



Sweden's experiences from the COVID-19 pandemic from a work environment perspective



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Summary

The COVID-19 pandemic caused major strains on society, including in working life and the work environment. European countries dealt with the pandemic and its challenges in different ways and under different conditions. To better respond to future crises, it is important to gather experiences from the pandemic's effects on working life. The European network PEROSH will therefore compile the countries' experiences of the COVID-19 pandemic. Each country, including Sweden through the Swedish Agency for Work Environment Expertise, will draft a national report that will be used to compile a joint European report on lessons learned.

Purpose and method

This report is the Swedish contribution to the PEROSH compilation and aims to provide a picture of the Swedish response to the COVID-19 pandemic, how the work environment was affected by infection control measures, what measures were taken to protect working life, and what effects these gave rise to. As background to aid understanding, the report also describes the underlying reasons behind the Swedish response. Finally, it summarises key lessons for future crises.

The report is based on expert interviews with authorities and social partnership organisations with insight into the Swedish management of the pandemic, on the compilation of statistics, and on some forty research articles and reports. As the research articles have tended to have a narrower focus, government reports have been used to provide a broader picture.

Main findings

After the COVID-19 pandemic reached Sweden in early 2020, national efforts were launched to slow the spread of infection. The strategy focused on voluntary compliance and individual responsibility instead of mandatory lockdowns. The Public Health Agency of Sweden played a central role in dealing with the pandemic on a national level, advising people to maintain a safe distance, wash their hands frequently, and stay at home if they had symptoms of illness. Information to the public was an important element to strengthening compliance with the recommendations. This included authorities holding joint press conferences on a regular basis. The authorities collaborated extensively in the management of the pandemic, and, through decentralised responsibility, the country's 21 regions and 290 municipalities also played an important role through their responsibility for healthcare, schools, social care and social services.

Measures included recommendations on teleworking and distance learning for upper secondary schools, adult education and higher education, while preschools and compulsory schools remained open. Visiting bans were introduced in nursing homes, and restrictions were placed on public gatherings with limits on the number of participants that became stricter over time.

Sweden differed from many other countries by not closing national borders to the same extent, keeping schools open, and being late in recommending face masks, which were imposed only in January 2021 for use on public transport during rush hour.

The COVID-19 pandemic and the infection control measures introduced in Sweden affected the work environment and the way work was organised and performed, with significant variations across sectors. Those who were able to work remotely experienced benefits such as increased flexibility and better work-life balance, but also disadvantages such as isolation, difficulties in separating work and leisure, and ergonomic and technical issues. Managers had to adapt their leadership to teleworking, which led to changes in their working practices and increased focus on operational tasks.

For those unable to work from home, such as those working in healthcare, social care, transport and education, the pandemic brought increased workloads, changes in routines, and higher stress levels. In the healthcare and elderly care sectors, the work environment became particularly strained due to staff shortages, high patient loads and the risk of infection, resulting in physical and mental exhaustion among workers. Teachers and other school staff faced challenges with increased workloads, concerns about infection, and the need to adapt teaching.

Despite protective measures, there was a risk of infection in workplaces, with 39,000 coronavirus-related occupational diseases¹ reported, mainly in the healthcare and social care sectors. The pandemic also had an economic impact, with increased unemployment and economic vulnerability, especially among young people, individuals with a lower level of education, and foreign-born individuals.

Mental ill-health increased among certain groups, particularly among healthcare and social care workers with heavy workloads, who suffered from stress and sleep problems. Teleworking alleviated stress for some but created new challenges for others, such as reduced social support and barriers to collaboration. Productivity and innovation declined in some sectors due to less spontaneous communication. The pandemic accelerated digitalisation and increased the focus on work environment issues, leading to improved workplace safety and health practices.

The reasons behind Sweden's response to the COVID-19 pandemic are complex, but several factors may have influenced the country's approach. A high level of trust between the state and the residents of the country allowed for a focus on recommendations and individual responsibility rather than coercive measures. The Swedish governance model, with independent authorities and decentralisation to the regional and municipal level, gave the Public Health Agency of Sweden a central role in the shaping of infection control measures. The strategy was influenced by the Agency's broad view of public health, emphasis on long-term effects, and trust that individuals would make rational decisions. The Swedish labour market model, with strong social partnership and division of responsibilities between the state and the social partners (i.e. trade unions and

¹ Occupational disease is an illness resulting from exposure to hazards in the workplace.

employers), also influenced how work environment issues were handled. Finally, Sweden's far-reaching digitalisation enabled a rapid transition to teleworking and digital forms of work.

Lessons for future crises

Sweden took a different approach to the pandemic compared to many other countries, with less stringent measures and an emphasis on voluntary compliance and individual responsibility. This posed challenges for maintaining a good work environment, especially in workplaces that remained open.

Lessons learned from the pandemic include the need to strengthen systematic work environment management and preparedness for future crises. The focus should be on psychosocial work environment and mental health, especially in female-dominated sectors. Digitalisation and teleworking have become more important, requiring investment in technology and new leadership strategies based on trust.

Improved crisis planning and organisational resilience are needed, as are improved internal communication and cooperation. Specific measures should be targeted at vulnerable healthcare and social care professionals, including resource enhancement and reliable access to protective equipment. Finally, attentive and relationship-oriented leadership is crucial to address future challenges in working life.

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1. Introduction

The course of the pandemic in Sweden

After the virus was first identified in China in December 2019, the Public Health Agency of Sweden started to monitor the situation closely in January 2020 (1). The first Swedish case was reported on 31 January 2020. From mid-February, the number of infections increased, mainly among people travelling from affected areas such as Italy and Iran. In March 2020, there was a dramatic increase in the spread of infection in the country, and the Public Health Agency raised the risk level for public spread to “very high”.

The first wave of the pandemic peaked in the spring of 2020, with intensive care under heavy strain. Recommendations were introduced on teleworking and to limit travel, while restrictions on social interactions were gradually increased. Testing capacity was greatly expanded during the year, with a focus on controlling the spread of infection and ensuring that the healthcare system had sufficient capacity. Further waves of infection occurred in the autumn of 2020 and winter of 2021, with regional differences in the spread. Regions such as Stockholm and Västra Götaland were hit hard. Stricter general recommendations were introduced locally, and a general vaccination programme was launched towards the end of 2020, focusing on the elderly and healthcare workers. Despite the vaccinations, the number of cases increased dramatically in early 2021 due to virus variants such as the delta variant.

With the launch of the vaccinations in 2021, the situation stabilised somewhat, although the delta variant caused a third wave of infection in the spring. The Public Health Agency of Sweden continued to recommend restrictions and prioritised groups for vaccination. After the summer, the spread slowed down, but the pandemic continued to impact society. Despite widespread vaccination, localised outbreaks persisted, and new virus variants continued to pose a risk to public health. In May 2023, the WHO assessed that COVID-19 no longer met the conditions to be considered an international public health threat. The state of emergency thus ended, shifting to a longer-term effort to effectively manage the impact of the disease.

Sweden chose a somewhat different approach to reduce the spread of infection

Sweden chose a somewhat different approach to infection control during the pandemic than many other countries (2, 3, 4, 5). For example, Sweden did not introduce a strict lockdown of society. Instead of closing schools, restaurants, shops and the like, people were encouraged to

follow recommendations on social distancing and good hygiene. This meant that, as a rule, many businesses remained open throughout the pandemic, which was part of the Swedish strategy to manage the spread of infection. Authorities, including the Public Health Agency, recommended voluntary compliance rather than mandatory rules.

The Swedish strategy to tackle the spread of infection has been both criticised and held up as a model. Its critics considered the strategy too permissive and passive, in particular by keeping schools open and not imposing a legal requirement for face masks in public spaces. The Swedish approach has also been supported by researchers and judged to be reasonable in relation to the negative consequences of stricter measures (see e.g. 5).

Working conditions changed drastically

When the coronavirus pandemic started in Sweden in early 2020, it had a major impact on virtually all parts of Swedish society. Working conditions in many Swedish workplaces changed drastically (see e.g. 6, 7, 8, 9, 10, 11, 12, 13). As the spread of the coronavirus picked up speed, employers were forced to quickly adapt their operations to protect employees and comply with the restrictions and recommendations issued. Infection control measures were taken, work was reorganised, and new tasks and routines were introduced in the workplace, while working from home became commonplace. The result was profound changes in people's working conditions.

The biggest change in the organisational work environment was the increased possibility to work from home. For many workers, the introduction of new routines and tasks increased their workload and stress. However, not everyone could work from home. This was particularly true for employees in female-dominated professions, such as healthcare, social care and education. This led to a high psychological workload, which in many cases was compounded by emotional demands at work, high levels of sickness absence in the workplace, and concerns about being infected or infecting others with COVID-19.

Although some occupational groups were particularly at risk, there was a great deal of adaptability and flexibility in the labour market to deal with the negative consequences of the pandemic. This preparedness needs to be not only maintained but also strengthened to enable us to respond to sudden and widespread societal disruptions in the future. With Sweden taking a somewhat different approach to infection control, the impact on working life and the work environment differed somewhat from that in countries with a stricter approach to infection control. It is important to draw lessons from the pandemic's impact on working life and the work environment, and the effects of our approach to these challenges, for future crises.

Purpose and questions

The Swedish Agency for Work Environment Expertise is part of the European member network Partnership for European Research in Occupation Safety and Health (PEROSH). Within the

project “Lessons Learned”, countries are compiling experiences of the pandemic from a work environment perspective. The purpose of this literature review is to compile Sweden's experiences of the pandemic from a work environment perspective, in a manner that corresponds to PEROSH's European study. The compilation is centered around a number of questions common to the countries in the project. The following questions have served as the basis for the compilation on Sweden:

- What was the Swedish national response to the pandemic to address emerging challenges to working life and the work environment?
- Why did Sweden choose that response to address emerging challenges to working life and the work environment?
- What were the effects of the Swedish national response to address emerging challenges to working life and the work environment?
- What lessons can be learned from the Swedish national response to address emerging challenges to working life and the work environment?

2. Method

This report compiles knowledge about the Swedish response to the COVID-19 pandemic from a work environment perspective. The report is based on articles published in scientific journals, as well as other reports and statistics in the field, mainly produced by government authorities. As background to the study, interviews were also conducted with a number of experts in the field.

Expert interviews

Initially in the study, expert interviews were conducted with representatives of five organisations. The organisations were selected because they played a central role in Sweden's handling of the pandemic at the national level. Two authorities were interviewed: the Swedish Work Environment Authority and the Public Health Agency of Sweden.² Three social partnership organisations were also interviewed: the Swedish Association of Local Authorities and Regions (SALAR), the Confederation of Swedish Enterprise, and the Swedish Trade Union Confederation (LO).

The aim of the interviews is to provide an overview of the organisations' assessments of the Swedish response to the pandemic and the impact of the pandemic on working life and the work environment. The interviews played an important role in obtaining a comprehensive picture of the matter. During the interviews, information was also collected in the form of documents, reports and statistics that were useful for the analysis. The interviews were structured by means of an interview guide that ensured that they were conducted in a uniform manner.

Scientific journals

Working with the University Library at Mid Sweden University, scientific articles relevant to the study were identified. Using the given search strings, a total of 116 articles were retrieved from the scientific databases Scopus and, to some extent, Pubmed. After reviewing the abstracts of the articles, a total of 68 articles were deemed to be relevant to the study's questions and were used as a basis for the study. In the analysis work, about ten of the articles proved to be the most useful.

Reports and statistics

In addition to the scientific articles, the study is based on reports and statistics. These reports and statistics were mainly identified in three different ways. Firstly, the University Library at Mid Sweden University in Östersund searched the library databases Swepub and Libris for reports that fall within the scope of the study. The lists were scrutinised in search of relevant publications.

² Two other authorities were asked to participate but declined to be interviewed.

Secondly, the experts interviewed were asked to provide tips on relevant reports from their own or other organisations. Thirdly, open sources on the internet were used to identify relevant material.

In total, around 25 reports were used in the analysis. The reports used come mainly from the Swedish Work Environment Authority, the Swedish Agency for Work Environment Expertise, the National Swedish Agency for Education, and the Coronavirus Commission appointed by the Swedish Government. The statistics come mainly from the Swedish Work Environment Authority, Statistics Sweden and the Public Health Agency of Sweden.

Analytical approach

The aim of the study has been to provide an overall description of the Swedish response to the pandemic and its consequences from a work environment perspective. The findings from interviews and documents were collectively analysed based on the questions posed for the study. The starting point was based on summarising parts of articles and reports, and in-depth analyses were carried out when more detailed descriptions were needed to provide a more complete picture.

The scientific articles were often found to have a narrower focus (e.g. on a specific occupational group) and were difficult to use to provide the overall picture. The reports and statistics from the authorities generally provide a broader picture, suitable for describing the conditions in Sweden during the pandemic. The analysis therefore relies heavily on the government authority reports and statistics that were identified. However, findings from the articles were used to provide, where relevant, examples of the broader patterns that emerge from the study.

3. Sweden's national infection control measures

After the pandemic reached Sweden in early 2020, national efforts were launched to slow the spread of infection. The main focus during the pandemic was to reduce the spread of infection and keep the number of people infected as low as possible. During the COVID-19 pandemic, Sweden implemented a range of infection control measures to limit the spread of the virus and protect the population. These measures varied over time and were adapted to the current state of the spread of infection and the prevailing conditions. In this context, it is not possible to describe in extenso all the measures implemented by Sweden. A description of the main national infection control measures in Sweden during the pandemic is provided below.

Several authorities collaborated on the Swedish national response

Under normal circumstances, the Public Health Agency of Sweden is the authority in Sweden that, on behalf of the Government (Ministry of Health and Social Affairs), is responsible for monitoring and analysing the development of communicable diseases and protection against them, both nationally and internationally. The Agency is also responsible for analysing the consequences that the development of such diseases has for society and individuals. Moreover, the Agency is tasked with coordinating, monitoring and developing infection control at the national level. During the pandemic, the Public Health Agency was given a central role in devising strategies and measures to combat the spread of COVID-19 (2, p. 27). The main objectives of the Agency's management of the pandemic were to slow the spread of the virus, minimise mortality and morbidity across the population, minimise other adverse health effects of the pandemic, and at the same time preserve the essential functions of society (14).

In addition to the Public Health Agency, the Government and virtually all authorities were involved in the work of managing the various consequences of the pandemic for society, within the framework of their regular mandates (2). However, some authorities had a more central role in the Swedish national response to the pandemic. In addition to the Public Health Agency, these include the National Board of Health and Welfare, the Swedish Civil Contingencies Agency (MSB) and the Swedish Police Authority. They collaborated with each other on pandemic management, as well as with other authorities and central organisations.

The national authorities were primarily responsible for standardisation, support and allocation of funds. The more operational work of managing the pandemic was the responsibility of the country's 21 regions, which are responsible for e.g. healthcare and public transport, and the country's 290 municipalities, which are responsible for e.g. schools, social care and social services. In addition, there are many private providers in Sweden that are responsible for elderly care and schools, among other things, on behalf of the public sector. These also played an important role in the more concrete implementation of the Swedish response to the pandemic.

Emphasis on voluntary compliance and individual responsibility

In Sweden, a number of measures were implemented to slow the spread of infection. A cornerstone of the Swedish infection control measures was voluntary compliance and individual responsibility (2, 4, 11). The societal lockdowns implemented in other countries did not occur in Sweden. Shops and restaurants were generally open. The idea behind voluntary compliance was that people would follow the measures because they feel they are important, not because they are told to, and that this is an important part of the infection control efforts.

The emphasis on recommendations rather than mandatory rules is based on the Swedish Communicable Diseases Act, which states that infection control efforts should mainly be carried out on a voluntary basis and that coercive measures should not play a prominent role. Everyone, both infected and uninfected, has a responsibility to prevent the spread of infection.

Practice social distancing, wash your hands, and stay home if you are ill

During the pandemic, the Public Health Agency issued several recommendations to slow the spread of COVID-19, that focused on three aspects: practice social distancing, wash your hands frequently, and stay home if you are ill (2, 8). These recommendations applied to everyone and were to be implemented as far as possible.

To limit the spread of infection, everyone was recommended to maintain a distance of at least one to two metres from other people, especially indoors and in crowded situations such as public transport or shops. Social distancing became an important part of both everyday and working life, with workplaces also being reorganised to avoid crowding. Schools, workplaces and public spaces were adapted by trying to get people to spread out, implementing teleworking, and reducing the number of people allowed on the premises at the same time.

In addition to physical distancing, the importance of good hand hygiene was stressed. The Public Health Agency of Sweden recommended frequent and thorough hand washing with soap and water for at least 20 seconds, especially after being in public places and after sneezing or coughing. When soap and water were not available, it was suggested to use hand sanitiser to kill any viruses that might be on the hands. Another key element of the recommendations was to stay at home at the first sign of illness. This meant that individuals with symptoms such as cough, fever or sore throat were to avoid social contact and isolate themselves until they were well. This would prevent the spread of infection to others, both at home and in the workplace.

Information and recommendations to the public

An important part of Sweden's strategy, and to encourage people to take responsibility for combating the spread of the virus, was to keep the public informed about the state of the pandemic, infection control measures and current recommendations (2). This included recommendations on how to protect oneself and others, as well as updates on the current infection situation and new restrictions. At the beginning of the pandemic, when COVID-19 first started to spread in Sweden, the Public Health Agency focused on providing general guidance to the population. This included recommending frequent hand washing, maintaining distance from other people, and staying at home if symptoms of illness developed (2, p. 511). The Public Health Agency of Sweden and other authorities also conducted extensive information campaigns via TV, radio, social media and other channels to reach as many people as possible (2, p. 50). A central part of the information and recommendations to the public was the authorities recurring press conferences on the state of the pandemic, which for a period of time were held every weekday (2, p. 352).

Testing, contact tracing and vaccination programme

The capacity for COVID-19 testing and contact tracing was built up over time by the country's 21 regions (1). The Public Health Agency of Sweden and the National Board of Health and Welfare coordinated and provided recommendations that, among other things, aimed to ensure that the need for testing was met within the healthcare system. Testing capacity varied between regions, and there was criticism that access to tests was limited.

When vaccines became available, Sweden launched a comprehensive vaccination programme. The first people were vaccinated against COVID-19 on 27 December 2020. Priority groups, such as the elderly and healthcare workers, were vaccinated first, followed by the rest of the population according to an established order of priority. The vaccination programme was a key element of the strategy to combat the pandemic and reduce the number of serious illnesses and deaths (1). At times, participants in major events were required to present a COVID-19 vaccination certificate (2, p. 468).

Recommendation on teleworking

One of the most significant infection control measures in Sweden was the recommendation on teleworking. To reduce the spread of infection, employers were encouraged to allow employees to work from home as far as possible (2, 7). This applied in particular to office workers and other occupational groups that could perform their work remotely. Teleworking became a key part of Sweden's strategy to manage the pandemic, helping to reduce the number of people travelling in the community and thus the risk of spreading the virus.

Protective equipment and hygiene measures

For those who could not work from home or maintain distance from others at work, recommendations on hygiene measures and personal protective equipment (PPE) were issued. This applied to areas such as the healthcare and social care sectors, as well as schools and the service sector (8, 9). This included the use of face masks, visors and gloves to protect, for example, staff, patients, pupils and customers. Early in the pandemic, there were reports that many workplaces lacked PPE due to supply shortages. Workplaces where protective equipment was regularly used did not have the large quantities needed. The Swedish Work Environment Authority was tasked by the Government to help increase the availability of protective equipment by issuing temporary authorisations to operators to provide PPE without CE marking. Later in the pandemic, when the shortages were remedied, reports of the difficulties of working with protective equipment became more common.

Distance learning in upper secondary schools, municipal adult education and higher education

On 13 March 2020, the Government issued a decree allowing school organisers to offer remote or distance learning (2, pp. 474–475). A few days later, on 19 March, the Riksdag adopted a new law allowing the Government to decide on the temporary closure of, among other things, preschools and schools in the event of extraordinary events in peacetime. Nonetheless, there was no closure of preschools and schools. However, on 17 March 2020, based on recommendations from the Public Health Agency of Sweden, the Government decided that teaching in upper secondary schools, in municipal adult education, and at colleges and universities would switch to remote and distance learning. During large parts of the pandemic, teaching was conducted remotely in these school forms. In early January 2021, the Government decided to also enable use of remote or distance learning in secondary school levels (years 7–9 of compulsory school). However, preschool and compulsory school activities remained largely open and continued as usual.

Visiting bans in nursing homes

As part of limiting the spread of infection in nursing homes and to protect the elderly from infection, the Government decided to implement a ban on visits to these homes from 1 April 2020 (15). Before that, the Public Health Agency of Sweden and the Government had issued a recommendation to avoid making visits to nursing homes. The visiting ban was extended several times.

Restrictions on public gatherings and temporary closure of businesses

A ban on large public gatherings and public events was introduced in Sweden on 12 March 2020, with the limit set at 500 participants. On 27 March, the limit was lowered to 50 participants at the

request of the Public Health Agency. For a period, there were some exemptions for gatherings with seated audiences and in catering establishments, but with the increasing spread of infection, the limit was lowered to eight participants from 24 November 2020. These restrictions affected everything from workplaces, sporting events and concerts to private parties and weddings (2, p. 466).

The Public Health Agency also introduced regulations and general advice to prevent the spread of infection in catering establishments such as restaurants, bars and cafés. A key part of these rules was to prevent crowding among guests. These measures included, among other things, restrictions on the opening hours of restaurants and catering establishments. There were also rules of conduct for shops, gyms, sports facilities and shopping centres. During certain periods, in some regions with higher infection rates, people were asked to refrain from visiting shopping centres and gyms, and to refrain from attending meetings or sports training sessions (1).

Restrictions on travel

Travel restrictions were put in place off and on during the pandemic. The Ministry for Foreign Affairs restricted international travel, including a ban on non-essential travel to Sweden from outside the EU. In addition, there was advice to avoid non-essential travel to all countries during certain periods. From March to May 2020, it was recommended to avoid unnecessary domestic travel. After that, travel of up to two hours was allowed for people without symptoms, and from June, domestic travel was again allowed, provided other recommendations were followed (14).

Areas in which Sweden took a different approach

In many respects, Sweden applied the same kind of anti-infection measures as those introduced in other countries. However, there were a number of areas in which Sweden took a different approach (2). In Sweden, few decisions were made to control the country's borders. On 2 March 2020, flights from Tehran were suspended due to an outbreak in Iran. In addition to the suspension of flights from Tehran, the first form of border control decided in Sweden was a decision on 17 March 2020 to temporarily ban third-country nationals from entering the country, following an agreement within the EU. Sweden was also relatively late in introducing more severe restrictions on public gatherings compared to countries such as Denmark and Finland. Another distinctive aspect of Sweden's approach was that schools were largely kept open, in contrast to many other countries that chose to close schools early on in the pandemic. Sweden's approach to the use of face masks also differed markedly from other countries. Although many countries recommended the use of masks early on to limit the spread of infection, Sweden chose not to do so. It was not until January 2021 that the Public Health Agency recommended the use of face masks in public transport during rush hour, and then only for people over 16 years of age.

4. The pandemic and infection control measures affected the work environment

Both the pandemic itself and the measures introduced to reduce the spread of infection in Sweden affected how work could be organised and performed in the country's workplaces. Overall, the pandemic had a negative impact on the work environment and created several new work environment risks, but there were significant differences between different sectors. In particular, the work environment differed between those who were able to work remotely and those who worked at their regular workplaces. In some respects, the changes in working practices during the pandemic contributed to improvements in the work environment, primarily for those who worked from home.

Teleworking and the shift to digital working practices

Several earlier studies describe the shift to remote digital working practices brought about by the pandemic in Sweden (6, 9, 10, 11, 16, 17). The increase in teleworking is described as one of the most significant changes brought about by the national response to the pandemic and the recommendations to work from home (6). Early on in the pandemic, in March 2020, the Public Health Agency recommended that those who could work from home should do so to reduce the spread of infection. This led to a rapid digital shift, with meetings, training and daily tasks moving online. This was particularly prominent in the white-collar sector. Organisations in IT, finance, education, public administration and other service-based industries were the main adopters of teleworking.

The proportion of the Swedish labour force working remotely varied during the pandemic. According to a survey study referenced by the Swedish Agency for Work Environment Expertise, around 40 per cent of participants stated that they had the opportunity to work remotely to some extent before the pandemic (6, p. 15). This figure increased to 77 per cent during the first and second waves of infection, i.e. spring and autumn 2020.

The digital shift placed demands on both employers and employees, with both managers' and employees' homes often becoming workplaces. For employers, this meant investing in digital infrastructure and training on how to use digital tools for communication and collaboration. For workers, it meant adapting to new routines and often combining work and family life in ways they were not used to. While some industries were better equipped for this shift, others struggled to maintain efficiency and communication remotely.

Working remotely from home and with digital tools brought both risks and benefits from a work environment perspective. Many experienced greater freedom and flexibility to organise their working hours, which could lead to a better work-life balance. Employees were able to adapt

their working day to their own needs, which reduced stress for some. Not having to commute meant that many had more time for themselves, their families or to perform work tasks. This contributed to reduced fatigue and stress related to long commutes, leading to increased productivity for some individuals. For some, working from home meant that they could work undisturbed, without the distractions that often occur in the workplace. This allowed some employees to focus better and sometimes work more efficiently. This was aided by the fact that preschools and compulsory schools in Sweden were generally open and accepting children and pupils during the pandemic. As long as children did not show symptoms of flu or colds, they could be in school. This created completely different conditions for working from home than in other countries, where schools were closed, and guardians were expected to look after their children and work at the same time.

Several negative aspects of working from home have also been reported from Sweden during the pandemic. Many people experienced a sense of isolation and loneliness when working from home for an extended period. The lack of social interaction with colleagues had a negative impact on the psychosocial work environment, and many missed the spontaneous interaction and networking that takes place in a physical workplace. The challenge of separating work and private life became more apparent during homeworking. Many found it difficult to “switch off” from work and felt they were working harder and finding it more difficult to take breaks, leading to increased stress and risk of burnout. The physical environment of homeworking was often not as well adapted as that of the office. Many lacked ergonomic workstations and did not have the right equipment, leading to physical problems such as back and neck problems. Many experienced technical difficulties with connectivity, systems and access to IT support. The digital shift required rapid adaptation, and many had to learn new tools, increasing the cognitive workload.

The work environment of employees working at their regular workplaces

At the same time, the literature indicates that many managers and employees in several sectors were not able to work remotely, as the work requires physical presence (6, 9, 12, 13, 18, 19). This was the case, for example, in the social care sector (such as elderly care), transport and logistics, retail and services, and manufacturing. Here too, work was affected by the pandemic and infection control measures. Staff in preschools and schools also worked largely on site, a sector we will return to below.

Several studies indicate that the work environment for those who worked at their regular workplaces during the pandemic was characterised by both increased workloads and changes in work routines, which often led to higher stress and anxiety, especially in the social care sector (6, 9, 12, 13, 18, 19). For most employees in retail, transport and social care, the work environment was characterised by an increased workload. In the social care sector in particular, new work tasks emerged, overtime increased, and the quality of work suffered, while breaks and rest periods decreased.

A common problem across all sectors was the introduction of new protective procedures and equipment, such as Plexiglas and social distancing, which were perceived as aggravating, particularly in the social care and retail sectors (12). This was even more pronounced in the social care

sector, where protective equipment and concerns about infection affected the work climate. While stress increased in all sectors, it appears to have been highest in the social care sector, where many also worried about bringing infection home or making mistakes at work, resulting in significant emotional strain.

Individuals who worked at their regular workplaces did not report positive aspects of the pandemic in the same way as those who worked from home (who, for example, experienced reduced stress due to not having to commute and a better work-life balance).

On a positive note, the support from managers and work teams was perceived to be unchanged by many who worked at their regular workplaces, and communication with management was considered to be satisfactory (12, 18). In the retail and transport sector, many were able to perform their work as usual (12).

The work environment in the healthcare sector was particularly strained

Several of the reports in the dataset focus in particular on the dramatic change in work environment that occurred in the healthcare sector (9, 13, 20, 21). Healthcare workers, especially those working in the country's intensive care units (ICUs) and in emergency care, faced a huge increase in the number of patients, many of them in critical condition due to COVID-19.

The sudden and overwhelming increase in patients in the healthcare sector created not only physical strains, but also psychological challenges. The high workload led to longer shifts and fewer opportunities for rest and recovery. Several healthcare workers reported physical and mental exhaustion, as they were forced to work under intense conditions without sufficient resources. Many healthcare workers struggled to maintain a work-life balance during the pandemic, as long working hours were often at the expense of their leisure time. For example, nurses described their work as chaotic and overwhelming, with more patients per nurse than normal and shortages of both staff and medical equipment. Nursing was highly deprioritised during the pandemic due to time constraints, lack of resources, and lack of skills of the redeployed healthcare workers. This led to ethical stress for nurses, who felt they could not provide the care that patients needed.

In addition, staff shortages were a major challenge, further exacerbating the work environment. Even before the pandemic, there were staff shortages in the healthcare sector, and as sick leave increased due to infection or exhaustion, those remaining were forced to take on more tasks. This increased the pressure and contributed to a climate of stress and anxiety about not being enough. Many healthcare workers felt a heavy burden of moral responsibility to save lives, which, combined with a lack of resources, left them feeling powerless. Many healthcare workers reported an increased sense of stress, exhaustion and mental ill-health due to the high workload and the constant threat of infection.

Another negative aspect reported by healthcare workers was the uncertainty caused by the pandemic. Healthcare workers had to adapt quickly to new procedures and guidelines, often without sufficient time for training or preparation. For example, the lack of clarity around guidelines on protective equipment, and sometimes the lack of such equipment, created a constant fear of becoming infected themselves or passing the infection on to family members. In addition to

managing the increased healthcare needs due to COVID-19, healthcare workers had to follow strict procedures for the use of personal protective equipment (PPE), social distancing and hygiene, which further prolonged work processes. The high workload, staff shortages and uncertainty all contributed to a very stressful work environment for healthcare workers during the pandemic.

For example, a study on the work environment in ICUs found that staff fatigue increased during the pandemic, but that their commitment to work remained relatively stable compared to before the pandemic (20). The study showed that regular ICU staff reported higher fatigue than temporary staff, and women were more fatigued than men. The results also showed that workload, uncertainty and division of responsibilities, along with work environment and ethical dilemmas, were major stressors. In particular, the fear of making mistakes at work was perceived as the biggest source of stress.

Already strained work environment in elderly care and homecare was exacerbated

Another sector that faced major work environment challenges during the pandemic was elderly care (8, 9, 18, 19, 22). During the COVID-19 pandemic, elderly care staff faced major work environment challenges that affected both their physical and mental health. A common theme in available studies is the increased workload and lack of adequate protection, which led to a sense of inadequacy and stress among workers. Elderly care staff, especially assistant nurses and nursing assistants, often felt uncertain about the policies and procedures put in place to reduce the spread of infection. Communication from management was often poor, and staff were given unclear instructions or insufficient support in their daily work. This led to a worsening work environment where staff had to take more responsibility for medical assessments due to a lack of nurses and doctors, creating additional stress.

A key challenge in elderly care was the lack of adequate protective equipment in the initial phase of the pandemic, which heightened fears of infection and increased workers' feelings of vulnerability. This uncertainty also led to increased psychosocial stress among staff, as they knew they could put both the elderly and their own families at risk. Another key challenge was inadequate staffing, which was already a problem in elderly care before the pandemic. During the pandemic, this was compounded by a sharp increase in staff absenteeism. The need to isolate infected residents through what is known as cohort care made the situation even more pressurised, as staff often had to work longer shifts without the opportunity for adequate rest and recovery. The physical work environment was also negatively impacted. Working in protective gear made physical work more difficult and created additional strain, and the infection control measures put in place, such as physical distancing, made interaction between staff and the elderly more difficult.

During the COVID-19 pandemic, homecare workers faced similar work environment challenges to those of elderly care workers, which affected their working conditions. One of the most prominent challenges was the increased workload, mainly caused by high absenteeism among

colleagues and an already understaffed workforce. This created a sense of constant pressure to keep up with tasks that included many elderly people with high care needs. The pandemic exacerbated a situation in which care recipients often needed more daily interventions, leading to shorter visits and a feeling of not being enough.

Another major challenge was the lack of adequate protective equipment in homecare services. At the beginning of the pandemic, there were major problems in providing staff with the right equipment, which increased fears of infection. Homecare workers often work in close proximity to the elderly and therefore found it difficult to follow recommendations on physical distancing. Many worked unprotected in potentially infectious environments, contributing to significant psychological strain. Workers were concerned not only about their own health but also about passing the infection on to their loved ones.

Fear of infection in preschools and schools

In Sweden, unlike in many other countries, preschools and schools were generally kept open during the pandemic. Many teachers taught both pupils in the classroom and pupils who followed the lessons remotely. In brief, teachers' work environment during the pandemic was characterised by high demands, uncertainty and stress (23, 24, 25). One of the main challenges during the pandemic was the increased workload resulting from staff and student absences, infection control measures, and the need to adapt teaching to new restrictions and digital tools. Many teachers were forced to cover for absent colleagues and manage teaching for both present and absent students, increasing the demands on planning and documentation.

The psychosocial work environment also worsened, with many teachers expressing concerns about infection and constant uncertainty about the progression of the pandemic. Teachers reported high levels of stress, exhaustion and lack of support from school management, while communication and decision-making processes were often unclear. The pandemic also led to changes in the physical work environment. Many schools were not equipped to handle digital working practices or infection control measures. Teachers often lacked the right equipment and access to hygiene items, and workplaces were not always adapted to the new needs. Reduced opportunities to collaborate with colleagues and pupils, as well as increased social isolation, also contributed to the negative impact on the work environment.

Despite these challenges, there were also some aspects of the work environment that improved during the pandemic. As many teachers were encouraged to work from home when they were not teaching, several experienced increased flexibility in terms of when and where planning work was carried out, which contributed to reduced stress and a better work-life balance. The introduction of digital working methods for meetings and teaching made work more efficient and reduced noise levels in the school. These changes led to some improvement in the work environment for some teachers, especially when infection control measures were introduced to reduce the risk of infections such as colds and stomach flu.

Other occupational groups in schools also experienced changes during the pandemic, such as school nurses. One study shows that, among other things, they adapted their working methods by switching to digital health dialogues with both pupils and guardians (26). Collaboration with school staff was intensified, especially to support pupils with difficulties during distance learning. The working conditions of school nurses varied depending on the support they received from managers and colleagues. The shift to digital working methods had both advantages and disadvantages, with some school nurses finding it more difficult to create a safe atmosphere in sensitive conversations with pupils, while others found it worked well. At the same time, school nurses felt that their workload increased, especially as they needed to be more active in maintaining contact with pupils and managing their concerns during distance learning.

Managers were given new possibilities for managing their employees

While the work environment in Sweden differed between sectors, studies show that the work environment differed to some extent between roles within organisations, for example in a comparison between managers and employees, as well as between types of work tasks performed. Several studies focus on the changing work environment of Swedish managers (see e.g. 27, 28). As regards managers' overall work situation and work content, this did not change radically during the coronavirus pandemic but remained largely the same as before. However, the ways in which managerial work is performed changed. Leadership was exercised remotely to a greater extent than before. Operational work often dominated during the pandemic, at the expense of strategic work. This seems to be because managers have had to spend more time on making the organisation work. Work environment management had to be reprioritised during the pandemic depending on the type of business and where the work was carried out (27).

The work environment came to affect managers somewhat differently in different sectors, depending on how the sector as a whole was affected by the pandemic. For example, a study on managers in the healthcare sector shows that there was a clear increase in managers reporting a worse work environment during the pandemic compared to before the pandemic. Difficulties with role clarity, quantitative demands, decision-making, emotional support, lack of motivation, lack of time for recovery at work, and work-life balance issues increased during the pandemic compared to pre-pandemic in the healthcare sector. Managers in wards and units with a high proportion of COVID-19 patients reported a worse work environment compared to other managers (28).

5. Special initiatives to protect working life and the work environment during the pandemic

The pandemic changed the work environment in many Swedish workplaces, with both risks of infection and work environment risks arising from the changed working conditions. During the pandemic, infection control measures were in the centre of attention. However, several initiatives were also implemented in Sweden to manage the consequences of the pandemic for working life and to protect the work environment in the country's workplaces. This work was carried out both within the framework of the authorities' regular work and through a number of extraordinary measures taken by the Government in response to the pandemic. However, the Government was only responsible for part of the work environment measures that were implemented. The central labour market organisations, as well as local employers, safety representatives and employees, also made efforts to protect working life and the work environment during the pandemic.

The regular government work environment management continued

During the pandemic, Swedish laws and regulations on the work environment continued to apply, as did the normal responsibilities between the Government and the social partners for work environment issues. Thus, while there is national work environment legislation in Sweden and state supervision of certain aspects of the work environment, trade unions and employers are responsible for concluding agreements on several aspects of the work environment (see also the section entitled “The Swedish labour market model”).

The Swedish Government has adopted a work environment strategy for the period 2021–2025 that covers four priority areas: a sustainable working life, a healthy working life, a safe working life and a working life without fraud and crime (29). A number of government authorities under the Ministry of Employment are responsible for implementing national work environment policy in Sweden. The Swedish Work Environment Authority is tasked by the Government with ensuring that companies and organisations comply with laws on the work environment and working hours. The Authority is responsible for drafting regulations that clarify the Work Environment Act and for disseminating information about the Work Environment Act and the regulations to those concerned. Some of the most basic rules that the Authority uses as a starting point are those on systematic work environment management that require all employers to regularly investigate whether there are any risks in the work environment and to remedy them. The Swedish Work Environment Authority is also tasked with ensuring compliance with the Work

Environment Act and the Authority's regulations, which it largely does by inspecting workplaces. The Swedish Work Environment Authority also compiles statistics on the work environment and on occupational accidents and diseases.

The Swedish Agency for Work Environment Expertise is the national knowledge centre for work environment issues. The Agency is responsible for building and disseminating knowledge on work environment issues and conducts evaluations and analyses to help ensure that knowledge about the work environment is put into practice. Within its area of responsibility, the Agency collects, compiles and disseminates knowledge based on research in an understandable and accessible way.

Specific work environment recommendations during the pandemic

During the pandemic, the Swedish Work Environment Authority, together with the Public Health Agency of Sweden and others, worked to issue guidelines to promote a safe work environment and to reduce the spread of infection within the framework of its regular remit. The authorities were also given a special assignment by the Government to jointly develop guidance for work environment management during the pandemic and to prevent the spread of COVID-19 in workplaces (30). The authorities' guidelines included measures such as maintaining physical distancing, using personal protective equipment (PPE), and implementing workplace hygiene and cleaning procedures. The recommendations aimed to protect both employees and customers and emphasised that employers had a responsibility to provide a safe work environment. There was also a focus on supporting employees working from home, as well as addressing the psychosocial aspects of teleworking and the increased workload during the pandemic.

National monitoring of the work environment during the pandemic

The Swedish Work Environment Authority and the Swedish Agency for Work Environment Expertise conducted several initiatives to monitor the impact of the pandemic on the work environment and how employers dealt with the challenges in the work environment that arose during the pandemic. For example, the Swedish Work Environment Authority carried out a supervision initiative targeting industries that were deemed to be particularly vulnerable to the spread of COVID-19 (31). The assignment was initiated by the Government in January 2021 and aimed to ensure that employers in these high-risk industries complied with the rules for preventing infection risks set out in work environment legislation. The Swedish Work Environment Authority identified these industries in dialogue with the Public Health Agency and with the help of inspectors' experience and expertise. Industries inspected included take-away restaurants, property management, janitorial services, schools, dentists, large construction projects, shops, and the transport sector.

The focus was on checking employers' systematic work environment management to address infection risks. Supervision consisted mainly of remote inspections by telephone and written documentation, but physical inspections were also carried out, especially on large construction sites involving multiple employers. The aim was to ensure that workplaces had procedures in place to minimise the risk of infection and that employers were working proactively to prevent infection. Between January and September 2021, close to 3,000 inspections were carried out, with around half of these leading to demands for improvements. Common deficiencies identified were insufficient risk assessments and infection prevention measures.

In several surveys, the Swedish Agency for Work Environment Expertise has highlighted the impact of the pandemic on the work environment in various industries. In the appropriation directions for 2022, the Agency was allocated extra financial resources to identify and analyse the consequences of the coronavirus pandemic for the work environment in Sweden. The aim of the project was to identify the short- and long-term consequences of the pandemic on the work environment and certain groups of workers who were particularly affected during the pandemic, as well as to highlight the wellness factors and measures that improved the work environment and can strengthen the ability of working life to deal with sudden and radical societal disruptions. Among other things, the Agency has examined the work environment during the coronavirus pandemic for compulsory schoolteachers, managers and healthcare professionals (32). The Agency has also analysed the organisational and psychosocial work environment in the Swedish labour market during the pandemic, as well as the work environment of employees who worked at their regular workplaces during the pandemic in retail, transport and social care.

Financial support for businesses

The Government recognised early on that the pandemic would have an impact on the economy and thus on working life for many in Sweden. Sweden implemented a series of temporary financial support measures to help businesses affected by restrictions and reduced demand due to the pandemic (2). The support to businesses can be seen as indirect support to employees' working life and work environment, for example by reducing the risk of unemployment.

One of the most important supports was short-time layoff schemes, which allowed companies to reduce the working hours of their employees without having to make them redundant. The Government covered up to 75 per cent of the wage costs for these hours, which aimed to allow companies to survive the acute crisis without losing their workforce. In addition to the short-time layoff scheme, the programme also introduced transition aid, which was aimed at companies that suffered significant revenue losses. The aid covered up to 75 per cent of the company's fixed costs and could be applied for by companies that experienced at least a 30 per cent drop in turnover compared to the same period the year prior.

Rental support for companies was another measure to mitigate the impact of the pandemic on businesses in particularly hard-hit sectors, such as retail and restaurants. Landlords could receive compensation to reduce rents for their tenants, helping many businesses to survive the most critical phases of the pandemic. Finally, the Government introduced a tax deferral scheme and reduced employer contributions, further easing the financial burden on businesses. By deferring tax

and VAT payments, businesses were able to improve their liquidity, and the reduction in social security contributions reduced costs for employees.

Financial support for individuals

To mitigate the negative consequences of the pandemic, the Government also introduced a number of temporary measures to support individuals (2). These measures were intended to both protect people from the infection and, when needed, support their financial situation during the strains caused by the pandemic. As such, they had an impact on the work environment of Swedes in their workplaces.

One of the most important measures was the introduction of temporary compensation for the qualifying deduction, which meant that people who had to stay at home due to illness could receive compensation from the first day of sick leave. Under the new rules, the qualifying day was abolished, meaning that employees could receive sick pay from the first day they were ill. This aimed to reduce the financial burden on individuals, while encouraging people with symptoms to stay at home, thereby reducing the spread of infection. The Government also introduced temporary parental benefit for parents who needed to stay home to care for their children in cases where preschools or schools were closed due to the pandemic. This measure allowed parents to care for their children without losing their entire income, on occasions when their children's preschool or school being affected by restrictions.

For individuals in risk groups, a special allowance was introduced that enabled people who were at risk of becoming seriously ill in the event of infection to receive compensation for abstaining from work in whole or in part. This ensured that these individuals could protect their health without losing their entire livelihood. The possibility of compensation was also introduced for those who were not themselves at risk, but who lived with or had close contact with people in risk groups.

In addition to these measures, a supplement to the housing allowance for families with children was introduced to alleviate the financial burden on families already in a vulnerable financial situation.

Actions by social partners, employers and employees

It was not only the Government that took action to protect the work environment during the pandemic. The Swedish social partners, as well as local employers, safety representatives and employees, made important efforts to protect the work environment. At the central level, both trade unions and employer and industry organisations provided support to their members on how to manage the changed working conditions during the pandemic. They also lobbied the Government and authorities to clarify how the regulations on the work environment should be interpreted in the changed situation. The joint work environment knowledge organisations of the trade unions and employer organisations, primarily Prevent and Suntarbetsliv, provided tips and advice on ways to handle the challenges that arose in the work environment during the pandemic

(33). Furthermore, shortly after the pandemic began, the insurance company Afa Försäkring, which is jointly owned by the social partners, decided to fund research into the consequences of the pandemic on the work environment, with the aim of translating the results of the research into practical benefits in the workplace (34).

Much of the effort to safeguard the work environment during the pandemic was done at the local level within companies and other organisations with employer responsibility (7). Many workplaces conducted regular follow-ups of work environment risks to identify and address any deficiencies. This included checking with employees on their workload and well-being. In line with the national recommendations, many organisations also introduced teleworking to reduce the spread of infection and protect employees, especially in service-producing sectors. This required rapid adjustments to the work environment and the development of technological solutions to make it possible to work from home effectively. This also included changes in the way meetings and communication were conducted, with an increased shift to digital platforms to reduce physical contact. Many workplaces needed to implement digital tools and platforms for communication and collaboration, which in some organisations placed new demands on both technical equipment and remote work management. At the same time, new challenges related to the physical and psychosocial work environment emerged, such as ergonomic problems and social isolation, making support for employees increasingly important.

In organisations where work was mainly carried out in the regular workplace, local hygiene practices were often introduced to reduce the risk of infection. Many workplaces implemented their own practices to reduce the spread of infection, including increased use of personal protective equipment (PPE), regular cleaning of workplaces, and access to hand sanitiser. These measures quickly became part of everyday life in many organisations and were considered necessary to ensure the health of both employees and customers. In many cases, the physical environment of the workplace was also adapted to allow for social distancing, which included rearranging furniture, limiting the number of people in common areas, and installing plexiglass at checkouts and reception desks.

The pandemic also put increased pressure and stress on many employees, creating a greater need for psychosocial support. Some companies and organisations offered various forms of support to their employees to boost mental health. This was particularly important to help employees cope with the uncertainty and anxiety caused by the pandemic.

6. The effects of the Swedish response

It has emerged that the Swedish response had a knock-on effect on working life and the work environment in several different respects. Although the focus was on infection control during the pandemic, several national and local efforts were made to protect working life and the work environment during that time. What were the overall effects of the Swedish response on the physical and mental health of the Swedish labour force? This chapter sums up the effects of the Swedish response to the pandemic. Overall, the pandemic led to a deterioration in working conditions and the work environment, with increased unemployment, particularly in the sectors hardest hit and in groups with less secure employment, but the Swedish response also had positive effects.

Some of the effects that emerged, both positive and negative, continue to linger after the pandemic. These include, for example, not only attitudes to teleworking and skills in digital working practices, but also the fact that the pandemic accelerated a structural transformation of the labour market that increased the vulnerability of certain groups.

Infected at work

The work environment changed dramatically during COVID-19, with new guidelines on infection control and safety. This included the use of personal protective equipment (PPE) and adaptations to workplaces to reduce the spread of infection. Despite these protective measures, the pandemic put employees at risk of contracting COVID-19 at work. A total of 39,000 reports of occupational disease caused by COVID-19 were received by the Swedish Work Environment Authority between 2019 and 2023, of which 31,000 reports concerned women and 8,000 concerned men (35).³ These reports mainly concerned infections that occurred in healthcare, social care and social services (28,000 reports), with ambulance transport and ambulance care staff being the most vulnerable group, followed by healthcare and social care staff in specialised housing for the elderly. Occupational groups particularly at risk were specialist nurses, assistant nurses, nursing assistants, homecare workers, and personal assistants (36). Research shows that the risk of COVID-19 exposure among healthcare workers varied both between occupational groups and between workers with different migration backgrounds. For example, foreign-born staff with an African background were significantly more at risk of infection compared to staff with a European background (37). Focusing on other occupational categories, another research study shows that the higher risk of exposure to infection in the workplace among people with a migration background can be attributed to the fact that Swedish authorities mainly communicated in Swedish. This contributed to groups of the population receiving their information from sources other than the official ones (38). In addition to various staff groups in healthcare and social care,

³ Note that the majority of the reports were received between 2020 and 2022.

occupational diseases were also widely reported among staff in the education sector (almost 5 000 reports), with preschool teachers and childcare workers being particularly affected (35). In addition to reports of occupational diseases related to COVID-19, adverse reactions to COVID-19 vaccines were also reported as occupational accidents. In particular, reports of occupational accidents with sickness absence related to adverse reactions to COVID-19 vaccines increased to record levels among women in 2021 (32).

Increased unemployment and economic vulnerability

The pandemic had a major economic impact on businesses. The hospitality sector and the transport and manufacturing industries in particular were affected by record levels of displacements, layoffs and dismissals. Unemployment increased and individuals without job security or with short tenure were more negatively impacted than those with a more secure position in the labour market. For example, youth unemployment increased by 4 percentage points in 2020, reaching 24 per cent (39).⁴

The employment rate decreased for both native-born and foreign-born workers, but the decrease was significantly larger for foreign-born workers. The number of hours worked decreased in particular in sectors affected by travel restrictions and social distancing recommendations (39). Overall, the pandemic's impact on the labour market led to a loss of financial stability in many households. People with low levels of education were hit particularly hard. The need for help with food and housing increased among people in socio-economically vulnerable situations (40).

The pandemic is also having a long-term impact on the labour market and on individuals' conditions there, including by accelerating a structural transformation and a matching problem where higher demands are placed on skills to obtain secure employment. Long-term unemployment remains high after the pandemic, especially among people with lower education levels, foreign-born individuals and the elderly (41).

Measures in the welfare system, such as increased access to and caps on unemployment benefits, mitigated the negative economic consequences for the groups that were hardest hit. For many, the unemployment caused by the pandemic, as described in the previous section, was relatively short-lived. Government aid for short-term layoffs helped to reduce the number of redundancies and helped companies to retain their labour force so that production could quickly resume after the more acute phases of the pandemic. The vulnerable situation of young people in the labour market was alleviated to some extent by making more programme places available in colleges and universities in spring 2020 (41).

⁴ For example, the statistics indicate that the number of unemployed increased by 86,000 individuals between 2019 and 2020, while the employment rate decreased by 1.1 percentage points over the same period.

Increased mental ill-health among certain groups

Swedish surveys indicate that unemployed people are more likely to report mental health problems and are more likely to be hospitalised or prescribed medication for depression than employed people. These differences persisted during the pandemic and were not affected by factors such as age, sex, level of education or country of birth (42). However, as unemployment increased during the pandemic, particularly in the more vulnerable sectors, more people were affected by mental health problems. In the main, there was no dramatic worsening of more serious mental health conditions such as depression or suicide attempts. However, there was an increase in stress and sleep problems. This increase was mainly mild and affected women, younger people and those at risk of severe COVID-19 in particular.

The increase in stress levels was more pronounced in workplaces with high workloads, risk of infection, and altered work routines in healthcare and social care. Teleworking alleviated stress for some groups, but created new challenges related to the psychosocial work environment for others (43). For example, teleworkers experienced lower levels of social support at work at the end of the pandemic, more conflicts with others in the workplace, and poorer cooperation and morale (44). It is difficult to predict how the effects on mental health will persist over time, especially as the pandemic was followed by an economic downturn, which in itself can contribute to increased vulnerability (43).

Reduced productivity and innovation

The Swedish response to the pandemic also involved changes in that organisations were forced to rethink their structures and processes, for example in terms of how work can be carried out remotely. Many companies implemented new working methods and strategies to manage crises and uncertainty. However, despite this, there are several sources describing teleworking as having a negative impact on productivity. Among other things, it reduced opportunities for spontaneous exchanges of ideas, communication and collaboration, which in turn affected the ability to innovate, particularly in creative and technical sectors (40).

Increased work-life balance, enhanced digitalisation and improved work environment management

Those groups that were able to work remotely, predominantly highly educated white-collar workers, in many cases experienced a greater opportunity for work-life balance. Similarly, these groups could experience a lower level of psychological demands and a higher level of control in their work (44).

Increased teleworking has led to a more flexible working life, even post-pandemic, as many companies have implemented teleworking. This gives employees more freedom to decide over their working hours and work environments, which can help improve mental health. The pandemic has also raised awareness of the importance of mental health in the workplace. Many organisations

have started to offer support and resources to help employees cope with the stress and other mental health strains that arose during the pandemic.

Teleworking also accelerated the digitalisation of work processes. Companies were forced to adapt to digital tools and platforms, which improved communication and collaboration between colleagues and reduced travel times. Many organisations also developed new procedures and guidelines to ensure a safe work environment, including better hygiene measures and adaptations to reduce the spread of infections. The pandemic also brought about an increased focus on work environment issues, with organisations becoming more aware of the importance of creating a safe and supportive work environment for their employees.

7. The reasons behind the Swedish response

It is difficult to explain why Sweden chose to deal with the pandemic and its consequences in the way it did. The reasons behind a country's response to a societal crisis such as the COVID-19 pandemic are complex, and it is not possible to identify a single deciding factor. However, there are a number of factors in Sweden that, according to the data included in the study, affected how the pandemic was handled in the country, both from an infection control perspective and in terms of safeguarding working life and the work environment. This chapter discusses some possible underlying factors that may help explain the Swedish handling of the pandemic in relation to other countries.

Trust between government and citizens

Sweden's choice to emphasise recommendations, voluntary measures and individual responsibility can be explained, in part, by the high level of trust in society (2, p. 456). Sweden (along with the other Nordic countries) is a country where trust in the institutions of society and trust between citizens are relatively high. Generally speaking, inhabitants trust the country's authorities, and compliance with the authorities' recommendations is fairly good. They also trust that most other people will do what the authorities recommend. Likewise, the Government trusts its citizens. It has emerged that it was important to the Government for the infection control measures implemented to have broad acceptance among the population. The Government's view was that voluntary compliance meant that people would follow the measures because they feel they are important, not because they are told to, and that this is an important part of the infection control efforts. High levels of trust may be a prerequisite for being able to apply recommendations, voluntary compliance and individual responsibility at all. At the same time, neighbouring Nordic countries, such as Denmark, Finland and Norway, chose a more stringent approach in several respects, which shows that such measures can be implemented even in countries with high levels of trust.

The Swedish governance model

In an international comparison, the Swedish governance model has a number of special features and has been highlighted as a reason why Sweden chose to manage the pandemic in the way it did (2, pp. 284–286). One of these special features is the authorities' organisational independence from the Government. The authorities are not part of ministries, as is the case in some countries. This also explains why the Government Offices of Sweden constitute a relatively small unit. The Government has delegated many government administrative duties and operational responsibility for various areas to the public authorities, which means that expertise is largely located there,

rather than in the Government Offices. This paved the way for the Public Health Agency of Sweden, as an expert authority on infection control issues, to have a major impact on how infection control measures were developed. Similarly, the Swedish Work Environment Authority had considerable freedom to manoeuvre when it came to formulating advice and recommendations on how working life and the work environment should be managed during the pandemic.

Another feature of the Swedish governance model is its extensive decentralisation, with a large proportion of administrative duties allocated to the regional and municipal levels. Each level is responsible for different issues, and the division of responsibilities can be adjusted by the Riksdag and the Government over time. Many public services, such as schools, healthcare and social care, are the responsibility of the local municipality and region, where the role of the central government is to set goals and ambitions through legislation and government grants, while operational implementation takes place locally. The state's governance of municipalities and regions is more limited than the governance of government authorities and must take place through law or with the support of law under the Instrument of Government. In addition to legally binding instruments, the state can also use so-called “soft” instruments, such as mandates to authorities to support and inform municipalities and regions, as well as financial instruments such as taxes, fees and grants. However, the far-reaching decentralisation means that the state has limited opportunities to control how the municipalities (which are responsible for schools and elderly care) and the regions (which are responsible for healthcare) handle the pandemic within their activities.

The Public Health Agency's view of public health

Given the Swedish governance model, the Public Health Agency and the staff working on the pandemic there had a major impact on how infection control measures were planned in Sweden. The strategy was shaped by several key factors within the organisation's work culture and view of public health, which had ramifications for the country's overall management of the pandemic (2, pp. 32, 3).

One of the most prominent aspects was the Public Health Agency's long-term view of public health. The Agency used a broad definition of public health that included both the direct and indirect effects of the pandemic. In practice, this meant that short-term measures, such as imposing harsh restrictions or closing schools, were often weighed against potential long-term consequences for the health of the population. For example, the decision to keep schools open was justified by research on the negative long-term effects of interrupted schooling, which was considered to have a negative impact on children's well-being and development.

The Public Health Agency relied heavily on existing epidemiological evidence and experience from previous pandemics. It relied on established epidemiological knowledge and the principles that had guided the management of previous pandemics, such as the H1N1 outbreak. This meant that the Agency was cautious about introducing new measures before there was sufficient evidence of their effectiveness. The Agency largely stuck to its initial judgement until there was convincing data to support a change.

A third important aspect was the reliance on individual responsibility and rational decision-making within the Agency. The Agency assumed that individuals, companies and organisations would act rationally and responsibly based on the information and recommendations provided. The Agency saw its role as one of disseminating knowledge and providing guidance rather than proposing mandatory measures. This expectation that people would follow the recommendations voluntarily became a core feature of Sweden's approach, with measures such as social distancing and hygiene practices being introduced without being statutory.

The Swedish labour market model

The Swedish labour market model is based on a long tradition of cooperation between employers and employees through their respective organisations. This model is based on collective bargaining, where the social partners – trade unions and employer organisations – have a great deal of responsibility for regulating working conditions without government interference.

The Swedish model is based on a balance where the state sets the overall rules for the work environment, while the social partners, through collective agreements and local solutions, take practical responsibility for the work environment and work environment management. The state plays a central role in terms of setting the framework for work environment legislation and ensuring that the work environment fulfils statutory requirements. This is done primarily through the Swedish Work Environment Authority, which is responsible for monitoring and ensuring compliance with the Work Environment Act. The Swedish Work Environment Authority issues regulations that specify how the Work Environment Act is to be implemented and carries out inspections to monitor compliance. The state also acts by offering training and support to employers and employees to improve the work environment.

While the state sets the framework for the work environment in the country's workplaces, the social partners have a major responsibility for managing work environment issues within the framework set by the state. Trade unions and employer organisations negotiate and conclude collective agreements covering work environment-related issues. There is also a strong culture of collaborative working, where employers and employees work together through trade union representatives to improve the work environment. Many workplaces have special safety representatives, who are trade union representatives responsible for monitoring and reporting work environment risks.

Given the Swedish labour market model, the Swedish Work Environment Authority and the Public Health Agency thus had limited opportunities to directly influence how the parties centrally (and the employers, safety representatives, managers and employees locally) would deal with the work environment consequences of the pandemic. For example, the Public Health Agency recommended working from home for those who could work remotely with digital tools, but it was largely up to the workplaces to decide how to implement the recommendation.

Far-reaching digitalisation

Even before the pandemic, teleworking was relatively common in Sweden, and remote work was more common than in other EU countries (10). In 2019, Sweden, together with Finland and the Netherlands, was at the top of the list in terms of the proportion of people who occasionally worked from home. The Commission points out that this is because a relatively large proportion of workers in these countries work in occupations that are knowledge-intensive and advanced in terms of information technology. However, an important prerequisite for teleworking before, during and after the pandemic is the relatively far-reaching digitalisation in Sweden, including a fairly well-developed fibre optic network and familiarity with digital tools.

8. Lessons for the future

As of 10 May 2023, the WHO assessed that COVID-19 no longer met the conditions to be considered an international public health threat (1). The emergency phase of the pandemic thus ended globally, shifting to a longer-term effort to effectively manage the impact of the disease in different countries.

Impact of the pandemic on the Swedish labour market and work environment

The pandemic had a profound impact on Swedish workplaces. But since society was functioning more as normal here than elsewhere, much work was able to continue as usual. Those who were able to work from home faced some new work environment risks, but also saw several benefits for working life. However, several sectors in Sweden were hit hard by rapidly changing and deteriorating work environments as a result. Workers in healthcare, elderly care and homecare were hit particularly hard. Among other things, they had to deal with heavy workloads and emotionally stressful work without always having adequate protective equipment and knowledge of how to use it. Preschool and school staff had to bear a great deal of responsibility for making the education system work for children and pupils. This often involved fear of getting infected at work and a stressful work situation due to high absenteeism.

Early on, it became clear that different countries chose to deal with the pandemic in different ways, both in terms of infection control measures and in dealing with the negative consequences of the pandemic for working life and the work environment. In this report, we have highlighted that Sweden chose a somewhat different approach than other comparable countries, with less stringent measures and recommendations based on voluntary compliance and individual responsibility. Sweden did not close down society and working life in the same way as many other countries. Rather than the state telling local workplaces how to deal with work environment issues, the Swedish response was based on the social partners, employers, local safety representatives, managers and employees finding ways to manage the work environment.

In many respects, the Swedish response posed challenges to maintaining a good work environment in the workplaces that remained open. Groups that were able to work remotely could experience both a better work-life balance and poorer conditions for collaboration. Some of the changes that the pandemic brought to working life and the work environment still remain. These include, for example, increased matching problems in the labour market and new approaches to teleworking.

The Swedish response needs to be understood in its context

The question is whether there are lessons to be learned for the future in terms of managing crises that affect working life and the work environment. For Sweden, there is learning to be done. At the same time, it becomes clear in this report that the context matters; the Swedish response to

the pandemic is linked to the unique conditions in Sweden. But many countries have different conditions, which means that what worked or did not work in Sweden will not necessarily have a similar outcome there.

Strengthened systematic work environment management and preparedness

An important lesson from the pandemic is that workplaces with active and well-functioning systematic work environment management (SWEM) proved to be better equipped to handle the crisis. It is essential for SWEM to be embedded in all organisations, and for this work to include physical, organisational and psychosocial aspects of the work environment. To ensure a continued high level of preparedness, employers should regularly conduct risk assessments to quickly identify potential hazards and plan for new crises. This approach creates a work environment strategy that is more proactive than reactive.

Focus on psychosocial work environment and mental health

The pandemic brought about a marked increase in the psychological strain for many employees, especially in female-dominated sectors such as healthcare, social care and education. This underscores the need for continuous support for the psychosocial work environment, including opportunities for recovery and psychological support. Future efforts should also focus on promoting work-life balance. Teleworking has proved to be an effective tool for this, but at the same time there is a risk of a blurring of boundaries between work and home life. Organisations therefore need to develop strategies to help employees set clear boundaries between work and leisure, for example by formalising the right to disconnect from work outside working hours.

Digitalisation and teleworking

The pandemic has accelerated digitalisation, making it important to introduce long-term hybrid working models where employees can work both remotely and on-site, depending on their tasks and needs. This requires investment in technology, training and guidelines on ergonomics and the work environment for teleworking. At the same time, managers need to develop new leadership strategies that are more trust-based. Managing remotely requires a high level of trust in employees to perform their tasks, as well as clear objectives and guidelines that enable autonomous work.

Crisis planning and organisational resilience

The pandemic revealed weaknesses in lean organisations, especially in sectors that rely on just-in-time delivery. This underscores the importance of building buffers in terms of extra resources,

staff and equipment to cope with unexpected societal disruptions. Moreover, employers need to develop and regularly update their crisis management plans. These plans should cover not only traditional risks such as fires and accidents, but also emerging threats such as global pandemics and cyber threats. Strengthening the organisation's crisis management will improve its resilience to future crises.

Improved communication and cooperation

The pandemic also highlighted the importance of clear and coordinated internal communication. Lack of communication created ambiguity and stress for many workers. It is therefore crucial to improve information-sharing systems and channels, so that all workers can stay up to date and provide feedback. In terms of digital collaboration and team spirit, the pandemic highlighted the need to develop strategies to maintain social ties, even when employees work remotely. Regular video meetings and online social activities can be effective tools for keeping work teams connected.

Specific measures for vulnerable occupational groups

Healthcare and social care workers were particularly at risk during the pandemic, with high workloads and significant stress. To improve their working conditions, resource reinforcement and continuous skills development are needed. Ensuring access to protective equipment and infection control protocols for these professionals is also crucial. Experiences from the pandemic show that preparedness for such measures must be in place before a crisis occurs.

Leadership and organisational support

The pandemic highlighted the need for more caring, relationship-oriented leadership, particularly in dealing with the emotional and practical challenges of a crisis situation. Future leadership development should focus on crisis management, clear communication, and the ability to maintain team spirit in difficult circumstances. It is also important that managers are given the mandates and resources necessary to manage crisis situations. This includes striking a balance between operational and strategic work, as well as preparing for unexpected events through continuous development of leadership strategies.

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