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Summary of the “COVID talks”

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Introduction

PEROSH is a network of 14 European Occupational Safety and Health (OSH) institutes, which organizes every two years a research conference. The PEROSH 2021 conference, organized by the INSST, took place in Madrid the 30th September 2021. For many of the attendants it was the first face-to-face meeting since almost two years. The programme included three topics: “pandemic and post-pandemic challenges”, “building bridges across OSH boundaries” and “old problems waiting for innovative solutions”.

Two keynote lectures dealt with the COVID-19 pandemic. In the first one, **Pilar Cáceres Armendáriz** (INSST, Spain) described the “PPE crisis” in her institute, from the beginning of the pandemic with a worldwide shortage of PPE to a later phase with an intensive campaign to test imported masks. **Isabel Sola Gurpegui** (Spanish National Center of Biotechnology) presented the research activity to develop a new type of RNA vaccine against SARS-CoV-2 using replication-competent propagation-defective RNA replicons. This in situ RNA replication increases the antigenic dose with respect to current RNA vaccines. A third keynote lecture by **Kristina Palm** (Karlstad University and Karolinska Institute, Sweden) consisted of a review of literature about “work and digitalization”, with some comments about telework during the pandemic which will be presented below.

The aim of the present article is to summarize the seventeen talks given by authors from 11 different institutes, dealing with the pandemic (but not related to protective equipment). These are organized around five subtopics.

- Exposure to SARS-COV2 at the workplace
- Psychosocial risks at the workplace
- Prevention at the workplace
- Effect of telework
- Watch and foresight

The PowerPoints of most of the presentations can be downloaded from the PEROSH website in the “[repository](#)” section.

Exposure to SARS-COV 2 at the workplace

Three talks were dealing with the determination of risk factors for contamination at the workplace. The aim of such a research activity is to optimize prevention measures at local or national level and in one case to guide national policies. Two of them consisted in the determination of job-exposure matrices, while the third one dealt with a methodology for a comprehensive analysis of outbreaks at the workplace.

Fabio Boccuni (INAIL, Italy) reflected on the history of the pandemic in Italy. Italy was hit early by the pandemic with the first containment measures in March 2020, leading to a reduction of about 75% of workers present in their workplaces, followed by a phased reopening of activity in May. INAIL developed a method for assessing the risk of infection for eighty-three activity sectors (derived from the Italian classification system “ATECO”, the equivalent of NACE classification). Three risk factors were considered and a score attributed to each one: **Exposure** i.e. the probability to be in contact with the virus during the work activity, **proximity** i.e. the impossibility to ensure social distancing and the **aggregation** factor, which accounts for the possible contacts with people other than workmates (i.e. public, clients, contract workers). The scores of exposure and proximity were derived from the indicators by the O’NET on line database validated by the comparison with the same indicators obtained from National surveys. The aggregation factor category has been defined for each employment sector, based on the classification of occupant load factors (for business activities already established by technical regulations at national and international level). The total risk associated to each activity is the product of the three scores. The results sorted by economic sectors appeared to be compatible with compensation claims associated to COVID-19. The three most risky sectors were found to be “human health and social work activity” (high risk) and “public administration and defence - Compulsory social security” and “activity of household employers” (medium high). These data, associated with the number of involved workers, were used to advise on policies such as selective reopening of activity sectors or priorities for vaccination at the work place. In addition, this work has also been useful to advise companies of key action for prevention. More information can be found in references [1-3].

Karen Oude Hengel (TNO, The Netherlands) presented an international project (DK, UK, NL) to define a job exposure matrix (JEM) to assess the risk of infection by SARS-CoV-2 at the workplace (COVID-19-JEM). This Covid-19-JEM consists of eight dimensions:

- four for **transmission risk** (number of contacts, type of contact, contaminated workspace, location);
- two for **mitigation measures** (social distancing, face mask covering);
- two related to **precarious work** (income insecurity due to pandemic, migrants).

Each of 436 job titles derived from the ISCO-08 classification received a risk score for each of the dimensions separately.

The scoring (0,1,2,3) for each of the eight dimensions was achieved by nine experts from three countries, considering a reference situation: “no lockdown, but working from home as much as possible and using the general hygiene measures (social distancing, washing hands,

masks)". Several levels of integration were considered: expert, expert group in one country, three countries. A moderate to good agreement between experts was found.

Chris Keen (HSE, United Kingdom) presented the development of a methodology for a comprehensive study of outbreaks at the workplace in the UK. This study is a small part of PROTECT, a large national programme about COVID-19. Up to now, 89 outbreaks were notified to the project team, 46 companies contacted (for others the outbreak was too "old"). The response rate was moderate for instance because companies experience strong pressure to maintain their production especially in the food sector. Nine companies agreed to be part of the study. Various aspects are investigated: outbreak history, testing data, detailed work environment description, participant data (questionnaire about movements and contacts, blood test, nasal and throat swab), and measure of surface contamination at the workplace. Some tests occur several times (biological test, questionnaires) so that even if most data are taken in one week the full protocol lasts six weeks. Work is in progress and only preliminary results are available:

- Workplaces believe that virus transmission occurs outside. Even if transmission occurs also outside it is important to understand the role of the workplace.
- Social distancing (2 metres) cannot be maintained at all times in the manufacturing sector
- The role of ventilation to mitigate contamination is poorly understood in companies. The CO₂ concentration measurement is useful to infer ventilation efficiency but setting up an effective measurement programme, and interpretation of result requires expertise which is beyond the capability of many businesses. A good deal of guidance has been produced on this which should be very helpful.
- RNA contamination on surfaces and work equipment is low (in non-healthcare sectors) but can be measured.

Psychosocial risks at the workplace

Two talks dealt with the question of risk at the workplace with a strong emphasis on psychosocial risks. Both were related to the care sector.

Rebeca Martín Andrés (INSST, Spain) discussed the psychosocial risks during the pandemic in the healthcare sector in Spain. Her results were based on statistical data, a literature review (52 article included) and a series of 41 interviews about the functioning of prevention services, the impact of the health crisis, the psychological support resources available to workers and their future outlook in relation to the evolution of their professional situation. The main conclusions of the study were:

- Risk factors increased during the pandemic: Time burden and pace of work, cognitive and emotional demands, role conflict, fear due to a high-risk work environment, isolation.
- Interviews show health effects for employees: sleep disturbances, muscular discomfort due to accumulated tension, hopelessness, sadness and fear. A literature review suggests depressive and anxiety disorders, burnout and post-traumatic stress disorder. The most vulnerable persons are women, nurses or low-skilled professionals aged 20-30, with less than five years of work experience.
- In terms of preventive measures, two types of interventions are effective in circumstances of a health crisis:
 - Those based on social support. The interviews show that this is the main source of help and support.
 - The interventions aimed at increasing resilience.
- In addition, the interviews revealed that, effective preventive products must be adapted to the characteristics of employees. Four profiles of interest were identified (related to their available time and acceptance of psychological help).

The INSST guide “Good practice in psychosocial intervention in health care establishments” can be found in [4].

Aude Cuny-Guerrier & Marjorie Pierrette (INRS, France) discussed adverse effects on health for care workers in nursing homes during the pandemic, which were suggested in recent literature. The aim of the study was to identify the factors explaining the perceived health of French nursing homes’ healthcare assistants, nurses and nurse managers.

The work was based on a questionnaire disseminated at the end of 2020 in nursing homes. A set of 121 questions allowed describing the employee and nursing home characteristics, the COVID-19 situation in the nursing home, working conditions and global health with the “SATIN” questionnaire. 458 employees responded (91% women). Among them 83% report cases of Covid-19 among employees, 69% among residents and 50% report resident deaths related to Covid-19. It appears that the average global perceived health is “medium” and there were no differences taking into account the profession, the age or the experience. However, the characteristics of work conditions explaining the global health score depends on profession.

- For healthcare assistants, five factors explain 36% of the global health score variation: perceived lack of training, mental workload, lack of information about protocols, feeling of endangering her/his health, lack of hierarchical acknowledgment.
- For nurses, 47% of the variability of health score is explained by four factors: feeling of endangering residents' health, lack of resident's acknowledgment, lack of training to deal with such a crisis, impossibility perceived to achieve high quality of work.
- For managers, four factors explain 45% of the variability: mental workload, lack of exchanges with colleagues, lack of general population acknowledgment, and feeling of endangering her/his health.

The health score is significantly lower for nurse managers and healthcare assistants, which reported residents' Covid-19 contamination and death.

This analysis allows to prioritise actions to improve current situations and support the evolution of working conditions in the event of a future pandemics. Also, prevention must, from now on, integrate the specificities of each profession and encompass different levels, policies, institutions and carers. For example, the training on biological risks has to be improved for healthcare assistants and on the specificities on Covid-19 for all. The difficulties for staff and nurse managers to implement and communicate on changing protocols should be discussed with those who have elaborated it. More widely, one needs to find levels to improve the acknowledgment from the general population.

In addition, even if they are not among the first predictors, other working conditions explaining perceived health are described in the questionnaire. The results regarding protective equipment, human resources and time organisation suggest important complementary actions.

Prevention at the workplace

Four speakers discussed the factors determining the implementation of prevention measures at the workplace. A fifth one discussed a method to assess their efficiency.

Anita Tisch (BAuA, Germany) detailed the implementation of regulation and prevention measures in Germany in 2020 and 2021. BAuA investigated whether the pandemic led to an increase in attention OSH, the variation of these changes with activity sectors and their sustainability. The data came from an employer survey involving 1.500 to 2.000 establishments every 3-4 weeks on changing topics. BauA was involved in four of them: infection control measures, telework, psychosocial risks and lessons learnt for future OSH (the talk focused on the first and last). The main results are:

- An increased importance and attention of OSH during the pandemic. Various stakeholders were involved in prevention in large companies, manager (98% of companies), OSH professionals (99%), employee representatives (76%) and external professionals (31%).
- The companies implemented a large variety of prevention measures against infection and psychosocial risks: technical (e.g. ventilation, screens), organizational (telework, reducing contacts), personal (e.g. masks), psychosocial (to reduce stress).
- The size of the company strongly relates to the implementation of prevention measures as well as the sector of activity.
- In more than 50% of the companies, measures are expected to last in the longer term, especially those related to work digitalisation (on line meetings, telework).

Annette Nylund (SAWEE, Sweden) presented the activity of her institute. During the pandemic, SAWEE teams conducted three analyses: Incidence of work environment measures in Swedish business industry during the corona pandemic 2020? What factors of production contribute to the explanation of companies' working environment measures during the corona pandemic? Has the business changed in 2020 and how does it depend on the corona pandemic?

She presented some of the main results. Three types of prevention measures are used (1 washing hands & social distances, 2 telework, or 3 several work environment actions) and four determinants were considered (main production focus, size, formal education level, personal structure). The main results concerning the incidences of prevention measures are:

- Measures such as hand-washing and social distancing occur in about 55% of the companies, more in goods-producing companies than in the service sector.
- The remaining 45% applied the other measures (telework or several working environments actions).
- Telework occurs in about 25% of companies, more in service production.
- The incidence of several health and safety measures to modify working environment is roughly the same in the various industries in the Swedish business sector. The average is just over 20%.

The main results concerning the factors explaining the incidences of prevention measures are:

- The industries that before corona did not exhibit a high prevalence of several different working environment measures, but that contribute to explain the incidences during the corona pandemic are mainly knowledge-intensive service industries. The company size also helps to explain the presence of such measures during the pandemic but in a converse way compared to studies before the pandemic. The smaller the company, the higher the incidence. The results indicate that smaller companies and some industries did not have work environment routines in place to the same extent as others, implying a greater need to develop work environment routines in these industries and size groups during the pandemic.
- A few goods-producing industries that usually demonstrate higher work environment risks also contribute to explain the incidence. These industries show a more highly developed systematic work environment management, in earlier studies, due to their higher work environment risk.
- New is also the result that factors related to the employees explain the measures applied by the companies to a rather high degree. Gender and age contribute to the absence or presence of several work environment factors and teleworking. Especially a high proportion of young women contributes to a higher incidence of teleworking. The result indicates the importance of the personnel structure in the company during the pandemic and involvement in the work environment routines.

More information can be found in [5].

Pia Perttula (FIOH, Finland) described the FIOH activity during the pandemic.

- FIOH took many actions to guide companies. FIOH has also provided some supplementary guidance for specific branches of business.
- Examples of topics addressed by FIOH are given: assessing the risk of COVID-19 infections, supporting mental well-being, cleaning, remote work, etc.
- FIOH advised workplaces to establish “preparedness teams” to monitor the situation and prepare prevention measures. Communication about pandemic risks and risk management is one of the key factors to reduce pandemic related psychosocial risks.
- Research actions (document analysis, interviews survey (N=470 workplaces) were described and preliminary results given about the way prevention was implemented in companies.

Sophie Meyer (BAuA, Germany) discussed into more detail health-related inequalities across occupations, sector or organizations. Her work was based on two survey rounds: May-July 2020 (940 employees) and January-February 2021 (2654 employees) during which the employees gave their vision on prevention measures.

- It appears that 98% of employees report at least one prevention measure. Personal measures (distancing, mask, disinfectant) involved more than 80% of the personnel with an increase between the two surveys, likely because they are easier to implement. Collective measures (reorganization, telework, release of vulnerable persons) were at lower level and decreased between the two rounds.
- The implementation of organizational measures depends strongly on the educational level of employees while this is not the case for individual measures.

- There is also a sector effect in worker's compliance with OSH measures possibly because these measures are not equally suitable for all activities (91 % of employees in occupations in food industry, gastronomy and tourism, but 76 % of employees in traffic and logistics sectors of activity).

More information can be found in reference [6].

Yi Sun (IFA, Germany) described the development of the pandemic over time and evaluated the effectiveness of regulatory measures to limit the virus propagation **in North Rhine-Westfalia**. He used three indicators to describe the characteristics of the pandemic (incidence, ICU cases, R value) and performed a regression analysis to see which non-pharmaceutical prevention measures (mask, distancing, gathering limits, stay home...) explained their time evolution.

- According to this study, contact prohibition has the strongest effect on the infection control of COVID-19.
- A small effect is seen for masks but this can be understood if one considers that wearing masks is associated for instance to contact prohibition.

Effect of telework

Telework already existed before the pandemic, mainly in the Nordic countries. The COVID-19 pandemic drastically changed the percentage of workers at home, often in degraded situations (activity which was assumed to be impossible at home, compulsory telework for some workers). This had a tremendous effect on working conditions and on the organisation of work, and five institutes from the Nordic countries investigated the consequences of this sudden evolution. Their research was performed by questioning workers about their working conditions and their change since 2019, but also by reviewing the literature on health effect of telework. A sixth talk deals with a training to help employees working from home.

Noortje Wiezer (TNO, The Netherlands) discussed the working condition at home during the COVID-19 pandemic in the Netherlands. At this time, only half of employees worked exclusively on site, mainly because the work demanded it. Of those who worked at home, 71% did so entirely. She presented results of the NEA-COVID-19 study during which 10,000 workers in the Netherlands were contacted four times, in 2019 and then three times during the pandemic, (mid-2020, late 2020, early 2021). Also, 900 home-working employees (rather "white collar" workers) have been followed daily during the first half of 2020. The main conclusions of these surveys about the effects of home working are:

- Positive effects: Less travel time, more time for family and friends, more time to relax, more productive and efficient at some tasks, fewer problems with undesirable behaviour (both from colleagues and from external parties).
- But: Sit all day behind a computer screen, not ideal workplaces (especially for young people and women). Same high work pressure (balance of demands and control options) as before the crisis. Some homeworkers experience increasing difficulty holding their attention and concentrating. Lack of social contacts, 15% of home workers feel very lonely (especially young ones).
- Homeworkers are not sicker than before the pandemic. They have fewer complaints to arms, back and/or shoulders but the prevalence is rising. They also experience many stress symptoms, the percentage of concerned people increased in the last measurement.

According to this study, of home workers in The Netherlands:

- 34 % wants to work largely or entirely on location;
- 24% wants to continue to work largely or entirely at home;
- 42% wants to work as much on location as at home.

Jolien Vleeshouwers (STAMI, Norway) discussed the relationship between working from home and employee health and well-being. Her conclusions were based on a literature systematic review. She pointed out that the work from home is not a new phenomenon (for instance, before the pandemic, in Sweden, Finland, Netherlands more than 30% of homework, while less than 10% in half of the EU states). Therefore, the review is not specific to the pandemic. From 3354 records found by a search in various database, a set of 53 papers have been included. The synthesis of the literature review suggests that:

- Work from home has positive effects: Less stress and exhaustion, improved job satisfaction, improved productivity (only for complex tasks that do not require collaboration with colleagues).
- There are also some negative effects: Some health concerns for specific groups related to worsened work-life balance, but some caveats flexibility/autonomy being an improvement factor.
- Factors that can modulate the effect of work from home: Is telework compulsory, dose of home work (days/week) which could be related to the health effects through a U-curve, work situation (nature of the task/ need of colleagues), travel time.

Jari Hakanen (FIOH, Finland) discussed the results of a longitudinal four-wave survey of 542 people from December 2019 to June 2021 and data from other surveys (with more people but not from the beginning). The aim of this study was to investigate the evolution of the employee well-being at work (fully at home or fully at the workplace), by following between December 2019 and June 2021 the scores for: work engagement, job boredom, burnout and self-rated work ability. The main results are:

- The overall changes are relatively small. The results are the worst for young adults. Analysis of the case of young adults show differences with the case of older employees. In addition, wellbeing of those who have mainly teleworked and live alone, has suffered.
- The effect of telework appears mainly on increased job boredom. This is attributed to the impoverishment of work with less face-to-face interactions but also most tasks are carried out only virtually. For non-teleworkers, in turn, work engagement and workability have decreased. Also, for non-teleworkers, distancing and face covering hampered social interactions.
- The best situation seems to be a mix of work in the company's premises and work from home.

Johan Stenmark (SAWEE, Sweden) presented his conclusions derived from a systematic literature review and interviews with supervisors and work environment experts. The scope of the study is people who could actually work from home, i.e. 30 to 40% of workers. His results can be summarized in the following way:

- Negative effects are observed:
 - Poor ergonomic conditions at home, more sedentary.
 - Difficulty solving certain types of tasks from home i.e. stress for the employees who need interactions with colleagues.
 - Altered contacts leading to poorer teamwork.
- The distance between supervisor and employee increased. Although digital meetings were useful, they are imperfect substitutes of face-to-face meetings.
- Unclear boundaries between work and leisure time.
- Some legal question marks have emerged.
 - What about the employer's responsibility on employees work environment when he does not have control over the employee's home? Does the employee's responsibility for his or her own work environment need to be clarified?
 - How can workers' compensation insurance be adapted to a situation in which more people are working from home?

- He pointed out some benefits of telework. The employee does not have to commute. He experiences a greater flexibility when it comes to combining work and leisure. There are increased opportunities for concentration.

He concluded with a few recommendations for future:

- Consider the work environment management regardless of where the work is conducted.
- Take advantage of the experiences and working methods developed during the ongoing pandemic.
- Increase employers' and employees' competence in digital working methods.
- Strengthen competence in how employees can adapt their own workplace.
- Prepare young people for future working life.

More information can be found in [7].

At the occasion of her keynote, **Kristina Palm** (Karlstad University and Karolinska Institutet, Sweden) gave the information relevant to telework during the pandemic that appeared in recent literature (2020 and 2021). Note that the research comes from different countries with different restrictions around covid-19 and different gender cultures.

- About the gender effect: Women have larger responsibility for home and family and during COVID-19, they worry more and have less opportunities to recover. However, they are more positive than men in some areas, e.g. work-life balance. Men worries about missing out on career opportunities and that their work won't be valued.
- About the general effect of telework: Fear of not being recognized by managers and to miss career opportunities. Employees who need interaction with colleagues experience more negative feelings. About 50% feel they are more productive at home than at work.
- About topics specific to management: Danish managers (knowledge intensive-work sector) feel that their work is more demanding than employees. It is noted that negative relationship between managers and workers remain negative at distance.

More information can be found in [8].

Sarah Althammer (BAuA, Germany) presented the development of an online training course for employees with temporal and spatial flexibility (flexible work design). The starting point of this activity is the statement that flexible work design can be associated with conflicts between work and private life, health complaints, insufficient recovery, worse well-being, and worse performance. Thus, employees with temporal and spatial flexibility require both a supportive work environment as well as self-regulation of daily work life. It is better for employees to be prepared to this mutation. She discussed the development of an online training course about self-organization (self-regulation strategies), management of boundaries between work and private life (segmentation strategies), taking breaks and detaching from work (recovery strategies), and reflecting skills and resources (strengthen resources). In a second step, the effect of the training was assessed with a randomized controlled trial. Four questionnaires were sent to employees before and after training, allowing to rate their ability to self-regulate, their recovery, work engagement, and work-life balance. A positive effect of the training was found. A more detailed statistical analysis suggests that the ability of self-regulation improved by the training mediates the positive effects on well-being and work engagement.

Watch and foresight

Michel Hery (INRS, France) summarized the INRS foresight and watch activity to give a general overview of future trends with some insights about the effect of the pandemic. He discussed the use of ICT (for instance software for massive collaborative work), implementation of cobotics, new business models (fast fashion and self-employed deliverers). His main message is that the COVID pandemic accelerated the pace of introduction of some of these new technologies and new consumption patterns with potential consequences in terms of occupational risks. More information can be found in [9-10].

Conclusion

These sessions of the 4th PEROSH conference on “pandemic and post-pandemic challenges” gave an overview of ongoing activities to deal with the pandemic, but also of what we have learned to prepare for the future:

- Preparedness to cope with another pandemic with better tools for infectious risk assessment.
- Better understanding of factors ruling the efficiency of prevention measures.
- Better knowledge of the psychosocial risks in the sectors of care during such crisis which leads to improve their prevention.
- Sometimes an increased awareness on OSH issues which may last after the pandemic.
- The pandemic accelerated the development of new work organizations enabled by information technology such as telework, remote collaboration. At the same time, observations in such an extreme situation with much more people working at home than before offered a lot of opportunities to understand the associated occupational risks.

As it often happens during a PEROSH meeting one observes at the time a convergence of views from various actors and the coexistence of various approaches. This accounts for the richness of such a research network.

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