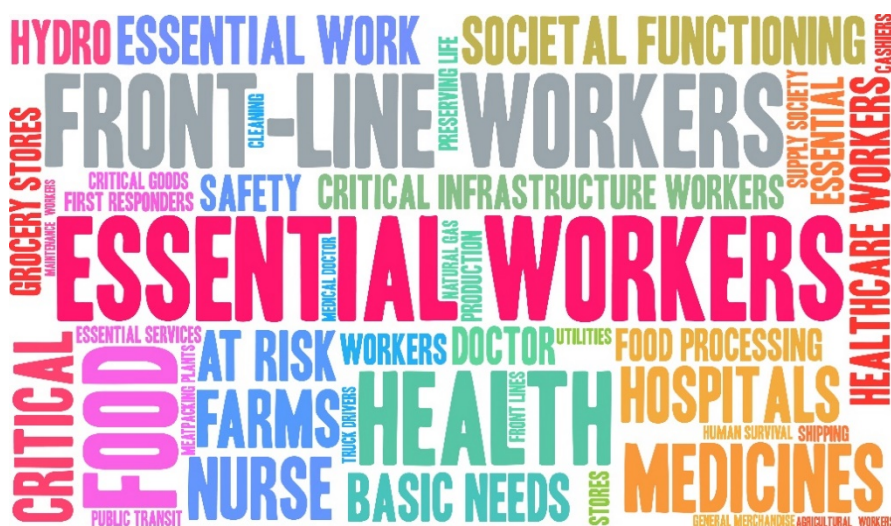


# Revaluation of working conditions and wages for essential workers

Annex 3.1. - Country study on  
Denmark





# Revaluation of working conditions and wages for essential workers

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## Annex 3.1. - Country study on Denmark

### **Abstract**

This country case explores the situation of essential workers in Denmark in the context of the COVID-19 emergency, with a focus on women and migrant workers in low-paid frontline occupations. The study provides first a definition of essential workers in this country, together with key socio-demographic characteristics. It then analyses, based on existing literature and selected stakeholder interviews, the main impacts of COVID-19 on their working conditions. Finally, it illustrates key policy measures and agreements undertaken in Denmark to support essential workers and their personal and professional lives.

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This document was requested by the European Parliament's committee on Employment and Social Affairs (EMPL).

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## LIST OF ABBREVIATIONS

<b>3F</b>	Faglig Fælles Forbund (United Federation of Workers in Denmark)
<b>DM</b>	Dansk Magisterforening ( <i>Danish Association of Masters and PhDs</i> )
<b>DJØF</b>	Danmarks Jurist- og Økonomiforbund ( <i>Danish Association of Lawyers and Economists</i> )
<b>DSR</b>	Dansk Sygeplejeråd ( <i>Danish Nurses' Council</i> )
<b>FOA</b>	Forbundet af Offentligt Ansatte ( <i>Association of Government Employees</i> )
<b>FÆLLESFORHANDLINGS- FORBUNDET</b>	The Joint Negotiating Community ( <i>Representative of employees in the 98 Danish municipalities</i> )
<b>KL</b>	Kommunernes Landsforening ( <i>Local Government Denmark</i> )
<b>NFA</b>	The Nationale Forskningscenter for Arbejdsmiljø ( <i>National Research Centre for the Working Environment</i> )
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>RLTN</b>	Regionernes Lønnings og Takstnævn ( <i>The Regions' Wage and Tariff Board</i> )

## EXECUTIVE SUMMARY

### Background

In February of 2020, the first case of COVID-19 was detected, and on 11 March, Denmark went into a nationwide lockdown. The lockdown closed schools, universities, shopping malls, gyms, restaurants, hotels, bars and cancelled all concerts and social gatherings. The lockdown was first announced to last for two weeks but was quickly extended. In April, a slow re-opening took place, sending young children back to school and kindergartens. With a low number of COVID-19 cases and low pressure on the hospitals due to a low number of hospitalisations, Denmark re-opened to a large extent during the summer of 2020. There were, however, some restrictions still in effect, such as facemasks and social distancing. A second nationwide lockdown came in December 2020, closing bars and restaurants, and cancelling Christmas plans and social gatherings once again.

Throughout the lockdown, some workers have not been sent home, because they are seen as essential for keeping society running and for the general health of the population. Thus, some workers have been under much pressure over the last year and a half. These workers are categorised as critical or essential workers. This study will focus on the demographics of these workers, working conditions and consequences for these occupations in Denmark. Due to the nature of COVID-19 and the great effects it has on health and thus the healthcare system, much discussion has been prevalent during the pandemic and lockdown periods, especially surrounding the working conditions of healthcare workers.

### Aim

The aim of this study is to examine:

- the essential workers and the share they represent of the Danish labour market;
- the demographic of the essential workforce in Denmark;
- their working conditions and the impact of COVID-19;
- the consequences of the pandemic and the effects it will have in the future.

### Key Findings

The definition of essential workers in Denmark is very broad and covers many different professions, such as police, defence authorities, transportation, meat control, telecommunications- and IT infrastructure, energy supply, mail delivery, activities necessary to strengthen, maintain or prevent deterioration of health, and activities related to examination, diagnosis, treatment, and health promotion. Thus, in 2019 the group of essential workers in Denmark is large and makes up approximately 45 % of the total workforce. There are 1,328,821 essential workers in Denmark. During the COVID-19 pandemic, most attention has been on healthcare workers as well as delivery of groceries and commodities. There is no evidence that working conditions have notably changed for workers in transportation and agriculture during the pandemic.

Figures from 2019 show that within the group of essential workers, women make up 58.27 %, and men 41.73 %. Women are over-represented in the education and healthcare sector, whereas men make up most of the workers in transportation and agriculture. Within commerce and manufacturing, there are approximately an equal number of female and male workers.

A large part of the group is highly educated and has received some form of formal training. In 2019, 57.78 % of male workers receive a base-level salary and 30.65 % receive a high-level salary. 46.91 % of female essential workers receive base-level salaries and 42.88 % receive high-level salaries. The salary



level depends on the level of education and training the employee has completed. Employees receiving high-level salaries have finished more training and education than base-level. Thus, a higher share of female essential workers is highly educated. Female essential workers receive on average 248.22 DKK per hour, and male workers receive 271.95 DKK per hour<sup>1</sup>. Both female and male essential workers receive less on an hourly basis compared to the average hourly payment for the total workforce, which amounts to 278.39 DKK.

Although female essential workers are highly educated, they still receive a lower salary compared to their lesser educated male counterparts.

Within the essential workforce in Denmark, immigrants do not represent a higher share than in the total workforce. Immigrants in Denmark mainly work in commerce, hotels, cleaning and social institutions, and most of these have been shut down during the COVID-19 pandemic. Therefore, there is no explicit focus on this topic.

In Denmark, the labour market is not only regulated by law but also by collective agreements. Approximately 75 % of workers in Denmark are members of trade unions, making Denmark the second most unionised country in Europe. The unions are strong in Denmark and collective agreements dictate working conditions. Because different groups of employees are members of different unions, they also have different agreements and terms.

Working conditions for essential workers have some main characteristics in Denmark. Most essential workers have a changeable schedule because they also work nights and weekends. In this study, the focus lies on nurses and truck drivers. Truck drivers are the profession in Denmark with the longest working hours, with 45.2 hours on average per week. Further, they are the profession with the highest numbers of accidents at work. Nurses are also an employment group working under difficult conditions. Different studies conducted in 2018 show that 22 % of nurses reported feeling stressed all the time and 45 % reported never or rarely feeling stressed. Further, it is difficult to attract new nurses due to the conditions they are working under.

The pandemic has mainly affected essential workers in four different ways, and there are some similarities across professions. The four areas detected are: 1) carrying out new tasks, 2) higher workload and longer hours, 3) worry about contracting COVID-19 and 4) worry about taking COVID-19 into work or the home.

COVID-19 is categorised as a health crisis, and the health sector has been central and crucial in the handling of the pandemic. Therefore, nurses have been moved between departments to make sure the necessary labour is present. The job within nursing homes has also changed. In addition, teachers who have been working during the pandemic have experienced much of their job being moved online due to lockdowns, causing their working day and interaction with the children to change.

Working longer hours is a reality some essential workers have faced during the pandemic. For truck drivers an agreement to suspend resting periods was implemented. Nurses do not necessarily work longer hours, but they have a higher workload and need to be on constant alert; they report that hours are being taken away from their main job as care providers and allocated to different tasks.

Frontline workers have been exposed to COVID-19 and thus to the possibility of contracting the virus. In the wake of the pandemic, protective equipment was in shortage, and this caused some insecurity for essential workers. Frontline workers not only worried about being sick themselves but also about being absent, which would leave a bigger burden for their co-workers.

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<sup>1</sup> Respectively roughly 33 EUR and 37 EUR.

Lastly, infecting others at work or at home was a worry for some essential workers. Nurses working with or having vulnerable patients at home were aware that infecting them could potentially be fatal.

Three main initiatives have been detected in this study. The first initiative was implemented to ensure the necessary flexibility and workforce within the public sector. The agreement, *Joint Declaration on Flexibility in Municipalities*, made it possible to move employees between different jobs and geographical areas, without agreeing on a new contract of employment. Secondly, an *Agreement on Pay During Absence Under Chapter 21a of the Sickness Benefit Act* was implemented. This was created to protect workers at higher risk or with relatives at higher risk of a severe incidence of disease. The agreement made it possible for workers to stay home and receive payment in accordance with the sickness benefit act. Lastly, COVID-19 was categorised as a work injury, making it possible for workers who contracted the virus at work to receive compensation.

The revaluation of essential workers in Denmark is not prevalent for the group of essential workers working in the healthcare sector such as nurses. In September 2021, COVID-19 was no longer categorised as a critical disease, and working conditions returned back to normal. As of 9 November 2021, COVID-19 was again deemed a critical disease in Denmark. With the prospect of high infection numbers and increasing hospital admissions, the healthcare sector seems to face a bigger burden once again. In the national Recovery and Resilience Plan, 2.1 % of the budget is earmarked for the healthcare sector, but with a focus on medical stock, digitalisation and research in vaccines against COVID-19. The nurses had to re-negotiate their collective agreement in the summer of 2021, and their hope was that the pandemic could help them get better conditions and salaries, which they have been criticising for a long time. The nurses did not approve the agreement and negotiations culminated in a 10-week strike. The strike ended with government intervention, leaving the nurses unsatisfied. Whether the new situation with higher infection numbers and hospital admissions will have an effect on future working conditions and salaries of healthcare workers, is still unsure.

Working conditions did improve for one group of employees, making food deliveries for a particular company. The pandemic shed light on the conditions they were working under, which made the company in question demand higher standards and better conditions for the workers. The working conditions for one specific group of essential workers that has improved during the COVID-19 pandemic is delivery of groceries and commodities-drivers. During the pandemic, their working conditions came under scrutiny in the public debate and media. This forced the employer to change conditions for the better.

How the pandemic will affect working conditions and wages for essential workers in the long term is difficult to predict, since routines and conditions are mostly back to normal.

This case study on Denmark is based on extensive desk research as well as interviews with two stakeholders, including a representative from FOA<sup>2</sup>, and a health care worker employed as a care assistant<sup>3</sup> at a nursing home<sup>4</sup>.

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<sup>2</sup> A national trade union representing public sectors workers in Denmark.

<sup>3</sup> SOSU-hjælper in Danish.

<sup>4</sup> NB: All quotes in this case study are translated from Danish to English.

# 1. NATIONAL DEFINITION, SHARE IN OVERALL EMPLOYMENT AND MAIN CHARACTERISTICS OF ESSENTIAL WORKERS BEFORE COVID-19

## KEY FINDINGS

The definition of essential workers in Denmark covers many job functions, such as staff in the healthcare sector, the police, emergency agencies, and transportation. The definition is to some extent geographical determined, due to some geographical differences and situations during the pandemic.

Essential workers make up approximately 1,328,821 of workers, equal to 45.44 % of the total workforce in 2019.

In the essential workforce, 41.73 % are male workers while 58.27 % are female workers, making the share of female workers slightly higher than the male workforce. The female essential workers primarily work in the healthcare and education sector and males are mainly employed within agriculture and transportation.

A large part of both female and male workers in Denmark are highly educated and have received some form of professional training and education. Male essential workers have an hourly salary that is slightly higher than the female workers.

When looking at parentage in the essential workforce, it does not differ from the total workforce. Thus, migrants do not make up a higher share of the essential workforce than of the total workforce.

The Danish labour market is built upon collective agreements, which is an important factor when looking at conditions on the labour market. The labour market is not only regulated by laws in Denmark but also by collective agreements between the government, unions and workers.

## 1.1. The national definition of essential workers in the context of the COVID-19 pandemic

In Denmark, there is no current clear-cut definition that lists all essential workers by profession and function. A recent definition of the term occurred when the North Denmark Region went into lockdown in November 2020 due to a rise in COVID-19 infections and hospitalisations<sup>5</sup>. In this context, Danish National Authorities defined essential workers as:

*"Staff in the health and care sector (except cosmetic treatments and similar), eldercare, the children and education sector, the police, prison staff, defence authorities, emergency agencies, meat control, staff working with vulnerable groups, staff that euthanise and skin mink, as well as staff ensuring services such as securing food supply, groceries, medicine, energy, water, waste management, telecommunications- and IT infrastructure and financial infrastructure"*<sup>6</sup>.

<sup>5</sup> DI Business, 2020, *280.000 nordjyder er ramt af restriktioner*, Dansk Industri. Available at: [280.000 nordjyder er ramt af corona restriktioner - DI \(danskindustri.dk\)](https://www.danskindustri.dk/280000-nordjyder-er-ramt-af-corona-restriktioner).

<sup>6</sup> Coronasmitte.dk, 2020, *Tiltag til at reducere smitteudvikling i Nordjylland*. Available at: [Tiltag til at reducere smitteudvikling i Nordjylland.pdf \(sum.dk\)](https://www.coronasmitte.dk/tiltag-til-ata-reducere-smitteudvikling-i-nordjylland.pdf), p. 2.

The definition above indicates that essential workers are a diverse group in Denmark that entails many different professions such as nurses, supermarket staff, and health and care workers in several sectors.

A broader definition was given in 2020 by the Danish Emergency Management Agency, which is a governmental agency under the Ministry of Defence, where they define critical social job functions as follows:

*"By critical social functions, we mean the activities, goods and services that form the basis of the functioning of society. This includes, for example, energy supply (electricity, gas, oil, petrol), passenger and freight transport (road, rail, air, sea), IT and telecommunications, fire and rescue services, enforcement of law and order, water and food security, financial services, television and radio transmission, and mail delivery. At a more general level, this also applies to the exercise of authority by the Danish Parliament, the central government, the regions, and the municipalities<sup>7</sup>."*

The definition by the Danish Emergency Management Agency does not include health care work and people employed in health care. Health care essential workers are defined by the Danish Health Authority as follows:

*"A critical function is an activity necessary to significantly strengthen, maintain or prevent deterioration of the health, functional level, quality of life or ability to work; this is activities related to examination, diagnosis, disease, treatment, obstetrics, rehabilitation, health care and prevention and health promotion. The absence of these critical functions will be characterised by significant loss of the above.*

*These are not only functions aimed at disease, but also those aimed at functional level and ability. For example, rehabilitation can be a critical function, as the absence of rehabilitation in, for example, an elderly person with a hip fracture, can mean that a person has an irreparable loss of functional capacity.*

*The concept of critical function should not be equated with 'acute' or 'life-critical'<sup>8</sup>."*

Essential workers in Denmark are thus spread across different sectors and job functions (see Annex I, Table 1 for a more detailed list of essential workers in Denmark). There is no clear-cut definition, which means that some definitions were open to interpretation. The interviewed Forbundet af Offentligt Ansatte (FOA) representative also mentioned that the definition has been a focal point for them. Some sectors and job functions have been seen as essential, whereas others might not have been seen as essential, even though the profession might disagree. This has led to some debate about the criticality of some functions. For instance, people in some job functions were in the first two weeks of lockdown sent home but then returned to work as frontline workers, e.g. teachers and educators who engaged in what is called *emergency care*. The FOA representative interviewed estimates that 30 % of people employed within this sector were still working, while others within the same position remained working from home until society reopened.

Before exploring the diversity of the group, their share of the labour market and their demographic, it is relevant to mention that essential work might differ throughout the country, as seen in the first definition above. Staff that euthanise and skin mink were only relevant for a specific region in a

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<sup>7</sup> Beredskabsstyrelsen, *Beredskabsplanlægning for pandemisk influenza*. Available at: [https://www.brs.dk/globalassets/brs---beredskabsstyrelsen/dokumenter/krisestyring-og-beredskabsplanlagning/2020/-beredskabsplanlaegning\\_for\\_pandemisk\\_influenza\\_net-.pdf](https://www.brs.dk/globalassets/brs---beredskabsstyrelsen/dokumenter/krisestyring-og-beredskabsplanlagning/2020/-beredskabsplanlaegning_for_pandemisk_influenza_net-.pdf), p. 6.

<sup>8</sup> Sundhedsstyrelsen, 2020, *Håndtering af COVID-19: Beskrivelse af funktioner i sundhedsvæsenet under COVID-19*. Available at: [112046\\_beskrivelse\\_kritiske\\_funktioner.pdf](https://www.ssi.ssi.dk/112046_beskrivelse_kritiske_funktioner.pdf) (sundhed.dk), p. 2.

particular situation and time, thus mink-related jobs are not a critical job function throughout Denmark. Therefore, some geographical differences might affect the numbers.

The following section will explain and outline the demographics of essential workers in Denmark.

## 1.2. Essential workers and their share of the country workforce

Defining the share of essential workers within the total workforce is complicated, since the data must be recent, detailed and containing variables of interest to this case study such as gender and parentage. To accommodate this, data from 2019 is used because it is assumed that COVID-19 did not affect Danish society before 2019. Moreover, the data is divided according to sector and gender distribution. All data used in this study can be accessed through Statistics Denmark<sup>9</sup>.

In 2019, the total labour force was 2,924,122<sup>10</sup>, and essential workers accounted for 1,328,821. This number has been calculated by adding professions together following the definition of essential workers from above (cf. the national definition of essential workers in the context of the COVID-19 pandemic). Thus, essential workers make up 45.44 % of the Danish workforce. It should be taken into account that Denmark has a large public sector and many welfare-providing professions, which may be one of the reasons why the share of essential workers is so high. It should again be highlighted that some job functions that are categorised as essential also include workers who are not seen as essential, and therefore are 45.44 % higher than the actual number of people working in frontline positions during COVID-19 and lockdown<sup>11</sup>.

Consequently, this causes a small measurement error due to the grouping of sectors in the data that Statistics Denmark operates with. For example, some public administration is coupled with defence and police, and is thus included when essential workers' share of the labour force is reported. Further, as mentioned above, some work categories are divided between critical and non-critical and thus, some categories contain a significantly higher number of people that carried out critical job functions. It is difficult to estimate how many workers from one group have been working as frontline and how many have been working from home; this can also differ between different organisations within the same field. This means that the share of essential workers in the workforce might be overestimated to some degree.

## 1.3. Main socio-demographic characteristics and working conditions

### 1.3.1. Gender distribution

There are many socio-demographic characteristics that are of interest for this study; a main one being gender. Within the total share of essential workers, male workers make up 41.73 % and females make up 58.27 %. Annex I, Table 1 shows the gender distribution of the sectors that include essential workers. It shows that men make up most of the employed in the transport and agricultural sectors as well as defence and police, whereas women are over-represented in the education and health sectors. Within commerce and manufacturing, the division is approximately 50/50<sup>12</sup>. Thus, male and female essential workers seem to have had different conditions before and during COVID-19.

<sup>9</sup> [Danmarks Statistik \(dst.dk\)](https://dst.dk) – Specific sources will be listed throughout this study when relevant.

<sup>10</sup> Source: [Beskæftigede \(ultimo november\) efter branche \(DB07\), socioøkonomisk status, alder og køn - Statistikbanken - data og tal](#).

<sup>11</sup> cf. Annex I, Table 5 for more complete overview over job function, gender, and quantity.

<sup>12</sup> cf. Annex I, Table 5 for complete distribution on gender and industry.

### 1.3.2. Socio-economic status and education

Regarding socio-economic status, Table 6 in Annex I, as well as Table 1 below, show that male essential workers, especially in agriculture, food production, supermarkets, and transport have base-level salaries. By comparison, men in essential sectors such as education and healthcare have high-level salaries. The levels are based on the skill level a specific job requires; thus, a high-level salary is given to an employee who is responsible for a high-level job.

The socio-economic status for women and men working in essential sectors are shown in Table 6 in annex I. Here, female essential workers also mostly receive a base-level salary in supermarkets, as well as elder care. Women working in essential sectors such as health and education are mostly on a high-level salary.

Table 1: Salary-level and Gender Specifications in 2019

	Base-level salary	Mid-level salary	High-level salary	Total
Males in Total Workforce	595,188	141,180	298,356	1,034,724
Males in Total Workforce %	57.52 %	13.64 %	28.83 %	100 %
Males in Essential Workforce	231,477	46,365	122,795	400,637
Males in Essential Workforce %	57.78 %	11.57 %	30.65 %	100 %
Females in Total Workforce	527,840	143,538	415,421	1,086,799
Females in Total Workforce %	48.57 %	13.21 %	38.22 %	100 %
Females in Essential Workforce	317,609	69,070	290,334	677,013
Females in Essential Workforce %	46.91 %	10.20 %	42.88 %	100 %

Source: Own calculations based on data from Statistics Denmark<sup>13</sup>.

In the total essential workforce, approximately 43 % of women receive a high-level salary and approximately 47 % receive a base-level salary, while 57.7 % of men receive a base-level salary and around 31 % receive a high-level salary<sup>14</sup>. This can be explained by the level of education that different professions have completed. It is important to note that a large section of essential workers in Denmark are highly educated. In Denmark, the education system has eight levels, where elementary school is level 1 and PhD is level 8. The essential workers with the longest education include doctors, dentist, nurses, surgeons, veterinarians, people employed in financial services, and those employed in central

<sup>13</sup> Source: [Beskæftigede \(ultimo november\) efter branche \(DB07\), socioøkonomisk status, alder og køn - Statistikbanken - data og tal](#).

<sup>14</sup> cf. Annex I, Table 6 for full list of salary level, gender, and amount.

government. These are normally within level 6 or 7. In these professions most people have received a minimum of 5 years of education and/or training. Butchers, maritime job functions and similar are normally level 3–5<sup>15</sup>. Essential job functions such as drivers and supermarket employees have received little to no education.

The job functions regarded as essential have a higher percentage of well-educated women in the health care sector, whereas in some of the job functions where men are employed, such as transport, they have not received the same level of education.

When looking at the hourly rate that workers in Denmark receive<sup>16</sup>, as shown in Table 2 below, the average male worker receives an hourly rate of 289.92 DKK, whereas the male essential worker receives 271.95 DKK an hour. Thus, the male essential worker's wage is approximately 6 % lower than the average hourly rate. When looking at hourly rates of female workers, the average hourly rate is 262.07 DKK and the essential female worker receives 248.22 DKK per hour, which is 5 % lower than the average.

Table 2: Hourly salary, by gender, for essential workers and all workers in 2019

	All	Male	Female
Average payment in total	278.39	289.92	262.07
Average payment for essential workers	262.94	271.95	248.22
Difference in %	-5.5 %	-6.2 %	-5.3 %

Source: Own calculations based on data from Statistics Denmark<sup>17</sup>.

Therefore, there is a difference in the average hourly rate between the workers in the total workforce and the ones in the essential workforce. When comparing with the salary levels above, although much of the essential workforce receive a high-level salary, the average essential worker payment is still lower than the average payment. This indicates that essential workers, despite having high-level education, still receive lower payments than the average worker. Furthermore, even though fewer men receive a high-level salary, their average payment is still higher than the average female payment.

### 1.3.3. Heritage

The number of migrants and descendants from both Western<sup>18</sup> and non-Western countries make up approximately 13 % of the total workforce in Denmark. Western migrants and descendants from Western migrants are primarily employed in commerce, hotels and restaurants, cleaning, and social institutions. The group of non-Western migrants and descendants is mainly employed within commerce, hotels and restaurants, cleaning, and social institutions. Thus, there is no significant difference between Western and non-Western migrants and areas of employment.

<sup>15</sup> UFM, *Samlet oversigt over typer af uddannelsesbeviser og grader*, Uddannelses- og forskningsministeriet. Available at: [Samlet oversigt over typer af uddannelsesbeviser og grader — Uddannelses- og Forskningsministeriet \(ufm.dk\)](#).

<sup>16</sup> cf. Annex I, Table 7 for full list of wages and gender.

<sup>17</sup> Source: *Løn efter branche (DB07), sektor, aflønningsform, lønmodtagergruppe, lønkomponenter og køn - Statistikbanken - data og tal (statbank.dk)*.

<sup>18</sup> Western countries are here defined as: all EU-countries, Andorra, Liechtenstein, Monaco, San Marino, Switzerland, The Vatican State, Canada, USA, Australia, and New Zealand.

Table 3: Workforce Share and Heritage Specifications

	Danish Origin	Migrants from EU and 'Western' countries	Migrants from other countries	Descendants EU and 'Western' countries	Descendants from other countries	Total
Number in total workforce	2,535,319	151,558	177,141	7,783	52,321	2,924,122
% of total workforce	86.70 %	5.18 %	6.06 %	0.27 %	1.79 %	100 %
Number in essential occupations	1,169,665	51,458	76,556	3,450	27,692	1,328,821
% in essential occupations	88.02 %	3.87 %	5.76 %	0.26 %	2.08 %	100 %

Source: Own calculations based on data from Statistics Denmark<sup>19</sup>.

When looking at the numbers, it is evident that migrants, whether Western or non-Western, are not over-represented in the essential workforce in Denmark. The share of the total workforce and the share of essential workforce is very similar. Further, some of their work functions are not categorised as essential during COVID-19, thus migrant workers will not be a specific focus throughout this case study<sup>20</sup>.

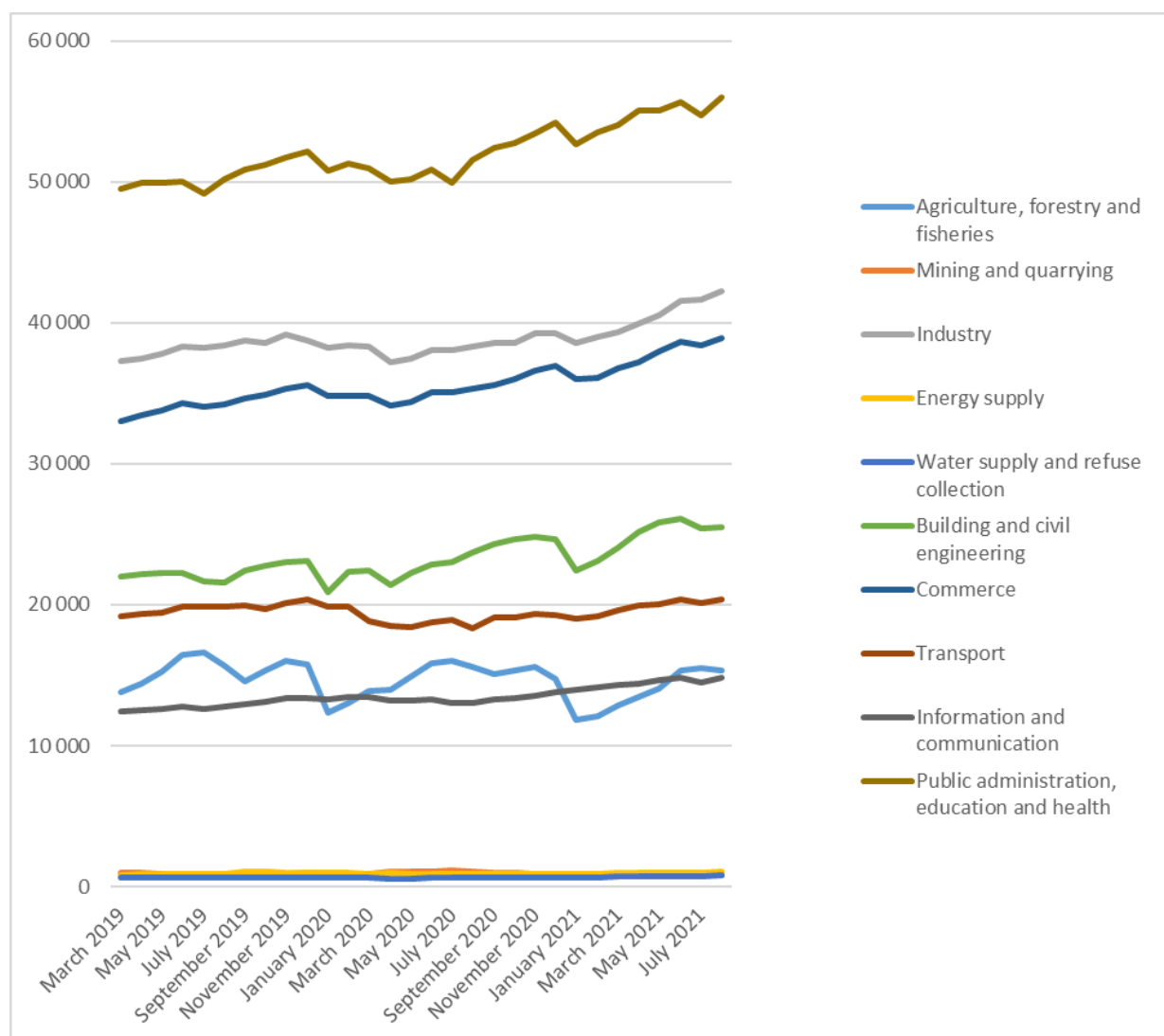
In Figure 1 below, the development of foreign residents with a wage income in essential job functions in Denmark is shown. From March 2019, before COVID-19, and until August 2021, an increase is evident. The biggest increase is within the sectors of public administration, education and health.

<sup>19</sup> Source: [Beskæftigede \(ultimo november\) efter branche \(DB07\), herkomst og køn - Statistikbanken - data og tal](#).

<sup>20</sup> cf. Annex I, Tables 8, 9 and 10 for more complete information.



Figure 1: Foreign Residents with Wage Income in Denmark



Source: Data from Danish Agency for Labour Market and Recruitment<sup>21</sup>.

The figure shows an increase. Through desk research, there is no evidence of foreign residents being exploited or working under worse conditions. Throughout the pandemic, residents outside of Denmark still had the possibility to enter the country, if they had to work, or were going to an interview, a meeting etc.<sup>22</sup>. Within the workforce of foreign residents, most of the residents do have permanent residence in Denmark. In August 2021, 2,398 out of 56,195 foreign residents working within public administration, education and health in Denmark were commuting to Denmark. The numbers have not changed significantly during the pandemic compared to before.

There is thus no evidence that the foreign labour force has increased during the pandemic or that the foreign workforce has been a focal point in Denmark.

<sup>21</sup> Source: [Jobindsats - Databank, Udenlandsk arbejdskraft: Udenlandske statsborgere med lønindkomst i Danmark \(Opholdsgrundlag, statsborgerskab, branche\)](#).

<sup>22</sup> The Ministry of Justice, 2021, *Bilag 1. Anerkendelsesværdige formål for udlændinge*. Available at: [Bilag-1-Anerkendelsesvaerdige-formaal-1.pdf \(justitsministeriet.dk\)](#).

Table 4: Foreign Residents working in Public Administration, Education and Health

	March 2019	August 2019	March 2020	August 2020	March 2021	August 2021
Permanent residence	47 156	47 753	48 634	49 214	51 722	53 797
Commuters	2 385	2 425	2 346	2 325	2 364	2 398

Source: Data from Danish Agency for Labour Market and Recruitment<sup>23</sup>.

### 1.3.4. Working conditions

Regarding their working conditions, the Danish essential workers occupy many different professions, and it is difficult to pinpoint common working conditions. Therefore, this section will explain the overall working conditions of nurses and truck drivers, two of the biggest essential groups.

Due to the nature of the functions that nurses perform, they work weekdays, weekends, nights, and holidays, causing the schedule to be changeable. The normal number of working hours during a week for nurses differs depending on the area of employment, but the general working week is around 37 hours<sup>24</sup>. A newly qualified nurse has a base salary of 25,303 DKK/month and after 10 years of employment the salary is 30,642 DKK/month; in addition, all nurses receive pension, extra payment for any disadvantage, special holiday payment and locally agreed function payment or qualification payment<sup>25</sup>.

In a study conducted in 2018, 22 % of the nurses questioned experienced feeling stressed all the time or often, whereas 45 % never or rarely felt stressed<sup>26</sup>. In a similar study conducted in 2018, 62 % of the nurses reported that they had to work quickly, and 30 % often found that they did not have enough time to perform all tasks<sup>27</sup>. Due to cuts in government funding and resources in the health care sector, the psychological work environment for nurses was challenging<sup>28</sup> and it was increasingly difficult to attract new nurse<sup>29</sup>.

In a study from 2018, truck drivers in Denmark were shown to be the hardest working group in Denmark, with an average working week of 45.2 hours. This is 5.6 hours more than the normal working week in Denmark<sup>30</sup>. Besides working longer hours than average, the number of accidents was very high. In 2018, 7 out of 31 deaths registered at work were truck drivers. The number of accidents was also very high since truck drivers work in traffic and often handle very heavy loads<sup>31</sup>. Although they had tough

<sup>23</sup> Source: [Jobindsats - Databank, Udenlandsk arbejdskraft: Udenlandske statsborgere med lønindkomst i Danmark \(Opholdsgrundlag, statsborgerskab, branche\)](#).

<sup>24</sup> DSR, *Corona A-Å*. Available at: [Corona A-Å | Løn og arbejdsvilkår, DSR](#).

<sup>25</sup> DSR, *Hvad tjener en sygeplejerske?* Available at: [Hvad tjener en sygeplejerske? | Løn og arbejdsvilkår, DSR](#).

<sup>26</sup> DSR, 2018, *NOTAT Stress blandt sygeplejersker, 2018*. Available at: [notat\\_stress\\_blandt\\_sygeplejersker\\_sath\\_2018.pdf \(dsr.dk\)](#).

<sup>27</sup> DSR, 2018a, *Sygeplejerskernes oplevelse af arbejdspress, 2018*. Available at: [notat\\_sygeplejerskers\\_oplevelse\\_af\\_arbejdspress\\_sath\\_2018.pdf \(dsr.dk\)](#).

<sup>28</sup> Andersen, K. J., 2015, *Sygeplejerskerne slår alarm: Vi kan ikke arbejde forsvarligt*, DSR.dk. Available at: [Sygeplejersker slår alarm: Vi kan ikke arbejde forsvarligt | Politik og nyheder, DSR](#).

<sup>29</sup> Josevski, A., 2019, *Mangel på sygeplejersker: 1030 jobs kan ikke besættes*, TV2Nyheder. Available at: [Mangel på sygeplejersker: 1030 jobs kan ikke besættes - TV 2](#).

<sup>30</sup> Redanz, M., 2018, *Opgørelse: Lastbilchaufførerne knokler mest*. Available at: [Opgørelse: Lastbilchaufførerne knokler mest | Fagbladet 3F](#).

<sup>31</sup> Hansen, P. M., 2019, *Lastbilchauffør: Arbejdsskader og dødsfald er en del af jobbet*. Available at: [Lastbilchauffør: »Arbejdsskader og dødsfald er en del af jobbet« | NetAvisen \(navisen.dk\)](#).

working conditions, they had the right to rest between 9 and 11 hours daily.

Both professions are covered by collective agreements. To understand the extent of collective agreements and the power they hold on the Danish labour market, it is essential to outline the latter.

Most notably, Denmark has a unique labour market model that is characterised by bi- and tripartite agreements between unions, employer organisations and in the case of tripartite, the government<sup>32</sup>. Therefore, the labour market in Denmark, including some work-environment related topics, is regulated by collective agreements to a higher degree than national regulations. This measure is called The Danish Model and is an agreement dating from 1899. The labour market in Denmark is not only regulated by law, but by collective agreements as well. Before a law that affects the labour market is implemented, relevant unions are, involved. In Denmark, two out of three workers are members of a union, which is the second highest within OECD<sup>33</sup>, only surpassed by Iceland. The high degree of organisation improves equality on the labour market. Further, there is evidence that a high degree of organisation impacts on social development apart from equality, such as education, rights, and health<sup>34</sup>. The labour market model in Denmark is based on a division of labour between the state and social partners. This influences employment policies, payments and working conditions. Because social partners and unions are involved in the agreements, they have the possibility of impacting on working conditions. Further, unions make sure that the agreements are being complied with.

The Danish model is based on three parts:

- tripartite cooperation;
- collective agreements;
- high degree of organisation – meaning most workers are organised within a trade union.

Hence, different professions are covered by different collective agreements and different terms, e.g. doctors, nurses, and social and health care assistants have different unions, which means their terms are regulated by different collective agreements. The agreement furthermore ensures some fundamental ground rules that are prevalent throughout all sectors, e.g. the employer's right to distribute work, the right to take collective action (strike, blockade, lockout), and the right to avoid disruption (when an agreement is in force, it is illegal to stop work)<sup>35</sup>. Lastly, workers who are not members of a union are still largely covered by the conditions implemented by agreements.

In Denmark 2,742 people in total have died with COVID-19. Mortality has been highest within the elderly section of the population, as 2,404<sup>36</sup> were between 70-90+ years old<sup>37</sup>. There is no evidence that essential workers have a higher mortality rate during COVID-19 thus far.

The section '1.3.4. Working conditions' has focused on the conditions described for nurses and truck drivers, such as long and changeable hours and usually low pay, but this is similar across many of the sectors where most frontline workers are employed. Further, the Danish labour market is in general covered by collective agreements, which is also true for workers in transportation and agriculture.

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<sup>32</sup> Denmark, *The Danish labour market*, Denmark.dk. Available at: [Working in Denmark | The famous Danish labour market model](#).

<sup>33</sup> AE, 2021, *En høj organisationsgrad mindsker uligheden*, Arbejderbevægelsens Erhvervsråd. Available at: [En høj organisationsgrad mindsker uligheden | Arbejderbevægelsens Erhvervsråd \(ae.dk\)](#).

<sup>34</sup> Ibid.

<sup>35</sup> Beskæftigelsesministeriet, *Den Danske Model*. Available at: [Den danske model \(bm.dk\)](#).

<sup>36</sup> NB: The numbers are updated daily, so the numbers will change continuously

<sup>37</sup> Sundhedspolitisk tidsskrift, 2021, *Corona: Alders og kønsfordeling på døde i DK*. Available at: [Corona: Alders- og kønsfordeling på døde i DK \(sundhedspolitisktidsskrift.dk\)](#).

In Denmark focus has mostly been on essential workers in the healthcare sector and the conditions they have been working under during the pandemic. Further, as will be described below, a specific case of delivery of groceries and commodities has received increased awareness during COVID-19. There is no evidence that working conditions have changed noteworthy during the pandemic for workers working in agriculture or transportation – besides from the conditions truck drivers have worked under during the pandemic, which will be described below. In one instance, when Denmark had to eradicate the mink-population, foreign labour force was hired to assist with the task in the Northern part of Jutland. The workers who were hired have experience with handling of minks and were thus hired to speed up the killing process in Denmark. Approximately 100 workers were hired to assist the task<sup>38</sup>.

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<sup>38</sup> Ritzau, 2020, *Erfarne udlændinge skal sætte tempo på minkaflivning*. Available at: <https://fagbladet3f.dk/artikel/erfarne-udlaendinge-skal-saette-tempo-paa-minkaflivning>.

## 2. MAIN IMPACT OF THE COVID-19 PANDEMIC ON THE WORKING CONDITIONS OF ESSENTIAL WORKERS

### KEY FINDINGS

During the pandemic, working conditions for essential workers have been affected in four ways, which have similarities across areas of employment. Carrying out new tasks and functions is the first impact noted. Many people have had to carry out new tasks throughout the pandemic, due to more employees being needed in certain areas. Secondly, higher workload and longer working hours have been a consequence, especially for healthcare staff and delivery services. Because the pandemic is affecting health, the healthcare sector has been under pressure to keep everything running. Thirdly, the concern of contracting COVID-19 oneself, and lastly the worry of taking COVID-19 into work or home.

The outlined areas of concern or impact have been the conditions the essential workers in Denmark have had to work with throughout the pandemic.

Through desk research, interviews, and analysis it has been possible to locate four central topics that carry some similarities across the different sectors highlighted as essential work in Denmark. The following list is not exhaustive but focuses on the most prevalent areas of impact and concern.

The topics are:

- carrying out new tasks and functions;
- higher workload and longer hours;
- worry about contracting COVID-19;
- worry about taking COVID-19 into work and the home.

### 2.1. Carrying out new tasks and functions

Since COVID-19 is categorised as a health crisis, the health care sector has had a central and crucial role throughout the COVID-19 pandemic. Thus, to accommodate the rising demand for beds and care of COVID-19 infected patients, the normal operation of Danish hospitals was rescheduled, and many of the usual tasks were postponed or moved to different departments. As mentioned by a nurse who was interviewed in an article published by the Danish Nurses Organisation<sup>39</sup>:

*"The department, which has 22 beds, has been cleared of the usual patients who have instead been admitted to other wards in so-called collaborative beds. A Corona command centre has been set up, a Corona drive-in for tests and a corona schedule that is constantly updated, and there are daily corona meetings"<sup>40</sup> (Nurse, spring 2020).*

Many nurses thus experienced being moved between departments; another nurse interviewed by the Danish Nurses Organisation says she was employed in the gastrointestinal medical section and has now been moved to the newer COVID-19 section<sup>41</sup>. In addition to a change in work tasks, some nurses

<sup>39</sup> The Danish Nurses Organisation represents the interest of approximately 85% of the nurses employed in Denmark.

<sup>40</sup> DSRb, *Sygeplejersker i forreste rækker under sundhedskrisen*. Available at: [Sygeplejersker i forreste række under sundhedskrisen | Politik og nyheder, DSR](#).

<sup>41</sup> Ibid.

also report that they have used more resources on coordination, education of colleagues and different areas of responsibility than normal. As another nurse explains in her interview:

*(...) I have had to devote all my resources to, among other things: requisitioning and counting of protective equipment, and coordination of staffing and competence development of other healthcare professionals who have never had to deal with patients in isolation, or stricter infection hygiene principles<sup>42</sup> (Nurse, spring 2020).*

As explained by the interviewed care assistant, the tasks that she has to carry out now are quite different from her normal tasks. As she is employed in a nursing home, much of her job is to socialise and help the elderly with everyday life such as eating meals and bathing. She describes her main task as being a carer and that is what motivates her in her job. With COVID-19, many tasks and routines have changed: they do not eat with the residents anymore, they do not have communal dining, they cannot hug or show the same type of care as before COVID-19. Thus, she explains that she cannot carry out what she perceives as her main job. Instead she now has to complete different tasks. This is also a frustration many of the residents share, as they do not understand the situation completely and they, especially the residents with dementia, have a tough time adjusting to and understanding the situation, which, she says, leads to loneliness and in some cases depression. She underlines that the COVID-19 situation has been a psychological burden more than a physical one.

Nurses and health care staff are not the only group that has experienced new and/or extra work tasks during COVID-19. Teachers and educators have also had to take on new tasks. Firstly, due to the nature of the pandemic and lockdown, more contact and content have been online, which has forced teachers especially to adopt new ways of working, teaching and preparing. This has meant a new and higher workload. Secondly, good hygiene has been crucial, so it has been necessary to clean more thoroughly and more often. This has been an extra burden and is generally time-consuming.

## 2.2. Higher workload and longer working hours

When COVID-19 shut down Denmark, one of the main concerns of the government was to keep society running and not to 'break the health care sector' and the supply of food and goods. This led to different measures.

During COVID-19, a new temporary agreement was reached, suspending rest days and environmental-zone driving for truck drivers. This was to ensure that the supply of commodities remained stable. This meant there were deliveries and driving at weekends. However, this does not mean that the truck drivers have to drive 24/7, but simply that their rest period can be postponed for 10 days. Further, the time period of deliveries was changed, so deliveries could be made throughout the whole day and week, and not solely during specific time periods<sup>43</sup>.

As explained above, new tasks have been added to many professions, which have forced the employees to work faster or for longer hours. The working conditions and hours for nurses also increased, and the demand for flexibility and responsibility rose.

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<sup>42</sup> Ibid.

<sup>43</sup> Eriksen, A. H., 2020, *Sikre forsyningssikkerhed: Ændrer lastbilerne kørselsregler, så arer kommer hurtigt ud*, Fagbladet3F.dk. Available at: [Sikrer forsyningssikkerhed: Ændrer lastbilers kørselsregler, så varer kommer hurtigt ud | Fagbladet 3F.](#)

*I feel that I am constantly on alert and on duty. I know that when I'm off duty, I can get a call asking me to take a shift. I work overtime every day and we are asked to take extra shifts all the time<sup>44</sup> (Nurse, winter 2021).*

The care assistant explained that she does not experience longer working hours but there has been a shift in tasks, and additional or new tasks have replaced many of the old tasks. As she says, 'the time has been taken away from the residents'. She thus feels discouraged since her core task of providing care has been shifted to different tasks.

Another profession impacted by the pandemic was food delivery services, especially the delivery of groceries and commodities. The demand rose by more than 50 % compared to the previous year<sup>45</sup>. This led to a higher workload and an expectation that employees work faster, which in turn led to difficult working conditions for those employees. They eventually complained to the media and relevant stakeholders, which led 3F<sup>46</sup> to drive a public campaign to improve the conditions. Thus, COVID-19 and the heightened attention given to working conditions, which were worsened during the pandemic, helped lead to action. As a consequence, the company in question agreed to demand higher standards and improve conditions for the employees<sup>47</sup>.

### 2.3. Worry about contracting COVID-19

Truck drivers, nurses, supermarket cashiers, and others are in contact with many different people throughout the day. This can place them in a more direct position to contract COVID-19. In addition, at the beginning of COVID-19, due to a lack of information on its seriousness and the lack of knowledge in general, many hospitals, supermarkets, nursing homes etc. allowed some employees to help patients and service customers without any protective equipment, causing them an even bigger risk of becoming sick. As described by an interviewed nurse:

*"I became infected when we were overrun by patients and our stock of protective equipment was quickly emptied. We had to collect protective glasses and wash them in the department's washing machine while we were really busy"<sup>48</sup> (Nurse, autumn 2020).*

The lack of protective equipment is also highlighted as a challenge by the FOA representative, who agrees there was an urgent need for more supplies at the beginning of the pandemic. The lack of protective equipment prolonged worries of frontline workers of being infected. The nurse explained that protective equipment such as gloves, sanitisers and one-piece suits were essential for her job. If her workplace was short of gloves, she would use plastic bags instead, even though it made her work more difficult. But the equipment was essential for her to feel safe and to do her job.

Catching COVID-19 is a concern many frontline employees have experienced since the outbreak of COVID-19. There is an evident health risk related to getting COVID-19 but frontline personnel also have the worry of being sick and thus leaving a bigger burden on their coworkers. A nurse interviewed by the Danish Nurses Organisation explains:

<sup>44</sup> DSRb, *Sygeplejersker i forreste rækker under sundhedskrisen*. Available at: [Sygeplejersker i forreste række under sundhedskrisen | Politik og nyheder, DSR](#).

<sup>45</sup> Redaktionen, 2020, *Corona: Nemlig øger salget med 50 procent*, Retailnews.dk. Available at: [Corona: Nemlig øger salget med 50 procent - RetailNews](#).

<sup>46</sup> The biggest union in Denmark - United Federation of Workers in Denmark (for information: [Working in Denmark \(3f.dk\)](#)).

<sup>47</sup> Jacobsen, S. S., 2021, *Nemlig.com ændrer holdning: Vil forbedre vilkår for chauffører*. Available at: [Nemlig.com ændrer holdning: Vil forbedre vilkår for chauffører \(fodevarewatch.dk\)](#).

<sup>48</sup> DSRb, *Sygeplejersker i forreste rækker under sundhedskrisen*. Available at: [Sygeplejersker i forreste række under sundhedskrisen | Politik og nyheder, DSR](#).

*"I'm preoccupied with taking care of myself because I have a responsibility. And I have to make sure I can live up to that responsibility. If I get infected, I can't help you, and then the health service gets even more pressured"<sup>49</sup> (Nurse, spring 2020).*

Being sick and having to stay at home for a longer period would, even with additional staff, cause difficulties with having enough employees to fulfil the necessary tasks. But as was highlighted by the nursing aid, staying at home was a possibility if a person was feeling unwell, and it was not frowned upon.

Getting sick is also a worry that truck drivers and their employees have. Like nurses and other frontline workers, truck drivers cannot conduct their work from home, and being sick will prevent them from transporting or delivering goods<sup>50</sup>.

## 2.4. Worry about bringing COVID-19 into work and home

Following the concern above, frontline workers in Denmark not only worry about getting sick themselves but also worry about contracting COVID-19 and afterwards bringing the virus into the workplace and/or home.

*(...) and if I'm not careful, I could infect my patients. (Nurse, spring 2020)<sup>51</sup>*

The workers at hospitals were not immune or vaccinated during the first part of the pandemic, and due to their work tasks and position, many of them were in contact with people. These included some patients who were at a high risk of fatality if they contracted COVID-19. A study conducted by the National Research Centre for Occupational Safety and Health<sup>52</sup> reports that many employees who did not work from home had many worries about spreading the infection, and this affected their overall well-being<sup>53</sup>. As a contrast, the interviewed care assistant explained that the right protective equipment and a distance of two metres at work and in supermarkets for example, has helped her a lot and made her feel safe, both at work and at home. Thus, contracting the virus and infecting others has not been a big concern for her.

<sup>49</sup> Ibid.

<sup>50</sup> Hansen, M. H., 2020, *Vognmand sætter sin lastbil og chauffør i corona-karantæne*. Available at: [Vognmand sætter sin lastbil og chauffør i corona-karantæne | jv.dk](https://www.jv.dk/nyheder/2020/04/20/vognmand-saetter-sin-lastbil-og-chauffor-i-corona-karantene).

<sup>51</sup> DSRb, *Sygeplejersker i forreste rækker under sundhedskrisen*. Available at: [Sygeplejersker i forreste række under sundhedskrisen | Politik og nyheder, DSR](https://www.dsr.dk/nyheder/2020/04/20/sygeplejersker-i-forreste-raekker-under-sundhedskrisen).

<sup>52</sup> NFA, *Medarbejder – møder primært ind*, Det nationale forskningscenter for arbejdsmiljø. Available at: [Coronatrivsel.dk - medarbejder møder primært ind \(nfa.dk\)](https://www.coronatrivsel.dk/medarbejder-moeder-primært-ind).

<sup>53</sup> Ibid.



### 3. MAIN LEGISLATION, POLICIES, COLLECTIVE AGREEMENTS, AND EMPLOYERS' MEASURES ADOPTED IN THE COUNTRY TO SUPPORT ESSENTIAL WORKERS

#### KEY FINDINGS

In Denmark, legislation and policy initiatives and agreements have been implemented throughout the pandemic. The aim of the agreements has been to meet the need for flexibility while still protecting essential workers.

To meet the need for flexibility within essential sectors, the Joint Declaration on Flexibility in Municipalities was implemented in November 2020 and extended until 21 May 2021. The agreement had the intent of securing the essential functions and minimising infection and the spread of COVID-19.

To protect workers, the Agreement on Pay During Absence Under Chapter 21a of the Sickness Benefit Act was implemented. This agreement made it possible for workers who have an increased risk of a severe incidence of disease, or workers whose relatives do, to stay at home to avoid risk, and still receive payment equal to their normal salary during sick leave. This agreement was in place from June 2020 until June 2021.

Thirdly, COVID-19 was recognised as a work accident. Thus, workers who were infected with COVID-19 at work had the possibility to receive compensation.

#### 3.1. Main measures adopted

In the spring of 2020, when COVID-19 first came to Denmark, some temporary policies were established and contracted between KL (Local Government Denmark)<sup>54</sup>, RLTN (The Regions Remuneration and Tariff Board)<sup>55</sup> and Forhandlingsfællesskabet (The Joint Negotiating Community)<sup>56</sup> on behalf of their members, who are employed in the public sector. This agreement included two different policies: 1) Joint declaration on flexibility in municipalities, and 2) Agreement on Pay During Absence Under Chapter 21a of the Sickness Benefit Act.

Furthermore, COVID-19 was recognised as a work-related accident, and it became possible to receive compensation if a frontline worker had any inconveniences related to COVID-19. Lastly, different initiatives for workers in the private sectors were contracted as well.

##### 3.1.1. Joint Declaration on Flexibility in Municipalities<sup>57</sup>

To accommodate the increase in demand and the flexibility COVID-19 demanded, this agreement was first contracted in November 2020 for the North Region Denmark<sup>58</sup> and later in December was extended to include 69 out of 98 municipalities<sup>59</sup>. In January 2021, the agreement was extended once

<sup>54</sup> Local Government Denmark: The association and interest group of the 98 municipalities in Denmark.

<sup>55</sup> Directly translated to: The Region's remuneration and tariff board (for more information: [RLTN.dk](http://RLTN.dk) - [RLTN.dk](http://RLTN.dk)).

<sup>56</sup> Directly translated to The Joint Negotiation Community. The organisation has many different members, such as FOA (for more information: [Forside \(forhandlingsfaellesskabet.dk\)](http://Forside(forhandlingsfaellesskabet.dk))).

<sup>57</sup> NB: The agreement only includes municipalities and employers there, and not regions.

<sup>58</sup> KL et al., 2020b, Regionale restriktioner i Nordjylland: Stor gensidig fleksibilitet, hurtighed og vilje til at finde smidige løsninger – centralt og lokalt. Available at: [Faelleserklæring,udkast.17.03.20](http://Faelleserklæring,udkast.17.03.20).

<sup>59</sup> KL et al., 2020a, Regionale restriktioner i 69 kommuner: Stor gensidig fleksibilitet, hurtighed og vilje til at finde smidige løsninger – centralt og lokalt. Available at: [Faelleserklæring december 2020 endelig](http://Faelleserklæring december 2020 endelig).

again, now including all municipalities in Denmark<sup>60</sup>.

The agreement was made to ensure flexibility, and the necessary workforce where needed. This was with the intent of minimising infection and the spread of COVID-19 and mutations<sup>61</sup>. The agreement further aimed to secure the essential job functions, and it highlighted the importance of essential workers as a central part of success. A quote from the agreement thus states:

*"The Parties therefore agree that, in this still exceptional situation where it is necessary to break the chains of infection and limit the spread of COVID-19 in Denmark, it could be necessary to ask employees to perform tasks in critical functions or related tasks at other times, locations and/or collective agreements/subject areas than where they normally perform their daily work"<sup>62</sup>.*

Furthermore, it is evident that the movement of employment should be on a voluntary basis and that employees should be included in the process as early as possible, albeit with the need for flexibility and short notice still underlined as important. It is additionally highlighted that the essential jobs needed can vary across different municipalities. If an employee agrees to carry out a new job function or go into a new area, the employee should still receive normal pay and is still employed under the same agreement, though overtime will be reimbursed.

*"Employees who perform tasks at other times, locations and/or collective agreement/subject areas continue their usual salary and receive payment for any disadvantages and additional overtime in accordance with the employee's usual agreement"<sup>63</sup>.*

As explained in the Introduction, the Danish labour market is highly regulated, and many agreements are locally anchored. This remains intact with this agreement, although should there be any uncertainties in relation to a task being included in one of the pre-existing agreements, then KL and all relevant partners will engage in negotiations to clarify collective agreement coverage of the task<sup>64</sup>.

The agreement was finally contracted in March 2021 and was legally in place until 21 May 2021<sup>65</sup>.

### 3.1.2. Agreement on Pay During Absence Under Chapter 21a of the Sickness Benefit Act<sup>66</sup>

This act was to ensure that employees who are themselves or have relatives at increased risk of a severe incidence of disease could stay at home to avoid risk and still receive payment equal to their normal salary during sick leave<sup>67</sup>. The agreement was first contracted in June 2020 and was an agreement between KL<sup>68</sup> and Fællesforhandlingsrådet. The same agreement was contracted between the regions and Fællesforhandlingsrådet<sup>69</sup>. The agreement was temporary and was extended several times; the

<sup>60</sup> KL et al., 2021, *Stor gensidig fleksibilitet, hurtighed og vilje til at finde smidige løsninger – centralt og lokalt*. Available at: [Fælleserklæring januar 2021 endelig](#).

<sup>61</sup> KL et al., 2021a, *Stor gensidig fleksibilitet, hurtighed og vilje til at finde smidige løsninger – centralt og lokalt*. Available at: [faelleserklaering-den-29-marts-2021.pdf](#).

<sup>62</sup> KL et al., 2021, *Stor gensidig fleksibilitet, hurtighed og vilje til at finde smidige løsninger – centralt og lokalt*. Available at: [Fælleserklæring januar 2021 endelig](#), p. 1.

<sup>63</sup> KL et al., 2021a, *Stor gensidig fleksibilitet, hurtighed og vilje til at finde smidige løsninger – centralt og lokalt*. Available at: [faelleserklaering-den-29-marts-2021.pdf](#), p. 2.

<sup>64</sup> Ibid.

<sup>65</sup> Ibid.

<sup>66</sup> See Annex II – Good practice fiche.

<sup>67</sup> Forhandlingsfællesskabet, 2020, *Vedr.: Aftale om løn under fravær efter sygedagpengelovens kapitel 21 a*. Available at: [20-0088-116-mo-ret-til-l-n-for-personer-i-get-risiko.pdf \(forhandlingsfaelleskabet.dk\)](#).

<sup>68</sup> Kommunernes Landsforening: Interest group for the 98 municipalities in Denmark.

<sup>69</sup> Forhandlingsfællesskabet, 2020f, *Vedr.: Aftale om løn under fravær efter sygedagpengelovens kapitel 21 a*. Available at: [ny\\_20-0088-129-mo-ret-til-l-n-rltn-omr-det.pdf \(forhandlingsfaelleskabet.dk\)](#).

latest was in June 2021 and was in effect until August 2021<sup>70</sup>.

*"Forhandlingsfællesskabet has today entered into an attached agreement with KL, which entitles employees at increased risk and employees with relatives at increased risk and who have the right to sickness benefit under Section §§58b and C of the Danish Sickness Benefit Act<sup>71</sup> [to claim such]."*

This agreement addressed the worry that some frontline personnel had of contracting COVID-19 and getting sick, and/or bringing it home to relatives at risk, thus it was possible for the workers to stay at home and still receive sickness benefit.

### 3.1.3. Compensation for contracting COVID-19 and related diseases at work

As a third initiative, COVID-19 was recognised as a work accident, and it became possible in the spring of 2020 to receive compensation for employees who were infected with COVID-19 at work.

*"An employee may receive recognition of coronavirus disease (COVID-19) as an accident at work or an occupational disease if it can be assumed that the disease is due to work. This may be the case, for example, if the employee has been exposed to infection or risk of infection during work and has subsequently fallen ill<sup>72</sup>."*

By June 2020, Labour Market Insurance<sup>73</sup> had 614 cases of reports of occupational injuries related to COVID-19; 396 of those were reports from employers in the health sector, who make up the biggest part<sup>74</sup>. Now the cases have risen to 9,763 with 5,573 cases being within the health care and social sector<sup>75</sup>. The compensation is not limited to a specific sector but is solely based on whether it is likely that the case in question involves being infected while at work<sup>76</sup>.

## 3.2. Revaluation

In the wake of COVID-19, many frontline workers were praised: with applause, and with acknowledgement by ministers and society in general. The increased focus on these occupations is mentioned by many frontline workers as motivating for their work, and this was also mentioned by the care assistant interviewed. The long-term revaluation of frontline workers or a change in their conditions has not yet occurred. As restrictions are lifting, and the pandemic is no longer categorised as a socially critical disease, work is going back to normal<sup>77</sup>. Routines are back as before and this raises a concern, says the representative from FOA.

As described in the Introduction, the Danish labour market is highly regulated, and most professions are covered by a collective agreement. The agreement for nurses was to be renegotiated in the summer of 2021, and the nurses were dissatisfied about the outcome of the new agreement. They engaged in a nationwide strike – in accordance with legislation – to promote better working conditions, higher payments and to end a civil service reform, which they claim freezes several female-dominated

<sup>70</sup> Ibid.

<sup>71</sup> Forhandlingsfællesskabet, 2020, *Vedr.: Aftale om løn under fravær efter sygedagpengelovens kapitel 21 a*. Available at: [20-0088-116-mo-ret-til-l-n-for-personer-i-get-risiko.pdf \(forhandlingsfaellesskabet.dk\)](https://www.forhandlingsfaellesskabet.dk/20-0088-116-mo-ret-til-l-n-for-personer-i-get-risiko.pdf).

<sup>72</sup> Arbejdstilsynet, *Arbejdsskader*. Available at: [Arbejdsskader - Arbejdstilsynet \(at.dk\)](https://www.arbejdstilsynet.dk/Arbejdsskader).

<sup>73</sup> AES, 2021, *Tal for anmeldte arbejdsskader relateret til COVID-19*. Available at: [Microsoft Word - Afrapportering COVID-19 uge 36.rtf \(aes.dk\)](https://www.aes.dk/~/media/100000/1000000000/2021-09-01-afrapportering-covid-19-uge-36.pdf).

<sup>74</sup> Dahlmann, L., 2020, *Anerkendelse af corona-arbejdsskader*. Available at: [Anerkendelse af corona-arbejdsskader | Politik og nyheder, DSR](https://www.dr.dk/~/media/100000/1000000000/2020-10-01-afrapportering-covid-19-uge-36.pdf).

<sup>75</sup> AES, 2021, *Tal for anmeldte arbejdsskader relateret til COVID-19*. Available at: [Microsoft Word - Afrapportering COVID-19 uge 36.rtf \(aes.dk\)](https://www.aes.dk/~/media/100000/1000000000/2021-09-01-afrapportering-covid-19-uge-36.pdf).

<sup>76</sup> Dreyer-Kramshøj, M., 2020, *Kan give erstatning: Corona anerkendes som arbejdsskade*, HK.dk. Available at: [Corona som arbejdsskade: Kan give erstatning - HK](https://www.hk.dk/~/media/100000/1000000000/2020-10-01-afrapportering-covid-19-uge-36.pdf).

<sup>77</sup> Pedersen, M. L., 2021, *Fra 10. september er COVID-19 ikke længere en samfundskritisk sygdom*, DR.dk. Available at: [Fra 10. september er covid-19 ikke længere en samfundskritisk sygdom | Indland | DR](https://www.dr.dk/~/media/100000/1000000000/2021-09-01-afrapportering-covid-19-uge-36.pdf).

occupations in an outdated wage hierarchy<sup>78</sup>. The strike ended with a government intervention, which promised nurses that a committee would be set up to investigate unequal wages in the labour market<sup>79</sup>. However, they have still not received what they requested. The nurses had hoped that COVID-19 would lend them sympathy and better results in the negotiations. The praise and recognition of nurses was high during the pandemic, but this has now gone, says the representative from FOA. Thus, the recent pandemic has yet to play a role in the recent negotiations and collective agreements for nurses and their future working conditions.

Although the collective agreement for nurses has not been influenced by COVID-19, some municipalities have established initiatives of their own, as described by the FOA representative:

*"Some municipalities have done so at their own expense, but not with the support of KL. A small pay rise won't work either if the problem was that four employees are missing. The ordinary citizen discovered that welfare had been cut too hard, and how quickly we got to our knees" (Representative from FOA).*

The FOA representative accordingly raised a problem that is prevalent for many critical job functions: there is a lack of staff, and the conditions are not too appealing due to extensive cuts over the decades. Further, in many cases, there are long and changeable working hours.

Although the nurses have not had much benefit from COVID-19, there is one occupation – food and commodities delivery – which has been fortunate in improving the quality of their working conditions. COVID-19 sparked the necessary interest and initiative for resolving the issue of the conditions, which have been under scrutiny for several years. Before and during the pandemic the workers worked under major time constraints as well as under surveillance and control. It has been reported that if a driver is running late on the delivery route or loses a delivery, the driver will be fined. This caused the employees to work under pressure, stress and dangerous situation<sup>80</sup>. The workers are now secured a minimum wage of 25,000 DKK/month and a salary of 30,000 DKK/month when working 37 hours per week. The company is further paying 'holiday allowance'. The company is also responsible for paying during sickness and maternity leave<sup>81</sup>.

### 3.2.1. Recovery and Resilience plan

The Danish government has, in the national *Recovery and Resilience Plan*<sup>82</sup>, planned to accelerate the green transition. All initiatives in the plan amount to 11.6 billion DKK. The biggest investments will target the green and digital transition, e.g. a green tax reform, road transportation and digitalisation. The government has in the plan decided to focus on and accelerate the green transition. Beside the green and digital initiatives, one aim is to strengthen the resilience of the Danish healthcare system. The estimated cost is 244 million DKK, making up 2.1 % of the total amount. Although some efforts will be made to strengthen the system, the money will not go to salary, training, or other staff-related costs. The money is earmarked for a) studies on the effect of the vaccine against COVID-19, b) to ensure stocks of critical drugs, c) digital solutions and d) monitoring of critical drugs. In the plan there is no mention

<sup>78</sup> DR, 2021, *Explainer: Hvorfor strejker sygeplejerskerne?* Available at: [Explainer: Sæson 2021 – Hvorfor strejker sygeplejerskerne? | DRTV](#).

<sup>79</sup> Ritzau, 2021, *Regeringen vil ende konflikt med lovindgreb – lørdag kan sygeplejerskernes strejke slutte*. Available at: [Regeringen vil ende konflikt med lovindgreb - lørdag kan sygeplejerskernes strejke slutte | Nordjyske.dk](#).

<sup>80</sup> Rosenvold, U., 2021, *Brutale arbejdsforhold som dem hos Nemlig.com er konsekvens af bevidst strategi*. Available at: [Brutale arbejdsforhold som dem hos Nemlig.com er konsekvens af bevidst strategi \(arbejderen.dk\)](#).

<sup>81</sup> Ritzau, 2021a, *Nemlig.com stiller højere krav til chaufførers mindsteløn*. Available at: [Nemlig.com stiller højere krav til chaufførers mindsteløn - TV 2](#).

<sup>82</sup> Regeringen, 2021, *Denmark's Recovery and Resilience Plan*, Finansministeriet. Available at: [Denmark's Recovery and Resilience Plan - accelerating the green transition \(fm.dk\)](#).

of essential workers. Thus, money will be spent on the sector, but it is unknown to what extent the initiatives will affect the workers<sup>83</sup> and how it will contribute to improve working conditions positively.

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<sup>83</sup> Regeringen, 2021, *Denmark's Recovery and Resilience Plan*, Finansministeriet. Available at: [Denmark's Recovery and Resilience Plan - accelerating the green transition \(fm.dk\)](#), p. 44.

## 4. CONCLUSIONS AND POLICY INDICATIONS

Within the group of essential workers in Denmark, figures from 2019 show that men make up 41.73 % and women 58.27 %, thus women represent a larger share than male workers. Female essential workers are mainly employed in the healthcare sector, such as in hospitals and in nursing homes, whereas men are dominant in the transport sector, fisheries, security services and treatment plants.

The salary of the group is made up of 57.78 % of base-level pay on the male side and 46.91 % on the female side, whereas 42.88 % of the essential female workers receive a high-level salary, and only 28.83 % of men receive a high-level salary. This can be explained because female workers have received a higher level of education due to the fields they are employed in, which is not necessarily the case with the male essential workers, even though frontline workers in Denmark have generally completed some level of education. Although most essential workers in Denmark are highly educated, they still receive a salary based on a lower hourly rate, below the average.

Migrants and descendants from migrants within the group of essential workers, from both Western and non-Western countries, do not represent a bigger share in the total workforce. Thus, migrant workers have not been a focal point in this report.

During COVID-19, four main impacts on working conditions and areas of concern in Denmark have been highlighted. The first one is the need for accomplishing new and different tasks. The interviewed care assistant explained her work tasks before COVID-19 as being fairly social, including eating, talking, hugging and caring for the residents at the nursing home where she is employed. Due to the pandemic she now has to keep a distance, and dinners and other social events, which were a big part of her work day before, have been swapped with different tasks. Several nurses also report that during COVID-19, they were moved between sections and geographic areas.

Secondly, longer working hours have been an evident consequence of the pandemic. To ensure deliveries of food and commodities, it was made possible for truck drivers to deliver all day and drive in environmental zones. Further, it became possible to postpone their rest days for 10 days. Thus, they could drive for more days and during most hours of the day. The nurses also report having to work longer hours, with more flexibility, and that they needed to be available to take extra shifts at short notice.

During COVID-19 different policies have been implemented, all of them temporary, to ensure a steady flow of food and commodity deliveries and essential medical treatments. As mentioned above, it was made possible for truck drivers to work under different conditions and hours.

To ensure the right medical treatment was possible throughout the pandemic, a policy was effected to ensure flexibility within the health care sector and the possibility of moving labour around different areas of employment and geographic areas. The policy is called the *Joint Declaration on Flexibility in Municipalities*<sup>84</sup>.

A third consequence of COVID-19 is the worry many frontline workers have of becoming infected. Likewise, in the spring of 2020 there was a shortage of protective equipment which led to some frontline workers working without any equipment, putting them at a higher risk. Not only did many worry about becoming infected themselves, but also that their being sick would lead to more work for their coworkers.

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<sup>84</sup> KL et al., 2020a, Regionale restriktioner i 69 kommuner: Stor gensidig fleksibilitet, hurtighed og vilje til at finde smidige løsninger – centralt og lokalt. Available at: [Fælleserklæring december 2020 endelig](#).

Lastly, following the previous concern, some essential workers were fearful of infecting patients and relatives with COVID-19.

To accommodate some of the aforementioned concerns, the *Agreement on Pay During Absence Under Chapter 21a of the Sickness Benefit Act* was implemented in the spring of 2020. This act guarantees that frontline workers who themselves, or any of their close relatives, were at increased risk, received payment during COVID-19 while absent from work. Thus, frontline workers were able to stay home during the pandemic and still receive payment.

Further implementations were brought in during the spring of 2020. It became possible for frontline workers to receive compensation for being infected with COVID-19. Thus, COVID-19 has been recognised as a work-related accident, and this includes COVID-19 side effects from the vaccine, skin irritations, psychological diseases and others<sup>85</sup>.

All above-mentioned initiatives and policies have been temporary and have now expired. As Denmark returned to normality for a while, between September and November, so did the working conditions. Even though conditions have been improved short-term in the wake of COVID-19, the latest conflict between nurses, local government and the regions has shown that until now, not much has changed due to the pandemic. Whether the new situation, with COVID-19 deemed a critical disease once again, will have any impact on future negotiations and working conditions cannot be predicted yet. It is also unclear whether the same policies will be implemented once more, thus the situations remains uncertain.

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<sup>85</sup> AES, 2021, *Tal for anmeldte arbejdsskader relateret til COVID-19*. Available at: [Microsoft Word - Afrapportering COVID-19 uge 36.rtf \(aes.dk\)](#).

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## ANNEXES

### Annex I – Additional Tables

 Table 5: List of Critical Jobs and Quantity of Employees by Gender<sup>86</sup>

Employed persons (end of November) by period, industry (DB07) and gender						
Unit: Qty.						
		Male	Female	Total	M %	F %
2019	TOT Total business	1,536,846	1,387,276	2,924,122		
	01000 Agriculture and horticulture	47,678	14,238	61,916	77%	23%
	03000 Fishery	2,139	149	2,288	93%	7%
	10001 Slaughterhouses	9,535	3,371	12,906	74%	26%
	10002 Fishing industry	1,846	1,572	3,418	54%	46%
	10003 Dairies	6,455	3,096	9,551	68%	32%
	10004 Bakeries, bread factories, etc.	5,922	8,010	13,932	43%	57%
	10005 Other food industry	6,826	4,113	10,939	62%	38%
	11000 Beverage industry	2,746	724	3,470	79%	21%
	21000 Pharmaceutical industry	11,622	13,199	24,821	47%	53%
	32001 Manufacturers of medical devices	2,071	2,393	4,464	46%	54%
	35001 Electricity supply	5,757	2,346	8,103	71%	29%
	35002 Gas supply	823	291	1,114	74%	26%
	35003 Heat supply	1,581	431	2,012	79%	21%
	36000 Water supply	1,104	255	1,359	81%	19%
	37000 Sewerage and sewage treatment plants	1,670	308	1,978	84%	16%
	38000 Refuse collection and recycling	6,810	1,502	8,312	82%	18%
	39000 Soil and groundwater treatment	124	43	167	74%	26%
	46002 Wholesale trade services of cereals and feed	2,929	1,493	4,422	66%	34%
	46003 Wholesale trade services of food, drink and tobacco products	14,818	7,172	21,990	67%	33%
	47001 Supermarkets and department stores, etc.	51,180	55,208	106,388	48%	52%
	47002 Specialty food stores	4,958	7,051	12,009	41%	59%
	47003 Gas stations	2,486	2,607	5,093	49%	51%
	47008 Internet commerce, mail order, etc.	6,289	5,684	11,973	53%	47%
	49001 Regional and long-distance trains	4,425	1,500	5,925	75%	25%
	49002 Local trains, bus and taxi, etc.	21,290	4,157	25,447	84%	16%
	49003 Freight wagons and tube transport	28,467	3,266	31,733	90%	10%
	50000 Shipping	8,664	2,866	11,530	75%	25%
	51000 Aviation	2,875	1,454	4,329	66%	34%
	52000 Auxiliary services for transport	21,387	8,846	30,233	71%	29%
	53000 Postal and courier services	19,293	8,426	27,719	70%	30%
	60000 Radio- and tv-stations	3,856	2,977	6,833	56%	44%
	61000 Telecommunications	9,935	4,137	14,072	71%	29%
	63000 Information services	5,884	2,854	8,738	67%	33%
	64001 Banks	20,066	18,533	38,599	52%	48%
	66000 Financial services	6,308	4,114	10,422	61%	39%
	75000 Veterinarians	771	2,982	3,753	21%	79%
	80000 Security and security services	5,175	1,069	6,244	83%	17%
	84001 Public administration	30,195	61,533	91,728	33%	67%
	84002 Defence, police and judiciary, etc.	39,740	15,841	55,581	71%	29%
	85001 Primary schools	32,297	68,661	100,958	32%	68%
	86001 Hospitals	22,135	94,768	116,903	19%	81%
	86002 Doctors, dentists, etc.	13,659	58,882	72,541	19%	81%
	87000 Nursing homes, etc.	24,909	115,476	140,385	18%	82%
	88000 Day care centres and day centres, etc.	35,811	156,712	192,523	19%	81%
	<b>Total</b>	<b>554,511</b>	<b>774,310</b>	<b>1,328,821</b>	<b>42%</b>	<b>58%</b>
	<b>Total %</b>	<b>42%</b>	<b>58%</b>	<b>45%</b>		

Source: Statistics Denmark.

<sup>86</sup> Source: [Beskæftigede \(ultimo november\) efter branche \(DB07\), socioøkonomisk status, alder og køn - Statistikbanken - data og tal](#).

Table 6: Salary level and gender (in Essential Workforce)<sup>87</sup>

Employed persons (end of November) by socioeconomic status, period, industry (DB07) and gender							
Unit: Qty		Base-level		Mid-level		High-Level	
2019		Male	Female	Male	Female	Male	Female
Employees at different wa	TOT Total business	595,188	527,840	141,180	143,538	298,356	415,421
	01000 Agriculture and horticulture	6,463	2,368	176	226	293	368
	03000 Fishery	494	26	17	5	22	8
	10001 Slaughterhouses	7,943	2,416	527	422	252	159
	10002 Fishing industry	1,024	953	115	135	34	18
	10003 Dairies	4,094	1,499	444	531	564	534
	10004 Bakeries, bread factories, etc.	3,800	6,019	185	286	85	81
	10005 Other food industry	3,506	1,909	692	708	415	334
	11000 Beverage industry	1,595	306	291	205	99	39
	21000 Pharmaceutical industry	3,871	3,274	1,460	3,004	5,266	6,176
	32001 Manufactures of medical devices	658	1,159	388	431	512	312
	35001 Electricity supply	1,270	900	1,151	383	2,157	701
	35002 Gas supply	232	118	228	66	218	74
	35003 Heat suppl	646	172	178	87	190	69
	36000 Water supply	207	60	58	25	96	48
	37000 Sewerage and sewage treatment plants;	746	121	95	61	105	55
	38000 Refuse collection and recycling	2,680	689	214	158	210	198
	39000 Soil and groundwater treatment	44	9	11	7	14	18
	46002 Wholesale trade services of cereals and animal feed	1,062	746	345	244	184	60
	46003 Wholesale trade services of food, drink and tobacco products	5,166	3,006	2,187	1,375	446	533
	47001 Supermarkets and department stores, etc.	40,763	47,278	596	536	580	550
	47002 Specialty food stores	1,938	4,322	104	103	93	146
	47003 Gas stations	2,080	2,308	30	20	34	23
	47008 Internet commerce, mail order, etc.	1,491	1,756	493	454	389	352
	49001 Regional and long-distance trains	3,573	1,125	253	120	318	166
	49002 Local trains, bus and taxi, etc.	14,365	2,856	419	181	438	215
	49003 Freight wagons and tube transport	18,272	1,783	754	439	151	50
	50000 Shipping	2,214	1,260	2,969	585	985	447
	51000 Aviation	1,132	1,090	1,093	152	94	58
	52000 Auxiliary services for transport	7,089	4,119	5,037	2,480	1,022	550
	53000 Postal and courier services	7,073	3,496	383	226	422	274
	60000 Radio- and tv-stations	416	606	564	456	1,230	1,150
	61000 Telecommunications	3,182	1,954	654	303	2,124	1,582
	63000 Information services	1,203	1,022	3,584	1,105	2,224	841
	64001 Banks	1,912	3,736	1,108	437	2,049	870
	66000 Financial services	819	1,219	3,431	3,842	12,714	10,077
	75000 Veterinarians	33	370	1,228	841	2,683	1,403
	80000 Security and security services	3,767	754	27	776	392	906
	84001 Public administration	5,554	19,469	6,491	11,588	14,082	26,142
	84002 Defence, police and judiciary, etc.	28,193	9,393	3,203	1,799	5,918	3,673
	85001 Primary schools	5,317	8,274	272	993	24,461	54,906
	86001 Hospitals	5,435	14,346	2,071	17,371	13,016	58,493
	86002 Doctors, dentists, etc.	1,324	7,543	921	10,382	4,221	23,974
	87000 Nursing homes, etc.	11,859	69,961	1,193	3,495	9,189	32,806
	88000 Day care centres and day centres, etc.	16,972	81,819	725	2,027	12,804	60,895
	Total	231,477	317,609	46,365	69,070	122,795	290,334
	Total in %	57.78%	46.91%	11.57%	10.20%	30.65%	42.88%

Source: Statistics Denmark.

<sup>87</sup> Statistikbanken.

Table 7: Hourly payment rate: Industry and gender distribution<sup>88</sup>

<b>Wages by components of employees, employee group, form of remuneration, sector, pweios, industry (DB07)</b>				
<i>Unit: DKK</i>				
2019		Males and females in total	Male	Female
<b>STANDARD CALCULATED</b>	<b>TOT Total business</b>	265.65	282.47	246.69
<b>HOURLY EARNINGS</b>	<b>A Agriculture, forestry and fisheries</b>	259.64	255.24	277.75
	<b>B Mining and quarrying</b>	383.69	393.88	334.71
	<b>C Industry</b>	279.47	283.03	269.94
	<b>D Energy supply</b>	357.68	375.59	315.58
	<b>E Water supply and refuse collection</b>	261.23	260.8	262.81
	<b>F Building and civil engineering</b>	248.4	248.69	245.35
	<b>G Commerce</b>	245.66	263.56	217.23
	<b>H Transport</b>	253.67	255.85	246.43
	<b>I Hotels and restaurants</b>	180.09	184.64	175.68
	<b>J Information and communication</b>	328.42	345.03	289.55
	<b>K Financing and insurance</b>	381.36	419.81	336.41
	<b>L Real estate and rental</b>	267.45	275.11	255.93
	<b>M Knowledge services</b>	324.85	352.49	285.87
	<b>N Travel agencies, cleaning and other operational services</b>	221.71	230.18	212.3
	<b>O Public administration, defence and police</b>	278.44	287.21	269.79
	<b>P Teaching</b>	273.14	283.58	266.21
	<b>Q Health and social services</b>	234.28	259.68	228.63
	<b>R Culture and leisure</b>	234.65	244.96	224.18
	<b>S Other services, etc.</b>	275.5	289.1	265.03
	<b>Average payment in total</b>	278.39	289.92	262.07
	<b>Average payment for essential workers</b>	262.94	271.95	248.22
		-6%	-6.20%	-5%

Source: Statistics Denmark.

 Table 8: Parentage and Area of Employment (in Total Workforce)<sup>89</sup>

<b>Employed persons (end of November) by sex, industry (DB07), period and parentage</b>							
<i>Unit: Qty.</i>							
2019		Danish Origin	Immigrants from Western countries	Immigrants from non-Western countries	Descendants from Western countries	Descendants from non-Western countries	Total
	<b>TOT Business in Tot</b>	2,535,319	151,558	177,141	7,783	52,321	2,924,122
	<b>% of Total</b>	86.70%	5.18%	6.06%	0.27%	1.79%	100%

Source: Statistics Denmark.

<sup>88</sup> Source: [Løn efter branche \(DB07\), sektor, aflønningsform, lønmodtagergruppe, lønkomponenter og køn - Statistikbanken - data og tal \(statbank.dk\)](#).

<sup>89</sup> Source: [Beskæftigede \(ultimo november\) efter branche \(DB07\), herkomst og køn - Statistikbanken - data og tal](#).



Table 9: Parentage and Industry of Employment (in Total Workforce)<sup>90</sup>

Employed persons (end of November) by time, industry (DB07) and parentage										
Unit: Qty.										
		Danish Origin	Immigrants from Western countries	In %	Immigrants from non-Western countries	In %	Descendants from Western countries	In %	Descendants from non-Western countries	In %
2019	A Agriculture, forestry and fisheries	56,136	6,937	4.58%	5,714	3.23%	183	2.35%	48	0.09%
	B Mining and quarrying	3,471	499	0.33%	251	0.14%	11	0.14%	14	0.03%
	CA Food, beverage and tobacco products industry	44,386	4,689	3.09%	4,840	2.73%	122	1.57%	618	1.18%
	CB Textile and leather industries	4,936	289	0.19%	381	0.22%	10	0.13%	28	0.05%
	CC Wood and paper industry, printing works	17,114	1,023	0.67%	791	0.45%	29	0.37%	91	0.17%
	CD Oil refineries, etc.	662	15	0.01%	6	0.00%	1	0.01%	-	0.00%
	CE Chemical industry	10,427	745	0.49%	697	0.39%	24	0.31%	132	0.25%
	CF Pharmaceutical industry	20,930	1,798	1.19%	1,534	0.87%	96	1.23%	463	0.88%
	CG Plastics, glass and concrete industries	23,039	1,659	1.09%	1,721	0.97%	43	0.55%	182	0.35%
	CH Metallurgical industry	34,332	2,771	1.83%	1,942	1.10%	70	0.90%	166	0.32%
	CI Electronics industry	14,311	1,206	0.80%	1,203	0.68%	42	0.54%	166	0.32%
	CJ Manufacture of electrical equipment	8,851	476	0.31%	683	0.39%	18	0.23%	64	0.12%
	CK Mechanical engineering	53,157	3,471	2.29%	3,053	1.72%	88	1.13%	276	0.53%
	CL Transport equipment industry	5,581	497	0.33%	396	0.22%	12	0.15%	27	0.05%
	CM Furniture and other industries, etc.	29,533	2,016	1.33%	1,277	0.72%	73	0.94%	164	0.31%
	D Energy supply	10,175	584	0.39%	356	0.20%	19	0.24%	95	0.18%
	E Water supply and refuse collection	11,108	306	0.20%	326	0.18%	13	0.17%	63	0.12%
	F Building and civil engineering	163,315	9,595	6.33%	4,205	2.37%	325	4.18%	1,424	2.72%
	G Commerce	400,309	17,449	11.51%	20,678	11.67%	1,345	17.28%	14,459	27.64%
	H Transport	111,610	7,645	5.04%	13,860	7.82%	382	4.91%	3,419	6.53%
	I Hotels and restaurants	83,928	12,503	8.25%	21,732	12.27%	482	6.19%	4,558	8.71%
	JA Publishing, television and radio	33,411	2,155	1.42%	1,193	0.67%	186	2.39%	612	1.17%
	JB Telecommunications	12,515	417	0.28%	597	0.34%	45	0.58%	498	0.95%
	JC IT and information services	56,325	5,489	3.62%	4,370	2.47%	257	3.30%	902	1.72%
	K Financing and insurance	75,530	2,976	1.96%	2,228	1.26%	222	2.85%	1,431	2.74%
	L Real estate and rental	44,930	1,503	0.99%	1,405	0.79%	99	1.27%	581	1.11%
	MA Advice, etc.	108,413	6,394	4.22%	3,807	2.15%	355	4.56%	1,394	2.66%
	MB Research and development	12,901	1,785	1.18%	1,123	0.63%	51	0.66%	169	0.32%
	MC Advertising and other business services	33,623	2,656	1.75%	1,680	0.95%	155	1.99%	570	1.09%
	N Travel agencies, cleaning and other operational services	116,800	17,560	11.59%	22,679	12.80%	436	5.60%	3,956	7.56%
	O Public administration, defence and police	139,509	2,082	1.37%	3,244	1.83%	355	4.56%	2,119	4.05%
	P Teaching	205,364	10,982	7.25%	8,648	4.88%	571	7.34%	2,725	5.21%
	QA Health care	169,934	7,024	4.63%	9,090	5.13%	493	6.33%	2,903	5.55%
	QB Social institutions	295,905	8,162	5.39%	21,919	12.37%	746	9.58%	6,176	11.80%
	R Culture and leisure	54,716	3,016	1.99%	1,793	1.01%	208	2.67%	868	1.66%
	S Other services, etc.	65,027	3,015	1.99%	7,571	4.27%	207	2.66%	936	1.79%
	X Undisclosed activity	3,105	169	0.11%	148	0.08%	9	0.12%	24	0.05%
		2,535,319	151,558	100.00%	177,141	100.00%	7,783	100%	52,321	100%

Source: Statistics Denmark.

<sup>90</sup> Source: [Beskæftigede \(ultimo november\) efter branche \(DB07\), herkomst og køn - Statistikbanken - data og tal.](#)

Table 10: Parentage and Area of Employment (in Essential Workforce)<sup>91</sup>

Employed persons (end of November) by gender, period, industry (DB07) and provenance						
Unit: Qty.						
		Danish Origin	Immigrants from Western countries	Immigrants from non-Western countries	Descendants from Western countries	Descendants from non-Western countries
<b>2019</b>	<b>TOT Total business</b>	2,535,319	151,558	177,141	7,783	52,321
	01000 Agriculture and horticulture	49,467	6,591	5,639	177	42
	03000 Fishery	2,127	121	34	2	4
	10001 Slaughterhouses	8,620	2,315	1,893	36	42
	10002 Fishing industry	2,339	612	453	5	9
	10003 Dairies	8,636	408	427	16	64
	10004 Bakeries, bread factories, etc.	11,910	575	1,062	37	348
	10005 Other food industry	9,308	564	912	20	135
	11000 Beverage industry	3,161	206	79	7	17
	21000 Pharmaceutical industry	20,930	1,798	1,534	96	463
	32001 Manufactures of medical devices	3,929	189	279	18	49
	35001 Electricity supply	7,167	536	303	14	83
	35002 Gas supply	1,049	32	25	2	6
	35003 Heat supply	1,959	16	28	3	6
	36000 Water supply	1,337	14	7	1	-
	37000 Sewerage and sewage treatment plants	1,916	35	20	3	4
	38000 Refuse collection and recycling	7,717	233	294	9	59
	39000 Soil and groundwater treatment	138	24	5	-	-
	46002 Wholesale trade services of cereals and feed	4,050	182	158	10	22
	46003 Wholesale trade services of food, drink and tobacco products	17,287	2,439	1,829	46	389
	47001 Supermarkets and department stores, etc.	91,657	1,974	5,312	399	7,046
	47002 Specialty food stores	9,950	424	1,181	52	402
	47003 Gas stations	4,574	62	186	9	262
	47008 Internet commerce, mail order, etc.	9,674	964	1,050	32	253
	49001 Regional and long-distance trains	5,551	101	194	8	71
	49002 Local trains, bus and taxi, etc.	16,535	790	7,114	43	965
	49003 Freight wagons and tube transport	28,418	1,271	1,491	48	505
	50000 Shipping	9,631	997	796	38	68
	51000 Aviation	3,647	349	219	25	89
	52000 Auxiliary services for transport	26,489	1,687	1,395	105	557
	53000 Postal and courier services	21,339	2,450	2,651	115	1,164
	60000 Radio- and tv-stations	6,561	127	73	28	44
	61000 Telecommunications	12,515	417	597	45	498
	63000 Information services	7,085	964	464	41	184
	64001 Banks	35,066	1,755	1,103	78	597
	66000 Financial services	9,367	480	367	42	166
	75000 Veterinarians	3,612	97	23	14	7
	80000 Security and security services	5,371	130	381	19	343
	84001 Public administration	85,831	1,593	2,534	241	1,529
	84002 Defence, police and judiciary, etc.	53,678	489	710	114	590
	85001 Primary schools	94,228	2,261	2,725	213	1,531
	86001 Hospitals	103,704	4,764	6,280	295	1,860
	86002 Doctors, dentists, etc.	66,230	2,260	2,810	198	1,043
	87000 Nursing homes, etc.	124,353	3,572	9,952	273	2,235
	88000 Day care centres and day centres, etc.	171,552	4,590	11,967	473	3,941
	<b>Total</b>	<b>1,169,665</b>	<b>51,458</b>	<b>76,556</b>	<b>3,450</b>	<b>27,692</b>
	In %	88.02%	3.87%	5.76%	0.26%	2.08%

Source: Statistics Denmark.

<sup>91</sup> Source: [Beskæftigede \(ultimo november\) efter branche \(DB07\), herkomst og køn - Statistikbanken - data og tal.](#)

## Annex II – Good practice fiche

<b>Name/title of the measure</b> <b>Period of implementation</b> <i>[Specify when the project/strategy/experience started, if it is still ongoing or finished and if concluded, indicate when]</i> <b>Body responsible for implementation</b>	<p>Agreement on Pay During Absence Under Chapter 21a of the Sickness Benefit Act.</p> <p>Legal from 20 May 2020 until 31 August 2021.</p> <p>Kommunernes Landsforening, Regionerne and the Danish Government.</p>
<b>Type of intervention</b>	Joint labour market agreement.
<b>Territorial coverage (national, regional, local)</b>	National.
<b>Main goals and reasons for introduction</b> <i>[Specify the objects of the project/strategy/experience and the results it is supposed to achieve]</i>	<p>Protecting all front-line workers and their families from the possibility of severe and fatal sickness due to being infected by COVID-19. COVID-19 has been known to cause difficult and long-term sickness for people at increased risk. In some cases it has even been fatal for the infected individual.</p> <p>While protecting front-line workers and their families, the agreement has provided front-line workers with a steady income, and consequently it has not been necessary for them to take out loans, sell properties etc. in order to sustain life.</p>
<b>Main target groups</b>	Public front-line workers who themselves are at increased risk, or who have close relatives at increased risk of severe sickness if COVID-19 is contracted.
<b>Main partners/stakeholders involved</b> (promoter and partners of the project/policy; typology and roles of actors involved)	<p>KL, Forhandlingsfællesskabet and RLTN.</p> <p>All three members of the agreements are membership organisations: KL represents all municipalities in Denmark, RLTN represents the regions, and Forhandlingsfællesskabet represents different trade unions, e.g. FOA, DM, DJØF.</p>
<b>Main actions/measures implemented</b>	The agreement made it possible for public front-line workers across all sectors to receive payment during sickness.
<b>Main results/achievements to date, and expected longer term impacts</b>	Due to the agreement being preventative, it is hard to quantify the effects since it is difficult to speculate how the situation would have been without it. But it can be assumed that it has increased psychological- and life quality for the included front-line workers and their families. Further, the agreement will most likely have prevented some severe cases of sickness.
<b>Main strengths</b> <b>Main weaknesses</b>	<p>Strengths: National and sector wide. Also, inclusive of all front-line workers and their families.</p> <p>Weaknesses: Difficult to prove for a front-line worker that he or she is at increased risk and likewise difficult to prove one's family to be at increased risk.</p>

	Doctors, i.e. those who should evaluate whether a person could work and still be safe, protested, saying that they could not visit every workplace. They further raised the concern that they cannot evaluate the feeling of being unsafe at work <sup>92</sup> .
<b>Innovative aspects if any</b>	It recognised the possibility of fatal sickness as a reason to stay home, even though it is intangible, thus protecting front-line workers and their families at increased risk of severe sickness. This type of agreement is based on trust between the involved parties, and contrasts with the highly regulated, administrated, and documentation-heavy system around which Denmark is normally centred.
<b>Main lessons learnt</b>	The initiative has yet to be evaluated, and it is thus difficult to determine the main lessons learnt.
<b>Additional comments (if any)</b>	

<sup>92</sup> Scheel, A. F., 2020, *Lægerne protesterer: 'Vi kan jo ikke besøge patienternes arbejdspladser'*, DR.dk. Available at: [Lægerne protesterer: 'Vi kan jo ikke besøge patienternes arbejdspladser' | Indland | DR.](#)







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This country case explores the situation of essential workers in Denmark in the context of the COVID-19 emergency, with a focus on women and migrant workers in low-paid frontline occupations. The study provides first a definition of essential workers in this country, together with key socio-demographic characteristics. It then analyses, based on existing literature and selected stakeholder interviews, the main impacts of COVID-19 on their working conditions. Finally, it illustrates key policy measures and agreements undertaken in Denmark to support essential workers and their personal and professional lives.

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