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"Nobody wants to be a dead hero": Coping with precarity at the frontlines of the Brazilian and Mexican pandemic response

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Abstract

This study analyzes how adverse working conditions shape frontline workers' behavioral and cognitive coping mechanisms. It builds on the idea of frontline work as a precarious profession and explores how workers deal with associated challenges. Specifically, evidence is provided for factors associated with alienative commitment among frontline workers. We do so against the background of the 2020–2021 Mexican and Brazilian pandemic response by health workers, social workers, and police officers. Findings from our qualitative analysis show that they feel abandoned, vulnerable, and left to deal with the risks of the pandemic by themselves. In response, they tend to cognitively disconnect from their work and prioritize their own job survival. We contribute to the literature by showing how institutional factors over which street-level bureaucrats have little control, such as resource scarcity, lack of job security and managerial support, and low trust by citizen-clients, are fertile conditions for these coping patterns.

KEYWORDS
alienative commitment, coping, COVID-19, frontline work, precarity, street-level bureaucracy, weak institutions

1 | INTRODUCTION

How do precarious working conditions shape the behavior and coping mechanisms of frontline workers? An increasing number of studies from non-Western countries is enriching our understanding of street-level bureaucracy by analyzing the institutional mechanisms that constrain and incentivize frontline work (Ambort & Straschnoy, 2018; Cerna et al., 2017; Chudnovsky & Peeters, 2021; Lotta & Marques, 2020; Meza & Moreno-Jaimes, 2020; Nisar, 2018; Stanica et al., 2020). Across many countries, the politicized nature of bureaucracies (Zarychta et al., 2020), lack of job security (Lima & D'Ascenzi, 2017), limited formalization of working procedures (Kelly, 2017), lack of managerial guidance and training on the job (Eiró, 2019), scarcity of essential resources (Gibson, 2004), endemic corruption (Marquette & Peiffer, 2018), and socio-economically

vulnerable clients (Peeters & Campos, 2021) transform the frontline of public service provision into a highly contested and contingent arena. In this article, we highlight the idea of frontline work as a *precarious profession* and explore how workers cope with the associated practical challenges and sense of vulnerability in their work. More specifically, we provide evidence for the contextual and institutional factors associated with frontline workers' *alienative commitment*, as expressed in a tendency to move away from their clients and, instead, focus primarily on their own (job) survival (Usman et al., 2021). This has been identified as a common frontline worker agency pattern in weak institutional settings but is so far underexplored regarding the factors that may trigger it (Peeters & Campos, 2022).

We do so against the background of the COVID-19 pandemic response, which has disrupted frontline routines and structural

arrangements across the globe (Brodkin, 2021; Gofen & Lotta, 2022). In many developing countries, the pandemic response has highlighted preexisting institutional weaknesses, implementation deficits, and human resource neglect. It has created new challenges for frontline workers who are often caught between an action imperative on the one hand and the need to protect their own wellbeing on the other hand (Gofen & Lotta, 2022). This situation required many emotional and behavioral responses (Brunetto et al., 2022; Salehi et al., 2023) that impacted not only street-level bureaucrats' wellbeing (Brunetto et al., 2022) but also their job performance (Ogbonnaya et al., 2023).

In this study, we take advantage of this "natural experiment" (Rosen, 2021) and present qualitative data regarding the coping strategies developed by local health workers, social workers, and police officers from two of the hardest-hit countries by the pandemic: Brazil and Mexico, both characterized by chronic institutional neglect and a populist-denialist political response to the pandemic (Lowy Institute, 2021). Our primary research question is: How do frontline workers in Brazil and Mexico respond both cognitively and behaviorally to the challenges of the pandemic response against the background of structurally adverse working conditions?

This study makes three interrelated contributions to the literature on street-level bureaucracy. First, our findings underscore the importance of the institutional analysis of frontline conditions to understand variations in workers' coping. A large part of the literature on street-level bureaucracy explains frontline worker behavior by looking at how they use their agency and how this is influenced by their personal beliefs and norms (Evans, 2011; Jilke & Tummers, 2018; Maynard-Moody & Musheno, 2003) or by their behavioral and psychological capabilities (Brunetto et al., 2022; Farr-Wharton et al., 2022; Salehi et al., 2023). However, it is well-documented that frontline workers also respond to their working conditions, as shaped by factors beyond their individual agency (Hupe & Hill, 2016; Møller, 2021; Sandfort, 2000). How frontline working conditions in environments characterized by "institutional weakness" (Brinks et al., 2020) relate to specific forms of frontline behavior and attitudes is less explored in the literature (Peeters & Campos, 2022). The empirical evidence presented in this article helps explain how organizational, societal, and professional influences are perceived by public employees and shape their work.

Second, by exploring how frontline workers cope with imminent danger and vulnerability during the pandemic response, we build on the notion of coping as a (literal) survival strategy (cf. Satyamurti, 1981). Coping is usually conceptualized as either client- or organization-focused (Maynard-Moody & Musheno, 2000; Tummers et al., 2015). Our findings, however, contribute to the idea explored by Lotta and Marques (2020), Campos and Peeters (2021), and Spink et al. (2021), that coping by street-level bureaucrats working under conditions of persistent precarity and vulnerability may also be primarily focused on personal and job survival. We find that the frontline workers in our study feel abandoned, vulnerable, and left to deal with the risks of the pandemic by themselves. At the same time, they express a strong interest in keeping their job. In response, they cope by avoiding interactions with citizens, showing minimal compliance

with job requirements, developing cynical attitudes toward their work, and having reduced levels of empathy toward citizen-clients — thereby echoing the concept of alienative commitment (Usman et al., 2021).

Third, we analyze frontline workers' motivations and job orientation during the pandemic to highlight the importance of cognitive and emotional coping for understanding frontline work (Folkman & Lazarus, 1980). In the literature on street-level bureaucracy, coping is mainly studied as a behavioral strategy for dealing with clients, conflicting demands, and work pressure (Lipsky, 1980). However, compassion, emotional detachment, stress, psychological distress, or cynicism also significantly impact worker-client interactions (Tummers et al., 2015, p. 1102; Farr-Wharton et al., 2022), just as job motivation and alienation shape policy implementation and service provision (Tummers et al., 2009). Our findings contribute to understanding the less-studied cognitive coping mechanisms by showing how frontline workers experience their interactions with clients and their work environment and how these, in turn, influence their behavior. In our case studies, frontline workers express feeling left alone by a lack of institutional and organizational protection, clients' distrust or even hostility, and the general public's indifference to their working conditions and wellbeing. This points to the broader importance of analyzing psychological wellbeing and emotional labor as explanatory factors for frontline worker behavior and policy outcomes (cf. Brunetto et al., 2022; Dudau & Brunetto, 2022; Farr-Wharton et al., 2022; Ogbonnaya et al., 2023; Varela Castro et al., 2022).

In the following, we first discuss the relevant literature on frontline workers' coping strategies and on the precarity of frontline work in weak institutional settings. Second, we discuss our data collection and data analysis strategy. Original interview data from Brazil and Mexico were gathered during the COVID-19 pandemic in 2020 and 2021 to document how local health workers, social workers, and police officers deal with (new and old) challenges in their daily work. Third, we present the findings of our study by linking workers' perceptions of institutional constraints and incentives with their behavioral and cognitive coping strategies. Finally, we recap our main argument and discuss its relevance for studies of street-level bureaucracy and frontline work in precarious working conditions.

2 | COPING WITH PRECARITY

2.1 | An institutional approach to frontline coping

A well-established notion in the literature on street-level bureaucracy is that resource scarcity (Kosar, 2011; Thomann, 2015) and conflicting demands (Evans, 2011) are an integral part of frontline work that somehow need to be dealt with in daily practice. Coping— understood as the efforts by frontline workers to "master, tolerate, or reduce external and internal demands and conflicts they face on an everyday basis" (Tummers et al., 2015, p. 1100)— is the explanatory factor for behavior such as rationing public services

(Lipsky, 1980), diverging from formal policy guidelines (Gofen, 2014), and developing informal discretional practices (Brodkin, 2011; Thomann et al., 2018). The specific manifestations of coping behavior are, in turn, often explained by the way individual frontline workers use their agency (Hupe & Buffat, 2014; Maynard-Moody & Musheno, 2003), as influenced by personal beliefs and professional norms (Evans, 2011; Jilke & Tummers, 2018).

However, variation in coping behavior is also shaped by frontline working conditions. Instead of treating frontline work as a "collection of isolated individual actions" (Gofen, 2014, p. 485), another strand of research focuses on the broader organizational and social context in which frontline work takes place (Brodkin, 2021; Hupe & Hill, 2016; Møller, 2021; Sandfort, 2000). Studies highlight, among other things, the importance of variation in types of public service clients (Djuve & Kavli, 2015; Petersen et al., 2011), the socio-demographic characteristics of frontline workers (Pitts, 2005; Wilkins, 2007), the professional and social networks that frontline workers can draw on (Lotta & Marques, 2020; Møller, 2021; Raaphorst & Loyens, 2020), the broader organizational and managerial context (Brodkin, 2012; May & Winter, 2009), and societal expectations (Hupe & Hill, 2007; Meyers & Vorsanger, 2003; Møller & Stensöta, 2019). By identifying the variation in such broader institutional factors, it is possible to analyze the tensions between what is demanded from street-level bureaucrats on the one hand (by formal rules, professional convention, or social expectations) and the resources they have for fulfilling those demands on the other hand (Hupe & Buffat, 2014, p. 556).

2.2 | Frontline work in weak institutions

Studies on street-level bureaucracy in non-Western countries have, especially over the past few years, provided a significant amount of evidence of the challenges frontline workers face in contexts characterized by basic resource scarcity, social distrust, low bureaucratic autonomy, and endemic corruption. We use the notion of "institutional weakness" (Brinks et al., 2020) to provide conceptual cohesion to understanding how such precarious working conditions shape patterns of frontline worker agency. Weak state institutions are rules that fail to redistribute and refract power, authority, or expectations in a way that significantly diverges from a pre-institutional outcome (ibid.). They are often characterized by ineffective regulations, implementation and enforcement gaps, and unstable institutional conditions. Following Peeters and Campos (2022), we can identify administrative, political, social, and professional dimensions along which weak institutional contexts influence frontline working conditions.

First, frontline workers in weak institutional contexts often bear the consequences of more general limitations in state capacities (Amengual & Dargent, 2020; Soifer, 2015). This affects a state's ability to protect fundamental rights and provide essential services to all citizens, forcing frontline workers to make difficult rationing decisions (Meza et al., 2021), use personal resources to complement formally provided resources (Lavee, 2020), or create and impose administrative burdens on clients to manage overdemand (Auyero, 2011). Furthermore, limitations in administrative capacities can lead to a lack of control and oversight of the bureaucracy and its agents at all levels (North, 1990), thereby triggering informal practices of all sorts (Justesen & Bjørnskov, 2014; Lotta & Marques, 2020) and high levels of policy divergence (Gofen, 2014).

Second, weak state institutions tend to exhibit low bureaucratic autonomy (Dasandi & Esteve, 2017; Hassan, 2020), understood as the capacity of bureaucrats to make decisions. The political influence on the bureaucracy may be felt at all administrative levels, such as a lack of meritocratic entry and promotion mechanisms (Cornell & Lapuente, 2014), giving government jobs and contracts to befriended contacts (Grindle, 2012), and high levels of personnel turnover in political spoils systems (Nieto Morales et al., 2014). Documented examples of politicization at the street-level include local politicians using their hiring and firing power to discipline bureaucrats to (not) enforce rules (Holland, 2017), hiring frontline workers specifically for the delivery of social benefits as part of a political agenda (Perelmiter, 2016), labor unions of frontline workers using their electoral bargaining power to negotiate preferential access to resources with politicians (Béteille, 2009), and pressuring bureaucrats to adopt clientelist practices (Hassan, 2020).

Third, frontline workers in weak institutions may face complicated interactions with citizens. We highlight three elements here. First, low trust in government as a reliable and independent protector of rights and provider of services (Peeters et al., 2018; Rothstein, 2013) can lead citizens to avoid interaction with the state (Chudnovsky & Peeters, 2020; Cortis, 2012), actively resist enforcement or implementation efforts (Nisar, 2018), or game a system they perceive as untrustworthy (Peeters et al., 2020). Second, large social inequality is tied up with patchy social protection systems and social groups surviving in the informal economy (Holland, 2017). It is well-known that street-level discretion may reinforce existing social inequalities (Brodkin, 2012; Lotta et al., 2022). Conversely, inequality can also make frontline work more challenging (Lotta & Pires, 2019) by having to provide services or support to marginalized citizens that have less human and administrative capital (Christensen et al., 2020; Döring, 2021; Masood & Nisar, 2020). Third, while danger is inherent to some frontline jobs and professions (Epp et al., 2017; Morin, 2013; Robson et al., 2014), the state's very monopoly on violence may not always be self-evident in weak institutional settings (Ballvé, 2012; Berdegué et al., 2015; Lotta et al., 2021). Frontline work can be dangerous (Cohen & Golan-Nadir, 2020Cohen & Golan-Nadir, 2020), sometimes causing workers to avoid enforcement in the face of organized crime (Barnes, 2017), to take bribes (Sundström, 2016), or to negotiate with criminal gangs (Feltran, 2008).

Fourth, the preconditions for a professional street-level bureaucracy often show large variation. For example, systemic corruption of local police officers (Justesen & Bjørnskov, 2014) may exist side-by-side a motivated and committed corps of primary school teachers (Mangla, 2015). Likewise, a country may have highly educated medical professionals as well as poorly trained desk clerks

who lack an understanding of the rules they need to implement (Chudnovsky & Peeters, 2021). Furthermore, street-level bureaucrats may face precarious working conditions that limit their professionalization or professional task execution, such as a low salary and lack of job security (Cerna et al., 2017; Lima & D'Ascenzi, 2017) and poorly equipped facilities (Walker & Gilson, 2004).

2.3 | Coping for survival and self-preservation

An essential question for studies of street-level bureaucracy under conditions of institutional weakness is how the dimensions outlined above impact daily frontline work, service provision, policy implementation, and citizens' perception of frontline workers. Peeters and Campos (2022) identify three agency patterns in their literature review on street-level bureaucracy in weak institutions: policy repair (Masood & Nisar, 2021), informal privatization (Blundo, 2006), and alienative commitment (Usman et al., 2021). However, work remains to be done in understanding the associations between specific institutional factors and each of these patterns. The study presented here seeks to identify the institutional and contextual factors associated with alienative commitment or the "negative affective attachment of individuals with the organization that is characterized by a sensed lack of control over the work and the work context, the feelings of pressure from the work environment, and the perceptions of the absence of alternative job opportunities" (Usman et al., 2021, p. 280). Whereas alienation refers to "a general cognitive state of disconnection" (Tummers et al., 2009, p. 688), alienative commitment refers to feelings of powerlessness and meaninglessness on the job in combination with a lack of job alternatives and fear of financial loss (ibid.).

We argue that forms of alienative commitment are likely to emerge under precarious working conditions provoked by institutional factors over which frontline workers have little control and that affect their ability to provide services in a meaningful way. Furthermore, working during the COVID-19 pandemic exposed workers to additional dangers and challenges outside of their influence, likely aggravating conditions of precarity. Although workers may sometimes be able to develop forms of policy repair to compensate for some institutional deficiencies (Masood & Nisar, 2021), feeling unable to make a difference for clients or for society in general is negatively related to workers' wellbeing and is likely to trigger psychological strain (Usman et al., 2021). In turn, such feelings are associated with low job motivation, minimal work performance, and a decrease in delivering public value (Brunetto et al., 2022), which emphasizes the close relation between psychological wellbeing and behavior at work (Giauque et al., 2012; Hornung, 2010; Ogbonnaya et al., 2023). Thereby, alienative commitment can be linked to both cognitive and behavioral coping mechanisms (Tummers et al., 2015), the former referring to workers' attitudes toward work or clients and the latter to decision-making processes, treatment of clients, and interactions with colleagues.

3 | DATA COLLECTION AND ANALYSIS

To answer the research question how frontline workers cope cognitively and behaviorally with the imminent dangers of the pandemic against the background of weak institutional conditions, we have selected the cases of Brazil and Mexico. Three reasons justify the choice for this case selection. First, both Brazil and Mexico are large middle-income countries characterized by factors related to institutional weakness, as discussed above. Second, both countries figure among the worst-hit countries by the COVID-19 pandemic (Lowy Institute, 2021). Third, scholars in both countries have documented how frontline workers have been largely neglected by policymakers and exposed to many types of risks (Lotta et al., 2022; Meza et al., 2021; Perez-Chiqués et al., 2021).

Generally speaking, both countries have large and complex public bureaucracies that are often criticized for being ineffective and corrupt. Both countries have similar levels of public employment as share of total employment (11.8% in Mexico and 12.5% in Brazil; OECD, 2020). Additionally, Brazil and Mexico have decentralized systems of government, which means that many public services are provided at the local level. However, there are also some relevant differences between the two countries. One key difference is the relative importance of the public sector. Brazil's public sector surpasses Mexico's, both in terms of procurement (6.5% and 3.6% of gross domestic product [GDP], respectively) and overall expenditure (39.2% vs. 22.3% of GDP). Nonetheless, in per capita terms, general government expenditure is similar in both countries (about 5500 USD in 2018; OECD, 2020). Another difference is the overall composition of the bureaucracies. In Brazil, the public sector is highly tenured and unionized, which can sometimes make it difficult to implement reforms or make changes to the system. In Mexico, the public sector is less unionized, and it is also known for having a large number of political/discretionary appointees and temporary workers who do not receive benefits nor have job security (about 64% of local public servants in 2018; INEGI, 2020). Also, the Brazilian government employs more women than its Mexican counterpart (57.4% of the public workforce vs. 51% in 2018; OECD, 2020). When it comes to the provision of public services at the local level, Brazil has a strong tradition of local government, and many public services are provided by municipalities. However, given the inequalities among local governments, this can sometimes lead to uneven access across the country's 5570 municipalities. In Mexico, although formally a federation, there is a more centralized tradition, and key public services are directly provided by or supervised by the national government (e.g., education and health services).

Despite these differences, Brazil and Mexico share common challenges, as well as comparable cultural and institutional conditions. Analyzing these countries enables us to increase the generalizability of our findings. This is further strengthened by analyzing patterns and similarities across different types of street-level bureaucrats. Following Meza et al. (2021), we assume that the pandemic serves as a condition that makes the effects of institutional conditions on different types of coping more salient, particularly for

frontline workers that are directly exposed to the risks of the pandemic (such as health workers and police). We assume that frontline workers respond to these circumstances by primarily focusing on personal and job survival. This is consistent with the aforementioned concept of alienative commitment as well as with the notion of coping as a survival strategy (Satyamurti, 1981) and, more generally, with classic themes of self-preservation in the literature on organizational behavior (Downs, 1964).

In the Brazilian case, data were collected through semi-structured interviews with police agents, nurses, community health workers, and social workers from Sao Paulo. In total, N = 64 frontline Brazilian workers were interviewed between April and October 2020. From these, 70% were women and the average age was 37 years old. For the Mexican case, data were collected from semi-structured and in-depth interviews with N = 41 police agents in Mexico City between March and April 2020. All but one Mexican participant were low-ranking police agents (the other being an officer), 56% were women, and the average age was 32 years old. In both cases, the selection of participants was non-probabilistic, since respondents were volunteers (cf.). Table 1 summarizes the main characteristics of both samples. The data collection in both countries followed the directives of the ethics committee of the institutions where the research was conducted. In both cases, data were collected anonymously and interviewees signed a consent document.

Interviews in both countries employed questions organized around three topics: (1) working conditions and perceived risks and danger at work; (2) effects of the pandemic on work; and (3) work-life balance and work satisfaction. All interviews were transcribed to allow for in verbatim analysis. More information about interview samples and protocols is provided in the Appendix.

Data analysis for both cases was organized in two stages according to an abductive logic with an iterative process between interview data and existing theoretical concepts. First, interviews responses were coded using axial coding according to the topics of (1) working conditions, (2) behavioral coping mechanisms, and (3) cognitive coping mechanisms. Second, we conducted another round of coding to develop more specific categories using the theoretical frameworks discussed above. Specifically, we looked for evidence of administrative, political, social, and professional factors for the analysis of the data referring to frontline working conditions (Peeters & Campos, 2022). Regarding the data on coping mechanisms, we focused on identifying behavioral and cognitive elements related to alienative commitment, such as psychological wellbeing, feelings of meaninglessness, lack of control regarding their work, and minimal work performance (Diener et al., 2010; Hornung, 2010; Van Engen et al., 2016). For the presentation of our findings, we selected sample quotes from the interviews that allow us to identify the relation between institutional factors and coping mechanisms.

4 | FINDINGS

4.1 | Precarious working conditions

The first part of the analysis focuses on how frontline workers perceive their own working conditions and give salience to specific aspects over others. The presentation of the findings is organized along the lines of the previously discussed four dimensions of frontline work in weak institutional contexts. We found large similarities in both cases, underscoring the relevance of these dimensions.

In both cases and in line with our theoretical expectations, administrative factors of limited resources and a lack of managerial support were the most recurrent grievances and sources of concern for workers. Many Mexican police officers mention they only have one uniform and often need to buy equipment (such as boots) themselves, and Brazilian workers complain about the lack of essential equipment and managerial backing. Additional to these pre-pandemic working conditions, scarcity became even more salient (and problematic) during the pandemic. Management often did not offer specific training or additional benefits in response to increased health risks. Although problems of coordination and management

TABLE 1 Characteristics of interviewees.

	Brazil	Mexico
Profession	17 police agents	41 police agents
	13 nurses	
	20 community health workers	
	14 social workers	
Gender	70% female	56% female
	30% male	44% male
Race	46% white	—
	54% non-white	
Age (average)	37 years old	32 years old
Tenure	60% between 10 and 20 years	60% between 10 and 30 years
	40% less than 10 years	40% less than 10 years

have long been recognized in both Mexico and Brazil (Cejudo & Michel, 2017; Puppim de Oliveira & Berman, 2021), evidence suggests that public officials working in places that already lacked sufficient resources were even more vulnerable to risks during the pandemic. In Table 2, we summarize and exemplify our findings regarding administrative factors.

Second, although not as salient as limited resources and lack of organizational support, several frontline workers point out challenges because of the broader political context. Denialism by high-ranking officials, including presidents Bolsonaro and López Obrador, who have publicly and repeatedly minimized risks and the severity of the situation, contribute to a perceived lack of support. As a result, frontline workers feel they are "fighting the war alone". In Table 3, we summarize and exemplify our findings regarding political factors.

Third, in both cases, workers point out that the pandemic worsened already complex and often tense relations with citizens. The aforementioned politicization of the pandemic created a context of increasing weariness and denialism by many citizens, who often do not comply with policies of social distancing or the use of face masks. Health workers that try to enforce these measures report having felt delegitimated and sometimes even threatened by citizens. Police officers also have difficulties enforcing rules during the pandemic, which is tied up with a broader sense of public distrust in the police. In Table 4, we summarize and exemplify our findings regarding social factors.

Fourth, several interviewees mention a lack of job security as a limitation to voice their concerns regarding the behavior of their colleagues, support by management, and lack of resources. We found evidence that voicing concerns about their increased risk of contagion during the pandemic was met with threats of dismissal or disciplinary action by superiors. Although less evident in our data, professional precarity also presented itself in the way professional norms and conventions became more contested. The pandemic seems to heighten tension between personnel who see themselves as oriented toward improving services and protecting themselves and other workers who are seen as unmotivated and even neglectful in the face of the emergency. This tension was especially evident between workers and managers. In Table 5, we summarize and exemplify our findings regarding professional factors.

4.2 | Coping with precarity

The first part of the analysis demonstrated that frontline workers perceive and experience challenging working conditions related to institutional weakness. In the following part of the analysis, we present evidence that these working conditions have concrete consequences at the frontline of public services. More specifically, in both cases, we find that hazardous and uncertain conditions triggered by weak institutional environments and reinforced by the pandemic can activate specific survival mechanisms that reflect forms of alienative commitment (Usman et al., 2021). We discuss our findings following the typology of coping mechanisms by Tummers et al. (2015), distinguishing behavioral and cognitive coping mechanisms enacted during and outside of client interactions. Notably, by far the most coping mechanisms we observed in the data were cognitive rather

TABLE 2 Administrative factors in frontline working conditions.

Administrative factors	Sample quotes
Lack of managerial support and protection Scarcity of resources	"My manager denied me the N95 mask, but I am in the frontline working with dental emergencies. Note: she was wearing the N95 mask. This same manager said that protocols only exist on paper and that we cannot follow them" (health worker, BR).
	"A user refused to wear a mask to enter the health unit for treatment [...]. I was verbally assaulted in front of everyone, and the same person received permission from my boss to enter the unit without a face mask. It was very humiliating, and it makes you think about giving up" (social worker, BR).
	"Well, there is the f***ing pressure that the bosses exert. Those bastards just hang around and do not take responsibility. They just use us" (police officer, MX).
	"The government did not provide us with PPEs. Unfortunately, we have to buy it with our salaries, or we have to ask for help from friends and even from a businessman" (health worker, BR).

TABLE 3 Political factors in frontline working conditions.

Political factors	Sample quotes
Lack of political support and trust Feeling left alone to deal with pandemic risks	"We do not trust the president. And he does not trust us. If we do not have the trust of the main authority in our country, we get lost and unmotivated" (health worker, BR).
	"We are fighting this war alone" (health worker, BR).
	"I think the main issue is that those at the top, the governments and politicians that are above, they do not want problems for themselves and therefore they do not support us" (police officer, MX).

TABLE 4 Social factors in frontline working conditions.

Social factors	Sample quotes
Lack of citizen compliance with rules Harassment by clients	"*People never really maintained social distance nor stayed at home. In the city center*, for example, *people kept walking around like nothing. I mean, right now, we are supposed to be in 'orange'[a], but people are as usual. That is how things are. So, I cannot stay home and risk my job*" (police officer, MX).
Citizen distrust	"*Far from seeing you as the good guy, they see you as the villain because you do not do things as they want. Say*, for example, *when you have to fine someone, or you ask people to comply with social distancing, they think that you just want to bother them*" (police officer, MX). "*A patient came for treatment, disdaining our work, ridiculing the requirement for isolation, and verbally assaulting us*" (health worker, BR). "*A user refused to wear a mask to enter the health unit for treatment. When I tried to give him orientation, I was verbally assaulted in front of everyone*" (social worker, BR).

[a]Referring to the official "traffic light" system of public health risk.

TABLE 5 Professional factors in frontline working conditions.

Professional factors	Sample quotes
Lack of job security Fear of repercussions for speaking up	"*When I told the manager that I could not open the organization without PPE, she said she would report me to the Social Work Department and open an administrative process against me. Every time I question something, she brings up this threat, besides mentioning compulsory transfer*" (social worker, BR). "*We assist the population in the process of guaranteeing their rights, but as a worker, we do not have our rights guaranteed. It is very stressful and discouraging*" (social worker, BR).
Unprotected rights	"*Do you think you will be taken care of if you get sick? Well, I do have insurance [...] But no, I really do not think so. I sincerely do not think that I will receive medical attention of good quality. [...] Sometimes people think that we can go to nice private hospitals, but unfortunately that is not the case. We need to go to the normal [public] hospitals or wherever we can*" (police officer, MX). "*Nobody cared about us. We weren't classified as a priority group for the H1N1 vaccination campaign; we didn't get PPEs, we didn't get psychological assistance*" (police officer, BR).

than behavioral and referred to changes in workers' attitudes, emotions, or expectations.

In response to a lack of protection and limited citizen compliance with social distancing measures, frontline workers tend toward more prudent interactions with their clients. In an effort to manage the increased risks of frontline work during the pandemic, some workers report a deliberate reduction in the number of cases attended or an active avoidance of close interactions. Others practice more precaution when interacting with citizens. This form of coping translates into a selective or inconsistent application of rules and operating procedures, or the selection of cases based on their worthiness or perceived risk. Frontline workers may prefer to limit their attention to specific types of interactions, such as "low-hanging fruit" cases or situations that fall under well-defined rules and clear expectations. This process tends to affect their performance (cf. Ogbonnaya et al., 2023) and diminish their capacity to deliver public value (cf. Brunetto et al., 2022). In Table 6, we summarize and exemplify our findings regarding behavioral coping during client-worker interactions.

We found less evidence of changes in behavior outside of client-worker interactions. However, during the peak of the pandemic, at least some workers reported switching to a minimal compliance mode that would allow them to keep safe while fulfilling their duties. Others decided to practice more caution regarding speaking up against their managers out of fear of losing their job. In response to conditions of job uncertainty, workers do what is necessary to keep their job while avoiding behavior that might put them at risk of managerial repercussions. In Table 7, we summarize and exemplify our findings regarding behavioral coping outside of client-worker interactions.

During client-worker interactions, workers have to navigate between empathy and the fear of contagion and between the need to enforce rules and the fear of threats. In many cases, the perceived increase in job-related risks in combination with limited organizational support and increased complexity in the interactions with citizens leads to a feeling of vulnerability, which, in turn, triggers the need to cope with fear, stress, and sadness. This affects some workers' ability to show empathy toward citizens, while others

respond by celebrating "small victories" in their daily job. In our study, this was a very frequent experience reported by Mexican and Brazilian public servants, which suggests that the pandemic stressed not-uncommon emotional and affective issues related to frontline work. In Table 8, we summarize and exemplify our findings regarding cognitive coping during client-worker interactions.

Faced with a (perceived) lack of managerial, practical, and political support, frontline workers often feel left alone and anxious, and experience high levels of stress. Moreover, some

respondents clearly struggled with a sense of duty and a public service motivation on the one hand, and a sense of fear, abandonment, and ingratitude on the other hand. Mental health problems are common and often remain untreated, as was also found by scholars analyzing other street-level bureaucrats working during the pandemic (e.g. Brunetto et al., 2022; Farr-Wharton et al., 2022; Salehi et al., 2023). In our cases we found that, in response to untreated mental health issues, workers often develop fatalist or cynical attitudes regarding their work. In

TABLE 6 Behavioral coping during client-worker interactions.

Coping mechanisms	Sample quotes
Avoiding citizens	"We know the risk we are taking right now. That is why I avoid interacting with junkies or people who live on the street, I do not inspect them, at least that way I protect myself more" (police officer, BR).
Managing frequency and intensity of interactions with citizens	"When the pandemic began, we stopped giving sanctions [transit fines], so as not to have physical contact with citizens [...]. We were not going to get in direct contact with the citizen" (police officer, MX).
Inconsistent application of rules and procedures	"Yes, it is a big risk. But I try to be careful. I try to reduce the risk a little bit. [...] You have to be calm because people are stressed" (police officer, MX).

TABLE 7 Behavioral coping outside of client-worker interactions.

Coping mechanisms	Sample quotes
Avoiding use of voice in the organization	"Look, honestly, I really need this job. If I start causing trouble [by complaining], I can lose it. And that can be a bigger problem, especially because I am the head of the family, and they depend on me" (police officer, MX).
Fear of job loss	"That is the problem here in the police: you do not have anyone to support you... to back you up. [...] The situation is very delicate and they [citizens] still attack you, they spit on you, they lie to you, and you have to put up with it. That is a serious problem here in the police. I do not know if you have seen videos of policemen being beaten. Why? Because if you fight back, people will complain and call [the Commission of] Human Rights. The question is, who are they defending? I am not going to risk myself. I am just going to do my job and go home" (police officer, MX)
	"The government's pressure is worse every day, the demands on the staff are terrible, and they threat us saying we can be dismissed anytime. It's better to be quiet" (health worker, BR).

TABLE 8 Cognitive coping during client-worker interactions.

Coping mechanisms	Sample quotes
Reduced empathy	"I was threatened with death twice. We are ridiculed daily when we go to advise and request the use of the mask [...]" (health worker, BR).
	"The biggest difficulty is people who do not respect the norms and physical distancing, who do not agree with the guidelines and do not want to wear masks. I cannot treat them. I am not going to put my life at risk for a denialist" (health worker, BR).
Celebrating small victories	"We are all very stressed about this situation. Today I was asked to stay at the reception, and I answered a call from a user. She was very rude to me, uneducated, and I lost my temper. I feel bad about it, I feel sad, but I cannot handle all this pressure. We end up being aggressive toward the users" (health worker, BR).
	"I still like helping people. Whenever someone says 'thank you', it really feels great [...]. Even if it's one out of hundreds" (police officer, MX).

Table 9, we summarize and exemplify our findings regarding cognitive coping outside of client-worker interactions.

5 | DISCUSSION AND CONCLUSION

Research on street-level bureaucracy from non-Western countries has, in recent years, underscored the importance of considering how adverse working conditions shape frontline work, policy implementation, and public service delivery (e.g. Lotta & Marques, 2020; Meza & Moreno-Jaimes, 2020; Nisar, 2018; Stanica et al., 2020). In this article, we have used the concept of "weak institutions" (Brinks et al., 2020) to understand some of the behavioral and cognitive coping mechanisms that frontline workers develop in the face of precarity. Specifically, we have explored the institutional factors related to alienative commitment (Usman et al., 2021)—an agency pattern common for frontline work in weak institutions, albeit one that is understudied in terms of the conditions under which it is likely to emerge (Peeters & Campos, 2022). Through interview data, we have shown how Mexican and Brazilian frontline workers feel abandoned, vulnerable, and left alone to deal with the risks of the COVID-19 pandemic. Institutional factors of resource shortage, lack of managerial and political support, tense client interactions, and limited job security emerge as positively related to cognitive and behavioral coping mechanisms associated with alienative commitment, such as avoiding interactions with citizens, minimal compliance with job requirements, cynical attitudes toward their work, and reduced levels of empathy toward citizen-clients.

Three aspects of our study deserve particular attention as contributions to the literature on street-level bureaucracy. First, our analysis confirms the importance of institutional analyses for explaining variation in frontline worker behavior and coping (cf. Brodkin, 2021; Hupe & Buffat, 2014). Specifically, understanding frontline work in weak institutions as a precarious profession allows us to identify the constraints and incentives that shape agency at the street-level. In this way, we move from a more individualistic analysis of street-level bureaucrats toward a broader understanding of their behavior as embedded in an institutional setting.

Second, the emphasis on personal and job survival in our findings highlights how, beyond operating as either "state agents" or "citizen agents" (Maynard-Moody & Musheno, 2003), frontline workers are also their own agents. The behavior they display in the face of both structural and immediate vulnerabilities can be explained by considering the strategies they develop for self-preservation. However, this pattern does not seem to result simply from maximizing, selfish, or opportunistic calculations by frontline workers, but is, rather, a product of the conditions in which they are bound to operate. Moreover, considering that behavioral responses affect wellbeing (Salehi et al., 2023), we can expect that, in extreme cases as those analyzed here, the self-preservation response emerges as a survival strategy. This conclusion helps explain why studies in non-Western countries often find that street-level bureaucrats simultaneously exclude clients (Eiró, 2019; Perelmiter, 2021; Spink et al., 2021) and try to bridge significant public service gaps (Masood & Nisar, 2021; Mohammed, 2021). In other words, whether frontline workers operate as citizen agents or state agents may be mediated by concerns for self-preservation.

Third, the salience of cognitive coping mechanisms in our findings underscores the importance of incorporating these into analyses of frontline work which have mostly emphasized behavioral coping (Tummers et al., 2015) or psychological capabilities (Brunetto et al., 2022). On the one hand, the importance of cognitive and emotional coping mechanisms in our study suggests that mindsets and emotions play a critical role in the daily working experience of frontline workers. This appears to be particularly true in cases of high risk or high exposure to stressful or disrupting events, which are common to many public services, such as policing and emergency response services. As proposed by Dudau and Brunetto (2022), crises demand emotional labor and this issue should be better explored in future studies. On the other hand, data

TABLE 9 Cognitive coping outside of client-worker interactions.

Coping mechanisms	Sample quotes
Dealing with fear	"We always have to work with fear of contracting the disease [...]. I see colleagues getting infected all the time, it's a nightmare, it affects people's psychological health, we have a family, we also want to protect ourselves" (health worker, BR).
Fatalism and cynicism toward work	"I have been working for 20 years and never thought I would be so afraid to work. I am terrified of contaminating my family" (social worker, BR).
	"Nobody wants to be a dead hero" (health worker, BR).
	"Risk? Not really. The worst that can happen if you try to fine someone is that he tries to run you over with his car" (police officer, MX).
	"I think every job is dangerous. And anyway, as they say out there, even if you try to dodge the bullet, when it is meant to hit you, it will kill you" (police officer, MX).
	"How do I protect myself? Having faith in God and not being afraid" (police officer, BR).

suggest that changes in attitudes toward work and clients may spill over in behavioral coping. Although this possibility deserves further theorizing, future research could explore emotional labor as a potential explanation of street-level bureaucratic behavior (Dudau & Brunetto, 2022; Varela Castro et al., 2022). Furthermore, in terms of practical relevance, policy interventions that deal with the behavioral side of frontline coping and fail to attend the cognitive-emotional aspect of frontline work could fall short of producing desired results.

The findings presented here also have several limitations. Even though we propose an explanatory argument between institutional factors and frontline agency, our study, above all, is exploratory in nature. More direct measurements of causal mechanisms can help refine our argument. Furthermore, even though a most-similar case study design allows a certain generalizability of findings, a comparison across more diverse institutional settings can also shed further light on the relationship between specific institutional factors and patterns in coping mechanisms. Another limitation of our study concerns the lack of data on broader policy outcomes or effects of the observed precarity and related coping mechanisms. How frontline worker behavior either reinforces or may (partly) compensate for institutional weakness is an important question for future studies in the field. Analyzing the impact of institutional deficiencies is not only relevant for developing countries, however. It is also a poignant reminder for the study and practice of street-level bureaucracy anywhere that the preconditions of trust, adequate resources, bureaucratic autonomy, and job security should not be taken for granted.

CONFLICT OF INTEREST STATEMENT

Authors declare no conflict of interests.

POLICY IMPACT STATEMENT

Precarious working conditions, such as resource scarcity, lack of job security and managerial support, and contentious interactions with citizens-clients shape the behavior and coping mechanisms of frontline workers. Specifically, these factors may trigger low job motivation, minimal work performance, and a narrow focus on job survival. Findings suggest that both improving working conditions and attending to emotional-motivational elements in frontline work are important for service provision and policy implementation.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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