to the Canada Statistics Labour Force Data- 2020. Women healthcare and social assistance workers in the age group (15 years and above) who work full time earn on average 84 cents for every dollar that a man earns, according to Canada Statistics Labour Force Data- 2020.

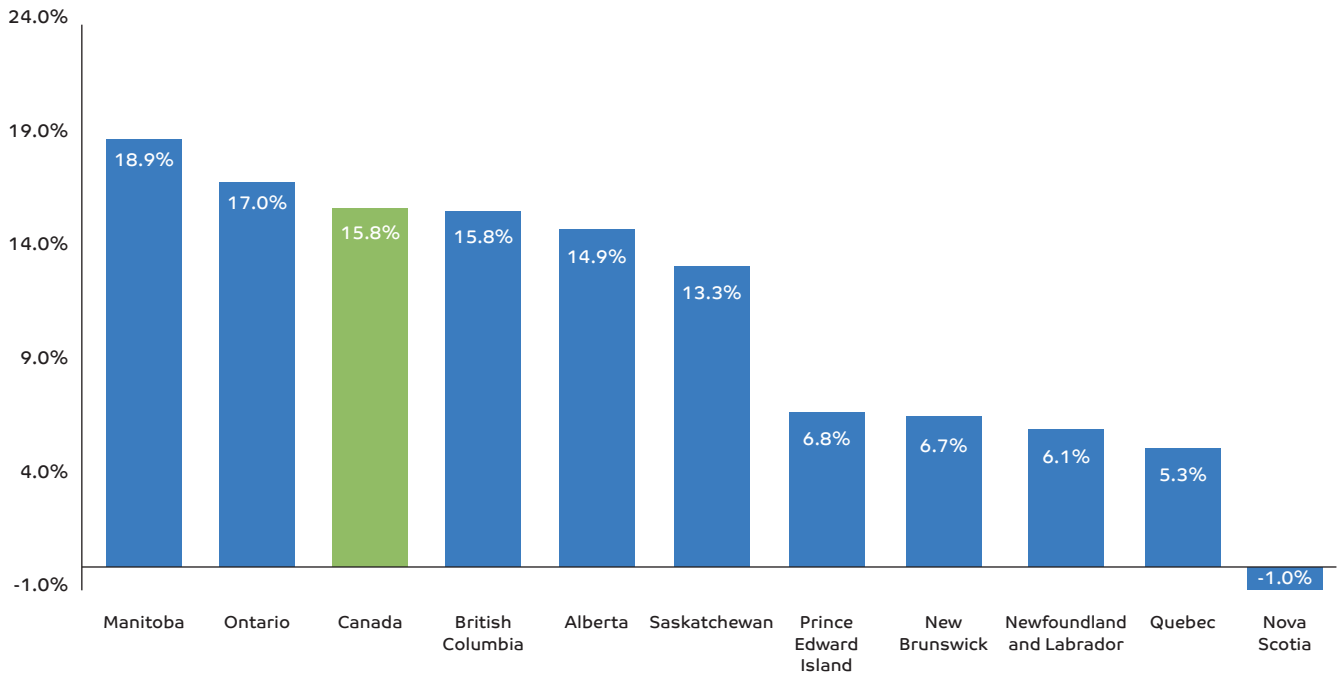
Table 1 shows that the wage gap between men and women health and social assistance workers widened in 2020 from 13.4 % during 2019 to 15.8 % in 2020. Women health and social assistance workers' median wage was \$181 less than men in 2020, compared to \$142 in 2019.

| Year | Women Median Weekly Wage Rate | Men Median Weekly Wage Rate | % Wage Gap |
|------|-------------------------------|-----------------------------|------------|
| 2019 | \$920.00 | \$1,062.38 | 13.4% |
| 2020 | \$962.25 | \$1,143.45 | 15.8% |

Notes: These numbers represent the uncontrolled — or “raw” gender wage gap, which looks at the median weekly wage for men and women in Health Care and Social Assistance Occupation regardless of worker seniority. The gender wage gap is calculated as the difference between median wage of men and women relative to median wage of men. Data refer to full-time employees in the age group (15 years and above).

Source: Table 14-10-0064-01 Employee wages by industry, annual. Canada, authors' calculations.

Figure 4: Gender Wage Gap in Healthcare and Social Assistance Occupation by Provinces, 2020



Notes: These numbers represent the uncontrolled — or “raw” gender wage gap, which looks at the median weekly wage for men and women in Health Care and Social Assistance Occupation regardless of worker seniority.

Source: Statistics Canada. Table 14-10-0064-01 Employee wages by industry, annual, Province, or territory, authors’ calculations.

Conclusion

Despite being at the frontlines of the COVID-19 response, women healthcare and social assistance workers have faced disproportionate employment loss and wage discrimination. Women not only lost more jobs than men, they were out of the workforce for longer, suggesting potential long term financial and career effects. In a year where healthcare and social assistance workers faced increased demands for overtime work, heightened personal risk and worsening mental health conditions, this analysis found that the weekly median gender wage gap for full-time workers amplified to 15.8% from 13.4% in 2019.

There is likely an association between the wage gap and the disproportionate number of women who left the healthcare and social assistance workforce. For example, women may have left the workforce because pay did not correspond with increased COVID-19 related demands or because, as the lowest earning member of their household, they were forced to give up work due to pandemic related school and childcare closures. Women’s exit from the healthcare and social assistance sector mirrors trends in women’s employment



in general in Canada, which has been attributed to a combination of factors such as increased unpaid care work, over representation in precarious work and sector specific impacts. The gender wage gap can be attributed to a wide range of factors, including women's underrepresentation in senior positions, fewer opportunities for career advancement, and systematic gender discrimination. More research is needed to understand why the wage gap increased particularly during the pandemic and barriers to women rejoining and remaining in the healthcare and social assistance workforce.

COVID-19 has created an opportunity for policymakers to take concrete action to address employment and wage inequality.

Strategies include:

- Promote provincial pay equity and transparency measures within health systems to complement and strengthen the federal Pay Equity Act.
- Support career advancement for women and policies for gender parity in healthcare and social assistance leadership positions.
- Ensure women returning to work following a career interruption are not penalized formally or informally and are instead provided with additional support.
- Prioritize flexible and onsite childcare options tailored to the needs of healthcare and social assistance workers, such as those that meet the requirements of shift work, within implementation of Canada-wide Early Learning and Child Care Plan.
- Mandatory publication of aggregate wage data stratified by gender, medical services/ profession and demographics.

References

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