



Swedish Agency for Work
Environment Expertise

The work environment of those who remained in their regular workplaces during the Covid-19 pandemic – retail, transport, and social care

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Part of the Government assignment on the effects of the Covid-19 pandemic on work environments in Sweden (A2021/02355, A2021/02331 (partial))

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Preface

The appropriation directions presented to the Swedish Agency for Work Environment Expertise in 2022 tasked the Agency with analysing the short and long-term consequences of the Covid-19 pandemic on work environments in Sweden. In order to complete this major government assignment, the agency conducted five projects, each focusing on a professional group or groups particularly affected by the pandemic. These projects were also used to highlight general changes to the work environment, such as remote working and working in hybrid organisations. The results of these studies provide insight into how society can address similar crises and disruptions to society in the future. The report, the Covid-19 pandemic on work environments in Sweden A2021/02355, A2021/02331 (partial)) presents a summary of the results from all of the projects included in the assignment.

Throughout the pandemic, much attention was paid to the conditions for working from home, responsibility for the work environment when working from home, and the impact of remote work on employees' work environments. Less attention has been paid to employee groups who, due to the nature of their work, had no choice but to remain in their regular workplace.

The following report focuses on three vulnerable sectors, whose employees were forced to remain in their workplaces and be in daily contact with others during the Covid-19 pandemic to be able to continue providing care and services to the population. The report presents the results of a survey study target towards those working in the social care, retail and transport sectors. It describes the workers' experiences of the impact of the Covid-19 pandemic on their physical, organisational and social work environments.

The report was created by Professor Dimitris Michailakis and Docent Susanne Kelfve from Linköping University on behalf of the Swedish Agency for Work Environment Expertise. Professor Irene Jensen from Karolinska Institutet contributed expert knowledge. The researchers selected the theoretical and methodological starting points and are responsible for the results and conclusions presented in this knowledge compilation. Docent David Hallman reviewed the quality of the report on behalf of the Agency. Pinar Aslan Akay PhD was the initial process leader at the Swedish Agency for Work Environment Expertise, followed by Dr Helene Johansson.

My heartfelt thanks go to the external researchers and quality reviewers, and staff at the Agency, who contributed to the creation of this report.

Gävle, March 2023



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Summary

The aim of this study is to illuminate how employees, who during the pandemic continued to work mainly at their workplaces, experienced working on site and the effect the pandemic had on their environment. A survey was conducted among employees in the social care, retail and transport sectors between 11 October and 1 November 2022. In total, 2921 responses were received. The survey contained a series of questions within six different themes.

My own work

The survey shows, among other things, that there was an increased workload, especially in the social care sector. Respondents in both the social care and retail sectors said that it became more difficult to carry out their work, while opportunities for breaks and rests remained unchanged in the retail and transport sectors. The majority in the social care sector stated that new situations arose, the quality of their work suffered, and their overtime increased substantially. However, many in the retail and transport sectors reported that they were able to carry out their work as usual during the pandemic.

Changes in the physical work environment

Concerning changes in the physical work environment, the study shows that for a majority, new protective equipment was introduced and that it was aggravating, foremost in social care. In the case of plexiglass, most respondents in the retail sector stated that it was introduced and that they found it aggravating. When social distance between employees, social care recipients and customers was introduced, this was also considered an aggravating factor, mainly in the social care and retail sectors.

Colleagues and social support

The study shows that the social environment deteriorated mainly in the social care sector. Workplace tensions and conflicts remained unchanged, mainly in the retail and the transport sectors, and many also stated that working group/team support remained unchanged. Furthermore, half of the respondents in all sectors stated that support from safety representatives, trade unions and occupational health services remained unchanged.

Management of the pandemic

The study reveals a mixed perception concerning the management response. In the case of the immediate manager, the majority said that communication was unchanged, and most felt that they received the support they needed. Respondents were relatively unanimous in stating that they received regular

updates on the pandemic situation and had access to the protective equipment they needed to carry out their work safely. However, the results show that less than half the respondents stated that the management, or the immediate manager, informed themselves about whether any of the employees belonged to a risk group.

Work organisation

The study shows that for a large majority in all studied sectors, the pandemic entailed changes in daily work routines. In the retail and social care sectors, employees were, to a certain extent, given different tasks and divided into smaller teams. However, most of the respondents thought that sufficient measures were implemented at the workplace for the continuation of the work.

Health and safety

Concerning health and safety, the study reveals that during the pandemic most of the respondents continuously received information at the workplace on how to protect themselves from infection. However, respondents experienced that stress at their workplace increased, mainly in the social care and retail sectors, and that distress at the workplace increased in all sectors, but most notably in the social care sector. When asked, looking back, how they experienced their work situation during the pandemic, it appears that many respondents were worried about becoming infected with the virus, spreading it to their family and infecting colleagues or clients/customers. This worry was especially strong in the social care sector. Worry about becoming worn out and worry of making mistakes at work increased foremost in the social care sector.

Long-term consequences of the pandemic

Respondents in the retail and transport sectors observe that most workplaces have gone back to the way it was before the pandemic; the openness to talk about physical and mental health is largely unchanged, as is cooperation. The majority perceives that communication with their immediate supervisor is unchanged. Crisis preparedness is also unchanged in the retail and transport sectors but has increased in social care. The respondents perceive that employment forms are unchanged; they are neither more nor less secure.

One of the results of the study suggests that the crisis caused by this new virus, which - prior to vaccine production and vaccination - led to severe illness and often death for individuals in vulnerable groups, especially the elderly, left a deep imprint on workplaces in the social care sector. The results consistently show that respondents in the social care sector were more likely to report experiences of various types of negative influence from the pandemic on their work compared to the retail and transport sectors. Gender-disaggregated statistics moreover show that women consistently experienced greater worries than men, regardless of sector. This is an important management issue to address when a crisis hits a community.

Contents

Summary	6
1. Introduction	
1.1 Purpose	11
Limitations.....	11
1.2 Method.....	11
The survey	11
Population and selection	12
Data collection.....	13
Data analysis	13
Data quality.....	13
Sensitivity analysis.....	13
1.3 Definitions	14
1.4 Outline of the report.....	15
2. Background	16
2.1 Work environment legislation	16
2.2 Course of the pandemic from a work environment perspective	17
The outbreak	18
Calmer summer and a second wave	20
Good vaccination uptake and decrease in transmission	21
2.2.1 Recommendations and advice for employers	22
2.2.2 Recommendations and actions from trade unions and associations	27
3. Rolling reports from workplaces during the pandemic.....	30
3.1 Some professions more affected by Covid-19	31
3.2 The voices of transport workers	34
3.3 Social care workers	36
3.4 Retail workers.....	41
3.5 Staying home with the slightest symptoms – social care and retail.....	45
3.6 The matter of personal protective equipment	47
4. Survey results and analysis	52
4.1 The work itself during the pandemic	53
Summary.....	58
4.1.1 Changes to the physical work environment	59
Summary.....	62
4.2 Collegial and social support during the pandemic	63
Summary.....	65
4.3 Leadership during the pandemic	65
Summary.....	68
4.4 Organising work during the pandemic.....	68
Summary.....	70
4.5 Safety and health	70
Summary.....	76
4.6 Long term consequences of the pandemic	77
Summary.....	81
4.7 Concluding free-form question	82

5. Concluding discussion	83
5.1 Deteriorating working conditions.....	83
5.2 Social distancing in the workplace and other changes.....	85
5.3 The social climate and support in the workplace.....	87
5.4 The role of management	87
5.5 Changes to the work organisation.....	90
5.6 Illness prevention and a safe work environment	90
5.7 Return to pre-pandemic life?	92
5.8 Concluding words	93
6. References.....	95
7. Appendices.....	101

1. Introduction

1.1 Purpose

Through its 2022 appropriation directions, the previous Government tasked the Swedish Agency for Work Environment Expertise to map and analyse the consequences of the Covid-19 pandemic and its impact on work environments in Sweden. The Government stipulated that the mapping and analysis must study both the long and short-term analyses and highlight the work environments of groups that were particularly affected during the pandemic, such as health and social care staff, as well as those who worked from home. The work must also include international comparisons where possible [1]. The Agency has divided the task into several studies.

This study focuses on the work environments of those in the social care, retail and transport sectors. It aims to highlight the work-related experiences of those who were unable to work from home during the pandemic, and how their work environment was affected.

Limitations

Work environment legislation is a core element of this study. It does not explore how public authorities – national, regional and municipal – collaborated to alleviate the shortage of protective equipment that arose during the initial stages of the pandemic. However, the problems relating to these shortages are addressed as they create a context for understanding the workers' work environments – particularly at the start of the pandemic.

As the task suggests, there is a focus on the work environments of specific employee groups. Hence, employers' perspectives are not included, although they are highlighted to a certain extent.

1.2 Method

The survey

A survey of workers in the social care, retail and transport sectors was conducted. It comprises six themes and background questions (see Appendix 3). We present the framework of work environment legislation necessary for a study on the work environment and working conditions and combine them with themes that are the focus of current research. The themes include the similarities and differences between working on site, remotely or with a hybrid solution [2], the significance of the work environment on physical and psychological wellbeing [3], healthy workplaces [4], the importance of leadership [5], and Covid-19's effects on work [6].

The survey asked questions about personal experiences and about the workplace. Survey participants were asked to respond to a number of questions and statements. The latter involve choosing from a number of responses, such as stating changes to a state or relationship by selecting whether it increased, was unchanged or decreased, and so on. The 'unchanged' option is a fixed reference point before the pandemic. The 'increased' or 'decreased' options refer to an unexpressed comparison with the period before the pandemic. The survey looks for answers to questions about life during the pandemic – a delimited event with both a beginning and an end. Thus, a survey on the Covid-19 pandemic has an implicit 'before'; it stands against a backdrop of life before the spread of Covid-19 through Europe and Sweden.

Comparisons, unexpressed or otherwise, cannot be avoided as the pandemic was something completely new in workplaces and throughout society.

Survey questions about a previous course of events reflect a moment in time; the responses are based on memories. Consequently, it is difficult for this study to know whether the response refers to the early stages of the pandemic, its middle or towards the end, as far as we do not ask more detailed questions about the point when something – such as fear of being infected or having enough protective equipment – was experienced. Such detail would require a more complex questionnaire, which could in turn risk a higher dropout rate.

Population and selection

Enkätfabriken recruited the respondents, collected data and delivered the database. The survey was conducted using online panels provided by Cint and Norstat. Those who responded via Cint are part of a panel of approximately 200 000 members. Recruitment takes place throughout Sweden and is aimed at people aged 15 and above. Respondents in this study were aged 18 or above. Recruitment methods were a mixture of self-recruitment and random selection. The panel has a natural drop-out rate of approximately 20 per cent per year, when members de-register or stop answering. Cint continually filters out inactive panel members. The definition of an active panel member is one who has opened at least one survey over the past 12 months.

The Norstat panel is mostly recruited via telephone, which guarantees representativity among panel participants and high-quality data collection. Norstat do not use self-recruitment. All participants in these online panels receive minor remuneration.

The target group comprises adults resident in Sweden who work within one of the following three sectors: social care, transport and retail. Respondents also needed to have met the following criteria: they must have been working with the same employer for 2 years or more, have been unable to work from home, and been in daily contact with colleagues or clients, passengers, or customers.

Data collection

The survey was completed by both panels between 11 October and 1 November 2022. A total of 26 265 people were asked to participate, and 10 275 responses were collected. At the end of the survey period, Enkätfabriken went through the responses and removed those that were not provided by members of the target group (n=5 358) and obviously insincere responses (n=1 180) (determined following analysis of speed and inconsistent response patterns). Additionally, duplicate responses were checked (n=816) and the most recent registered responses and those with the lowest internal drop-out were selected. A total of 2 921 responses remained.

Data analysis

In order to analyse the survey material, the distribution of responses to all the questions was first calculated by sector and then presented mostly as bar charts. A Chi2 test was used to analyse whether there were significant differences in the answers between the three sectors (presented using p-values below each diagram or table). Separate analyses were then conducted (crosstabs with accompanying significance testing using Fisher's exact test) for men and women in each sector. Fisher's exact test was chosen over Chi-2 tests as there were too few observations for certain cells. Crosstabs with accompanying p-values are presented for all sectors in Appendix 1, where significant differences ($p < 0.05$) between men and women were discovered in one or more sectors.

Finally, a test was conducted to see if the fear of being infected during the pandemic differed based on family type. Significant ($p < 0.05$) results are presented in crosstabs with accompanying p-values in Appendix 1.

Data quality

All survey studies contain measurement problems that tend to affect the quality of results. One potential issue with this study is the extent to which the respondents represent the target group, i.e. social care, transport and retail workers who remained in their regular workplace during the pandemic. To begin with, it is unclear what effect the use of online panels has had on the results. Although the majority of panellists were recruited at random, we cannot exclude that those who choose to participate in online panels are different to those who, for whatever reason, choose not to participate.

The survey responses found that a very small proportion of respondents had a temporary employment position (9 per cent in social care, 8 per cent in retail and 7 per cent in transport) (see Appendix 1, Table B2). This could indicate that the online panel is not representative, partly as it predominantly includes people with stable links to the labour market, and partly as we selected people who had been working with their current employer for two years or more, to ensure that they were working during the pandemic (2019–2021). It is a well-known fact that in certain regions, many who work with the care of elderly people are employed on zero-hour contracts.

Sensitivity analysis

During the analysis, it became evident that some respondents did not work in professions related to the study's target group. For example, there were a number of doctors, dentists and nurses who responded under the social care worker group. However, it was unclear whether these people worked within social care or healthcare services – the latter not being part of the target group. Furthermore, there were a number of occupational groups whose sector was unclear. For example, in both transport and retail there are people who work in petrol stations or garages (some also changed tyres), or car salespeople. There were also respondents who stated working in professions that could be part of a specific sector, but whose title was the same regardless of sector – for example managers and administrative staff. Here, we can only hope that they stated the correct sector.

Due to the difficulties in filtering out the occupational groups that did not belong to the target group, or who stated the incorrect sector – which would be a subjective selection – no answers have been removed based on the profession stated.

In order to determine the stability of the results – given the potential occupational groups that have been included – all analyses have also been conducted with a smaller group of respondents that only includes the professions that clearly belong to the target group for each sector (total 1 622 people). The results of this sensitivity analysis show that the differences between the results are only marginal as the analyses are based on the more restrictive group of respondents. The only exception is in retail, where a higher proportion in the restrictive group state the introduction of plexiglass. This is reasonable, as a greater proportion of respondents in the restrictive group work in shops.

1.3 Definitions

Retail has been divided into consumer retail – sale of goods to consumers – and wholesale. Within retail, a distinction is made between consumer-packaged goods and durable goods. We use the term 'retail' throughout the report and we refer to various groups including salespeople, checkout and warehouse staff working with both consumer-packaged goods and durable goods.

Social care comprises a number of organisations and is offered by both public and private providers. In this report, the terms social care and social care sector refer to residential care homes for elderly people (SÄBO), work covered by the Act concerning Support and Service for Persons with Certain Functional Impairments (LSS) and home care services. The occupational groups most represented within SÄBO are care assistants, healthcare assistants and nurses. Healthcare assistants and care assistants are the most represented groups in home care services. Various support functions are provided through LSS (e.g., housing support, day centres, support workers, personal assistants) by various professions, including care assistants and carers.

The transport sector comprises a number of organisations run by both public and private operators. This report uses the terms transport and transport sector to refer to occupational groups within public transport, i.e. train, tram, metro and bus drivers and taxi drivers (including hospital and community transport) where workers have a great deal of contact with the public. It also refers to the transport of goods.

1.4 Outline of the report

Section 2 presents work environment legislation as well as the advice and recommendations issued by public authorities and trade associations during the pandemic (in chronological order, 2020–2022). In Section 3, we present the existing knowledge about attending work during the pandemic, i.e. surveys from trade union organisations and communication with health and safety officers and members of the social care, retail and transport worker sectors. Section 4 presents the survey results. Section 5 includes a summarising discussion that comments upon the results against the background of the results of previous research and studies.

2. Background

Below is a brief presentation of the Swedish Work Environment Act and other provisions relevant to this survey. In addition, there is an account of the stages of the pandemic based on the advice, recommendations and decisions taken by public authorities, the Government and Parliament that were relevant to working life. It should be noted that focus does not lie on scrutinising public authorities and other entities, rather it establishes the chain of events.

2.1 Work environment legislation

The Swedish Work Environment Act (1977:1160) intends to prevent ill health and accidents in the workplace and otherwise generate a positive work environment. The Act, which is a framework law, comprises all forms of work, regardless of where it takes place and who the employer may be. The Act stipulates that the work environment must be satisfactory, taking into account the nature of the work and social and technological developments in society. Working conditions must be adapted to people's differing physical and mental capabilities. Substances capable of causing illness or accidents may only be used in conditions that provide adequate safety. Personal protective equipment must be used when adequate protection against illness or accidents cannot be achieved by other means. The employer must provide this equipment. The employer must take all necessary measures to prevent the employee from being exposed to illness or accidents. Anything that can lead to illness or an accident must be changed or replaced so as to eliminate the risk of illness or an accident. Furthermore, the employer must ensure that the employee acquires a good knowledge of the conditions in which the work is conducted and that the employee is informed of the risks that may be associated with the work. The employer must make sure that the employee has received the necessary training. The employer must ensure that only employees who have received sufficient instructions have access to areas where there is a clear and present risk of illness or accidents [7, Chapters 2–3].

If a safety representative considers that measures need to be taken to achieve a satisfactory work environment, the safety representative must apply to the employer for such measures. (with support from the Work Environment Act, Chapter 6, Section 6a, referred to as a '6:6 report').

The representative may also request that a certain investigation be carried out to verify conditions within the safety area. Upon application, the employer must immediately give the safety representative written confirmation that the employer has received the representative's request. The employer must make a response in the matter without delay. If the employer fails to do so, or if the request is not considered within a reasonable time, the Swedish Work Environment Authority, upon application from a safety representative, must consider whether an order or prohibition should be issued. If a particular task of

work involves immediate and serious danger to the life or health of an employee, and if no immediate remedy can be obtained by applying to the employer, the safety representative may order the suspension of that work pending a decision by the Swedish Work Environment Authority [7, Chapters 6–7].

The Work Environment Act (1977:1160) is supplemented with provisions and general recommendations from the Swedish Work Environment Authority. There are a number of provisions concerning certain work, using machinery or workplaces. The Provisions of the Swedish Work Environment Authority on Use of Personal Protective Equipment (AFS 2001:3) are relevant to this study. These provisions define personal protective equipment (PPE), risk assessment and choice of equipment as well as the use of PPE.¹ The Authority's provisions and general recommendations on infection risks include detailed requirements for PPE (AFS 2018:4), for example, PPE must be used if employees risk being exposed to bodily fluids or the risk of serious airborne infection. The choice of PPE depends on factors such as how a virus can be spread, the consequences contracting the virus may have on an employee, which work tasks must be performed and the length of the period an employee risks being exposed to the virus.

EU PPE regulations stipulate that importers must ensure that the appropriate conformity assessment procedure has been carried out by the manufacturer and that the equipment has been CE marked, accompanied by the required information and instructions for a product to be available on the inner market [8, Points 8–15].

There are additional provisions that apply to all workplaces that are central to compliance with the Work Environment Act. Systematic work environment management provisions (AFS 2001:1) specify how this work is to take place (investigate, carry out and follow up activities in such a way that ill-health and accidents at work are prevented and a satisfactory working environment is achieved). Provisions on the organisational and social work environments (AFS 2015:4) regulate how knowledge requirements, objectives, workloads, working hours and victimisation are to be addressed.

2.2 Course of the pandemic from a work environment perspective

The principle of responsibility makes each public authority accountable for various issues, even in times of crisis such as during a pandemic. The Public Health Agency of Sweden has several areas of responsibility. On a national level, they are to coordinate pandemic preparedness, the creation of a vaccination strategy and monitor the pandemic's development. The National Board of Health and Welfare, the Swedish Medical Products Agency, the

¹ Provisions are based on the 'third individual directive' (89/656/EEC) that stipulates workers' PPE use in the workplace.

Swedish Association of Local Authorities and Regions (SALAR), the Swedish Civil Contingencies Agency (MSB), the Work Environment Authority, local authorities, regions, infectious diseases physicians and municipalities have equal areas of responsibilities and roles during a pandemic [9, see Table 1]. Internationally, the Public Health Agency of Sweden must coordinate contingency plans against serious health threats as part of international health regulations. All countries bound by these regulations must assess the national ability and resources necessary for monitoring and responding.²

The regulation was implemented into Swedish law through the Protection Against International Threats to Public Health Act (2006:1570) [9, p. 7f].

If we are to recount the course of the pandemic and explore the various social conditions during the pandemic – such as working life – we are tightly bound to ‘the clock’. The pandemic spreads, develops at various paces in different locations, reaches a point where it wanes until growing in strength again. We have reviewed the interactive timeline created by the Public Health Agency of Sweden, day by day, week by week, and supplemented these details with information and reports from other public authorities [10].

The outbreak

On 1 February 2020, following a formal request from the Public Health Agency of Sweden, the Government rules that the new coronavirus is a disease dangerous to public health and society. On 27 February 2020, the National Board of Health and Welfare issues a request to Sweden’s regional authorities to determine the Covid-19 situation. At the start of March, Sweden’s national pandemic group convenes to discuss the coordination of preparedness, planning and managing the Covid-19 virus.³

On 9 March, the National Board of Health and Welfare issues an updated national progress report focusing on healthcare capacity and needs following Covid-19. The report indicates that the National Board of Health and Welfare has been collaborating with the Public Health Agency of Sweden, the Swedish Civil Contingencies Agency (MSB), the Swedish Medical Products Agency and the Swedish Work Environment Authority regarding shortcomings and the work environment problems to have arisen. The report also indicates that Sweden’s regions have confirmed the situation report with two additions – one being the risk of a shortage of certain PPE had been aggravated[11].

On 10 March, the Public Health Agency of Sweden raises the alert level to a very high risk of community transmission, as they have identified signs that Covid-19 has begun to spread in Region Stockholm and Region Västra

2 The international health regulations are a legally binding framework governing the WHO’s member countries. Their purpose is to identify and limit the spread of infectious diseases and substances that are hazardous to human health as early as possible. EU member states also cooperate to prevent cross-border health threats following Regulation (EU) 1082/2013 of the European Parliament and of the Council on serious cross-border threats to health.

3 The group comprises the Public Health Agency of Sweden, the National Board of Health and Welfare, the Swedish Civil Contingencies Agency, Swedish Medical Products Agency, the Swedish Work Environment Authority and the Swedish Association of Local Authorities and Regions.

Göteborg. The Agency encourages anyone with symptoms of a respiratory tract infection – however mild – to avoid contact with other people.

This means that anyone with symptoms – even mild ones – must limit social contact where there is a risk of spreading infection. This applies to time spent both in and outside of work, thus contributing to limiting the scope of transmission. It is particularly important for those working within care of elderly people and other care services to stay home from work if they develop symptoms of a respiratory tract infection. Next of kin should also avoid unnecessary visits to hospitals or care homes and never visit these places if they are symptomatic [12].

On 11 March, the WHO declares Covid-19 to be a pandemic, and the first Covid-related death is reported in Sweden.

On 13 March, the work to limit community transmission of Covid-19 enters a new phase. Focus is on limiting community transmission, meaning that anyone with a common cold or flu-like symptoms must stay home to prevent spreading the infection to others [13].

The National Board of Health and Welfare is tasked with ensuring local authorities and municipalities' access to PPE by purchasing such equipment as soon as possible when necessary. The Board are also given a national responsibility to allocate and, if necessary, redistribute the equipment between organisations [14].

Following proposals in Prop. 2019/20:132, the Government issues measures to lessen the effects of the new coronavirus on businesses and the economy, including a new system to support short-term work [15]. The system involves employees working fewer hours over a certain period (furlough) with the state stepping in and providing financial support to employers. The system is implemented on 16 March 2020.

On 1 April, new general recommendations come into force outlining the universal responsibility to limit the spread of infection with the main aim of protecting elderly people and risk groups. The recommendations provide general information on how the Communicable Diseases Act can be implemented and describe what steps can be taken to limit the spread of infection.

All of society has a responsibility for preventing the spread of infection; people should avoid larger events where crowds may gather, and maintain social distancing.

Those aged 70 and above and those in risk groups should limit close physical contact with others and abstain from using public transport and other mass transit. They should also avoid shopping in stores such as pharmacies and supermarkets, and avoid spending time in other places where people congregate [16].

On 1 April, the Government decision to prohibit visitors to all of the country's care homes for elderly people also enters into force [17].

At the start of April, the Work Environment Authority is tasked with contributing to increased access to PPE by issuing temporary permits to suppliers enabling them to ‘fast track’ by providing PPE without the CE mark.⁴

Calmer summer and a second wave

On 1 July 2020, a new ordinance enters into force covering sickness benefit and disease carrier’s benefit following Covid-19. The Public Health Agency of Sweden recommends that certain risk groups avoid working outside of the home until further notice, due to their particularly high risk of becoming seriously ill with Covid-19 [18].

On 8 July, the Work Environment Authority states that there is enough CE-marked PPE and use of non-CE-marked PPE is not permitted, unless the Authority has issued a temporary permit[19].

On 30 July 2020, the Public Health Agency of Sweden recommends that as many people as possible continue to work from home. ‘Many are unable to work from home, such as those who work in the service sector and health and social care. To enable these workers to travel to and from work as safely as possible, it is essential that we avoid crowding.’[20]

New recommendations issued on 1 October 2020 state that those who live with anyone who has contracted Covid-19 must be treated as potential cases themselves and must therefore adhere to the rules in place for people with the virus. These rules may mean a person is prohibited from going to work [21].

At the end of November 2020, in the lead up to the Christmas shopping period, people are encouraged to limit the number of physical purchases, avoid shopping in groups and at times where many people would be in the shops. People should also follow the instructions and advice in place at shops and collection points [22].

New national provisions and general recommendations enter into force mid-December 2020 regarding the universal responsibility to prevent the spread of Covid-19. The Public Health Agency of Sweden emphasises that all members of society, both individuals and organisations, have a duty to take steps to prevent transmission of the virus. The Agency urges people to limit their social circles, travel safely and remember that everyone is responsible for protecting people in risk groups [23].

Parliament passes a new and temporary ‘pandemic law’ with specific restrictions for limiting the spread of Covid-19. Decisions and provisions enable actions to be taken to counteract crowding or otherwise limit the spread of infection [24]. The law enters into force on 10 January 2021.

⁴ The assignment was issued following the European Commission recommendation (EU) 2020/403 of 13 March 2020. Market surveillance authorities can approve non-CE marked PPE for use within health and social care for a fixed period in order to guarantee access to personal protective equipment.

The Public Health Agency of Sweden recommends using facial coverings on public transport during rush hour, starting on 7 January 2021. People aged 16 and above are encouraged to wear face masks when using public transport where it is not possible to maintain social distancing by reserving a seat. The recommendation applies for weekdays when many people tend to travel. The recommendation applies nationwide [25].

At the end of February 2021, the Public Health Agency of Sweden verifies that the number of Covid-19 cases is increasing.

Workplaces and the home continue to be the environments where the majority of virus transmission takes place [26].

At the end of April 2021, the Public Health Agency of Sweden announces that staff working with people with certain functional impairments and other healthcare staff will be offered the Covid-19 vaccination during phase two of the vaccination programme. This applies if they provide care for, or are in other close, long-term contact with people at a high risk of becoming seriously ill with Covid-19 [27].

In June, the general recommendations on the universal responsibility for limiting the spread of Covid-19 are extended up to and including 30 September. The Public Health Agency of Sweden states that it is still important that everyone adapts their daily lives to reduce the risk of spreading infection. The same applies to companies and organisations. The general recommendations state that people should stay home if they have symptoms of Covid-19, limit new contacts, work from home as much as possible, and maintain social distance and avoid crowded environments. All companies and organisations in Sweden must also ensure that they take the most suitable action to limit the spread of Covid-19. It is particularly important to be considerate towards people in risk groups [28].

Good vaccination uptake and decrease in transmission

In June 2021, Health and Social Care Inspectorate (Inspektionen för vård och omsorg, IVO) follow up the effects of measures taken by municipalities and local authorities. Following their contact with organisations and operators, IVO note that action is being taken, including staff training [29].

On 1 November 2021, the Public Health Agency of Sweden updates recommendations for individuals and guidance for contact tracing and testing. Both vaccinated and unvaccinated people should still stay home if they have symptoms of a respiratory tract infection. It is still important to remain alert to new symptoms such as a cough, runny nose, sore throat, fever and malaise. Those who are not vaccinated must continue to be tested for Covid-19 if they develop symptoms. The update requires vaccinated people to find out whether they are in a group that still needs to get tested. The Agency states that these new recommendations mean that testing will be limited to environments,

groups and situations where it is likely that the virus will be spread or have serious consequences [30].

Following increased transmission, the Public Health Agency of Sweden updates their contact tracing guidelines at the end of November 2021. Everyone who lives with a person who has Covid-19 must stay home for seven days and get tested for the virus. This applies to both vaccinated and unvaccinated people, regardless of whether they are symptomatic [31].

The new SARS-CoV-2 Omicron variant is identified in Sweden at the end of November 2021. Scenarios at the end of December suggest an increase in transmission that may be comprehensive by mid-January 2022. More temporary action is taken to slow down the spread of infection. For example, everyone who can work from home should do so as much as possible [32].

On 20 January 2022, rules on staying home from work or school when ill or living with someone who is ill are changed. The period for staying home from work and school when someone is ill is shortened to five days, beginning on the day the person developed symptoms. This is to limit high levels of absence in many organisations when the spread of Covid-19 is high [33].

On 9 February 2022, pandemic management enters a new phase thanks to high levels of herd immunity and the new Omicron variant being milder than the others. The recommendations to get vaccinated and stay home if ill are still in place [34].

On 1 April 2022, Covid-19 is no longer classed as a disease dangerous to public health and society. However, cases of Covid-19 must still be reported and contact tracing must still take place in health and social care organisations that work with people at high risk of becoming seriously ill with the virus [35].

2.2.1 Recommendations and advice for employers

Below is an outline of the recommendations issued to employers in general and those within social care, retail and transport as the pandemic progressed.

The majority of the advice, recommendations and other actions apply to social care, care homes for elderly people (SÄBO) in particular. This comes as no surprise, partly as SÄBO are home to society's most vulnerable people who require the most protection, and partly due to the infection transmission that took place during the first wave of the pandemic. There was less advice and fewer recommendations for employers within retail. These are characterised by the changes that take place as community transmission increases or decreases. Less specific advice and recommendations were issued to employers within public transport and other passenger transport services, and those that were issued were equally aimed at passengers (avoid travel).

On 10 March 2020, the Public Health Agency of Sweden determines that it is especially important for those working within care of elderly people and other

care to stay home from work if they develop symptoms of a respiratory tract infection. On 13 March, the Agency recommends testing of all staff working within health and social care involving elderly people if the staff develop a fever or respiratory symptoms where Covid-19 diagnostics may be relevant [36].

On 16 March, the Public Health Agency of Sweden announces that there are approximately 1 000 reported cases of the virus and there are signs of community transmission. The single most important thing is that people who are ill must always stay home. Employers whose employees are able to work from home should consider recommending they do so. This could dampen the effect of the spread – and consequently take the pressure off healthcare services – especially in the Stockholm area [37].

On 30 March, an update is used on the recommendations on how safety measures and hygiene procedures are to be implemented within health and social care of elderly people. The update supplements existing provisions and provides a basis for established local procedures. It states that:

- Employers must consult with their staff to assess the risks in the current healthcare situation at the organisation.
- Workplace training and dialogues are essential.
- Established procedures for preventing droplet and contact transmission are significant in health and social care settings. Particular caution is required among patients who are coughing, sneezing or vomiting. Covid-19 is transmitted via droplets and contact, as well as through close contact between people. The risk of transmission via droplets and contact is minimised by following basic hygiene procedures, correct use of protective equipment and adequate cleaning procedures [38].

On 1 April 2020, new general recommendations enter into force concerning the universal responsibility to prevent the spread of the virus. Employers should ensure that staff and any visitors maintain social distancing. They should also make sure that those who are able to work from home do so, and ensure that employees avoid any unnecessary travel.

- Retailers should limit the total number of customers inside shops, shopping centres and department stores. Employers should also establish alternative solutions for checkout queues, or indicate the necessary distancing between customers. Additionally, employers should ensure that staff and any visitors maintain social distancing.
- Employers within public transport and other mass transit should limit the number of passengers and timetables should be adapted to minimise crowding [39].

On 7 May 2020, the Public Health Agency of Sweden presents a compilation of the most significant steps to take for protecting elderly people from contracting the virus from care staff:

- Operations managers must ensure that staff stay home if they demonstrate even the slightest symptom of the virus. There must be good access to testing, staff must maintain social distancing and work must be organised so each employee only cares for a small group.
- All organisations must follow the National Board of Health and Welfare's basic hygiene procedures.
- Staff must have the knowledge and materials necessary for preventing the spread of the virus. There is a legal obligation to follow the applicable hygiene regulations for health and social care.
- There appears to be some support for the protective qualities of face masks or face shields, if they are used as a final addition to the basic hygiene measures with a well-documented positive effect for preventing the spread of infection. All equipment must be used correctly so it does not risk doing more harm than good [40].

In mid-May 2020, the National Board of Health and Welfare issues a publication to support work with basic hygiene procedures aimed at operations managers or team leaders working within care of elderly people, home care services or LSS organisations 5. The National Board of Health and Welfare states that the material can help managers and their staff review the basic hygiene procedures (clothing, when to use PPE, good hand hygiene and so on), and reflect upon how – and when – these routines are to be implemented and why it is essential they are always followed [41].

On 12 June, the Public Health Agency of Sweden publishes a report containing good examples of ways to reduce the spread of Covid-19 in care homes for elderly people (SÄBO). The report is aimed at organisational managers and others within social services, municipal health and social care, and includes the following:

- Organise collaboration between providers for sharing information and guaranteeing access to PPE or other essential materials.
- Guarantee sufficient basic staffing and address employees' questions and concerns in order to create a positive psychosocial work environment.
- Ensure that staff use PPE and receive training in areas such as basic hygiene procedures.
- Inform staff.
- Maintain social distancing on site (between residents, staff, and staff and residents) [42].

On 30 July 2020, the Public Health Agency of Sweden recommends that as many people as possible continue to work from home, highlighting how avoiding crowding is essential so as those working in the service sector and health and social care can travel to and from work as safely as possible [43].

In conjunction with the ban on visiting care homes for the elderly being lifted on 1 October 2020, the Public Health Agency of Sweden has created a guide

for providers with information about how to minimise the spread of infection. The Agency emphasises the importance of adhering to a home's visiting procedures and maintaining a dialogue with staff to facilitate planning [44].

In the lead up to Christmas shopping, visitors and companies are encouraged to act to limit the spread of Covid-19. The Public Health Agency of Sweden expresses that businesses and shops have a responsibility for establishing measures to prevent crowding. The Agency states that the Swedish Trade Federation has compiled information on how shops and other businesses can act to prevent crowding (with link to webpage) [45].

The Public Health Agency of Sweden revise their general recommendations aimed at businesses: As of 23 December 2020, shops, shopping centres and gyms may decide a maximum number of visitors who may be on site at the same time [46].

In January 2021, the Public Health Agency of Sweden establishes provisions linked to the pandemic law.

Shops, gyms, sports facilities and shopping centres receive new rules.

Those running such businesses must calculate the maximum number of visitors or customers who may be on site at the same time and ensure that this number is not exceeded. The calculation is based on each visitor having 10 m² at their disposal. In addition, entrances must clearly state the maximum number of visitors who may be on site at the same time. [47]

Businesses that break these rules risk being fined or ultimately closed down [47].

The Public Health Agency of Sweden recommends the use of face masks on public transport during rush hour starting on 7 January 2021. The Agency states that it is the responsibility of the individual to use a face mask, ideally high quality (CE-marked), although they also recommend that public transport operators provide face masks to passengers who were unable to bring their own. These providers are also encouraged to inform their passengers that face masks should be used and how to use them. The Agency also recommends that plans are established for processing the subsequent waste [25].

On 2 March 2021, there is an update to contact tracing recommendations for workplaces where it is not possible for staff to work remotely. If a case of Covid-19 is identified, those in close contact in the workplace should also be tested, even if they are asymptomatic. If a case of Covid-19 is identified, contact tracing of close contacts must be conducted. As previously, they must also stay home if they demonstrate any symptom of the virus [48].⁵

⁵ The Public Health Agency of Sweden refer to HSLF-FS 2020:12 and the Swedish Work Environment Authority's information on preventive measures that employers must take to limit outbreaks of infection in the workplace.

At the end of April 2021, the Public Health Agency of Sweden elaborates on which staff within health and social care should be prioritised in stage two of the vaccination programme: Staff working with people with certain functional impairments and other healthcare staff will be offered the Covid-19 vaccination during phase two of the vaccination programme. This applies if they provide care for or are in other close, long-term contact with people at a high risk of becoming seriously ill with Covid-19 [49].

At the start of April 2021, following high levels of transmission, the Public Health Agency of Sweden extends the restrictions for cafes, restaurants, bars and retailers until and including 2 May. Shops, department stores and shopping centres also need to take suitable action to make sure visitors come unaccompanied [50].

It is proposed that these tightened restrictions apply to retail areas and cafes, restaurants and bars be extended until 31 May. This means that the maximum number of 500 people who may be present in retail spaces remains in force [51].

The Public Health Agency of Sweden reports that the number of people infected with Covid-19 and receiving care is continuing to decrease following the implementation of the adapted recommendations on 1 July. The Public Health Agency of Sweden's overall assessment is that further adaptations to the restrictions are possible starting 15 July. All companies and organisations in Sweden must continue to take the most suitable action to limit the spread of Covid-19. Paying consideration to people in risk groups continues to be important. The square-metre requirements determining how many people may be on site at the same time, such as in shops, are removed. Businesses must continue to take action to avoid crowding and parties must be able to social distance. Both businesses and individuals are responsible for following these rules [52].

As many people are yet to receive the Covid-19 vaccine and therefore lack protection, the Public Health Agency of Sweden supplements their previous rules with new recommendations starting on 8 December. The Agency recommends that employers make it easier for their staff to get vaccinated and inform them of the importance of staying home when symptomatic. Additionally, employers must enable social distancing among their staff, for example during meetings, in break rooms and changing rooms. They must also avoid larger indoor gatherings with many participants [53].

New travel provisions enter into force on 28 December 2021 stipulating that public transport operators or companies with bus or train routes over 150km must ensure that each passenger has access to a seat or couchette to the greatest extent possible. The company must ensure that staff have received adequate information on hygiene measures for preventing the spread of infection [54].

At the end of January 2022, rules concerning those with Covid or who live with someone with Covid are changed to reduce levels of staff absence when the spread of Covid-19 was very high. The period for staying home from work was reduced to five days starting on the day the person in the home became symptomatic [55].

Information about Covid-19 for employers and employees

The Swedish Work Environment Authority has compiled information about Covid-19 on their website [56] that provides details for workplace risk assessments [57] and reporting serious incidents following exposure to the coronavirus [58]. The Public Health Agency of Sweden has compiled pandemic-related information for employers and schools [59]. There is a page aimed specifically at health and social care services [60]. The National Board of Health and Welfare has uploaded information and knowledge support for staff within health and social care, following Covid-19 [61].

2.2.2 Recommendations and actions from trade unions and associations

Several trade unions and associations issue their own specific recommendations based on those provided by the public authorities. In March 2020, the Swedish Food Retailers Federation⁶ convenes the sector's food safety council to establish common procedures for Sweden's supermarkets. On 2 April, version 0.5 of the Covid-19 procedures was published on the Federation's website (svenskdagligvaruhandel.se/pressrum/).⁷ These procedures included additional cleaning measures, how to approach infected customers or staff, steps to reduce queue formation and more. At the start of April 2020, the Swedish Trade Federation⁸ publishes guidelines on how to reduce crowding in shops [62]. A standard advertisement and information campaign for supermarkets was sent to customers ahead of summer 2020, with the hope that they would ensure crowding would not develop.⁹

At the end of March 2020, the *Handelsnytt* magazine reports that the pandemic is affecting workplaces differently in terms of workload – some staff are drowning in work, whereas others risk being made redundant. Guidelines from the Swedish Trade Federation and Swedish Commercial Employees' Union (*Handelsanställdas förbund*) involve moving staff to where there is work, both within the company and between companies. Employees being loaned out retain their employment conditions. To facilitate this, an internal staffing pool is established and the Swedish Trade Federation opens an agency service that member companies can contact for help with lending out or hiring staff. The companies then establish agreements between themselves. *Handelsanställdas förbund* believes that this can alleviate the situation for

6 The Swedish Food Retailers Federation includes ICA, Lidl, Coop, City Gross, IKEA, Axfood and Livsmedelshandlarna.

7 The Swedish Food Retailers Federation includes ICA, Lidl, Coop, City Gross, IKEA, Axfood and Livsmedelshandlarna.

8 The Swedish Trade Federation is a business and employer organisation for small and major commercial enterprises. It has approximately 9 000 members. See: svenskhandel.se.

9 Available on svenskdagligvaruhandel.se/pressrum under the 'Pressrum' tab (in Swedish only).

those with incredibly high workloads due to sick leave as well as high customer volumes, while simultaneously supporting businesses without customers and that may not have the means to retain their staff [63].

A news feature published ahead of the 2020 Christmas shopping period states that the Swedish Trade Federation is recommending the use of face masks. The Federation believes that it is the primary task of the businesses to implement measures that counteract crowding and provide clear information about social distancing. The Federation has also designed a script that retail staff can use to talk to those who are not maintaining the correct social distance. The Federation states that it is uncommon for employers to provide their staff with face masks and shields [64].

Following the Public Health Agency of Sweden's decision to raise the severity of the spread of community transmission to 'very high risk', on 11 March 2020, the Swedish Taxi Association recommends that its drivers do not transport customers with the virus, and transporting infected passengers to and from healthcare facilities is to be avoided with consideration to drivers' health, safety and the essential social function of taxis [65].

On 20 March, the Swedish Taxi Association publishes recommendations in light of the pandemic. The Association outlines a number of measures taxi companies can take to protect themselves, their staff and passengers who work and travel by taxi. These include keeping vehicles clean, ensuring drivers are aware of the importance of hand washing, that symptomatic employees follow the national recommendations and stay home as long as they are ill, and then wait 48 hours once they have recovered before returning to work. 'Elderly people are at a higher risk of becoming seriously ill. Therefore it is critical that those working with community transport do not work if they have any symptoms.' [66]

The taxi sector collaborates with Sophiahemmet University to create an online training course for taxi drivers. The course is launched in mid-June 2020 and teaches about viruses, bacteria, infection transmission and routes of transmission together with information about passenger interaction, hygiene and cleaning procedures and how these can be implemented in daily work within the taxi sector [67]. In January 2021, the training course was launched in podcast format [68]. The Swedish Taxi Association emphasises that the training course provides skills that will be highly useful for taxi companies that operate community, healthcare and school transport. However, they urge all drivers to participate [69].

On 10 December 2021, the Association issues recommendations to its members. This comes following the Public Health Agency of Sweden's recommendation issued on 8 December for passengers to use face masks when travelling via public transport where crowding cannot be avoided.

- The Association advises that passengers do not travel in the front seat, unless medical reasons require otherwise. When a passenger sits in the front seat, there is a risk of crowding, hence both passenger and driver should wear face masks.
- Protective screen between front and rear seats.
- Access to hand sanitiser for both driver and passenger.
- If a passenger has symptoms such as a sore throat, runny nose, fever, a cough or malaise, they should not travel by taxi [70].

Non-profit organisations active within employment also issued information and advice. Prevent – a non-profit organisation jointly owned by the Confederation of Swedish Enterprise that aims to help create positive work environments, Swedish Trade Union Confederation (LO) and The Council for Negotiation and Cooperation (PTK) – published a webpage with information about the coronavirus and personal protective equipment, including checklists, tips and links to the Work Environment Authority and National Board of Health and Welfare [71]. Sunt Arbetsliv issued tips on work environment management during Covid. Sunt Arbetsliv is a non-profit organisation jointly run by trade unions and employers' organisations, the Swedish Association of Local Authorities and Regions (SALAR) and Sobona [72].

3. Rolling reports from workplaces during the pandemic

The Covid-19 pandemic is a unique study topic, in that a course of at least two years must be explored. It was also a time when society faced entirely new circumstances. The pandemic went through certain phases: a crisis followed by calmer periods with lower transmission rates and the hope that everything was over – until cases began to increase again. The increase in knowledge over time, combined with access to PPE and – last but not least – the vaccination, meant that the situation changed a lot over these two years. This section presents the work environment-related reports and surveys conducted by the Swedish Municipal Workers' Union (Kommunal) and the Swedish Commercial Employees' Union (Handelsanställdas förbund) and the Swedish Transport Workers' Union during the pandemic. These organisations have a good understanding of workplaces thanks to their contact with safety representatives and their members.

By presenting a selection of the reports the trade union organisations conducted every day during the pandemic, we are able to create a picture of the situation in various workplaces. The cross-sectional study of occupational groups within social care, retail and transport provides a context by referring to how the unions shed light on the situation at their members' workplaces. On occasion, reference is made to reports from public service media.

How many remained in their regular workplace?

In January 2021, LO tasked research company Kantar Sifo with conducting a survey of approximately 3 000 people to look at how the pandemic was affecting the labour market and working conditions in 'blue-collar' professions, and combine this with data from Statistics Sweden [73, p. 4]. Statistics compiled by Statistics Sweden indicate that nine out of ten 'blue-collar workers' did not work from home, compared to slightly below half of 'white-collar workers'. The proportion of transport workers to remain in their workplace during the pandemic was 99 per cent. This figure was 97 for health and social care workers and 95 per cent for retail workers [73, p. 14f]. Two of these sectors also employ a large number of people. The most common profession in Sweden is healthcare assistant, working in home care services, healthcare in the home or at care homes for elderly people [74, p. 29].

Statistics Sweden's occupational statistics from 2020 showed that there were 128 990 healthcare assistants working in home care, healthcare in the home and care homes for elderly people. There were 77 000 care assistants, 70 160 carers and 66 520 personal assistants. A large number of retail workers work in shops. Occupational statistics from 2020 showed that 106 200 people work in specialist retail and 84 310 work in supermarkets [75]. In contrast, the

transport sector employs fewer people. There are no transport professions in the 30 most common occupations as per 2020's statistics, with the exception of drivers of heavy goods vehicles (which is not a contact profession) [75].

3.1 Some professions more affected by Covid-19

According to the Public Health Agency of Sweden, the effects of the pandemic and measures taken have impacted some professions more than others [76, p. 11]. During the spring of 2020, the Agency examined illnesses linked to Covid-19 based on profession during the 13 March to 27 May period of the same year. Information from the Agency's database of notifiable diseases was combined with Statistics Sweden's data on professions. Health and social care workers were excluded from the study as they were tested more often than other groups during this period [77, p. 5]. The results show that taxi, bus and tram drivers were more likely to have been diagnosed with Covid-19 during this period than other professional groups.

The highest relative occurrence of Covid-19 was noted among the taxi drivers etc. group – 4.8 times greater than other professional groups, followed by *pizza chefs* etc. and *bus and taxi drivers*.

Cases of Covid-19 have not been relatively more common among those who work in schools compared with other professions [77, p. 7].

A different review was conducted at the end of 2020 and looked at rates of Covid-19 and intensive care patients among different professional categories. Rates of Covid-19 are presented divided into two periods (due to changes in testing methods and to exclude the summer holiday period). The review shows that between 13 March and 30 June, Covid-19 cases were highest among health and social care workers. The period between 24 August and 15 December also sees the highest rates of Covid-19 among health and social care professions (with the rates being relatively similar for each category of workers). Regarding intensive care cases, the review finds that during the 13 March to 15 December period, those who worked in 'other professions with high levels of contact' – i.e. the category including bus and taxi drivers and train drivers and conductors – are more likely to be receiving intensive care compared to other people [78, p. 12].¹⁰

Heavy workloads and pronounced increased risk of sick leave

In September 2020, the Government tasked the Swedish Social Insurance Agency with analysing and monitoring the effects of Covid-19 on social insurance. A third interim report published by the Social Insurance Agency in 2022 demonstrates how the risk of requiring support from social insurance differed depending on the area of the labour market [79]. The Agency's analysis shows that the professions which previously had a higher risk of sick leave generally had the same risk during the pandemic. The risk of sick leave also

¹⁰ When adjusted for gender, age and level of education, we see that this category has an odds ratio of 1.56 for those receiving intensive care in comparison to remaining professions.

appears to have increased in other professions in conjunction with the pandemic. Male-dominated professional groups with the highest relative risk of sickness absence during the pandemic include taxi, bus and tram drivers. This group has seen an approximately 40 per cent increased risk of sickness absence compared to the average risk for workers in all professional groups [79, p. 7]. The Social Insurance Agency states, with reference to Sweden's national coronavirus commission, that other countries have also identified taxi drivers as being at-risk workers, with them being more likely to be both infected with SARS-CoV-2 and dying of the virus [79, p. 64].

The Agency found that not only was there a higher risk of being exposed to the virus at work in contact professions where women dominate – health and social care, schools – the pandemic also led to an increased risk of heavier workloads. Several of these professions already faced a pronounced increased risk of sick leave, and this tended to increase during the pandemic. Healthcare assistants working in home care and care homes for elderly people are one example – these workers were at a 36 per cent higher risk of going on sick leave during the pandemic [79, p. 7]. At a more detailed level, the analysis showed that the highest excess risk of longer-term sickness absence during the pandemic was present in two contact occupations working with elderly people, where women are overrepresented – healthcare assistants working with home care and healthcare in the home, and care homes for elderly people (excess risk of 36 per cent), and geriatric nurses (excess risk of 32 per cent). The Agency believes this can be interpreted in several ways. First, these workers are at a higher risk of exposure to the virus in the workplace and contracting Covid-19. In cases where the person has had symptoms of Covid-19, they have not been able to work from home. Instead they have been forced to take time off. The pandemic has also led to heavier workloads for those working in these professions, especially those working in health and social care, even more so among those who have worked with vulnerable elderly people (SOU 2021:89; SOU 2020:80). [79, p. 51].

Increased work suspensions and reports of occupational illnesses

During the pandemic – especially its early stages – safety representatives working in (local) public transport and care of elderly people implemented a number of work suspensions. On 7 April 2020, Kommunal enforced a suspension following shortcomings in the work environment of a care home for elderly people in Stockholm, demanding that staff were to wear face masks in combination with face shields when in contact with suspected or confirmed cases of Covid-19. The Work Environment Authority promptly addressed this suspension, which led to an inspection of the home. Following the inspection, the Authority ruled in favour of the safety representative and stopped all work involving close contact with suspected or confirmed cases. In a comment on the case, the Work Environment Authority stated they did not have the authority to take decisions governing several employers nationally, and that local risk assessments are central to work environment management [80].

In an interim report, Sweden's national coronavirus commission raises the increase of incident reports and work suspensions during the pandemic.

Comparison points vary, however the commission states that the total of suspensions increased by 60 per cent in 2020 compared to 2019 [81, p. 504]. Suspensions have mainly addressed issues relating to protective equipment in health and social care, with the majority having been received by the Work Environment Authority in April 2020, when the shortage of PPE was at its worst. The peak number of suspensions after this period were mainly implemented in the public transport sector and schools [81, p. 504].

The number of occupational illnesses also increased during the pandemic. During 2020, the number of occupational illnesses reported increased by 84 per cent compared to 2019. A total of 19 500 occupational illnesses were reported in 2020. The increase, compared to 2019, was greater among women than men (117 per cent and 27 per cent respectively). The most common causes of the reported occupational illnesses in 2020 were 'chemical and biological factors' – the category including infection – (54 per cent), followed by organisational and social factors (20 per cent), and ergonomic stress factors (15 per cent). In 2020, Health and social care and social services was the sector to have reported the highest number of occupational illnesses per 1 000 women. Nurses, healthcare assistants, and auxiliaries were the professional groups that reported the highest number of occupational illnesses during 2020. Information issued by the Swedish Work Environment Authority stated that all incidents that involved staff being exposed to Covid-19 at work were to be registered. This resulted in the Authority receiving retroactive reports [81, p. 504f].

At the end of August 2020, the trade union magazine *Kommunalarbetaren* reports that the Work Environment Authority has received over 1 000 reports of serious incidents where staff working with elderly care were exposed to infection. It becomes clear from an interview with a head of section at the Work Environment Authority that more than one in three reports could be discarded as some employers submitted one report per employee to have been in contact with an infected person. The Authority determined that many reports were related to staff lacking the correct knowledge and protective equipment, as well as a lack of procedures. While some employers have over-reported, the Work Environment Authority believe that there is a large hidden number of unreported cases. The Authority believes that the inconsistent knowledge of what needs to be reported is a problem in general [82]. The Work Environment Authority has highlighted that there are serious shortcomings with incident reporting. It is common that few incidents are reported. Employers are unaware of how, where and when to report. [83, p. 5].

The *Handelsnytt* trade union magazine presented statistics one year after the pandemic took off. The Work Environment Authority received a total of 736 incident reports, 14 '6:6a reports' and one work suspension from the retail sector. One safety representative at *Handels* believes that in practice, there are many more reports but the majority are not passed on to the Work Environment Authority. *Handelsnytt* also refers to the Work Environment Authority's statistics that show that while the number of occupational injuries reported in 2020 has rocketed in some sectors, such as healthcare, in retail it has decreased by 14 per cent [84].

3.2 The voices of transport workers

Bus drivers

The Kommunal trade union focused on bus drivers' working conditions very early on in the pandemic, as did the union's Covid-19 crisis group. In mid-March 2020, Kommunal demanded that cash should no longer be handled in a bid to reduce the risk of infection. They also required that the front doors of public transport buses be kept closed.

Kommunal's safety representatives from a number of bus companies in Skåne submitted a 6:6a report on 19 March, petitioning for the front doors to be kept closed. The request stated how each day, bus drivers had no choice but to interact with hundreds – if not thousands – of passengers, face to face from the driver's seat. This created great psychological distress and involved an increased risk of contracting Covid-19.

Kommunal's bus driver members deserve a safe work environment, and that is the responsibility of the bus operators with the ultimate responsibility belonging to the Skånetrafiken transport company. [85, p. 7].

Between March and August 2020, a total of 31 requests for action as per Chapter 6, Section 6a of the Work Environment Act were received from local bus services, all of which linked to the pandemic. A further 8 were received from other areas of public transport and 20 from 'other land-based passenger transport'. Nine suspensions ordered by safety representatives were issued [81, p. 7].

On 27 May 2020, Kommunalarbetaren reports that five bus drivers have died of Covid-19 [86]. It emerges that Kommunal's safety representatives have pushed for keeping the front doors of buses closed nationwide to protect drivers [87]. Kommunalarbetaren reports that the Work Environment Authority will not investigate the cases of bus drivers who have contracted Covid-19 or died of the virus. This is because for it to be classed as a serious occupational accident, the employee's regular duties must involve a risk of infection. Hence, in principle, it is only employers within health and social care that need to notify the Work Environment Authority of any infected staff. A case officer at the Authority explains, 'as there is a general spread of infection through society, it is difficult to prove that employees were infected at work and not elsewhere.'

[88]. If an employee becomes ill with Covid-19 and there is a risk that they were infected at work, it may be considered a serious occupational injury that must be reported to the Work Environment Authority. To be considered a serious occupational injury, there must also be a failure in the actions taken by the employer to prevent the employee from becoming infected. The employer must then investigate the events to determine whether protection measures were poor [88].

A report from the Arena Idé think tank on Kommunal members' working conditions during the pandemic calls attention to how there was a long-drawn-out fight against operators and individual bus companies before the front doors

were kept shut. This, despite the fact that it was common knowledge that bus drivers had died of Covid-19, that Kommunal had raised the alarm that some people had spit in drivers' faces, and that passengers had threatened to infect drivers with the virus to avoid paying for a ticket [85, p. 7].

Taxi drivers

The Swedish Transport Workers' Union drew attention to information in the Social Insurance Agency's report on the effects of Covid-19 on health insurance. Here, taxi drivers had a 40 per cent higher risk of sick leave during the pandemic compared to workers in other professional groups. In an interview with the Stockholm regional safety representative, it emerged that there had been attempts to push the issue of protective barriers and ban on front-seat passengers in taxis with the Work Environment Authority. However, after four reports, the Authority urged the representative to stop submitting reports as this would have a bottleneck effect on the decisions being taken [89]. 'So I stopped, and hoped they'd take a general decision. The decision was finally taken after nine months.' [89] However, the safety representative explained how Taxi Stockholm had started to recommend protective barriers, and allowed taxi drivers to refuse front-seat passengers [89].

Train staff

Public service broadcaster SVT Nyheter/Halland conducted a survey of what working during the pandemic was like. Following on from this survey, in December 2020 the broadcaster conducts an interview with a train conductor about their work on board.¹¹ The conductor explains how maintaining social distance is not possible, their employer has said they may use a face mask or face shield if they want to, however checking tickets is difficult when wearing a shield [90].

As for the ability to social distance, it becomes clear that there are regional differences in crowding on board trains. However, when trains are full to capacity, the employer has given permission to not carry out ticket checks. The conductor goes on to explain how in Denmark, face masks are often strewn all over trains and it is left up to the conductors to remove them, 'and it's disgusting, face masks are pure sources of infection.' [90] The safety officer at the SJ/Öresundstågen train company tell SVT Nyheter/Halland that, as an employer, they believe they have done enough to protect their staff. They have reviewed the occupational risks together with the safety organisation, conducted risk assessments and analyses and devised suitable measures. According to the safety officer, train conductors are not responsible for removing discarded face masks from train carriages – this is the job of the cleaning staff who have the correct equipment [90]

¹¹ In November 2020, visitors to SVT Nyheter/Halland's website were able to answer a survey on their experiences of the Covid-19 pandemic during 2020. SVT Halland states that many testimonies were received. They subsequently decided to conduct interviews.

At the end of March 2021, the Union of Civil Servants published an extended feature in its *Publikt* magazine following a train conductor working for the Mälartåg company [91]. The conductor explains how the seats closest to the driver's compartment are the only ones to have been cordoned off as an infection prevention measure. She states that social distancing on board is difficult, as the trains are too crowded. The conductor puts on a face mask before performing ticket checks. She mentions how previously, the employer did not allow its staff to wear face masks, despite pressure from the union. 'It wasn't until the Public Health Agency of Sweden started recommending face masks during rush hour that we were allowed to wear them.' When asked about how passengers had followed the Agency's recommendations over the past year, she recalls many clashes. 'We don't have the right to remove passengers from the train, however we have been authorised to ask people with symptoms to alight and call the 1177 healthcare service hotline.' The conductor says that her colleagues have been a glimmer of hope and have kept her going over the past year [91].

3.3 Social care workers

Reports from safety officers

Kommunal is in regular close contact with its safety officers and continually obtains information. Several articles focusing on the work of care staff during the pandemic were published digitally in *Kommunalarbetaren*.¹²

A few days after the Public Health Agency of Sweden published its guidelines for people to stay home with the slightest symptoms of a respiratory infection – especially those working in healthcare and care of elderly people – *Kommunalarbetaren* interviews a safety officer working as a healthcare assistant in Ronneby Municipality's home care services. The healthcare assistant has nothing against the recommendations, but he thinks that the risks faced by staff have been forgotten in the discussion.

'There's so much about how we mustn't infect elderly people, but I feel that we're forgetting our role in this. We're really in the eye of the storm, we're meeting with a lot of people, both old people and their families, we meet at work in the cafeterias. It really feels like a breeding ground for infection [92]

On 17 March 2020, *Kommunalarbetaren* reports how Eskilstuna Municipality has purchased specialist protective equipment so home care staff would be able to take care of elderly people infected with Covid-19. The medical director (MAS) of health and social care services states that staff who will come into contact with Covid-19 will use specialist protective equipment including a face shield, specialist face mask and long-sleeve apron. MAS emphasises that this is vital. The Work Environment Act stipulates that we are required to provide our staff with this equipment.' [93] The Nord branch of *Kommunal* praises

¹² *Kommunalarbetaren* is the Kommunal union's members' magazine. It is published online (updated daily) and ten print copies are published per year, see: ka.se.

Eskilstuna Municipality for rapidly convening key functions to compile and assess information and banning visitors to care homes [93].

A news feature from 19 March 2020 outlines how the virus was managed when it found its way into Liljegårdens care home in Örsundsbro in Eskilstuna Municipality. A resident was taken to the emergency department by ambulance, but hospital staff did not suspect it was Covid-19. The following day, more residents on the same unit started to show symptoms. The manager then took the decision to bring in extra staff and isolate all residents. 'Stopping people with dementia from walking around is hard, so we isolated everyone, both healthy and ill. Everyone had to stay in their room.' The workplace representative explains how many staff expressed concern that they had been infected, and staff who were part of a risk group were temporarily reassigned. Not only did staff wear PPE when working and residents were isolated from each other, they also made sure they always wore clean clothes, continually did laundry and did not get changed in the changing rooms during the day. The waste generated by infected residents was placed out on their balconies as they awaited instruction on how to handle it. The representative emphasises that the employer managed the situation well [94].

On 24 March, Kommunalarbetaren presents safety officers' responses to the question 'are you afraid of the coronavirus?' There is great variation from different care homes: One healthcare assistant working in home care in Helsingborg has a compromised immune system. She explains how since the start of the pandemic, no risk assessments have been conducted in her workplace and being reassigned is not compatible with working with care of elderly people. 'My boss just said, "you're in a risk group" but we've not said anything more about it.' A healthcare assistant working in home care in Övertorneå mentions having high blood pressure and being vulnerable to infection. 'I feel like I want to help my clients, but obviously I'm thinking about how I might be exposing myself to the virus every day.' She talks about how there is poor access to PPE – the supplier has changed recently; hand sanitiser has run out and there are problems with gloves. She explains how they try to take such materials with them if they find it privately. Another healthcare assistant and safety officer working in home care in Borgholm says that she has asked her manager about what applies for those over 60, who due to their age belong to a risk group, and that it is possible to adjust schedules: 'It's a given that if you're part of a risk group, you don't visit people who are coughing, have a fever or flu-like symptoms. We re-jiggle the schedule, simple as that.' [95].

On 25 March 2020, Kommunalarbetaren reports that the Stockholm region is the most affected by Covid-19 in Sweden. In an interview with the chairperson of Kommunal's section for private sector health and social care in Stockholm, it emerges that personal protective equipment is the topic on everyone's lips. So far, the chairperson has not heard of the equipment having run out anywhere, although she believes it is only a matter of time. The chairperson emphasises that employers are not reluctant to take responsibility,

but preparedness levels vary between workplaces and not all of them have procedures and risk and consequence assessments in action.

We know there have been home care staff who have just gone in to attend to an infected person completely unprotected, because no procedures have been established for that problem. We were totally unprepared [96].

The chairperson calls attention to the fact that visitors have been banned from care homes for the elderly and that elderly people have been encouraged to limit their social contacts, but home care staff still have to enter the homes of those who need their services.

Home care clients are tested as infrequently as the rest of us if we become ill, as long as we don't need hospital care. This means we will be working with infected people without knowing that they are. It doesn't feel right thinking about the fact we're entering these conditions [96].

Kommunalarbetaren reports on visits conducted by Kommunal at home care providers in Stockholm on 8 April 2020. These visits were to determine how employers are taking responsibility to protect their employees from the virus.

At one home care service, a care assistant mentions not having face masks and how her employer has ordered them but they have not received them. Consequently, the care assistant bought her own face mask and keeps it in her bag. They have a client who has had Covid-19 but has been given the all clear. They wear a face shield when working with this client, however with others they wear their regular uniform, gloves and aprons – even though the clients may have symptoms of a cold on occasion. She explains that they have re-organised their schedules so as few workers as possible go into clients' homes in order to reduce the risk of spreading infection. She believes her manager is doing their best and does not want to criticise her employer, but she says that naturally, she is worried.

'You feel it as soon as you open their front door. If someone says "I've got a sore throat" we try to find out how long they've had it and document it. But just them saying it, you think "Christ, I've not got a face mask". We have to get close – it's personal care. I wear an apron and gloves, but I just can't avoid it if someone coughs in my face,' she says [97].

In the run up to the 2020 Easter weekend, Kommunalarbetaren reports that Kommunal's member advice service has received an increase in questions linked to Covid-19. More calls focus on the fear of infection – for themselves and for travelling with public transport. It becomes clear that the fear is linked to being in a risk group, having someone close in a risk group, or working with people in risk groups. Many also have questions about protective clothing and reassignments [98]. Similar to Handelsnytt¹³, Kommunalarbetaren publishes an interview with a psychologist that includes questions on managing fear

13 See Handelsnytt.se, "Psykologen: Så klarar du dig igenom coronakrisen", [The psychologist: How to get through the Covid crisis], 27 March 2020.

if there is limited access to PPE, and how to process the major flow of news about the virus [99].

Staff rotation is a factor that affects the work environment during periods where infections are being spread. On 16 April 2020, Kommunalarbetaren presents new statistics from SALAR on fixed-term employment that show how at one workplace, one in four colleagues may be somebody you barely recognise, somebody called in to work for the week or day, and tomorrow may be working somewhere completely different in the municipality. Kommunalarbetaren gives details about how the greatest spread of infection so far has been in Stockholm. At the same time, the highest proportion of a municipality's temporary workers can be found within care services for elderly people. Of ten municipalities with the greatest proportion of workers on zero-hour contracts, nine can be found in Stockholm County [100].

In May 2020, Novus conduct a survey of Kommunal's members that work within care of elderly people. A total of 4 463 people answered (45 per cent response rate). It shows that half are still concerned about the access to PPE and more than one-third state they have been in situations where they have worked without using the correct PPE. In addition, at the time of the survey, 16 per cent state having been in situations during the past week where they worked without the correct PPE, and 40 per cent did not believe there is sufficient staffing. In one open question, members were asked how protection against Covid-19 can be improved in the workplace. The majority mention compulsory face masks and face shields in all healthcare situations. Many also mention how staff shortages mean that those at work have to move between different units [101].

The fact that work situations can vary considerably from care home to care home was raised in several news reports. A care assistant interviewed in Kommunalarbetaren from 29 October 2021 describes how the virus was managed when it reached a care home for the elderly in Falkenberg. Testing was introduced immediately and the care assistant suggested to her manager that they should immediately isolate all residents in their rooms. The manager and local Covid team agreed. All residents had to stay in their rooms for five days. Temporary summer staff had to learn how to put on and take off face masks, shields and aprons. Door handles, the TV room and telephones were disinfected every morning and evening. She also mentions how it has always been clear to staff that they are to stay home if they have the slightest symptom of the virus. She expresses her gratitude that they had enough equipment and staff [102].

The management at the care home in Falkenberg can be compared to the care home in Berga, Stockholm County. At the start of July 2020, Kommunalarbetaren produces a feature in which workers are given a voice [103]. The employer had been reported to the Work Environment Authority at the end of April, and the safety officer had described the situation at the home as incredibly difficult. The feature includes some employees who

speak of having been forced to move between units with healthy and sick people without having the right PPE. At the end of March when the spread of infection was at its peak, only care assistants and healthcare assistants were out in the units. People were afraid of becoming ill and going home and infecting their children. When Kommunalarbetaren came to make the feature, the situation had improved at the home – PPE had arrived, managers' attitudes had improved and extra staff had been enlisted for Covid patients who were in isolation. But this came two months too late, according to one healthcare assistant. On 16 June, the Work Environment Authority ruled that the employer had rectified the problems raised by the safety representative. A preliminary enquiry into whether there has been a breach of the Work Environment Act continues [103].

The feature can be compared with the picture painted in a radio documentary on the care assistants' work environment at a care home for elderly people in Stockholm county during the early stages of the pandemic [104]. In the feature, a care assistant recalls how at the start of the pandemic she went to work deeply concerned about the frail elderly people and how her frustration grew as the need for healthcare increased rapidly and the virus spread between residents. The PPE shortage was noticeable – there are accounts of how staff hung their face masks 'to dry' on a houseplant, and used the same face masks for several days. In an interview, a medical director nurse at the home emphasises that the staff worked to the best of their ability – and beyond – to provide the best care possible, while there are insufficient resources and little knowledge about the virus [104].

The work environment within social care

Staff who work in the homes of their clients or care recipients face special work environment conditions. In a debate article published in Kommunalarbetaren in May 2020, a personal assistant and union representative call attention to how more people have begun to question whether guidelines for health and social care services should also apply to personal assistants.

The answer is that personal assistance is not exempt from public authority guidelines – the work environment and infection control apply in the same way. The employer as an absolute responsibility to ensure that their employee is never exposed to any health risks [105].

The article states that personal assistants often find themselves in places and situations where they have no choice but to conduct dangerous tasks. It emphasises how at this point, few people fail to see how precarious employment within elderly care generates a risk for increasing the spread of infection, and the same logic should be applied to the private personal assistant sector. '(...) together with Covid-19, precarious employment and insufficient work environment management create a toxic cocktail for personal assistants.' [105]

One of the conclusions reached in the SOU 2020:1 review of the personal assistant profession is that there are work environment problems similar

to those in the care sector, i.e. risks linked to ergonomics, vulnerability to threats and violence, long shifts and unclear work tasks. The investigation also highlights that personal assistants often work without colleagues or managers close by. 'Assistants may struggle to take the time for a break after a socially strenuous situation.' [106]

In a debate article published in *Kommunalarbetaren* on 1 April 2020, a healthcare assistant working in home care in Gothenburg argues that she has not seen any changes to procedures, PPE or staffing and that their working conditions have deteriorated during the pandemic.

[107]. She explains how the instructions to wear gloves and wash and sanitise hands are procedures that have always been in place. Gloves are still available, but hand sanitiser is being rationed. As for hand washing, she highlights how many patients' hygiene is so neglected and substandard, their sinks, taps and other hygiene facilities are unsuitable for hand washing. 'We conduct about 20 visits in one evening and during one shift. We visit our offices when we start work, when we finish, and some of us go there on our breaks. That's when we can wash our hands.' [107] She continues to explain that they are instructed to wear work clothes.

These instructions are not always followed, neither before the pandemic nor during. Staff go out and work in their own clothes. The healthcare assistant states how sick leave has increased, meaning more substitutes are brought in. As the flow of people in the workplace increases, this leads to greater exposure to the virus. Many substitutes work in several districts and units around Gothenburg. She adds that many home care workers in major cities work in vulnerable areas. Crowding, difficulty spreading information and multi-generational households are just some of the challenges in these areas [107]

3.4 Retail workers

Safety representatives and members of Handelsanställdas förbund

Handelsanställdas förbund is a union with approximately 155 000 members. A large proportion of its members work in shops and warehouses. Two-thirds are women. The union conducted a number of surveys throughout the pandemic.

At the end of April, *Handelsnytt*¹⁴ publishes the results of a survey on the work environment during the Covid-19 crisis. The survey had been sent to approximately 6 800 union representatives working in shops in the middle of April 2020. Of the 800 responses, approximately 60 per cent of the representatives felt that their employers had not taken sufficient steps to ensure that their staff felt safe at work. Approximately half of employers were said to

¹⁴ Handelsnytt is a magazine for the members of the Handelsanställdas förbund union. It is published in printed format eight times per year and online with daily updates. See handelsnytt.se.

have conducted a risk assessment on the tasks that can lead to infection. A majority of the employers were said to have started cleaning more thoroughly, provided gloves and hand sanitiser for staff, and placed out social distancing markers. 'Plexiglass can protect checkout staff, but there is no protection out on the floor – there's nowhere else to go,' explains the Handels analyst. The survey found that it was more common for supermarkets to take action compared to other specialist retailers [108].

Between 1 and 16 October 2020, the union conducts another online survey of safety representatives, with focus on the work environment during the Covid-19 pandemic. 902 safety representatives (32 per cent response rate) answered the survey. The results show that a majority of safety representatives (67 per cent) state that risk assessments on the chance of employees becoming infected have been conducted. A somewhat similar proportion stated that risk assessments had been conducted on the tasks that could lead to infection (65 per cent) and that they had conducted a risk assessment of the chance of customers and other people present being infected (65 per cent) [108, p. 2]. When asked whether their employer had taken the actions demanded by Handelsanställdas förbund, it became clear that a large portion of employers had placed distancing markers on the floor, provided hand sanitiser or handwashing facilities, informed customers and employers about social distancing in the shop, installed plexiglass screens by checkouts, and introduced guidelines stating that staff should stay home if they have symptoms. Approximately half of the safety representatives stated that procedures had been put in place concerning the surfaces that were to be cleaned and cleaning took place more often. Additional procedures included planning breaks and lunch periods in staff rooms to enable staff to social distance [109, p. 4]. The open-ended responses on how the workplace addressed the pandemic show that many safety representatives believe that there are too many people in the shops and many customers do not social distance. Additionally, many feel that their employers have taken measures for the sake of their customers and not their employees. Several of the responses also show how there is a problem with many employees feeling they are unable to stay home if they have symptoms. [109, p. 5].

On 1 December 2020, the results of a new survey sent to safety representatives in retail are published. They have been asked to answer questions about the work environment, linked to the Covid-19 pandemic. On the whole, the answers appear to be the same as those from the April 2020 survey. Employees feel unsafe, and employers have not done enough to rectify this. One out of three shops (36 per cent) has a person who is responsible for ensuring there are not too many people on site. Many safety representatives feel that shops are too crowded [110].

During the first two weeks of April 2021, the union conducts a survey on the health of shop staff during the pandemic. The survey was sent to approximately 5 600 members who worked in supermarkets and shops selling durable goods. There was a low response rate, however, the survey was post-stratified and the answers were weighted [111, p. 7]. The survey shows that

many shop staff were deeply concerned about infection, both spreading the virus to friends and family and being infected themselves. This has been linked to customer behaviour as well as poor procedures and measures taken in the shops. Staff have also been worried about loss of income, and major stress linked to heavy workloads [111, p. 4]

Reports from shops during the pandemic

During the pandemic, Handelsnytt publishes a number of feature articles on the Covid-19 situation. On 17 March 2020, Handelsnytt reports that many retail workers are afraid of the virus and losing their jobs when shops and salons close. This placed the Handels advice service under great strain. Those working in small businesses are afraid of being made redundant as customers no longer visit, whereas those who work in warehouses and supermarkets are more concerned about being infected by a customer or colleague [112].

Just as with the elderly care professions, it becomes clear that work environments can differ to a great extent between shops. On 18 March 2020, Handelsnytt reports on an ICA supermarket outside of Stockholm where employees start work earlier in the morning as many customers are in risk groups. To protect these customers, the supermarket has decided to open 50 minutes earlier. The supermarket follows safety measures such as additional hygiene and cleaning procedures, as well as staff staying home even with the mildest symptoms. Staff who are in a risk group themselves are able to stay home if they want to [113].

On 31 March 2020, Handelsnytt reports how all of the approximately 200 Willys supermarkets are installing screens to protect their checkout staff. Other supermarkets such as Hemköp, Lidl, Coop and ICA are also installing screens. One checkout employee at Willys Hemstra in Gävle describes how he interacts with hundreds of customers each day. 'Many cough and sneeze. So it's a nice gesture from the company to protect us. I feel a little bit safer.' [114] The only problem, he explains, is that the screens make it slightly difficult to hear the customers. Hand sanitiser and gloves are also available at the checkout. 'Getting hold of hand sanitiser is difficult, so when the next delivery arrives, the company has decided it should be given to the staff and not sold. It's great that they're thinking of us.' [114].

On 6 April 2020, Handelsnytt reports that retail workers are in close physical contact with customers, yet they do not have any protective equipment. They visit a number of shops in the suburbs of Stockholm and ask staff if they are afraid of catching Covid-19 at work. One employee and union representative at ICA Supermarket in Skogås replies:

'I'm really scared, in all honesty. We get around 2 000 customers a day. You don't know who's coming in and who's sick. You're cautious and suspicious. Even though we've put up social distancing signs everywhere, you get close when you want to help. Lots of people get very close to you. The plexiglass at the checkouts is also good, but we still have to touch products and cash that the customers have touched. We have gloves and hand sanitiser, but still, it's not pleasant.' [115]

The following day, Handelsnytt publishes some of the answers to the question: 'How worried are you about being infected at work?' Many responses express concern:

I'm genuinely terrified and am anxious about going to work every day. And it doesn't really seem like customers understand that we can be infected, because they put their heads under the plexiglass or go to the side because they don't want to talk through it. But yes, you just have to hope for the best and if you get sick just keep your fingers crossed that it won't be anything serious. (Sofia)

I'm quite worried because customers are pretty much always breathing down your neck and they show no consideration. When you're stacking shelves they're always there fiddling. Usually take a step back when they start crowding, but there's always someone who suddenly realises they need to pop back and scan the item with the self-service scanner... you just get a bit fed up always being 'invisible' to customers... like, we don't exist, but all the goods need to be there 24/7... (Birgitta) [116]

On 2 December 2020, a special report is published about a shop in Malung where all staff have been wearing face shields for a week. The decision was taken to protect staff, as a number of customers do not stay home when they have symptoms or they do not social distance as recommended. One shop worker explains: 'I was so happy when they decided this. It protects both me and the customers. I feel safer wearing the face shield. Obviously, you wonder. We can't just stay home; we have to go to work.' [117] The shop manager states how customers may forget and the face shield serves as a reminder. They explain that when the spread of infection picked up again, the Hemköp supermarket in Malung considered introducing face shields, but were unsure of how the decision would be received. When an employee asked about face masks, the supermarket decided to buy face shields for all of its staff. The face shields will be in place for as long as Covid-19 remains. According to the supermarket's manager, face shields were chosen over face masks as they are easier to wear and it is easier to breathe when running around the shop and helping customers [117].

One article on how the new pandemic law was affecting shops found that the ICA Kvantum supermarket in Hjertsberg, Lidköping had worked extensively with issues relating to Covid-19. It reports on how all staff are allowed to wear face shields and gloves, hand sanitising stations have been placed around the shop, and in the autumn, staff participated in special 'coronavirus certification' training. In order to process post during the Christmas rush, they put up a tent outside of the supermarket so customers did not need to go inside to collect their parcels. The checkout manager welcomes the tightened regulations that come with the pandemic law. During their work with coronavirus certification, the ICA supermarket introduced a maximum number of visitors. In order to meet the new requirements of 10 m² per person, the original cut-off was lowered from 400 to 350 customers [118].

Following the new pandemic law, Handelsnytt also publishes an article on the inspections taking place in shops. They note that it is only the area where customers are able to move freely that is included in the calculation. Areas such as staff rooms or warehouses are excluded [119].

On 20 January 2021, Handelsnytt reports on how the union advisory service Handels Direkt is receiving many calls from members stating that they are struggling to enforce social distancing with customers. Questions about PPE such as face shields and face masks are also common. Sometimes, employers are not allowing their staff to wear face masks, other times employees do not want to wear them. Advisors explain, ‘We believe that if you want to wear a face mask, your employer must pay for it. If your employer requires you to wear a face mask, then you must do so’ [120].

On 24 February 2021, Handelsnytt presents the tightened local restrictions brought into place following the spread of the British variant (B.1.1.7) of the coronavirus. Not only are face masks recommended on public transport in Stockholm, but their use is also recommended in crowded indoor conditions such as in supermarkets. One employee at Hemköp City in Stockholm explains how face shields are provided to anyone who may want one, however, those who want to use a face mask must provide one at their own expense – at this time. ‘We’ve not heard anything back from the company yet about how we are supposed to work with the tightened restrictions. Interpreting them is also tricky, do they mean that it’s only the customers that need to wear a face mask, or does it apply to those of us working too?’ Crowd managers are always present at Hemköp City. They close the doors if they think there are too many people. An employee at Hemköp City explains, ‘Some customers are nonchalant and we have to remind them to social distance. But it’s clear that the majority of customers appreciate that we have crowd managers’ [121].

3.5 Staying home with the slightest symptoms – social care and retail

Following the recommendation to stay home even with the slightest symptoms posed a problem for people who continued to work in their regular workplace.

In conjunction with the new recommendation to stay home with the slightest symptoms of Covid-19 and the temporary lift on the qualifying day of sickness Kommunalarbetaren conducts a feature on a safety officer and healthcare assistant working in home care services in Ronneby Municipality, addressing staffing concerns. The healthcare assistant explains that there has still not been any information sent out about the tightened procedures, or stating that people need to stay home even with the mildest symptoms. However, many people at work are discussing the subject. He explains that several people are saying it will not be possible for them to stay at home if they have the mildest symptoms of a respiratory infection, as they do not understand how they will be able to bring in cover.

Following the instructions involves staying at home with the slightest sign of a runny nose, but many people have runny noses and if they were to all follow the instructions, I don’t see how we will be able to keep the service going. This is a fragile sector employing many women who have children. [92]

He states that finding cover for absent staff is already difficult, and he does not understand how employers will manage if everyone stays home from work even with the slightest symptoms of a respiratory infection.

Several people say they won't be staying at home for that very reason. That's the general consensus. I said that if we're going to follow instructions, we really must stay home as soon as our noses start running or there's a tickle in our throats, but that's quite hard to take in. [92]

A survey of Kommunal members working in elderly care conducted by Novus at the end of May 2020 found that 5 per cent had gone to work with symptoms of a cold and their main reason for doing so was that they did not want to leave their colleagues at a disadvantage. The survey also found that four out of ten respondents did not believe there was sufficient staffing [100].

One healthcare assistant working in home care in Hallsberg Municipality was working when elderly care services were heavily affected by Covid-19. She agrees with the coronavirus commission's statement that Sweden's strategy to protect elderly people had failed. She emphasises the shortage of PPE in Kumla where she was working during the spring of 2020 and where many workers became ill. She also believes that the politicians and municipal managers subsequently provided an incorrect picture of the situation in spring 2020 as regards access to PPE and the recommendation to stay home: 'There were managers who said that people with symptoms could work because there was such a shortage of staff [122].

Many responses submitted to a survey conducted by Handels in October 2020 show that workers did not know they could stay home if they had symptoms, due to the fact their workplaces were under-staffed. 'The fact that many are on low incomes and have been allocated fewer hours are two reasons why employees go to work, despite having symptoms' [108, p. 7].

On 25 January 2021, Handelsnytt reports that staff with symptoms of Covid-19 are being encouraged to work. Calls are received from Handels members from around Sweden, and refer to both shops and warehouses. The Handels press officer explains, 'Our members who follow the recommendations and call in sick when they have symptoms of a cold are almost branded as being disloyal. This is completely unacceptable' [123]. There are accounts of these calls being received sporadically throughout the pandemic, although there have been fewer recently. Svensk Handel takes the issue seriously.

It's a no-brainer. People with symptoms must stay home. Managing Covid-19 and reducing the risk of infection and transmission is the top issue for our members. The majority take that responsibility. As for the few cases that do not, I hope the employer reflects and understands this serious situation we are in. (press officer, Svensk Handel) [123]

On 3 February 2022, Handelsnytt reports that retail is under pressure following the explosive outbreak of the new, more contagious Omicron variant. Many struggled to coordinate staffing, and in some cases, employers

tried to force ill people back to work. The union advice line received high call volumes from members needing guidance and support:

The biggest signal we have received is that many employers are trying to force people to come to work even though they have symptoms or even a confirmed case of Covid. Many mention how managers question sick leave or those staying home to take care of sick children, and require a medical certificate from the first day of absence. But there is also a problem with managers going to work despite being ill (...) the advice line is receiving signals that this is causing conflicts out in the workplace. Staff are worried when sick people are on site and risk spreading the virus [124].

3.6 The matter of personal protective equipment

The shortage of personal protective equipment was a problem highlighted at the outbreak of the pandemic. Media continually reported how this shortage was embodied. One conclusion reached in Sweden's coronavirus commission's interim report on care of elderly people during the pandemic was that there was a major lack of access to PPE at the outbreak of the pandemic. It is claimed that both MSB and the National Board of Health and Welfare had drawn attention to the risk that there could be a shortage of PPE at the start of February, but it was not until the end of April that the National Board of Health and Welfare began to obtain an idea of the status around Sweden's municipalities via information from county councils. The commission believes that it took an unreasonable amount of time to prepare and ascertain the need for PPE within elderly care. For a long time, several workplaces experienced debate and conflict on the matter of which PPE should be used when working with suspected or confirmed Covid cases [125, p. 19].

Later on during the pandemic, the Swedish National Audit Office reviewed access to PPE within healthcare services and municipal elderly care during the pandemic. The review investigated the counties where the spread of infection was highest at the outbreak – Stockholm, Södermanland and Östergötland [126, p.12]. In line with the findings of the coronavirus commission, the National Audit Office's main report [81, p. 725], establishes that both regions and municipalities were poorly prepared for a pandemic, as purchases are made following the 'just in time' principle, i.e. minimising storage and purchasing volumes, which leaves the supply vulnerable [125, p. 9, p. 20]. Nor were the prevailing market conditions the most favourable at the start of the pandemic. There was a major shortage of PPE due to global demand and tough competition over the equipment that was available to purchase.

Everyone struggled to buy from the global market. The PPE that regions and municipalities had ordered from suppliers could be quickly re-routed to other customers and countries that paid a higher price. Such a market situation makes it difficult for operators to avoid competition with others for existing PPE [126, p. 60].

There were also insincere companies that offered 'dubious quality' equipment at 'high prices' which further complicated purchasing [126, p. 59]. An inspection by the National Audit Office found that reports of shortages of PPE were highest during March and April 2020. In February, regions had already

begun to notice that obtaining PPE deliveries from regular suppliers was becoming more difficult, with shortages appearing in the middle of March. The majority of county councils stated that municipalities were experiencing PPE shortages during April. One-third of the county councils stated how some municipalities were already experiencing PPE shortages in March [126, p. 67]. The National Audit Office's investigation also shows that municipalities in metropolitan areas estimated their preparedness in terms of access to necessary equipment and materials as being somewhat lower than other municipalities. Preparedness was at its worst in residential care homes in metropolitan areas [126, p. 67].

The National Audit Office's inspection found that the National Board of Health and Welfare did not purchase PPE through the EU joint procurement, as collaboration at EU-level was late to start. According to the National Board of Health and Welfare, use of the joint procurement was complicated as contact with suppliers was at EU level. There was additional uncertainty concerning the quality of the PPE obtained through the EU procurement [126, p. 56]. Through a collaboration with the Swedish Defence Materiel Administration, FMV – that had the resources and skills – the National Board of Health and Welfare was able to purchase PPE as of 19 March. However, due to the lack of availability on the market, it took until the start of April before major deliveries arrived in the National Board of Health and Welfare's warehouses [126, p. 88].

Furthermore, the National Board of Health and Welfare needed to establish reporting channels with the municipalities to obtain a nationwide overview in order to be able to fulfil its task. By the end of April 2020, the National Board of Health and Welfare had a clear national overview of individual municipalities' PPE needs [126, p. 64].

The investigation shows how the National Board of Health and Welfare allocated PPE based on the Healthcare and Medical Services Act, prioritising organisations in greatest need of PPE.¹⁵ During March and April, when the shortage was at its highest, the National Board of Health and Welfare allocated PPE to regions and municipalities where the need was most pressing, based on confirmed cases or suspected number of those infected within healthcare and care of the elderly [126, p. 72]. In some cases, the National Board of Health and Welfare rejected support if they determined that the region or municipality had requested a disproportionate amount of PPE in relation to the infection rate. However, the county councils in the three administrative districts examined had different allocation principles. Östergötland County Council allocated equipment based on number of infection cases, Stockholm County Council allocated based on municipal population sizes, whereas Södermanland County Council conducted qualitative assessments of its municipalities' needs by comparing the number of those infected to the

¹⁵ With reference to the National Board of Health and Welfare's decision basis for allocation principles for PPE, expendable items and medical devices in connection with Covid-19, 2020.

municipality's estimated capacity, and whether the municipality manufactured or purchased its own PPE and if internal re-distribution throughout the county was possible. In the National Audit Office's inspection, the National Board of Health and Welfare highlights how at an early stage of the pandemic they prioritised allocation of respirators to the regions, as the Board had determined that this equipment had the greatest benefit at hospitals where patients with confirmed cases of Covid-19 were receiving care. Nevertheless, the National Board of Health and Welfare emphasises that municipalities also received fewer respirators during the same period, and that municipalities were also prioritised when it came to hand sanitiser [126, p. 71].

At the end of April, large volumes of non-CE-marked PPE were fast tracked for use by the Work Environment Authority [126, p. 89]. In May, the regions and – to some extent – municipalities were able to purchase and receive large volumes as more products became available on the market [126, p. 67]. From interviews with six municipalities in Stockholm, Östergötland and Södermanland counties, it emerged that it took until July before access to PPE stabilised for municipalities that could begin to increase their stockpiles.

The National Audit Office issued a survey to three counties that had previously been affected by high levels of transmission. It found that when the shortage was at its greatest, some municipalities had completely run out of respirators, face shields and protective clothing. Consequently, many health and social care workers in these three counties worked without adequate personal protective equipment on several occasions [126, p. 73].

The National Audit Office concluded that the National Board of Health and Welfare was unable to meet all needs at once through the purchase of PPE in the spring of 2020. This was due to a shortage of equipment on the market, potentially inefficient distribution to municipalities as county councils did not follow the common allocation principles, and that the Work Environment Authority's fast track system increased access to PPE – although not when the need was greatest [126, p. 6].

Kommunal's questions for safety representatives

A report published by Arena idé about the working conditions of Kommunal members during the spring of 2020 finds that the union had received alerts about shortages of PPE in elderly care services from several sources – members wrote on Kommunal's Facebook and Instagram pages and phoned Kommunal Direkt. On 16 March, Kommunal holds a video conference with work environment representatives. On 23 March, both Kommunal and SALAR discuss the immediate shortage of PPE in both healthcare and care of the elderly at a meeting with the Minister for Employment and Integration. The first requests for PPE as per Chapter 6, Section 6a were submitted during the third week of March. On 27 March, Kommunal contacts the Work Environment Authority, raising the alarm about the shortage of PPE in elderly care services. At this point, there have been two deaths in care homes for elderly people [85, p. 8f].

In the spring of 2020, Kommunal issues a total of five quick surveys to safety representatives working in health and social care (weeks 13, 14, 15, 16 and 19) with yes-no questions and open-ended questions [85, p. 33]. In the first survey sent out on 25–26 March, a large majority of safety representatives working in both home care and care homes for elderly people state that they are worried about access to PPE. Half of the safety representatives working in home care state that they have no access to PPE to protect both themselves and clients from infection. In the survey sent out on 1–2 April, one of the safety representatives working in home care reports how staff have access to gloves, aprons, face masks and more hand sanitiser. They have also received clearer information on how to act in situations where patients are ill and suspected of having the virus. However, this appeared to be a rare exception over the subsequent weeks, according to the report [85, p. 8f].

A quick survey issued on 8 April to safety representatives and officers working in healthcare and care of the elderly confirms the understanding that a very large majority working in home care services and elderly care report fears over access to PPE (a somewhat lower proportion within healthcare). Four out of ten safety representatives working in home care state there being situations where staff have worked without PPE, and almost one-third of safety representatives at care homes for elderly people state that there have been situations where staff have worked without PPE. One-third state that the most common issue is the absence of face masks, and one-quarter state there are no face shields. There is also a shortage of hand sanitiser, surface disinfectants, gloves, long-sleeved aprons, soap and paper towels [85, p. 12f].

On 8 April, one safety representative suspends work at a care home for elderly people in Eskilstuna when their employer believes that disposable rain ponchos and face masks made out of napkins are suitable for use as PPE. The leader of the section for private health and social care in Stockholm describes how at the start of April, workers would call and explain that they were working in makeshift face masks, made of coffee filters and employers were making face masks out of paper and gauze. ‘Members were wearing bin bags to try to protect themselves. There were some people that used their own money to buy diving masks in a bid to defend themselves against the virus.’ [85, p. 14]. According to the safety representatives, during the second week of April 2020, nine out of ten employers had created guidelines on the correct use of PPE [85, p. 15].

PPE was also a work environment problem

It can be noted that PPE is also felt to be a work environment problem. In August 2021, Kommunalarbetaren reports that several members have expressed how working in PPE can be difficult. Some have developed eczema and itching, mouth ulcers, nose bleeds and headaches. There are reports that over 450 occupational injuries linked to using face masks and respirators have been reported to the Work Environment Authority up until the end of August 2021, with the majority of reports having been submitted during 2021 [127].

In the spring of 2021, Region Västerbotten conducted a survey of almost 3 000 employees working in elderly care across 15 municipalities. The majority of respondents were healthcare assistants. Senior infection control practitioner in Region Västerbotten and the chair of the Swedish Association of Infection Control Practitioners stress how PPE is often essential for protecting both patient and staff, but consideration needs to be paid to how its use can affect the work environment. The study aimed to determine whether PPE caused a deterioration in employees' work environments. 'We've basically forced them to wear PPE' [128]. The survey found that four out of ten respondents found working in PPE either extremely difficult or very difficult. Most often, people found it to be warm and stuffy and breathing felt difficult when wearing face masks and respirators. Skin irritation and headaches were additional problems.

A majority of the women staff responded that wearing a respirator for two to three hours was just as difficult as working an entire day without it. 'The senior infection control practitioner says that practice, we don't really have the energy to work wearing respirators for more than three or four hours. So we should organise work so it's possible to take a break after this period.' [128] One conclusion is that during the pandemic, the use of PPE has neither been governed carefully enough nor been based on knowledge. The senior infection control practitioner in Region Västerbotten hopes that the study will result in a discussion on how PPE affects the work environment and lead to better national regulations – at least in preparation for a new pandemic. The issue has fallen between the cracks, as both the Work Environment Authority and Public Health Agency of Sweden perform their assessments independently of each other.

Balancing the work environment impact against protective effects is difficult. To establish a reasonable policy, there needs to be a national collaboration between experts in infection control and work environments. This has not taken place during the pandemic. [128]

The Work Environment Authority stresses that PPE must always be the final option. First, employers must do what they can to minimise the risk of infection in other ways. However, there are situations where staff must wear PPE which makes working more uncomfortable. 'I don't think there's anything wrong with PPE, it's just a nightmare working with it,' says one chemist and expert on dermatological problems at the Work Environment Authority. She encourages anyone who may have been injured by PPE to talk to their employer or safety representative [129].

4. Survey results and analysis

Below is a presentation of the survey results. The presentation follows the order the questions were asked in the survey, i.e. the order the respondents answered for each theme (see Appendix 3).

Background information

A total of 2 921 people responded to the survey, of which 1 051 worked in retail, 801 in transport and 1 069 in social care (Table 1). A majority of the respondents, 67 per cent, had been with their employer for four years or more. Approximately 15 per cent had worked for two and three years respectively – relatively evenly divided across the three sectors. A majority had a permanent position both before the pandemic (approximately 90 per cent, with only a few percentages difference between the sectors) and during the pandemic (approximately 92 per cent) (see Appendix 1, Table B2). Of the respondents, 73 per cent worked full-time, but there was variation between the sectors (see Appendix 1, Table B4). Approximately 85 per cent of transport workers worked full-time during the pandemic, compared to 73 per cent in social care and approximately 64 per cent within retail.

Table 1. Description of response group, total and divided by sector, based on self-reported information (%).

In the workplace ^a	Retail	Transport	Social care	Total	P-value
2 years	18.8	14.2	17,1	16.9	
3 years	16.3	13.2	17,3	15.8	
4 years or more	64.7	72.3	65,6	67.1	0.007
Must be in the workplace^b					
Yes, always	79.4	78.7	85,0	80.7	
Yes, often	20.6	21.3	15,0	19.3	0.007
Type of employer					
Private sector	79.7	78.0	28,8	60.6	
Public sector	20.3	22.0	71,2	39.4	<0.001
Gender^c					
Man	42.0	69.2	20,6	41.6	
Woman	58.0	30.8	79,4	58.4	<0.001
Household					
Single-person	23.8	28.5	19,0	23.3	
Adults only	36.5	30.8	29,7	32.5	
Children aged 0–7 years	23.9	21.5	30,1	25.5	
Children, 7 years and above only	15.8	19.2	21,1	18.7	<0.001
Level of education					
Compulsory school	4.5	4.9	3,2	4.1	
Upper-secondary school	54.9	54.8	45,9	51.6	
Post-secondary education, two years	14.9	19.6	21,6	18.7	
Higher education, 3–5 years	24.5	19.9	28,4	24.6	
Third-cycle (doctoral) studies	1.2	0.9	0,8	1.0	<0.001

a. Those who had worked under 2 years did not respond to the survey

b. Those who answered 'No, I worked mostly from home' were excluded, only 2 138 people responded to the question, as this was added at a later stage.

c. Information about gender may have been added retroactively by Enkätfabriken.

58 per cent of respondents were women (Table 1). There is an uneven gender distribution among the occupational groups, which is in line with the gender distribution across the three sectors, i.e. two women-dominated and one man-dominated.¹⁶ Almost 80 per cent of respondents from the social care sector were women, whereas this figure was 58 and 31 per cent for the retail and transport sectors respectively. Just under 25 per cent of respondents lived in single-person households. Of the remaining 75 per cent, one-quarter (total 25 per cent) stated having children under 7 in their household.

The highest level of education for approximately half of the respondents was upper-secondary school. There was a low proportion of respondents to have only completed compulsory schooling for all sectors (three and five per cent).

The majority of respondents worked in the private sector (60 per cent). The majority (80 per cent) of those working in retail and transport were employed by the private sector, whereas the majority (approximately 70 per cent) of those working in social care were employed by the public sector.

Approximately 80 per cent of respondents stated they were always or often in their workplace. The greatest proportion was found in the social care sector (85 per cent). However, there was some drop-out as the question was added later on in the data collection.

As a whole, before the pandemic, the majority travelled by private rather than public transport (approximately 60 per cent) (see Appendix 1, Table B1). In terms of occupational group, the majority of respondents travelling privately came from the transport sector. During the pandemic, the number of retail workers travelling by public transport decreased (from 44 to 36 per cent). The proportion of social care workers travelling by public transport also decreased from 41 to 32 per cent. There was less of a decrease (from 36 to 31 per cent) among transport workers.

4.1 The work itself during the pandemic

The pandemic affected tasks at many workplaces. At the start of the survey, respondents were asked to state how they believed the pandemic affected their work by selecting the answer that best corresponded with a particular statement.

¹⁶ Statistics Sweden's occupational statistics for 2020 state that the gender distribution within the main occupational categories in the social care sector was as follows: Healthcare assistants 90% women, 10% men; care assistants 72% women, 28% men; carers and housing support workers 73% women, 27% men, and personal and personal assistants 72% women, 28% men. The gender distribution was somewhat more even in the major retail occupations: shop workers (durable goods) 61% women, 39% men and shop workers (consumer packaged goods) 66% women, 34% men.

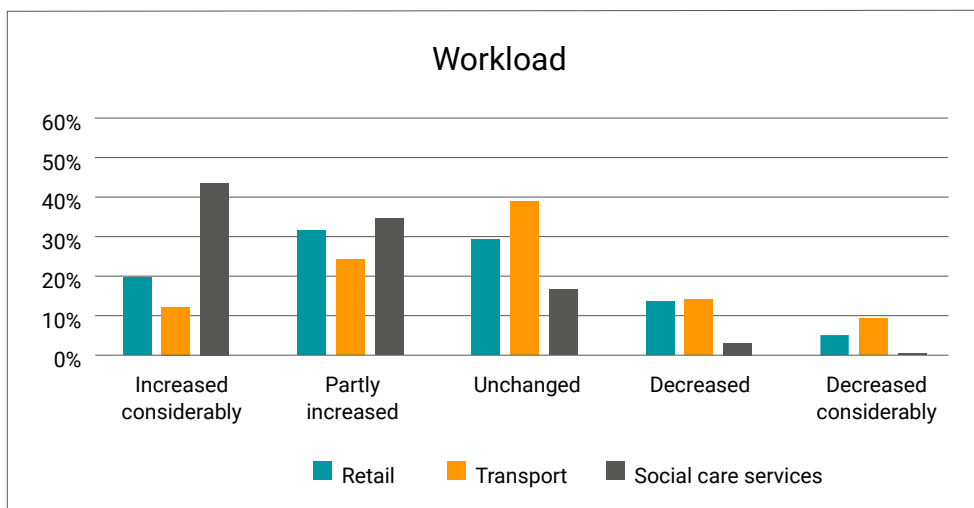


Figure 1. The graph illustrates the responses to the question: 'The pandemic affected tasks at many workplaces. How did it affect your work? - **My workload**' with the following options: Increased considerably/Partly increased/Unchanged/Decreased/Decreased considerably. (Difference between sectors $p < 0.001$)

The large majority (approximately 80 per cent) of workers within the social care sector responded that their workload had increased considerably. Approximately half of the retail workers who responded stated that their workload increased, and one-third stated it was unchanged (Figure 1). Approximately 40 per cent of transport workers stated their workload was unchanged, and an almost identical proportion stated it had increased. The clearest gender difference was identified within the social care sector (see Appendix 1, Table B5). Here, the proportion who believed workloads had increased considerably was higher among women (47 per cent) compared to men (31 per cent).

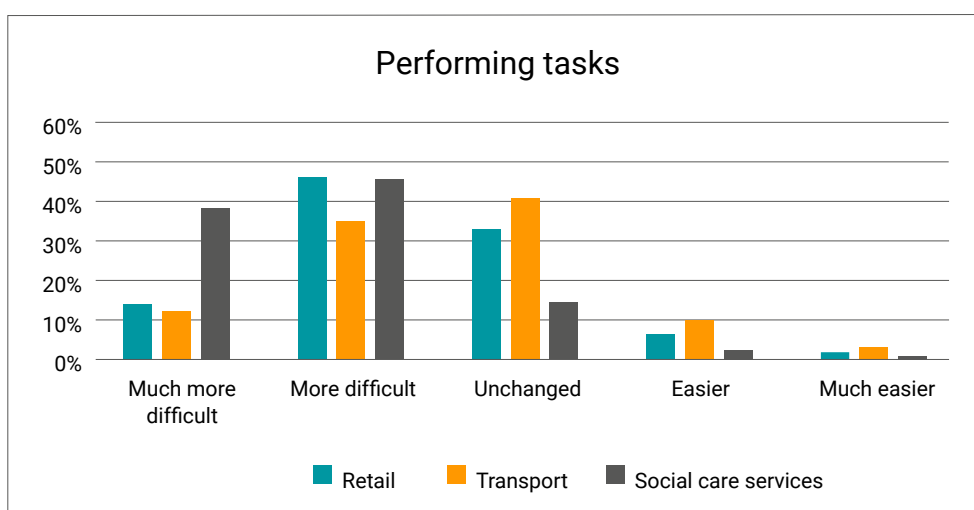


Figure 2. The graph illustrates the responses to the question: 'The pandemic affected tasks at many workplaces. How did it affect your work? - **Performing my tasks was**' with the following options: Much more difficult/More difficult/Unchanged/Easier/Much easier. (Difference between sectors $p < 0.001$)

The vast majority (over 80 per cent) of respondents from the social care sector stated performing their tasks had become more difficult (Figure 2). Similarly, the majority (60 per cent) of retail workers believed that performing their tasks was more difficult. However, in contrast to those working in the social care sector, a smaller proportion of retail workers stated things had become considerably more difficult. Within the transport sector, almost half of all respondents stated that performing their tasks had become more difficult, while 40 per cent stated things were unchanged.

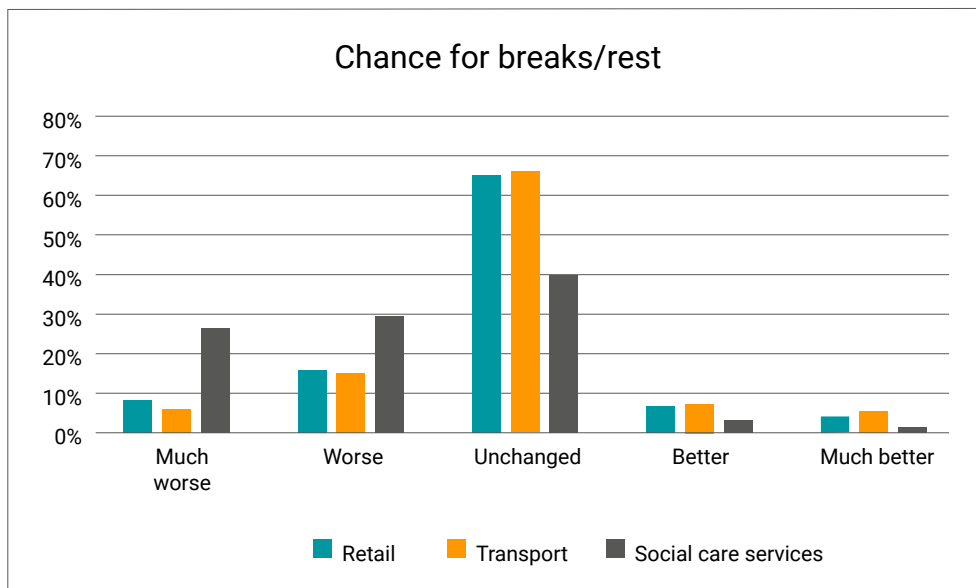


Figure 3. The graph illustrates the responses to the question: 'The pandemic affected tasks at many workplaces. How did it affect your work? - The chance to take breaks/rest was,' with the following options: Much worse/Worse/Unchanged/Better/Much better (Difference between sectors $p < 0.001$) (Branschskillnad: $p < 0,001$)

The survey shows that it did not become significantly more difficult for transport and retail workers to rest or take breaks (Figure 3). A large majority of retail and transport workers stated that the possibility for them to rest or take breaks was unchanged.

However, over half of social care workers felt that the possibility for them to take breaks or rest was slightly or much worse. Women care workers in particular stated the possibility for them to take breaks or rest was much worse (28 per cent) (see Appendix 1, Table B6). However, approximately 40 per cent of care workers felt that the possibility for them to take breaks or rest was unchanged.

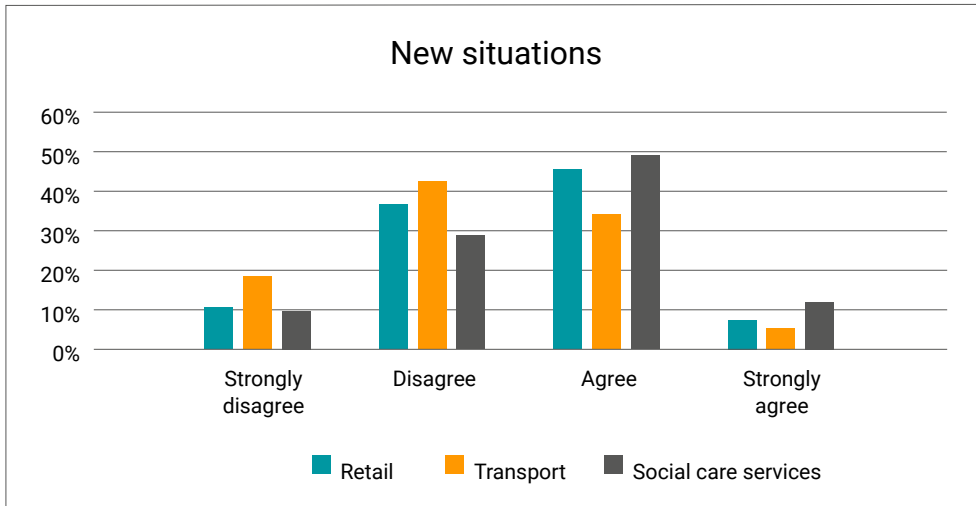


Figure 4. The graph illustrates the responses to the question: 'To what extent do you agree with the following statements about your work situation during the pandemic? – **There were new situations that I did not know how to address,**' with the following options: Strongly disagree/Disagree/Agree/Strongly agree (Difference between sectors $p < 0.001$)

A majority of respondents working in social care agreed with the statement that new situations arose that they did not know how to address (six out of ten stated they agreed or strongly agreed) (Figure 4). Close to half of retail workers stated that they strongly agreed, however a relatively large proportion (almost 40 per cent) stated they strongly disagreed. A majority of transport workers did not agree with the statement. Six out of ten stated they strongly disagreed or disagreed.

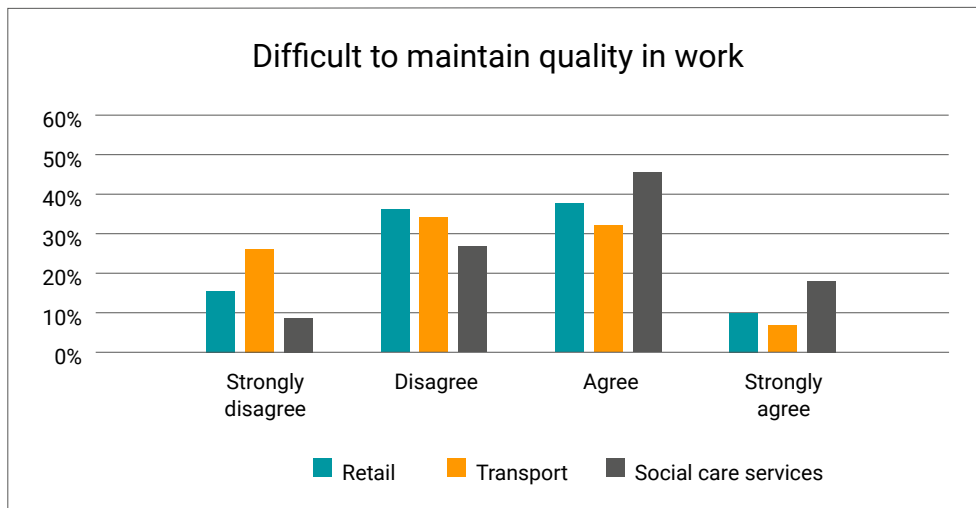


Figure 5. The graph illustrates the responses to the question: 'To what extent do you agree with the following statements about your work situation during the pandemic? – **Maintaining quality in my work was harder,**' with the following options: Strongly disagree/Disagree/Agree/Strongly agree (Difference between sectors $p < 0.001$)

A majority (64 per cent) of social care workers agreed or strongly agreed that it had become difficult to maintain quality in their work (Figure 5). However, one-third disagreed with the statement (disagree or strongly disagree).

The answers from transport workers were the opposite, with approximately 60 per cent disagreeing with the statement that maintaining quality in their work was harder, compared to 40 per cent who agreed.

The most even distribution was noted among retail workers, with almost 50 per cent agreeing or strongly agreeing that maintaining quality in work was harder, and 50 per cent either disagreeing or strongly disagreeing.

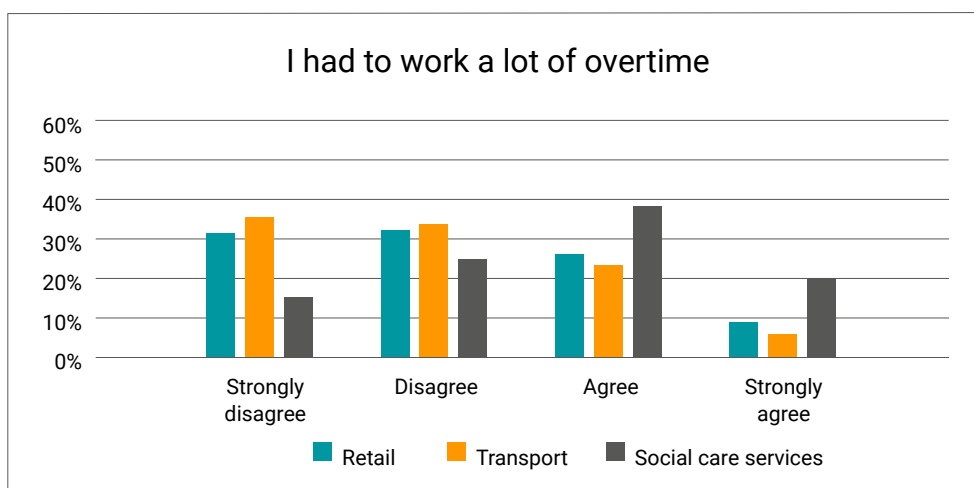


Figure 6. The graph illustrates the responses to the question: 'To what extent do you agree with the following statements about your work situation during the pandemic? – **I had to work a lot of overtime,**' with the following options: Strongly disagree/Disagree/Agree/Strongly agree (Difference between sectors $p < 0.001$)

On the subject of overtime, it emerged that the majority (close to 60 per cent) of social care workers either agreed or strongly agreed with the statement that they had to work a lot of overtime (Figure 6). The majority of retail and transport workers disagreed with the statement.

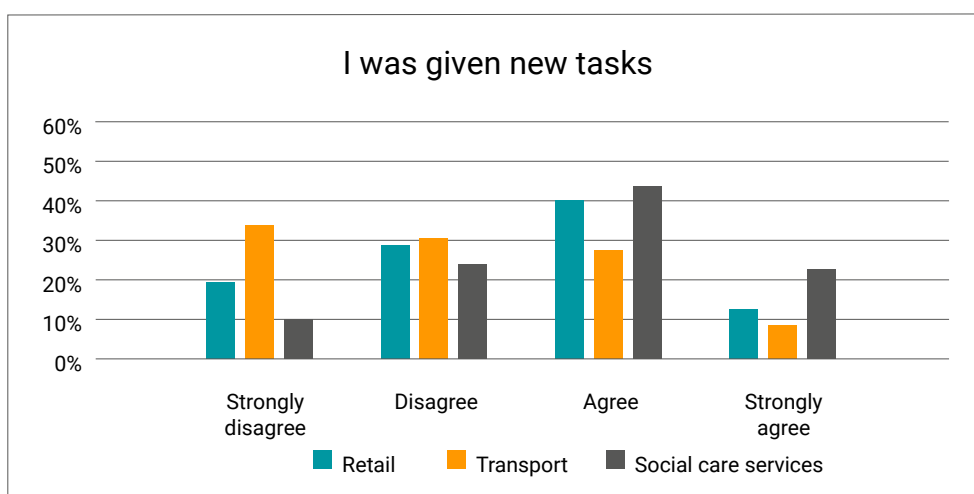


Figure 7. The graph illustrates the responses to the question: 'To what extent do you agree with the following statements about your work situation during the pandemic? – **I was given new tasks,**' with the following options: Strongly disagree/Disagree/Agree/Strongly agree (Difference between sectors $p < 0.001$)

A majority, (approx. 65 per cent) of social care workers who responded agreed or strongly agreed that they had been given new tasks during the pandemic (Figure 7). Approximately half of the retail workers who responded also agreed or strongly agreed that they had been given new tasks. In contrast, a majority (over 60 per cent) of transport workers disagreed or strongly disagreed.

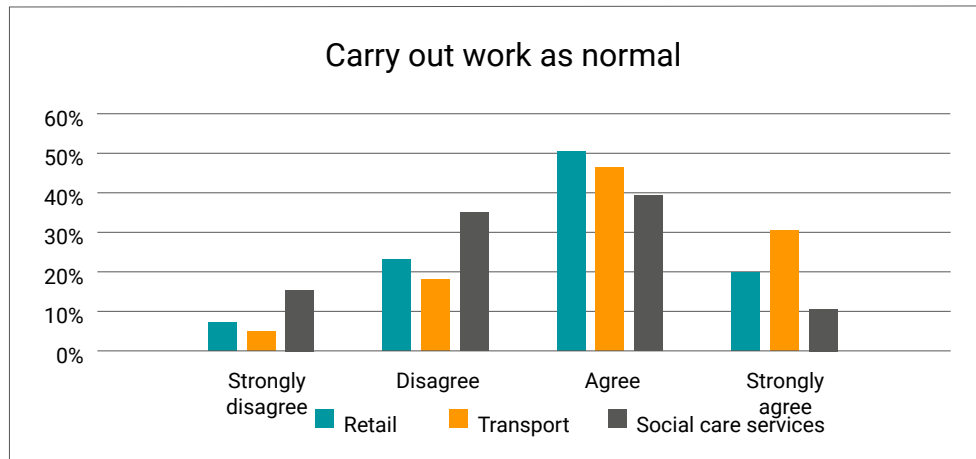


Figure 8. The graph illustrates the responses to the question: 'To what extent do you agree with the following statements about your work situation during the pandemic? – **Generally, I could carry out my work as normal.**' with the following options: Strongly disagree/Disagree/Agree/Strongly agree (Difference between sectors $p < 0.001$)

Half of social care workers who responded agreed that generally, they could carry out their work as normal. However, an equal proportion disagreed with the statement (Figure 8). A large majority (approximately 70 per cent) of transport and retail workers who responded either agreed or strongly agreed that generally, they could work as normal.

Summary

När det gäller de olika aspekterna av hur det egna arbetet kunde utföras under coronapandemin visar undersökningen:

- A very large majority of social care workers who responded stated that their workload had increased.
- A very large majority of social care workers who responded, and a majority of retail workers who responded stated that performing their tasks had become more difficult.
- A majority of social care workers and half of retail workers agreed with the statement that they encountered new situations they did not know how to approach.
- A majority of social care workers agreed with the statement that it was more difficult for them to maintain quality in their work. In retail, opinions were divided. A majority of transport workers disagreed.
- A majority of care workers agreed with the statement that they were forced to work a lot of overtime. This was not the case for the majority of transport and retail workers who responded.

- A clear majority of social care workers, and approximately half of retail workers stated they had received new tasks at work. The majority of transport workers responded that they had not received new tasks at work.
- A large majority of transport and retail workers stated that generally, they were able to carry out their work as normal. Approximately half of social care workers stated that generally, they were able to carry out their work as normal.

4.1.1 Changes to the physical work environment

The survey asked respondents to state the changes that were made to the physical work environment in their workplace, and whether they felt these changes interfered with their work.

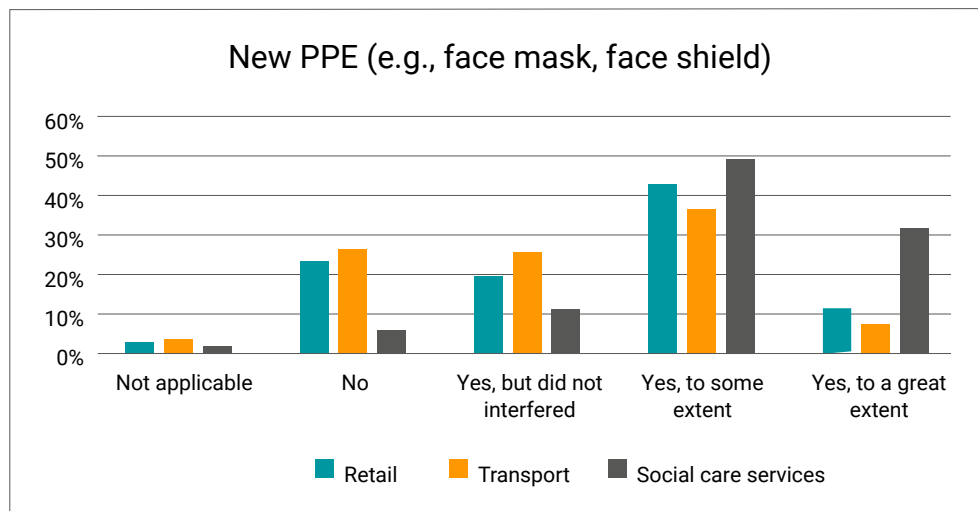


Figure 9. The graph illustrates the responses to the question: 'Were any changes implemented in your physical work environment during the pandemic? – New PPE (e.g., face mask, face shield, etc.)' with the following options: Yes/No/Not applicable, combined with follow-up question 'Did this interfere with your work?' with the following options: No, not at all/Yes, to some extent/Yes, to a great extent. (Difference between sectors $p < 0.001$)

A majority of all sectors stated that new personal protective equipment was introduced in the workplace. However, one in four retail and transport workers who responded stated that no protective equipment was introduced. A very small proportion of social care workers answered that no new protective equipment was introduced (Figure 9).

A large majority of social care workers stated that the changes implemented interfered with their work. This was particularly evident among women, with 35 per cent stating that the PPE introduced greatly interfered with their work, compared to 21 per cent of men (see Appendix 1, Table B7). Approximately half of retail workers and one-third of transport workers stated that the changes interfered with their work.

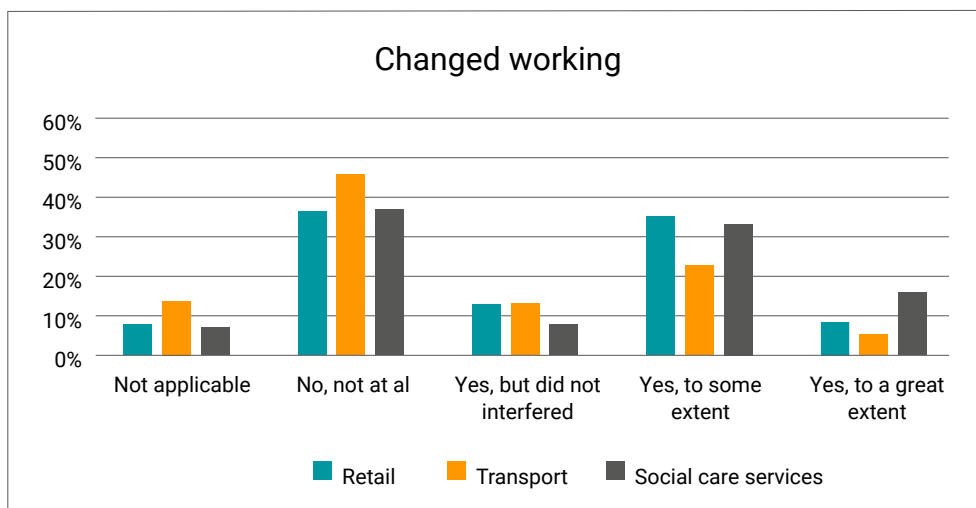


Figure 10. The graph illustrates the responses to the question: 'Were any changes implemented in your physical work environment during the pandemic? – **Changed working positions (e.g. when lifting, close contact with people)**' with the following options: Yes/No/Not applicable, combined with follow-up question 'Did this interfere with your work?' with the following options: No, not at all/Yes, to some extent/Yes, to a great extent. (Difference between sectors $p < 0.001$)

were implemented in the workplace, and led to changes in working positions. Approximately half (49 per cent) of social care workers stated that these changes also interfered with their work (Figure 10). The corresponding figure for retail was 43 per cent. One-third of social care and retail workers and almost half of transport workers disagreed.

Approximately half of transport and social care workers stated that plexiglass screens were not introduced into their physical work environment to separate staff from the public (see Appendix 1, Figure A). However, a majority of retail workers who responded stated that plexiglass screens were introduced, and half of them stated it interfered with their work. Women in particular stated that the plexiglass screens interfered with their work (20 per cent, compared to 10 per cent of the men) (see Appendix 1, Table B8).

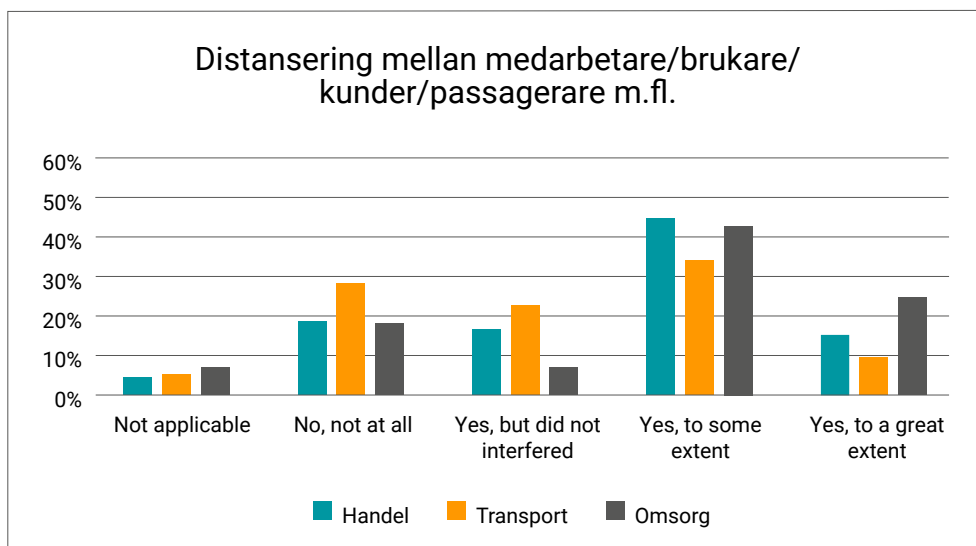


Figure 11. The graph illustrates the responses to the question: 'Were any changes implemented in your physical work environment during the pandemic? - **Social distancing between staff, clients, customers, passengers, etc.**' with the following options: Yes/No/Not applicable, combined with follow-up question 'Did this interfere with your work?' with the following options: No, not at all/Yes, to some extent/Yes, to a great extent. (Difference between sectors $p < 0.001$)

The majority of retail, social care and transport workers to have responded stated that social distancing was implemented between staff, clients, customers and so on (Figure 11). However, approximately 30 per cent of transport workers and 20 per cent within retail and social care stated that social distancing was not introduced.

We also see that a large majority (68 per cent) of social care workers and a majority of retail workers (58 per cent) who responded stated that social distancing between staff, clients, customers, and so on was an interference. Approximately 40 per cent of transport workers stated it was an interference, the majority stated it was a slight interference.

The question about social distancing between infected and non-infected clients was mainly relevant for social care workers. A large majority (74 per cent) agreed that social distancing between infected and non-infected clients was introduced, and a majority (66 per cent) believed it was either a great or slight interference (see Appendix 1, Figure B).

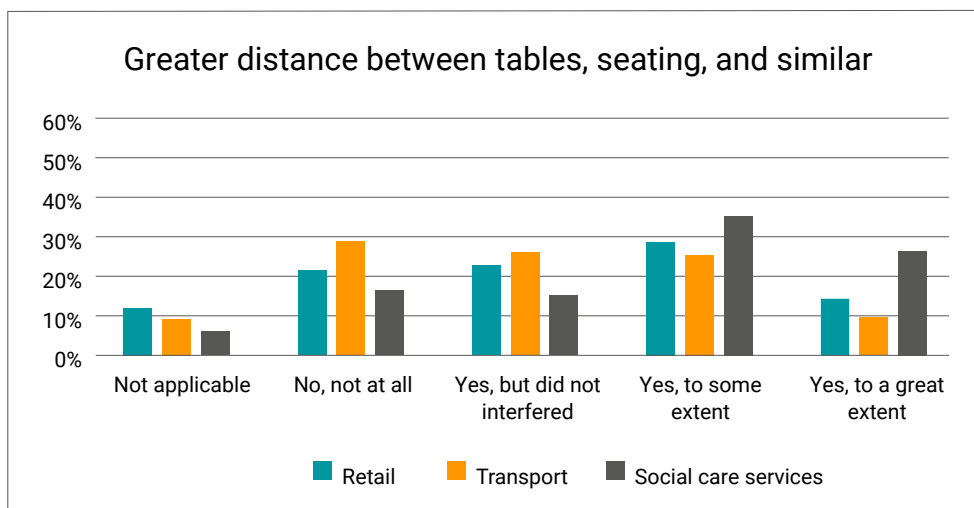


Figure 12. The graph illustrates the responses to the question: 'Were any changes implemented in your physical work environment during the pandemic? - **Greater distance between tables, seating, and similar**', with the following options: Yes/No/Not applicable, combined with follow-up question 'Did this interfere with your work?' with the following options: No, not at all/Yes, to some extent/Yes, to a great extent. (Difference between sectors $p < 0.001$)

A large majority (76 per cent) of care workers stated that changes were implemented in their physical work environment, including greater distances between tables, seating and similar. A majority (60 per cent) stated that this either greatly interfered with their work, or interfered to a certain extent (Figure 12). A majority of retail workers who responded also stated that this was introduced, with 40 per cent stating it interfered with their work. Half of transport workers stated that greater distances were introduced between tables, seating areas and similar, although fewer (24 per cent) found that this interfered with their work. It can also be noted that most respondents working in transport stated that it was not introduced.

Summary

Regarding changes to the physical work environment, the survey found the following:

- A majority of all sectors stated that new protective equipment was introduced. A large majority of social care workers, approximately half of retail workers and one-third of transport workers stated that the changes interfered with their work. This particularly applied for women working in social care.
- Approximately half of the respondents working in social care and retail stated that there were changes to their working positions, and half of care workers and a similar proportion of retail workers stated that these changes caused an interference.
- A majority of retail workers who responded stated that plexiglass was introduced, and many stated it interfered with their work, particularly women.

- A clear majority of retail, social care and transport workers to have responded stated that social distancing was implemented between staff, clients, customers and so on. Social distancing interfered with work for the majority of respondents working in social care and retail, whereas it interfered with the work of four out of ten transport workers. Furthermore, one-quarter of social care workers stated that social distancing greatly interfered with their work.
- A large majority of social care workers and a majority of retail workers stated that greater distances had been introduced between tables, seating and so on. The majority of social care workers and four out of ten retail workers stated that this interfered with their work. Half of transport workers stated that greater distances were introduced, however fewer stated that they interfered with their work.

4.2 Collegial and social support during the pandemic

Another theme explored was that of how relationships and cooperation as well as support from occupational health services and trade unions were affected by the pandemic.

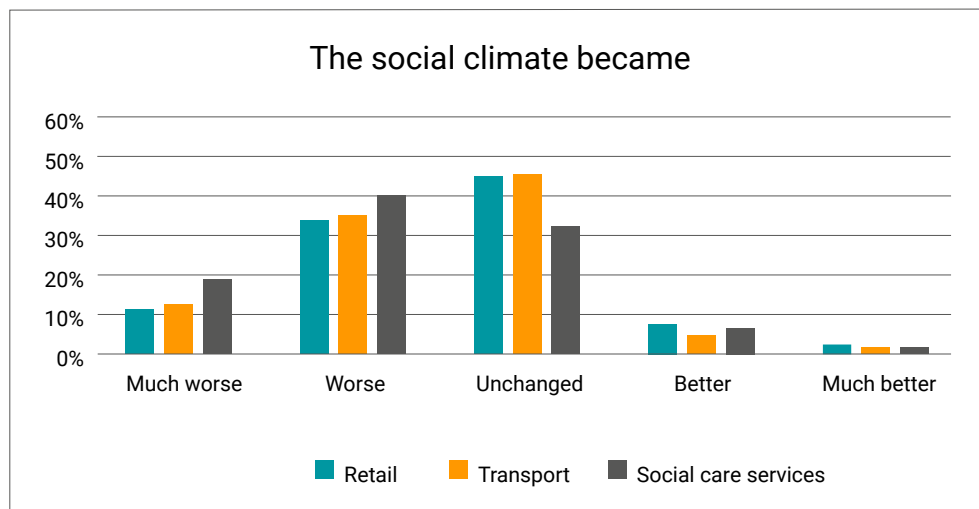


Figure 13. The graph illustrates the responses to the statement: **'The social climate became'**: with the following options Much worse/Worse/Unchanged/Better/Much better (Difference between sectors $p < 0.001$)

There are some similarities between the sectors in terms of the perceived social climate. Nobody believed it to have become better. Equal amounts of retail and transport workers (45 per cent) believed there were no changes, and a relatively similar proportion (45 and 48 per cent) believed it had become worse. The majority of social care workers responded that it had become worse (59 per cent) and one-third stated it was unchanged (Figure 13).

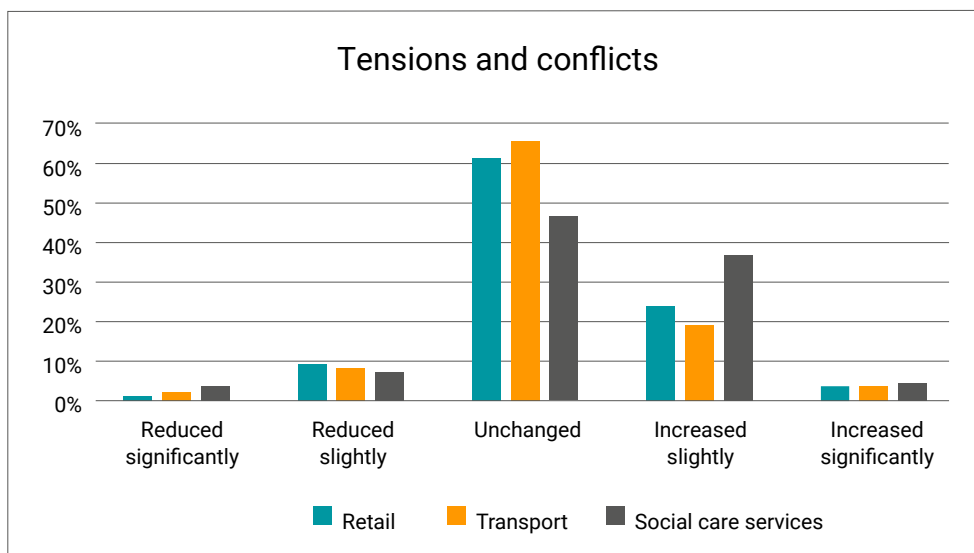


Figure 14. The graph illustrates the responses to the statement: **'Tensions and conflicts'**: with the following options: Reduced significantly/Reduced slightly/Unchanged/Increased slightly/Increased significantly. (Difference between sectors $p < 0.001$)

There is a consistent view of tensions and conflicts between respondents from retail and transport. The majority (61 and 66 per cent respectively) stated that there were no changes to tensions and conflicts, whereas a smaller proportion stated that they had increased (28 and 23 per cent respectively). Almost half of the social care workers responded that there were no changes, while a similar proportion (42 per cent) stated that it had increased (Figure 14).

There was a greater spread of responses regarding support in work groups and teams. The majority of retail and transport workers responded that there was no change in the support in their work group or team (58 and 63 per cent respectively), whereas 20 per cent of transport workers stated that there had been a decrease and 23 per cent of retail workers said there had been an increase. Almost half of those working in social care stated the situation was unchanged, while 23 per cent stated that there had been a decrease, and 33 per cent stated there had been an increase (see Appendix 1, Figure C).

Approximately half of those to respond within the three sectors stated that there was no change in the support from safety representatives and trade unions. However, it should be noted that one-fifth of retail workers responded with 'don't know' (see Appendix 1, Figure D).

Almost half of respondents from all three sectors stated that there was no change in support from occupational health services, however one-fifth responded with 'don't know' (see Appendix 1, Figure E).

Summary

On the theme of collegial and social support during the pandemic, the survey found the following:

- Almost half of transport and retail workers stated that the social climate became worse, and half stated it was unchanged. The majority of respondents in social care stated that the climate became worse.
- A majority of retail and transport workers stated there was no change to tensions and conflicts. Almost half of the social care workers responded that there were no changes, while a similar proportion stated that it had increased.
- A majority of respondents working in retail and transport, and approximately half within social care stated there was no change to support within work groups and teams.
- Approximately half of respondents from the sectors stated that there was no change in support from safety representatives and trade unions.
- Close to half of those within the sectors stated that there was no change to support from occupational health services.

4.3 Leadership during the pandemic

Survey respondents were asked about how satisfied they were with the way their management had approached Covid-19 in the workplace.

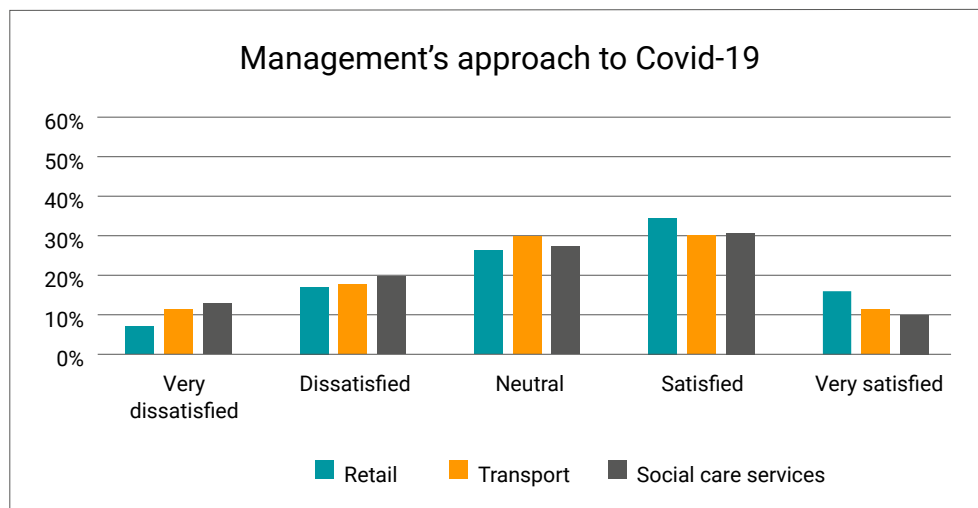


Figure 15. The graph illustrates the responses to the question: 'How satisfied are you with the way management approached Covid-19 in your workplace?' with the following options: Very dissatisfied/Dissatisfied/Neutral/Satisfied/Very satisfied (Difference between sectors $p < 0.001$)

The results show that experiences relating to their management’s work with Covid-19 were similar throughout the three sectors; the largest group are satisfied with the way their management approached Covid-19, although they are not the majority – almost one-third are neither satisfied nor dissatisfied, and almost one-third are dissatisfied (Figure 15). A somewhat larger proportion of retail workers were satisfied with the way their management approached Covid-19 in the workplace (approximately 50 per cent), compared to transport and social care (approximately 40 per cent).

A majority of respondents from all sectors state that communication with line managers was unchanged during the pandemic (see Appendix 1, Figure F).

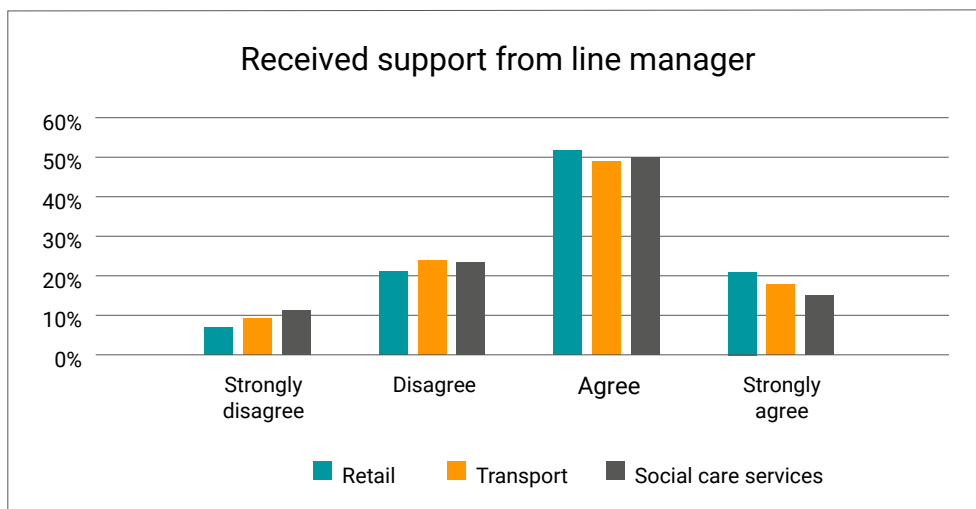


Figure 16. The graph illustrates the responses to the statement: 'I received the support I needed from my line manager during the pandemic' with the following responses: Strongly disagree/Disagree/Agree/Strongly agree (Difference between sectors $p < 0.001$)

Responses from each of the sectors were also relatively similar here, with a fairly even distribution over all responses (Figure 16). A large majority (between 65–73 per cent) of all the respondents strongly agreed that they received the necessary support from their line managers. Approximately 30 per cent of social care and transport workers stated they did not receive the support they needed from their line managers. The corresponding figure for retail workers is slightly lower (27 per cent).

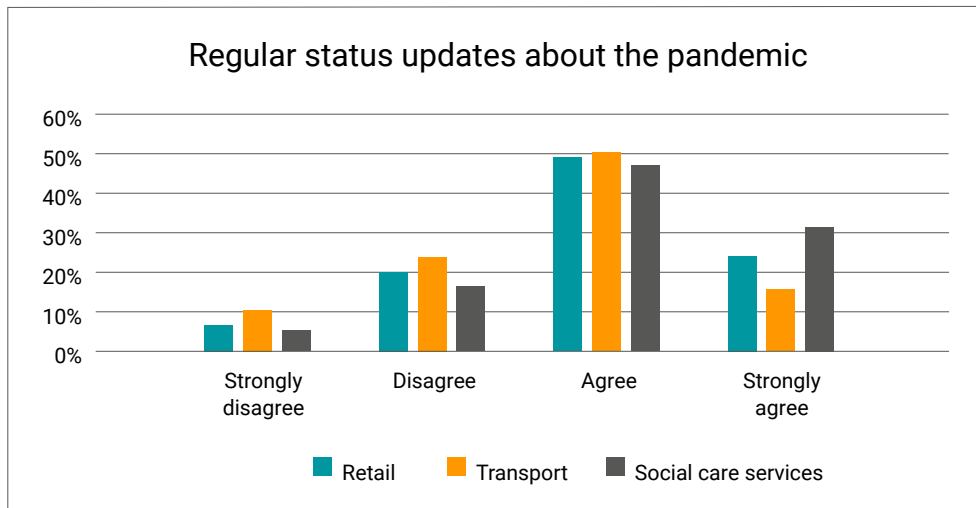


Figure 17. The graph illustrates the responses to the statement: 'I received regular status updates about the pandemic' with the following options: Strongly disagree/Disagree/Agree/Strongly agree (Difference between sectors $p < 0.001$)

A large majority of social care workers either agreed or strongly agreed that they received regular status updates about the pandemic (Figure 17). The majority of transport and retail workers also agreed with the statement.

The majority of social care workers agreed that they had access to the personal protective equipment necessary to be able to work safely, and the same was true for transport and retail workers. However, more social care workers strongly agreed with the statement than those in retail and transport (see Appendix 1, Figure G). It is a well-known fact that there was a major shortage of PPE within care services at the start of the pandemic. The responses to this question have likely been based on the conditions as of summer 2020 and beyond.

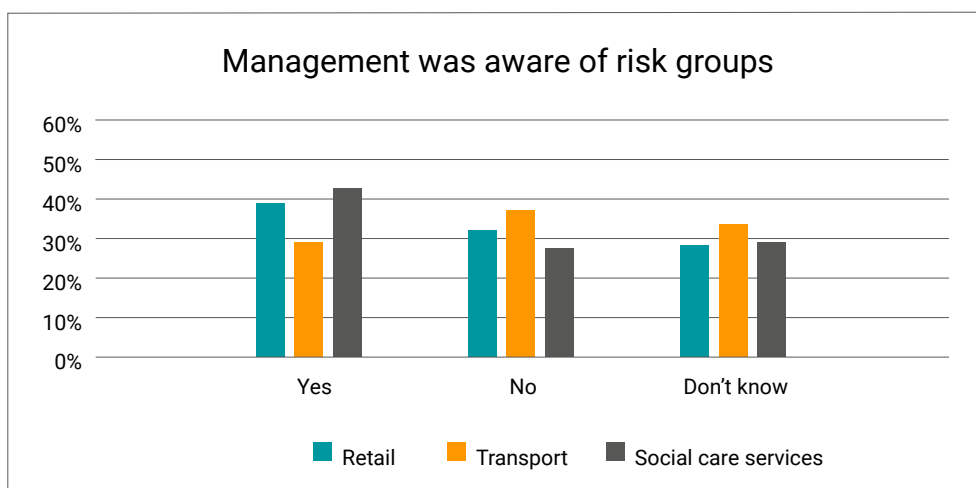


Figure 18. The graph illustrates the responses to the statement: 'The management group or line manager informed themselves about whether any employees were in a Covid-19 risk group' with the following options: Yes/No/Don't know. (Difference between sectors $p < 0.001$)

The majority of social care workers (43 per cent) and retail workers (39 per cent) agreed that their managers had informed themselves about whether any employees were in a Covid-19 risk group. However, the figure was lower among transport workers (29 per cent). The remainder answered either 'no' or 'don't know' (Figure 18).

Summary

On the theme of leadership during the pandemic, the survey shows that:

- There was a relative consensus among the sectors regarding how their management worked with Covid-19. Half of retail workers and approximately 40 per cent of transport and social care workers were satisfied with the way their management approached the pandemic. A somewhat smaller proportion stated that they were neither satisfied nor dissatisfied and one-third of social care and transport workers stated they were dissatisfied.
- A majority of respondents stated that communication with line managers was unchanged during the pandemic.
- A large majority of all the respondents from the three sectors agreed that they received the necessary support from their line managers.
- The majority of respondents stated they received regular status updates about the pandemic, the greatest majority being in social care.
- The majority of respondents from all three branches agreed that they had access to the PPE they needed to work safely. More respondents working in social care strongly agreed with the statement.
- Approximately four out of ten social care and retail workers agreed that their management or line managers had informed themselves about whether any employees were in a risk group. This figure was slightly lower for transport workers.

4.4 Organising work during the pandemic

The survey asked respondents to select the changes that were implemented in the workplace during the pandemic.

	Handel	Transport	Omsorg	Totalt	p-värde
Daily procedures were changed	69.9	66.8	81.9	73,4	<0.001
Staff were divided into smaller groups/teams	19.2	17.5	21.1	19,4	0.153
Staff were given other duties	25.2	16.4	24.5	22,5	<0.001
Staff were re-assigned	12.7	7.1	16.6	12,6	<0.001
Staff were furloughed/made redundant	9.8	14.2	3.3	8,6	<0.001
N	1043	794	1062	2899	

Table 2. The table shows the proportion of respondents who stated that the changes below were implemented during the pandemic. The results are presented as totals and divided by sector.

The results show that the most common changes during the pandemic were changes to regular procedures – as stated by 80 per cent of social care workers and 70 per cent of retail and transport workers (Table 2).

One-quarter of retail and social care workers stated that staff were allocated other duties. One in five retail and social care workers state they were divided into smaller groups or teams. The number of staff re-assigned was highest in social care (16 per cent). The number of workers furloughed or made redundant was highest in transport (14 per cent) followed by retail (approximately 10 per cent).

The majority of transport workers stated *another* change. Furlough was the most common change. Retail workers all stated furlough of varying forms, as well as changes such as shorter shifts, changes to working hours and that those on zero-hours contracts worked fewer hours. Only a small number of social care workers stated there were other changes during the pandemic. The changes included the transition to online meetings and that pregnant people were not allowed to work beyond the 20th week of pregnancy.

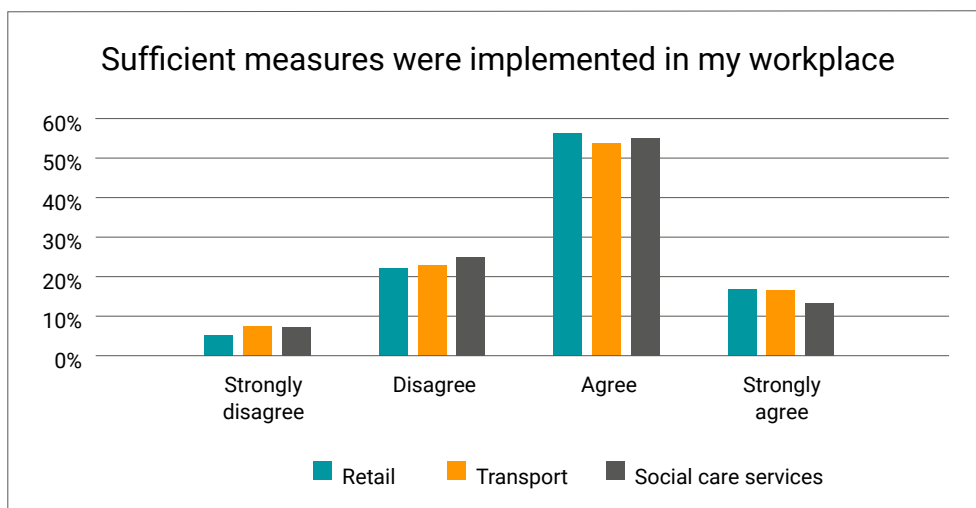


Figure 19. The graph illustrates the responses to the statement: 'Sufficient measures were taken in my workplace to enable work to continue' with the following options: Strongly disagree/Disagree/Agree/Strongly agree (Difference between sectors $p < 0.066$)

When asked whether their workplaces introduced sufficient measures to be able to continue work during the pandemic, the majority of respondents – regardless of sector – agreed with the statement (over 50 per cent) or strongly agreed (between 10 and 20 per cent) (Figure 19). The proportion who disagreed or strongly disagreed was lower for all sectors – approximately one-quarter.

Summary

On the theme of organising work during the pandemic, the survey shows:

- A large majority of respondents stated that daily work procedures were changed.
- One-quarter of retail and social care workers stated that staff were allocated other duties.
- Approximately one-fifth of workers from all sectors stated that they were divided into smaller work groups or teams.
- A proportion of transport and retail workers stated they were furloughed or made redundant.
- A large majority of respondents agreed that sufficient action was taken in the workplace that enabled work to take place.

4.5 Safety and health

Another theme that was explored looked at how employees perceived safety and health in the workplace during the pandemic.

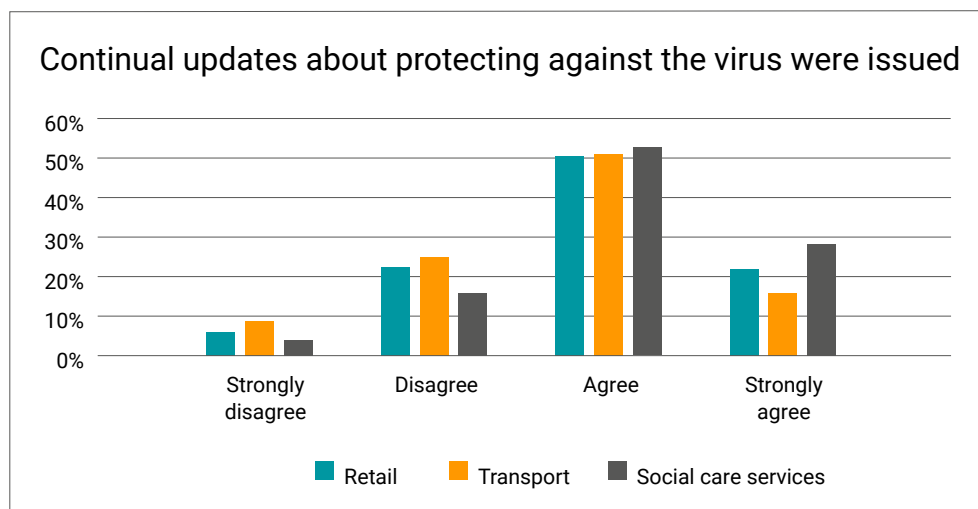


Figure 20. The graph illustrates the responses to the statement: **'Throughout the pandemic, my workplace provided continual information about how to stay protected against infection'** with the following options: Strongly disagree/Disagree/Agree/Strongly agree (Difference between sectors $p < 0.001$)

A very large majority of social care workers either agreed or strongly agreed with the statement that their workplace provided continual information about how to stay protected against infection (Figure 20). An equally large majority of respondents – although slightly fewer – working in transport and retail strongly agreed with the statement. However, close to one-third of transport workers disagreed with the statement.

The pandemic generated increased fear and stress among staff in many workplaces. In the survey, workers were able to describe the situation where they worked.

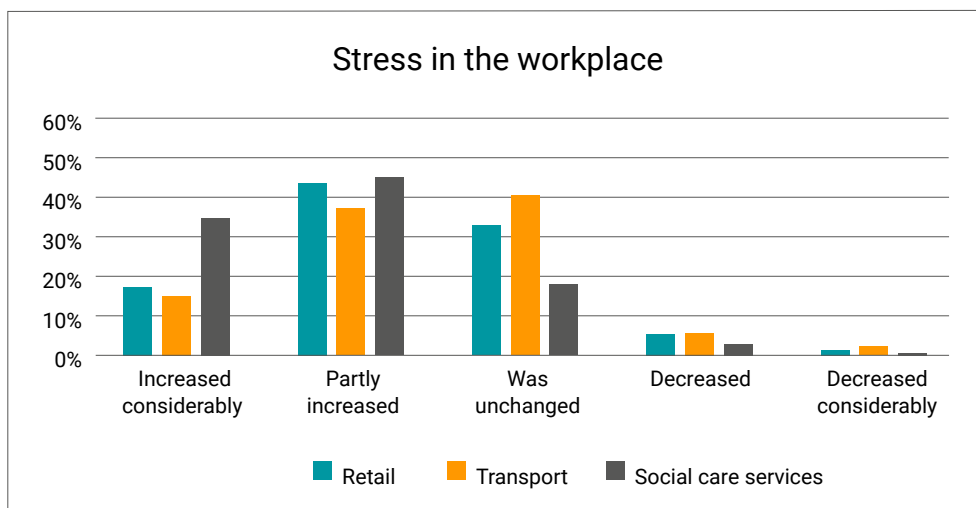


Figure 21. The graph illustrates the responses to the statement: **'I felt that the stress in my workplace'** with the following options: Increased considerably/Partly increased/Was unchanged/Decreased/Decreased considerably. (Difference between sectors $p < 0.001$)

A significant majority (approximately 80 per cent) of social care workers felt that stress in the workplace had increased, either slightly or considerably (Figure 21). A majority of retail workers felt their stress had increased, however approximately one-third stated it was unchanged. A similar proportion of transport workers stated that stress at their workplace was unchanged as those who stated it increased slightly.

A larger proportion of women believed that workplace stress had increased. This was true for all three sectors (see Appendix 1, Table B9).

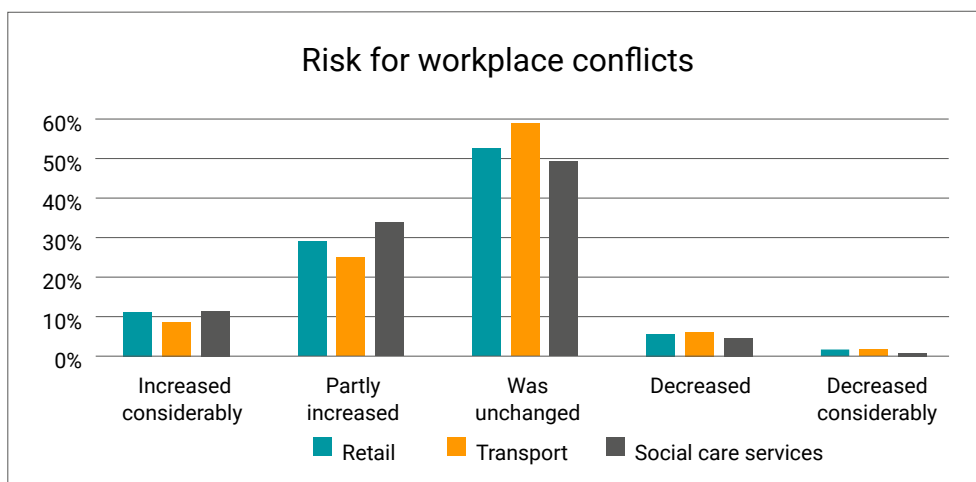


Figure 22. The graph illustrates the responses to the statement: **'I felt that the risk of conflict with people I met at work'** with the following options: Increased considerably/Partly increased/Was unchanged/Decreased/Decreased considerably. (Difference between sectors $p < 0.001$)

The response patterns are fairly similar for all sectors regarding the feeling that the risk of workplace conflicts had increased (Figure 22). Approximately half of the respondents stated there was no change. However, four out of ten social care and retail workers, and three out of ten transport workers stated it had increased.

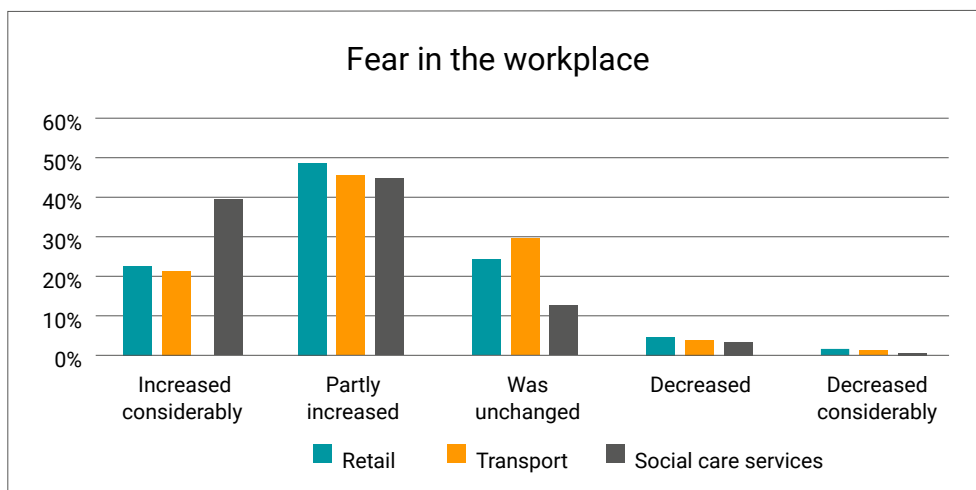


Figure 23. The graph illustrates the responses to the statement: **'I felt that the fear in my workplace'** with the following options: Increased considerably/Partly increased/Was unchanged/Decreased/Decreased considerably. (Difference between sectors $p < 0.001$)

There were both similarities and differences between the sectors regarding feelings of fear in the workplace (Figure 23). Fear increased among the majority of workers, but most of all for those working in social care (nine out of ten stated their fear had increased).

The majority of transport and retail workers felt that their fear had increased, however more stated that the fear had increased slightly rather than considerably, compared to social care workers. There was less fear among transport workers, with close to one-third saying their fear was unchanged.

In all three sectors there was a larger proportion of women than men who felt that fear had increased (see Appendix 1, Table B10).

The survey asked respondents to reflect on their work situation and state their experiences of it during the pandemic.

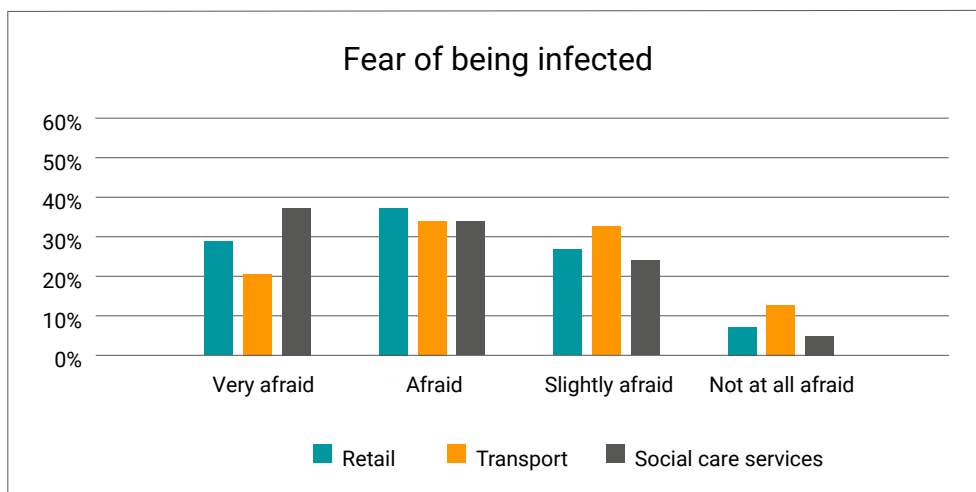


Figure 24. The graph illustrates the responses to the question: 'When you think back to your work situation during the pandemic, did you experience any of the following? – **Fear of being infected**' with the following options: Very afraid/Afraid/Slightly afraid/Not at all afraid (Difference between sectors $p < 0.001$)

In terms of the fear of being infected, a large majority of social care workers were afraid (approximately one-third were very afraid and one-third were afraid) (Figure 24). Among retail workers, approximately half stated they were afraid, with a larger proportion stating they were very afraid. In retail, the proportion of those who were very afraid of being infected was similar to the proportion who were slightly afraid. Similarly, among transport workers, approximately one-third stated they were very afraid. However, in comparison, more transport workers stated they were only slightly afraid or not afraid at all about being infected.

In all three sectors, women were more likely than men to state they were afraid of being infected (see Appendix 1, Table B11). The greatest difference between men and women was identified in retail, where 35 per cent of women stated they were very afraid of being infected, compared to 20 per cent of men.

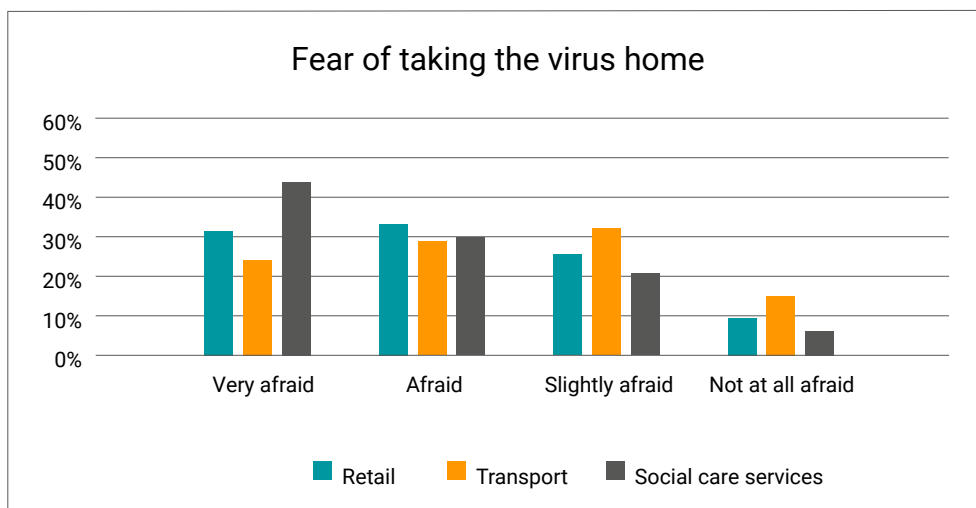


Figure 25. The graph illustrates the responses to the question: 'When you think back to your work situation during the pandemic, did you experience any of the following? - **Fear of taking the virus home**,' with the following options: Very afraid/Afraid/Slightly afraid/Not at all afraid (Difference between sectors $p < 0.001$)

A large majority of social care workers stated they were afraid of taking the virus home, and almost half were very afraid (Figure 25). Retail workers also stated they were afraid of taking the virus home, with 30 per cent being very afraid. There is a relatively even distribution over the responses from transport workers, ranging from very afraid and afraid to slightly afraid.

A person's family situation did not appear to be significant to their fear of taking the virus home (see Appendix 1, Table B17). Those who had children aged under 7 were slightly more afraid than other groups. The least concern was identified in people who live in single-person households.

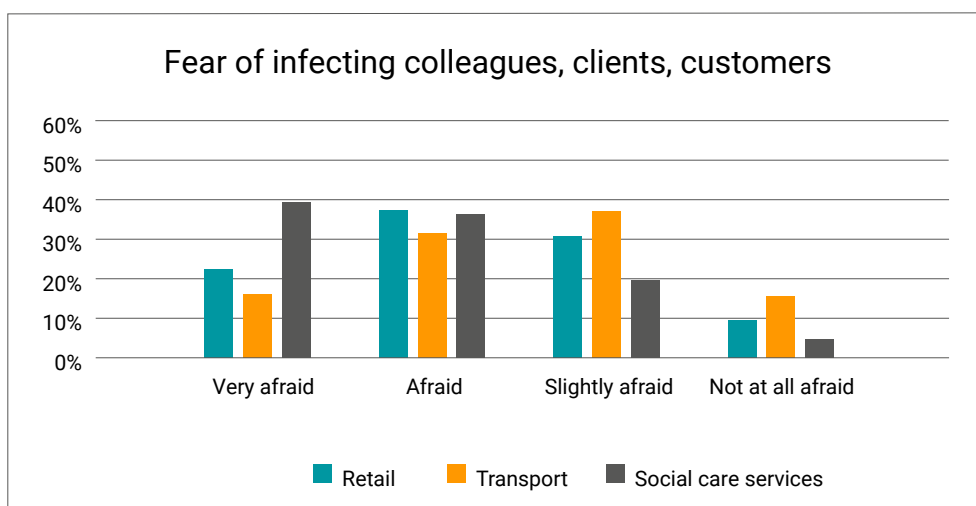


Figure 26. The graph illustrates the responses to the question: 'When you think back to your work situation during the pandemic, did you experience any of the following? - **Fear of infecting colleagues, clients, customers**' with the following options: Very afraid/Afraid/Slightly afraid/Not at all afraid (Difference between sectors $p < 0.001$)

A large majority of social care workers stated they were either afraid or very afraid of infecting colleagues, clients or customers. This is consistent with the information that has emerged about the workplace and the type of work taking place (Figure 26).

Over half of the retail workers stated they were afraid of passing on the virus to colleagues or customers, with a greater proportion stating they were very afraid. One-third stated they were slightly afraid.

Almost half of the transport workers stated they were afraid. It is worth noting that half of this group stated they were either only slightly afraid or not at all afraid of infecting colleagues, customers or clients. The fact that fewer transport workers experienced this fear compared to the other sectors can be understood based on the fact that drivers – of taxis, buses, trains – work alone.

There are clear gender differences throughout the sectors regarding the fear of infecting colleagues, clients or customers, with more women being afraid (see Appendix 1, Table B13). This difference is greatest within retail, where 28 per cent of women – compared to 15 per cent of men – were very afraid of infecting colleagues, clients or customers.

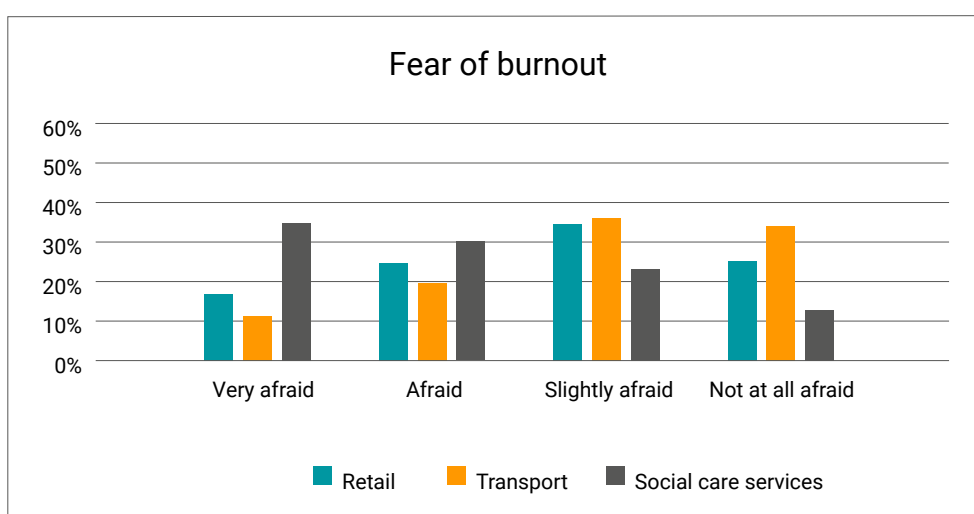


Figure 27. The graph illustrates the responses to the question: ‘When you think back to your work situation during the pandemic, did you experience any of the following? – **Fear of burnout**’ with the following options: Very afraid/Afraid/Slightly afraid/Not at all afraid (Difference between sectors $p < 0.001$)

A majority of social care workers stated they were afraid or very afraid of burnout (Figure 27). Approximately one-third were very afraid.

The majority of retail workers stated they were either slightly afraid or not at all afraid of burnout, whereas one-quarter were afraid.

The fear of becoming burnt out was also present among transport workers, albeit to a lower extent; the majority stated they were only slightly afraid or not at all afraid.

When looking at the differences between genders, there appeared to be a slight difference in feelings of fear, especially in the social care sector, with almost 40 per cent of women stating they were very afraid, compared to just under 25 per cent of men (see Appendix 1, Table B14). Women working in retail were also slightly more likely to report being very afraid, 19 per cent, compared to 13 per cent of men.



Figure 28. The graph illustrates the responses to the question: 'When you think back to your work situation during the pandemic, did you experience any of the following? - **Fear of making mistakes at work**' with the following options: Very afraid/Afraid/Slightly afraid/Not at all afraid (Difference between sectors $p < 0.001$)

A heavy workload may be accompanied by an increased risk of making mistakes at work (due to not paying attention, for example). A majority of social care workers said they were either very afraid or afraid of making mistakes at work (Figure 28). This is consistent with other known factors such as the increased workload caused by the pandemic, and that social care workers must work safely to prevent the spread of infection and protect their client or patient, themselves and their colleagues.

The fear of making mistakes at work was less common in retail and transport, with the majority stating they were only slightly afraid or not at all afraid.

In the social care sector, women were more likely to state they were very afraid of making mistakes at work (31 per cent) compared to men (16 per cent) (see Appendix 1, Table B15).

Summary

The theme of safety and health comprises questions and statements that addressed both the experiences of the individual and their workplace. The survey shows that:

- A very large majority of care workers and a majority of retail and transport workers agreed that they continually received information in their workplace about how to protect themselves from infection.

- A significant majority of social care workers and a majority of retail workers felt that stress in the workplace had increased. In all three sectors, women were more likely to experience an increase in stress in the workplace.
- Approximately half of respondents from all the sectors stated there was no change to the risk of conflict with others in the workplace. However, approximately one-quarter of social care and retail workers felt it had increased.
- The majority believed that fear had increased in the workplace, although this was most true for social care workers (close to nine out of ten stated fear had increased).
- A large majority of social care workers and approximately half of retail workers stated they were afraid of becoming infected. A large majority of social care workers and the majority of retail workers stated they were afraid of taking the virus home. A large majority of social care workers, half of retail workers and almost half of transport workers were afraid of infecting colleagues or customers and clients.
- The majority of respondents from the social care sector stated they were afraid of burnout. The majority of social care workers who responded also stated they were afraid of making mistakes at work. This fear was less common in the retail and transport sectors.

4.6 Long term consequences of the pandemic

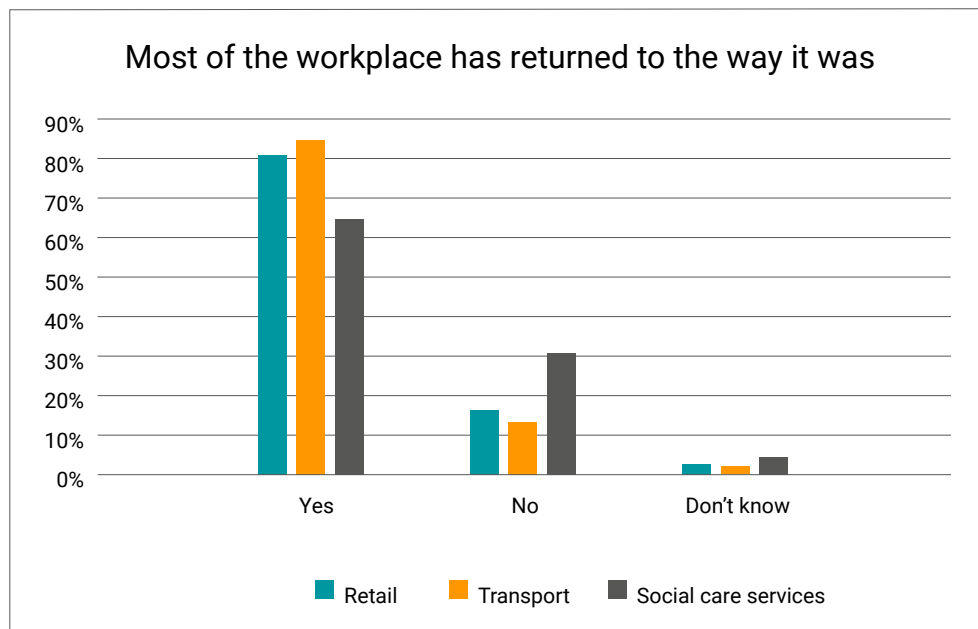
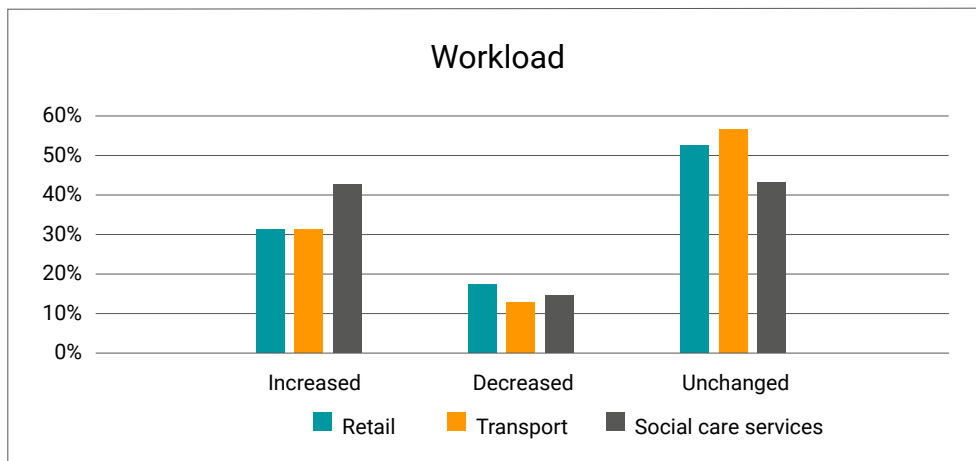


Figure 29. The graph illustrates the responses to the question: '**Generally speaking, do you believe that most of your workplace has returned to how it was before the pandemic?**' with the following options: Yes/No/Don't know. (Difference between sectors $p < 0.001$)

To investigate any long-term consequences of the pandemic on the workplace, respondents were asked if most of their workplace had returned to how it was before the pandemic. The majority, regardless of sector, stated this was the case (Figure 29). A large majority of transport and retail workers agreed. Sixty-five per cent of social care workers agreed, whereas 31 per cent stated their workplace had not returned to how it was before the pandemic.



Figur 30. The graph illustrates the responses to the question: 'Thinking about your workplace as it is now, which of the following do you think the pandemic has led to? - **Workload**' with the following options: Increased/Decreased/Unchanged (Difference between sectors $p < 0.001$)

The survey respondents were able to select what they believed the pandemic had led to in their workplace. Approximately half of retail and transport workers stated that their workload was unchanged, while one-third stated it had increased (Figure 30). Responses from social care workers were more varied: 43 per cent stated their workload had increased, and 43 per cent stated it was unchanged.

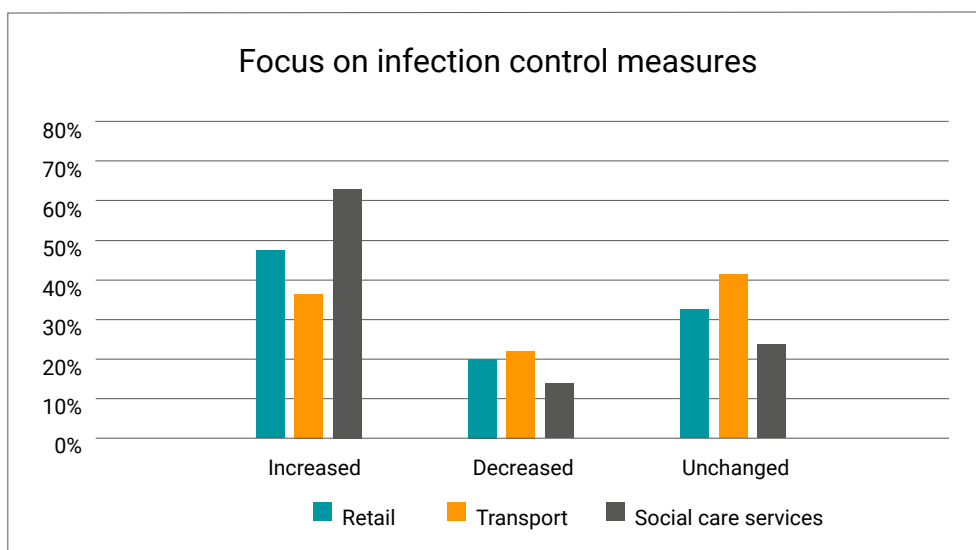


Figure 31. The graph illustrates the responses to the question: 'Thinking about your workplace as it is now, which of the following do you think the pandemic has led to? - **Focus on infection control measures (hygiene procedures, staying home when ill, etc.)**' with the following options: Increased/Decreased/Unchanged (Difference between sectors $p < 0.001$)

The pandemic led to an increased focus on infection control measures such as hygiene procedures and staying home when ill. The majority of social care workers responded that focus on infection control measures had increased in the workplace as a result of the pandemic. Almost half of retail workers also stated that focus on infection control measures had increased (Figure 31). Approximately one-third of transport workers stated that the focus on infection control measures has either increased or is unchanged.

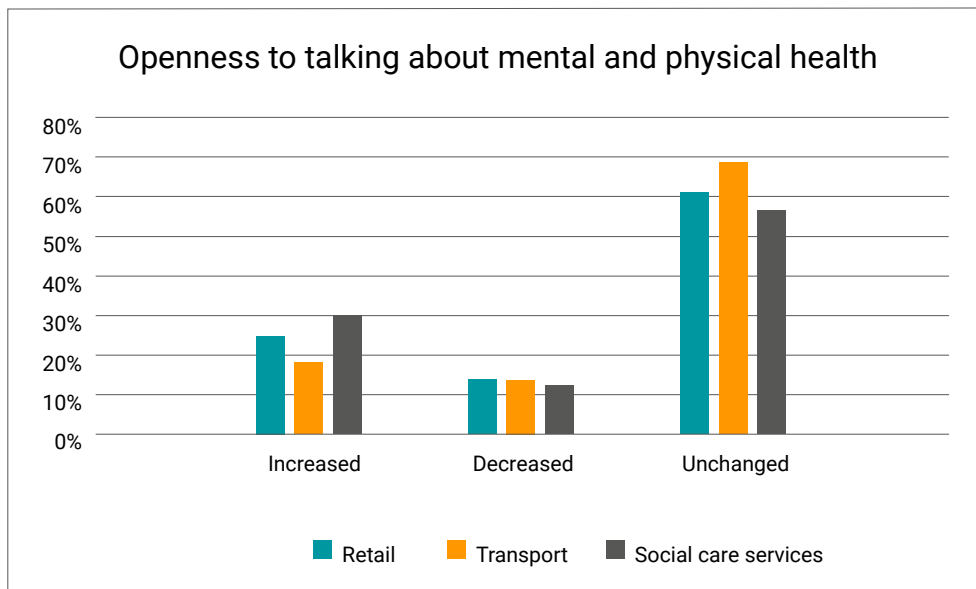


Figure 32. The graph illustrates the responses to the question: 'Thinking about your workplace as it is now, which of the following do you think the pandemic has led to? - **Openness to talking about mental and physical health**' with the following options: Increased/Decreased/Unchanged (Difference between sectors $p < 0.001$)

When asked about whether the pandemic had changed people's openness to talking about illness and ill health, over half of the respondents from all sectors stated that the situation was unchanged (Figure 32). A smaller proportion, one-third, of social care workers and one-quarter of retail workers stated that openness had increased.

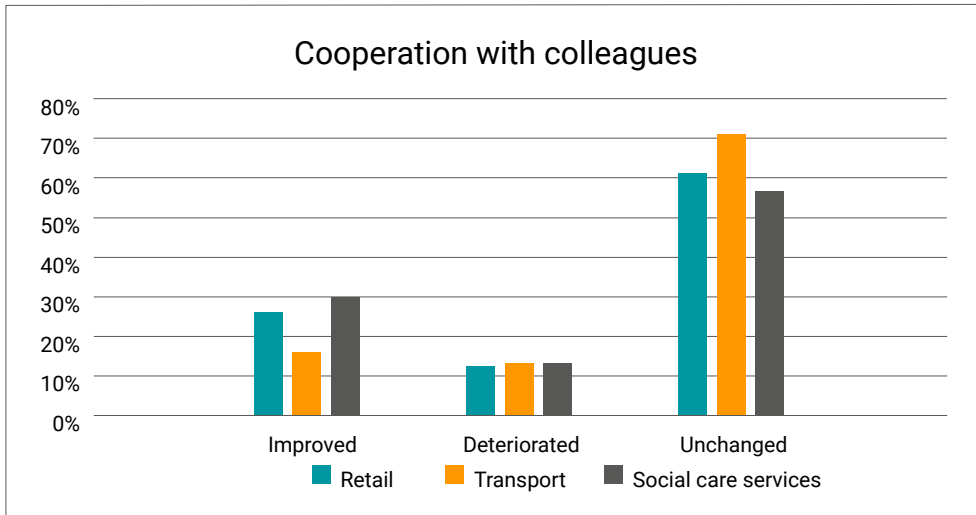


Figure 33. The graph illustrates the responses to the question: ‘Thinking about your workplace as it is now, which of the following do you think the pandemic has led to? – **Cooperation with colleagues**’, with the following options: Improved/Deteriorated/Unchanged (Difference between sectors $p < 0.001$)

The responses to the question on how the pandemic has affected cooperation with colleagues were generally the same as for the question on openness. Over half believed that cooperation was unchanged (Figure 33). However, 30 per cent of social care workers and 26 per cent of retail workers felt that cooperation had improved.

A large majority of respondents from retail and transport, and a majority from social care stated that communication with their line managers was unchanged, as a long-term consequence of the pandemic (see Appendix 1, Figure H). This is consistent with the fact that communication with line managers during the pandemic was stated to have been unchanged (see Section 4.4). The remaining responses are divided equally over improved and deteriorated communication.

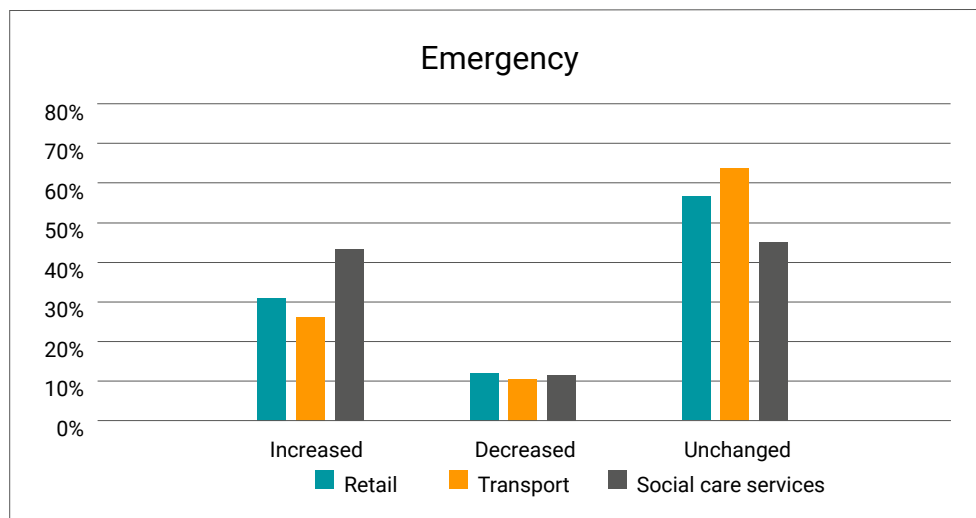


Figure 34. The graph illustrates the responses to the question: ‘Thinking about your workplace as it is now, which of the following do you think the pandemic has led to? – **Emergency preparedness**’, with the following options: Increased/Decreased/Unchanged (Difference between sectors $p < 0.001$)

When asked whether emergency preparedness had increased as a long-term effect of the pandemic, over half of transport and retail workers stated the situation was unchanged, while one-third of retail workers and one-quarter of transport workers stated it had increased. Among respondents in the social care sector, roughly the same proportion reported that the situation was unchanged as those who reported it had increased, approximately 40 per cent (see Figure 34).

In terms of how the pandemic has affected employment forms, a large majority stated that the situation was unchanged. However, close to one-fifth of retail and transport workers stated that employment forms had become less secure (see Appendix 1, Figure 1).

Summary

It became clear from the questions and statements relating to the long-term consequences on both the individual and the workplace caused by the pandemic that:

- A large majority of transport and retail workers, and a majority of social care workers stated that their workplaces have largely returned to the way they were before the pandemic.
- Participants were asked to reflect on their workplace as it is today, and state what they believe has changed as a result of the pandemic.
- Approximately half of retail and transport workers believe that their workload is unchanged. Of the social care workers, as many – four out of ten – believe their workload has increased as those who believe it is unchanged.
- Over half from all the sectors feel that there is no change to openness towards talking about illness and ill-health.
- The majority of social care workers and almost half of retail workers responded that focus on infection control measures had increased in the workplace as a result of the pandemic.
- Over half of workers in these sectors believe that cooperation with their colleagues is unchanged. Thirty per cent of social care workers to respond and almost the same proportion of retail workers believe that this has improved.
- A majority of respondents from all sectors state that communication with line managers is unchanged.
- Over half of transport and retail workers believe that emergency preparedness is unchanged. In social care, four out of ten workers believe it is unchanged while four out of ten believe it has increased.
- In terms of how the pandemic has affected employment forms, a large majority believe that the situation is unchanged.

4.7 Concluding free-form question

181 responses were received to the question ‘Is there anything else you would like to add?’ These responses have been read and analysed. The comments (both positive and negative) relating to the survey or its design were excluded¹⁷, as were nonsensical comments, comments to questions beyond the framework of the survey (e.g. need for salary increases) as well as comments that were difficult to interpret and comments that questioned or denied the pandemic’s existence. The remaining comments were analysed and grouped by theme.

The following themes were used: Pandemic management, management, work environment – health, employment conditions, fear, colleagues, customers and personal protective equipment, the pandemic’s consequences.

The majority of comments address management, how health was affected by work during the pandemic, and PPE. A number mentioned how the pandemic was managed, employment conditions and the consequences of the pandemic. Some mention the behaviour of customers and colleagues. The responses are presented, unedited, in Appendix 2.

¹⁷ Approximately 40 comments state that the survey was good, asked good questions, or expressed appreciation that the survey had been conducted.

5. Concluding discussion

Much has been written about the pandemic, both at its peak and thereafter, and many studies are ongoing in a number of fields and from various perspectives (medicine, epidemiology, virology, socioeconomics and administration, to name but a few). This study focuses on how the pandemic affected the work environments of three sectors where workers generally remained in their regular workplace. Various aspects of the work environment were already being explored by public authorities, trade unions and other investigations while the pandemic was ongoing. This study can supplement this work and also contribute with a more longitudinal perspective.

The survey – which was aimed at those working in social care, retail and transport – asked questions on several themes and enabled respondents to both reflect and compare with the present situation.

5.1 Deteriorating working conditions

The majority of social care workers who responded to the survey stated that their workload increased, it was harder for them to perform their tasks and their access to breaks and rest deteriorated. A majority also agreed that new situations arose that they did not know how to approach, maintaining quality in work was more difficult, they worked more overtime and were allocated new duties. These responses indicate a clear deterioration in personal working conditions. Approximately half of the retail workers who responded stated that their workload increased, and six out of ten stated it was more difficult to carry out their work. Almost half of retail workers stated that new situations arose that they did not know how to address, and approximately half of retail workers were allocated new tasks.

Several reports have demonstrated how during the pandemic, workloads increased within social care and retail – stressing that this is not a new phenomenon. A survey commissioned by LO and conducted by Sifo Kantar shows that workloads increased for several professions during the pandemic.

With the exception of logistics, warehouse work and postal work, a particularly high proportion of workers in sectors where women dominate – health and social care, preschools and schools – experienced heavier workloads. This should be viewed in light of the already high pressures on these professional groups before the pandemic. [130]

The Handelsanställdas förbund trade union published a report on retail workers' health during the pandemic. Those behind the inquiry call attention to the fact that workloads and stress levels were already a problem before the pandemic, and have increased following growing customer volumes, higher

rates of sick leave and absent workers who were not replaced, for example in supermarkets [110, p. 5, 25].¹⁸

Ageing research has shown that elderly care services in Sweden have been under great pressure for many years, and working conditions have deteriorated over several decades. The pace and time pressures of the work have increased, there are staff shortages and the time for support from colleagues and managers has decreased [130, p. 3] [131]. Approximately half of respondents to the Nordcare 2015 work environment survey stated that they had been understaffed at least once per week due to illness or vacant positions [130, p. 77]. The number of people that home care workers attend to during a shift increased significantly between 2005 and 2015. There are more, shorter visits, which is likely a consequence that increasing numbers of elderly people with great care needs are being cared for in their homes and require several visits per day. Hence, home care work is characterised by much ‘running around’ [132, p. 17f]. Compared to 2005, in 2015 staff working in care homes for elderly people helped more residents during one shift, although this increase is less pronounced than in home care services. A comparison of 2005 and 2015 shows an increase in the proportion who perform heavy lifting several times per day and provide personal care (showering, help using the toilet), which suggests that the need for care has increased [132, p. 19f]. Researchers emphasise that the pandemic has brought to light the problems in social care that have been ongoing for several decades. This demonstrates the need for both long-term and short-term changes – for the sake of both elderly people and the care workers [130, p. 3] [131]. The Work Environment Authority’s inspection of elderly care services between 2017 and 2019 resulted in improvement measures being required in the work environments of 87 per cent of the inspected home care services and care homes for elderly people. Problems with the workplace or senior management level– or both – were identified at all organisations, and specific improvement requirements were issued [133].

Response patterns indicated that there are occasionally clear differences within the same sector. Based on the results of other surveys, it is reasonable to see this as an indication of work conditions and work environments that differ considerably between workplaces in social care and retail, for example, between care homes for elderly people and various shops, or between professional groups in the same sector.

Responses from workers in the transport sector – which includes the transport of both passengers and goods – are in many ways, the opposite of responses from social care workers. A majority stated there were no changes in their access to breaks or rest, they were not allocated new duties, they did not encounter new situations they did not know how to address, the quality of their work was not negatively affected, and they were not required to work a lot of overtime. However, evaluating the transport sector is difficult as it is not

18 Sales of durable goods were also affected by the pandemic, although in different ways.

as well-studied. Many occupational groups worked in relative isolation, which poses difficulty as there is no shared workplace where there is daily interaction between employees and managers. It should also be noted that a large majority of transport and retail workers stated that generally, they were able to work as normal. This is in line with the majority of retail and transport workers reporting that their access to breaks and rest was unchanged, nor did their overtime increase.

5.2 Social distancing in the workplace and other changes

A number of survey questions on the theme of 'your own work' addressed the changes to the respondents' physical work environment at their workplaces. The three sectors in focus for this report differ considerably, in terms of content, execution and work environment. What they do have in common is the fact they all involve contact with people. The same questions, such as those about the physical work environment, have a different meaning depending on the sector.

Nor is there a uniform definition of the term 'workplace' as regards the modern labour market. 'Workplace' in the sense of a specific, fixed property, designed for the work to be performed can be applied to areas such as administrative work, healthcare, education and industrial manufacturing. However, a 'workplace' can also be a person's home, a vehicle, driver cab, or the place where the employer instructs the personal assistant to take them, for example the swimming baths or nature reserve. The traditional sense of the term 'workplace' appears to be the unstated premise in the advice and recommendations issued to employers during the pandemic. However, it may be difficult to follow social distancing advice in home care workplaces, taxis or on-board trains if work is to be performed (care, service, helping customers, checking tickets, to name but a few examples). The survey also shows that maintaining social distancing was difficult and that it interfered with work, particularly in social care. A rather large proportion of those working in transport stated that social distancing interfered with their work, which to some extent can be explained by taxi drivers and other passenger transport (such as hospital transport) being expected to help with luggage when embarking and disembarking.

It is unsurprising that a majority of social care workers stated that maintaining social distance between infected and non-infected clients was difficult (one known example was the difficulty in helping people with dementia maintain social distance in care homes for elderly people during the pandemic). In spring 2020, IVO conducted two national inspections. The first took place in April 2020 and focused on infection transmission within elderly care, home care and residential care homes (approximately 1 000 organisations). The results of the inspection found that care homes for the elderly, residential care homes for adults and home care services faced major challenges when trying to limit the spread of infection.

IVO also found examples of people being ordered to work despite them having a confirmed case of the virus, and that staff moved between infected and healthy people, without using PPE [135]. Researchers have highlighted that care homes for elderly people are places where people with several health conditions live in close proximity, spend time together and receive comprehensive close-contact care from a large number of workers with varying levels of training. Compared to hospitals, the facilities are much less tailored to preventing the spread of infection [130, p. 8]. In home care, the conditions for limiting the spread of infection through social distancing are even more compromised, as home care workers are unable to rule over whether the client's spouse maintains a distance at home, nor can they prevent visits from next of kin [136].

When asked whether new PPE had been introduced, the majority of social care workers responded positively. Personal protective equipment such as gloves and aprons is nothing new to social care work. Despite this, a large majority of care workers stated that new protective equipment was introduced, suggesting that some equipment, such as face shields, was new to the profession. The opposite was true for retail and transport – before the pandemic, PPE was not regularly used by staff in contact with customers. One in four transport and retail workers stated that new PPE was not introduced. This is in line with news features and surveys conducted during the pandemic that indicated how management did not always provide face masks and/or did not want their staff to wear them (for example, rail operator SJ whose staff had to purchase their own face masks, and staff in certain shops who were not allowed to wear face masks as management was unhappy with the way they looked).

A large majority of social care workers and approximately half of retail workers stated that the changes interfered with their work. One-third of transport workers stated that the changes interfered with their work. This was more prevalent among the women who responded. The fact that personal protective equipment can interfere with work is in line with the experience of the Work Environment Authority and the findings of a study conducted by Region Västerbotten. This study found that women experienced more discomfort wearing respirators than men [127] (see Section 3.6). Examples of such difficulties are provided in a number of free-form text responses (see Appendix 2).

Changes to physical work environments during the pandemic could also lead to changes in work positions, particularly within social care and retail. Half of social care workers and approximately 40 per cent of retail workers stated that this interfered with their work. There is little knowledge about this issue, in contrast to the problems with working positions associated with remote working. It is likely that the mutual social distancing requirement made performing certain tasks difficult, tasks such as stacking shelves in a shop or helping clients in their home.

5.3 The social climate and support in the workplace

Retail and transport workers provided relatively similar evaluations of the social climate. A majority of retail and transport workers stated there was no change to tensions and conflicts or support in work groups and teams. Social care workers were more divided. The proportion of those stating that conflicts had either increased or not changed was relatively identical. Half of social care workers to respond stated that there was no change to support in work groups or teams. However, one in five and one in four stated support either decreased or increased respectively. The results suggest that pressure and challenges were greater in social care work.

Regarding support from safety representatives, trade unions and occupational health services, approximately half of respondents from all sectors stated the situation was unchanged. The fact that one-fifth of respondents answered 'don't know' when asked about support from occupational health services can be interpreted as either the staff not having contacted them and therefore, they have no opinion, or, as indicating an invisibility on the part of occupational health services.

5.4 The role of management

Retail is the branch where workers were slightly more satisfied with the way management approached Covid-19 in the workplace, compared to transport and social care. However, one in five respondents stated they were neither dissatisfied nor satisfied, regardless of sector. Both the surveys by Handelsanställdas förbund and the Swedish Work Environment Authority's inspections indicate the mixed picture of both satisfaction about the measures taken and sense of being less than satisfied. The surveys showed that floor markings, barriers and signs stipulating the maximum number of visitors were introduced almost universally. However, over half of the 96 shops inspected by the Work Environment Authority in spring 2021 were instructed to improve their measures for preventing the spread of the virus [110, p. 6]. The management of infection control may be one reason more people are not satisfied (see below). The Work Environment Authority emphasised that the focus was on the customers, which is also stated in some of the feature pieces Handelsnytt conducted in shops during the pandemic. At the same time, it is clear from the reports that many shop workers were satisfied with the way their managers reacted.

The majority of respondents stated that there was no change to communication with their line managers, which may be in-keeping with the fact that these occupational groups remained in their regular workplace. However, the introduction of online meetings between managers and employees working remotely during the pandemic placed new demands on communication, for example, the research on online leadership being conducted at the Helix Competence Centre at Linköping University [137].

The large majority of respondents from all sectors stated they felt they had received the support they needed from their managers. This demonstrates the ability of many managers to respond to the new demands placed on employees by providing more support. The National Board of Health and Welfare's report on municipalities' participation in the Board's 2020 online training courses in basic hygiene procedures describes the success factors in certain municipalities that have improved their results. Common success factors included regular follow-ups, dialogue with line managers and support from senior management [138]. However, one-third of social care and transport workers stated they did not receive the support they needed from their line managers. A knowledge compilation issued from the Vision trade union shows that managers working in health and social care and social services in 2014 had the most subordinate workers than any other sectors on the Swedish labour market. Transport and warehousing were in third place [139, p. 19f]. There are considerably fewer managers within Swedish elderly care services compared to Finland, Norway and Denmark. A Nordcare survey from 2015 found that only 12 per cent of workers in Sweden's elderly care services stated they had meetings with their line manager at least once per week [130, p. 78]. With such a basis, supporting staff likely became more difficult when organisations were exposed to the new demands the Covid-19 pandemic placed on workplaces in vulnerable sectors.

Continually updating employees with new information about the pandemic – given the unknown nature of the virus and the speed at which it spread across the world and certain regions in Sweden – forms a substantial management issue. Even more so if we consider how workers experienced varying levels of fear – which is evident in this study and other reports. Information is a key component of fighting pandemics. This includes information between authorities, information to other organisations and information for the general public [9, p. 33]. There were many examples of this during the pandemic – joint press conferences with public authorities, providing information about the current situation, the creation of multilingual information leaflets, brochures and reports with good examples, surveys, online training and information on public authority and industrial organisations' websites. A compilation of factors and examples for reducing the spread of infection in elderly care services and home care services by IVO highlights the importance of a clear flow of information. IVO establishes that a lot of information is spread by different authorities and over various channels. 'Management can help by raising what is important, and adapting the information to their organisation.' [135] The survey found that the majority of respondents from the sectors stated they had received regular updates about the pandemic's status, especially those who worked in social care.

The survey also asked respondents about their access to the personal protective equipment they needed to be able to work safely. The majority of social care workers stated they had the necessary access, as did retail and transport workers. However, more social care workers were likely to state they

had very good access to this equipment. It is a known fact that there was a shortage of personal protective equipment at the outbreak of the pandemic, municipally, regionally, nationally, and globally. The survey shows that the majority of respondents from all sectors agreed that they had access to the personal protective equipment they needed to be able to work safely. This is not consistent with the results from a Novus survey that found half of respondents were concerned about access to PPE, and over one-third stated they had been in situations where they had worked without the correct protective equipment (see Section 3.3). However, this survey was conducted in the early stages of the pandemic. It is likely that the responses to the survey that forms the basis of this report were answered based on the conditions during summer 2020, when access to PPE had normalised.

The Public Health Agency of Sweden advised that being cautious around people in risk groups was essential. Even if we are to assume that management could conduct a risk assessment based on the ages of their employees, this does not go far enough, as some diseases leave individuals more vulnerable to becoming severely ill with Covid-19. The survey shows that not even half of the respondents were aware if anyone had been asked if they were in a risk group. Throughout the pandemic, trade unions reported on workplaces and asked whether employers had asked if their employees belonged to a risk group. In an interview, one work environment inspector points out: ‘In many shops, the infection control measures are designed for interaction with customers. But how crowded is the break room? Do the people cleaning the toilets know how to do it safely? Which employees are in risk groups, and how are they being protected?’ [140]. The Work Environment Authority has noted several cases of risk assessments and measures not being documented correctly [140]. In 2021, the Government tasked the Work Environment Authority with inspecting the sectors particularly at risk from the spread of Covid-19. The Authority identified one vulnerable sector, where there was much contact between people and working from home was not an option. The Authority selected 11 sectors and included train conductors, train drivers and other on-board staff (no buses), and shops. They excluded sectors where workers were vaccinated early on, and took into account whether they had conducted other inspections. Hence, the elderly care sector and bus industry were excluded from this Government assignment. Between January and September 2021, the Authority implemented a total of 2 920 processes (inspections including follow-ups). Half of the inspections resulted in the Authority requiring organisations to take action. These requirements included examining and assessing infection transmission risks in the workplace, action to prevent infection transmission and establishing procedures for investigating illness, accidents and incidents. However, the final report does not contain anything specific about the shortcomings in the inspected sectors [141].

It can be noted that the majority of free-form responses in the survey addressed shortcomings with management (see Appendix 2).

5.5 Changes to the work organisation

The survey found that changes to everyday work were relatively common during the pandemic for all three sectors. This is reasonable, given the advice, recommendations and regulations that were introduced to working life between 2020 and 2022.

It was also common for social care workers and quite common for retail workers to have been allocated new tasks during the pandemic. Regardless of the underlying reasons, allocating and being allocated new tasks during the pandemic may have been a challenge, keeping in mind the staffing pressures in many workplaces (due to high levels of sickness absence and heavier workloads).¹⁹

The survey confirms that there were some work shortages. Fourteen per cent of transport workers stated that the pandemic led to furloughs or redundancies. This is a small percentage; however it is the most considerable change in the work organisation. Respondents from the transport sector also mention furlough in the 'other change' free-form response. Here, we can compare the results from the 'your own work' theme. Nowhere did a majority or even half of respondents from the transport sector state that their work had deteriorated. Additionally, the problems in the transport sector were, in part, the opposite to those in social care and food retail (however not sales of durable goods), i.e. the pandemic led to a reduction in work. Fewer people used public transport as they worked remotely, business travel was reduced, fewer people used taxis and many departures – both train and other modes of transport – were cancelled. The transport of goods to restaurants and hotels also decreased as customer volumes waned.

Furthermore, the survey found that a large majority of respondents from all sectors agreed that enough steps were taken to be able to continue working during the pandemic. This can be related to the generally consistent and relatively positive evaluations of management during the pandemic. It is also consistent with the results to the question of whether it was possible to continue working as usual (for the most part), where a large majority of retail and transport workers agreed. However, only half of social care workers agreed.

5.6 Illness prevention and a safe work environment

The Work Environment Act stipulates that an employer must take all necessary measures to prevent the employee from being exposed to illness or accidents. They must create a safe work environment. To begin with, the virus that started to spread at the start of January 2020 was completely unknown. As the months progressed, comprehensive research grew in parallel with the virus'

¹⁹ In the report on skills provision in health and social care of elderly people, key operators state the importance of a good introduction to work tasks. If there are shortcomings in the introduction of new staff, work environment problems arise for the entire group (SOU 2021:52).

spread. In their September 2020 analysis of the ban on visitors to residential care homes for adults, the Public Health Agency of Sweden ascertain that improved knowledge about Covid-19 has increased awareness of virus transmission and preventive measures [142].²⁰ The survey asked whether respondents had received information on how to protect themselves from the virus. If we are to compare the sectors, we see that information on protecting yourself from infection worked best in the social care sector, although the same can be said for retail and transport. However, almost one-third of transport workers stated they had not received such information. This may be due to the fact that their workplace is a vehicle, and is therefore not a shared physical location with daily meetings, computers and intranet thus complicating sharing information. Even though it is possible to read information on a mobile telephone, there is no guarantee this will be the case.

This survey shows that respondents experienced fear in their workplaces, fear of both being infected and infecting others. Everyone who went to their regular workplaces during the pandemic were also exposed to a higher infection risk than those who could work remotely and avoid travel and contact with many people. Nine out of ten respondents working in social care stated that there was an increase in fear in the workplace. This is in line with the fact that the spread of infection was highest among their clients and patients. Indeed, social care workers were prioritised in the second phase of the Covid-19 vaccination programme.

The greatest fear of being infected could be found among social care workers, which is consistent with the profession. Care assistants and healthcare assistants are in close physical contact with vulnerable individuals, and many of the deaths during the first wave of the pandemic were within social care. However, retail and transport workers were also afraid of being infected as they met with many customers and passengers.

Several respondents working in retail and social care stated they were afraid of taking the virus home with them. And a large majority of social care workers were afraid of infecting colleagues or clients. In an opinion piece from 24 April 2020, the researchers Szebehely, Strandell and Stranz emphasise that the deaths in care homes for elderly people caused by Covid-19 were a tragedy for everyone involved, the elderly, the relatives and the staff. In terms of staff, the authors highlight how the workers were concerned about both their own health and the health of the residents. [131].

Following the national inspections in 2020, IVO was able to list a number of measures that the organisations took, with positive results. Some of the challenges mentioned included managing staff's fears and the flow of information [143]. The background report for the coronavirus commission

20 The incomplete state of knowledge formed the background to the Swedish Society of Medicine's 'State of the Art Covid-19' conference. 'Much has been confirmed and much has been dismissed over the past year, but we definitely know more now; one year into the pandemic and there is a great need of summarising international knowledge.' See the Swedish Society of Medicine's magazine with the theme 'State of the Art Covid-19' 24–25 November 2021.

on international experiences of Covid-19 in care homes for elderly people shows that all the Nordic countries' early documentation focused on managing infection and hygiene procedures. However, both Denmark and Norway published guidelines on the importance of safeguarding the safety and psychological wellbeing of workers. Unit managers were encouraged to take the fears of individual staff into consideration:

Employees need to feel that they are being taken care of. It is more important than usual for managers to be accessible and explain what action is being taken and why. Your presence needs to be seen and you need to care about your employees outside of working hours.[130 p. 55].

This survey also shows that it was mainly social care workers that stated they were afraid of burnout and making mistakes at work during the pandemic. There is evidence of major work-related pressures, consistent with other survey responses.

5.7 Return to pre-pandemic life?

According to the Public Health Agency of Sweden, the Covid-19 pandemic has had a short-term impact on workers and more long-term effects are expected. The Public Health Agency of Sweden's public health report for 2020 highlights that not only did the Covid-19 pandemic have a direct impact on infection control and health and social care, but it also had indirect effects that can impact health in the long term. The Agency states that the pandemic's effects on lifestyle habits and living conditions, such as furlough or redundancy and lowered incomes can affect health in the long term [144]. The Agency's reporting has also highlighted the effects of the pandemic on sick leave and the number of occupational accidents reported. The pandemic also generated challenges for management and required certain changes to workplaces. It can be noted that research on the pandemic's impact on working life is ongoing, including research on the introduction of remote working and how this affects employees and managers.

Regarding the question as to whether the pandemic has had any further long-term consequences, most of the responses suggest few changes, with the exception being the focus on infection control measures (a majority of social care workers stated this had increased) and workload (43 per cent of social care workers stated it had increased). Over half of those working in retail and transport state that there has been a return to how the workplace was before the pandemic. Over half from all sectors state that there has been no change regarding openness to talking about ill-health, cooperation with colleagues, communication with line managers, crisis preparedness or employment types. While it may be difficult to answer the question, the responses can be interpreted as indicating relative stability in workplaces; they withstood the pandemic, and remain unchanged. In certain cases, this may be due to the fact that employees did not leave their regular workplace.

However, one-third of social care workers believe that their workplace has not returned to how it was before the pandemic, and report that there has been an

increase in openness about talking about ill-health. The pandemic created a challenge for many people through increased social distancing (such as growing isolation and loneliness) as well as the realisation that suddenly, serious illness and death could affect those close to us.

The pandemic is a single experience, it was a time when everyone shared the experience of weekdays and weekends and could thus affect the way we relate to issues such as poor health and illness – which are integral to systematic work environment management. Similarly, a certain proportion of retail and social care workers responded that cooperation has improved. Considering that these sectors were exposed to an increased workload, more stress and new tasks, this is a positive sign.

5.8 Concluding words

It comes as no surprise that a crisis to have arisen out of a novel virus that led to severe illness and often death for many vulnerable individuals – particularly elderly people – made its biggest impact on professions within social care. The results of this study show that social care workers were more likely to consistently state they had experienced various negative effects of the pandemic at work compared to transport and retail workers.

A pandemic that affected the oldest and the vulnerable left care workers facing difficult situations at work. The work environments in residential care homes and clients' homes are, by definition, difficult to 'infection proof'. The work environments of home care workers and personal assistants vary according to each individual receiving care, service and support. This becomes an additional challenge during the pandemic, which is evident in this survey and other reports.

The Work Environment Act stipulates that employers must ensure that their employees are not exposed to illness or accidents. Meeting these requirements may have been difficult during the pandemic, especially in its initial stages. Likewise, it will have been difficult to follow the Work Environment Authority's provisions on preventing the risk of employees contracting an infectious disease. Initially, personal protective equipment was not available on the market, instead the equipment was rationed or improvised. It was not until the pandemic entered a different phase, with vaccinations and knowledge about how to treat the ill and the infected that the statutory requirements could be met. However, there is one requirement that employers could have fulfilled – determining whether any of their staff were in a risk group. The survey found that this was not the case at all workplaces.

As is evident in the description of the pandemic's course (Section 2), many recommendations and advice were presented during the first few months of the pandemic. As it progressed – with increased and decreased transmission, new variants, more knowledge, creation of the vaccine, and so on – advice and recommendations were adapted. This volume of information may have been difficult for workers to take in and know what applied for their workplace.

The survey found that the majority had received regular updates about the pandemic's status, especially those who worked in social care. The results of the survey suggest that generally, management in these sectors were successful with their task of informing their staff of the continually changing situation.

This study focused on the three sectors involving contact with people as part of day-to-day work. Women are overrepresented in social care – with all the professions it encompasses – whereas retail has a relatively even gender distribution, and men dominate in the transport sector. The results of this study suggest that during the pandemic, women continually experienced more fear than men, regardless of the sector. This is an important management issue to address when a crisis affects a society, and many workplaces need to continue as normal, under somewhat new and more complicated conditions.

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7. Appendices

Appendix 1 Tables and Figures

Appendix 2 Free-form text responses

Appendix 3 Survey



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