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The Covid-19 pandemic, health and medicine: Sociological investigations and perspectives

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Introduction

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The SARS-CoV-2 virus, which began to circulate around the world at the end of 2019, has triggered a global health crisis. Due to the highly transmissible and pathogenic nature of the coronavirus, the measures to contain its spread in Switzerland and elsewhere relatively soon had an impact upon more fields than just health. Even the media coverage and political discussion leave little doubt that the COVID-19 pandemic and its management is a phenomenon worthy of Marcel Mauss' concept of the "total social phenomenon", drawing attention to the interrelation and interaction of different spheres of society. The social turmoil associated with the health crisis confirms, if it were necessary, the extent to which illness and both individual and institutional responses to it constitute central categories in the analysis and understanding of a society, as medical anthropologists long have shown.

The Board of the Swiss Sociological Association has kindly charged the Sociology of Health and Medicine Research Committee with coordinating this issue of the thematic bulletin on the COVID-19 pandemic. We launched a call for contributions in our network and within the short period available (a mere few weeks) received several texts. These contributions have in common that they draw on research activities initiated shortly after the first cases of COVID-19 were confirmed in Switzerland in February 2020 and aim to inform a broader audience rather than specialists about the social dimensions of the health crisis.

Sociology can understand the current crisis as a moment in which structural conditions, transformations and tensions become more apparent and, at the same time, groups of agents' beliefs in institutions undergo a change (cf. Bourdieu 1990). From the point of view of the sociology of health and medicine, a variety of particularly interesting sociological issues can be identified, of which we are able to highlight only a few in the following (for more, see Lupton 2020; Matthewman & Huppatz 2020; Ward 2020):

- First and foremost, the problem of social inequalities with regard to health: There is increasing evidence that underprivileged groups are being disproportionately affected by COVID-19 and COVID-19 related deaths (e.g. Azar et al. 2020; Clouston et al. 2021; Dragano et al. 2020; Brüningk et al. 2020). Investigations into this phenomenon beyond classical epidemiological indicators are necessary to show the social significance of these socially determined inequalities (cf. Siff et al. 2020; Wachter et al. 2020).
- Second, the problem of the social consequences of public health measures: Contrary to the assumption that public health interventions are essentially positive and, at worst, ineffective, the measures to contain the circulation of the virus show in an unprecedented way that public health measures may also cause social and mental harm. And, it's again underprivileged groups that have been generally most affected by this (e.g. Hövermann 2020; Kohlrausch et al. 2020; Witteveen & Velthorst 2020; cf. the contributions in this issue by Höglinger & Heiniger and Schwegler). Sociology is well equipped to analyze the social conditions of this suffering and thus to contribute to a

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sound understanding of the social and mental consequences of health-promoting measures.

- Third, the related phenomenon of the disaffection of parts of the population with public health measures, as can be observed, for example, in demonstrations against protective measures and negative attitudes toward vaccination. In this regard, the social conditions of this shattered belief in public authorities during the public intervention against the pandemic would merit thorough investigation (also taking into account the side effects of health care measures; for a first attempt see: Demertzis & Eyerman 2020). In addition, the issue of risk perception seems to be a promising avenue, showing that the understanding of the situation and its evolution involves a complex set of factors, including personal experience of risk and values (Brown 2020; Dryhurst et al. 2020).
- Fourth, the problem of the health crisis as a battleground for health care provision renegotiation: From the beginning of the pandemic, measures to contain the spread of the virus have been set in relation to other priorities (economy, education, etc.), but at least since the first lockdown, leading politicians' concerns have been focused more on the economy and public finances than on consistently containing a virus that mostly affects underprivileged groups (cf. Lessenich 2020a; Lessenich 2020b). On the other hand, history shows that major epidemics that did not stop at class boundaries (pest, cholera) promoted the improvement of health standards even among the lower classes of society (cf. Goudsblom 1986). Investigating the ongoing struggles for the definition and shaping of health care provision (cf. the interview with Burton-Jeangros) thus seems to be of prime relevance, not least against the backdrop that Switzerland's (prospective) upper classes show relatively little awareness of social inequality (cf. the contribution by Abel and Benkert).
- Another issue the COVID-19 pandemic brings to the center of attention are the working conditions in the health sector, especially those of the non-medical professional groups, above all nursing (the contribution by Antonini et al. ties in here). The rich empirical and conceptual heritage of sociology allows us to arrive at a sound understanding of the social and political conditions underlying the working conditions of health professionals.
- Regarding the impact of the health crisis on the medical world itself, another interesting question seems to be the extent to which an event as wide-ranging as a pandemic affects the structure and the functioning of medicine. Medicine is indeed a relatively autonomous social sphere, but as the policies to manage the health crisis show, political intervention in this field may also change (at least temporarily) the priority accorded to different specialisms (with virology and critical care medicine coming before surgery). Here, the concept of the "medical field" (cf. Pinell 2005; Pinell 2011) may help to identify the struggles over resources and prestige between the medical specialisms and professional groups.

The following contributions take up aspects of these research perspectives. They provide valuable data and thus both contribute to the understanding of the complex phenomenon of the COVID-19 pandemic and inspire further research. These contributions are conceptually and empirically quite varied, reflecting the diversity of research perspectives in the sociology of health and medicine. This variety also reflects the studies' different institutional origins, with the stronger affinity of university output

to theoretical issues and the stronger orientation of the output of universities of applied sciences to issues of the medical field and public health not atypical of the field of sociology of health and medicine in Switzerland.

The contributions

In their contribution, Thomas Abel and Richard Benkert (Bern) analyze how perceptions of pandemic-related uncertainties and complexity issues are related to social characteristics. They surveyed students from four Swiss universities in April/May 2020, and the results show that a considerable proportion of these students do not have an accurate perception of the complexity and uncertainty of prevailing key issues. Of particular sociological interest is the fact that an inadequate awareness of social inequality in this pandemic is most evident among students from less educated family backgrounds, pointing to class-based differences in perceptions of the pandemic. This study reflects a line of research in health sociology based on Pierre Bourdieu's concept of cultural capital that highlights the importance of class-related cultural resources for inequalities in health, and complements work on perceptions of economic and health risks (Holst et al. 2020) and class-dependent exposure to the pandemic (see above).

The contribution of Marc Höglinger and Sara Heiniger (Winterthur) provides insight into the social and public health impact of the pandemic. Based on data from their *Covid-19 Social Monitor* project, they report selected findings about quality of life, mental health and social isolation in Switzerland since April 2020. The findings indicate that the lockdown in spring and the containment measures in November/December led to increased stress and an increased psychological burden for the population and that it is especially young people aged between 18 to 29 who were affected by high rates of loneliness during these times. It is hoped that thorough and refined analyses will not only provide a sound understanding of the issues in question, but also feed into discussions on the underlying social mechanisms.

The next contribution is a short interview with Claudine Burton-Jeangros (Geneva) conducted by Raphaël Hammer (Lausanne). Claudine Burton-Jeangros was involved in and contributed to the edited volume *COVID-19 – le regard des sciences sociales* (Gamba et al.) published in June 2020, which was one of the first major attempts to assess the COVID-19 pandemic in sociological terms. Burton-Jeangros argues how the current political management of the pandemic is underpinned by a medical definition of health which tends to overlook the importance of a more global or social definition of health. The interview aptly shows how necessary a sociological perspective is for societal reflections and political debates in the current crisis. Claudine Burton-Jeangros also highlights the significance of the opportunity for theoretical discussions on the way our societies have responded to the COVID-19 pandemic in comparison to previous similar pandemics.

The contribution of Matteo Antonini et al. (Lausanne) provides insight into nurses' and healthcare assistants' experiences with and perceptions of the pandemic. The authors present partial results of a study at eleven hospitals in western Switzerland. The findings indicate that nurses and healthcare assistants had a fairly positive opinion of the way their respective institutions handled the emergency and generally intended to remain in their current workplace, although more than half reported an increase in their workload and one third doubted their institution's ability to deal with another crisis of this nature. This not only reflects a pronounced

commitment from employees who were very stressed during the crisis. It also expresses the fact that, due to the exceptional nature of the situation, workload does not have a 1 : 1 effect on the intention to leave the profession. This contribution needs be understood against the background of the recent dynamics of the Swiss universities and the academization of the health professions.

Guy Schwegler's (Lucerne) contribution explores the question of the differential effects that the lockdown in spring 2020 had on the everyday lives of university students with and without an academic background. He draws on qualitative interviews and diary entries from 25 students. The findings indicate that the closure of the universities particularly limited the opportunities and motivation of students without an academic background. From a life course perspective, Schwegler also recognizes possible effects on health that are independent of the current situation. By highlighting the importance of social origin, Schwegler focuses on an aspect that attracted little attention in previous studies on the consequences of the lockdown, which were primarily interested in the effects on student's performance (cf. Gonzales et al. 2020; Grewenig et al. 2020).

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"It is complex": perception of uncertainty and inequality issues in the COVID-19 crisis. Results from a survey among university students in Switzerland (Research note)

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Background

From the beginning, early in 2020, the coronavirus crisis created enormous societal challenges (Gamba et al., 2020). In particular, it has shown how much societies depend on their citizens to deal with and overcome viral pandemic threats. In the absence of medical solutions, governments have to rely on citizens to adjust their behaviours and help mitigate the problems.

Although major differences exist in national conditions, common features of the COVID-19 pandemic pose similar challenges in most countries. Scientific knowledge about the Sars-Cov-2 virus – its biomedical nature, mutations, and distribution patterns, etc. – has needed and still needs time to emerge; many questions remain unanswered at this time (Davey- Smith et al., 2020). This uncertainty in the science is likely to spill over to the policy arena and add to uncertainty in administrative and governmental decision-making. Even as scientific knowledge gets stronger over time and governments gather more experience on which to base decisions, the complexity of issues is not likely to decrease. In fact, new challenges have emerged as social inequalities have become apparent (e.g. school closures widening the social gap), the relevance and effectiveness of interventions has depended upon the contexts in which people live and work, and the contextual adaptation of mid- and long-term preventive measures by citizens has required their expertise (Cuerdo-Vilches et al., 2020; Mesa Vieira et al., 2020).

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Citizens are called upon to accept behavioural restrictions that often lead to drastic changes in their lives. For most, necessary adaptations in the organization of private and professional patterns are difficult to make. Health messages change and individuals are challenged by an overflow of information that is often inconsistent. Complexity inherent in the issues thus challenges not only scientists and politicians but also citizens in their active response to the crisis. Denying or ignoring uncertainty and complexity in public health communication may lead to reduced trust (van der Bles et al., 2019) and eventually contribute to citizens becoming sceptical and not following even the most basic behavioural rules.

Thus, beyond being aware of the urgency of the situation and the need to slow and reduce the spread of the virus, the crisis requires from all citizens a recognition and basic understanding of the complex issues associated with it. But even if the uncertainty of slowly emerging scientific knowledge and the complexity inherent in political action challenge everyone, the ability to recognize uncertainty and be aware of complexity may support citizens' adoption of appropriate measures – even when scientific knowledge is incomplete and political action far from coherent.

From a social science perspective, these conditions call for basic research addressing citizens' recognition and understanding of the uncertainties and complexities of a pandemic crisis. A focus on particular population groups may be helpful for this. Adolescents and young adults have been identified as problem groups in this crisis (Li et al.,

2020; Nivette et al., 2021). Initially, both scientific and public discourse have focussed on young adults as identifiable "carriers of risk". More recently, the focus has shifted to recognize the health and social burdens this age group suffers, which include mental health problems, higher unemployment rates, increased stress, and uncertainty in academic training (OECD, 2020; Sahu, 2020). However, systematic social science research exploring the effects of the current pandemic on the lives of the younger population is only slowly emerging. More specifically, we know very little about their perceptions and understanding of complexity and uncertainty in a pandemic crisis.

We developed a small number of survey items to explore empirically the distribution and variation of the recognition of complex pandemic-related issues among a group of young adults who are university students in Switzerland. Our basic assumption was that, among those with the highest formal education, appropriate perception of complexity and awareness of uncertainty in slowly emerging scientific knowledge should be widespread in a pandemic crisis.

Aims of the study

This population-level research explores citizens' perceptions of pandemic-related uncertainty and complexity issues. Because we found no survey measures available on this topic, the first study aim was to develop an initial set of survey items to measure knowledge and awareness about key issues in dealing with complexity-related challenges in the current crisis.

The second aim was to apply these measures in a population group of major significance in the current pandemic crisis (young adults) and obtain insight into the social distribution of knowledge and awareness of such complexity issues among highly educated young adults.

Methods

Development of survey items on complexity perception

Early in the COVID-19 pandemic, an interdisciplinary group of public health experts discussed relevant themes applicable to university students. Three rounds of expert feedback produced a set of five items that were then pretested in German, French, and English among young adults (n = 16). Respondents' feedback focused on phrasing and wording and informed revisions of the survey questions. The final set of five items addressed a range of key issues in the pandemic, all which are linked to complexity and the uncertainty of knowledge in public health actions. (see Table 1, page 10).

The International Student Well-Being Survey

The five new items were included in the COVID-19 International Student Well-Being Study (C19 ISWS). C19 ISWS is the result of a study design, study protocol, and questionnaire developed by a team of the University of Antwerp, Belgium (Van de Velde et al., 2020). Data were collected in 27 countries across Europe and North America, as well as in South Africa (Van de Velde et al., 2020). A comprehensive questionnaire was developed to assess the impact of COVID-19 on the university student population. The five new items presented here were included towards the end of questionnaire and distributed to students in Switzerland and Germany. In Switzerland, versions of the questionnaire were provided in German, French, and English.

The survey was distributed using the online survey-tool Qualtrics. For Switzerland, the online survey was open from 28 April through 27 May 2020. Participants were recruited at four universi-

ties in Switzerland: the University of Bern, Bern University of Applied Sciences, University of Fribourg, and the University of Geneva. Recruitment was conducted via email sent by the university administration to all students enrolled at the four universities. Participation in the study was voluntary and all data were collected anonymously.

Sociodemographic characteristics

Sociodemographic characteristics including gender (male, female, diverse), study level (bachelors, masters, PhD), and affiliation (University of Bern, Bern University of Applied Sciences, University of Fribourg, and University of Geneva) were gathered by the questionnaire. Due to the low number of responses for the diverse gender option (n = 57), we concentrated only on males and females. Universities were categorized into the German language region, including University of Bern and Bern University of Applied Sciences, and into French language region, including University of Fribourg and University of Geneva. Parental education was assessed by asking about the highest educational degree obtained by respondents' parents. This information was used to categorize parental education as low (both had less than secondary education), middle (at least one parent with secondary education), and high (at least one parent with a university degree) education.

Statistical procedures

We employed basic descriptive statistics to examine the distribution of complexity perception, and odds ratio analysis. We calculated odds ratios in single (dichotomized) item analysis to measure bivariate associations between low complexity perception and selected sociodemographic (gender, parental education) and academic characteristics (study level, language region of university). The procedure of dichotomization of response options for each item is described in the following chapter. Results were considered significant when $p < 0.05$. Stata 14 software was used for the analyses.

Measures of complexity perception

The following five items were used to assess students' perception of key issues linked to complexity and knowledge uncertainty in the current pandemic.

Distribution of complexity perception

The basic distribution of item responses in our sample is displayed in Table 2 (see next page). As expected with a highly educated population group, for most items the answers are not normally distributed; most students were aware of complexity and uncertainty issues.

The five items address different issues that all contribute to the complexity that is challenging public health, political action, and individual citizens. For a meaningful analysis, we dichotomized the response options with answer **categories in bold** indicating low complexity perception (see Table 2). This is based on plausibility as follows. At the time of the survey (May 2020) scientific knowledge about the Sars-Cov-2 virus and the disease COVID-19 was only emerging; many questions relevant to the planning and implementation of health measures were not answered. The scientific knowledge for political decision-making was neither "very strong" nor was it "very weak". For this analysis, we coded item 1 as follows: response options 1 and 5 (very strong/very weak) were combined to "low complexity perception". Item 2 addresses the degree of complexity in a reverse manner (simple, straightforward); we coded the response options 1 and 2 (fully agree and rather agree) as low perception of complexity. The importance of

Table 1 Indicators of complexity perception; item definiton and 5-point sets of Likert Response options

Item		response options
1	How would you rate the current scientific knowledge on COVID-19 available to guide political decisions in Switzerland?	very strong; rather strong; neutral; rather weak; very weak
2	Please, indicate how much you agree or disagree with the following statement: Overall, the challenges in this COVID-19 crisis are simple and decision-making is fairly straightforward.	fully agree; rather agree; neutral, rather disagree; fully disagree
3	There are many organizations involved in the management of this crisis. How important is it for you to understand the often-different interests and motivations among the key players in this crisis (e. g. the government, political parties, employer organizations, unions, health authorities, etc.)?	very important; rather important, neutral; rather not important; not important
4	Please indicate how much you agree or disagree with the following statement: The biggest problem in this pandemic is with the high-risk groups (e. g. 65+; people with chronic health problems) – consequently the behavioral restrictions should apply only to them.	fully agree; rather agree; neutral, rather disagree; fully disagree
5	Please, indicate how much you agree or disagree with the following statement: Independent of their social class or status, individuals are equally affected by the current pandemic.	fully agree; rather agree; neutral; rather disagree; fully disagree

Table 2 Relative frequency distribution (%) of answers

Response option	Item number				
	1 "quality of sci. knowledge"	2 "decisions simple"	3 "varying Interests"	4 "solidarity"	5 "inequality"
1	**4.3**	**1.3**	34.2	**2.7**	**16.0**
2	33.9	**8.3**	46.5	**11.8**	**14.9**
3	31.9	12.0	14.6	9.4	5.7
4	25.4	38.7	**4.0**	34.1	28.6
5	**4.5**	39.7	**0.7**	42.0	34.8

Item definition and response options, see table 1. N = 3 616.

understanding the complexity of issues related to a multitude of interests at play is addressed in item 3 and coded as "low" when it is rather unimportant or not important to the respondent (response options 4 and 5). Item 4 alludes to an understanding of the need for preventive behaviours to help protect others and is coded as "low" when the respondent fully or rather agrees with the statement (response option 1 and 2). The understanding or awareness of social class differences in the pandemic crisis is addressed in item 5 and the corresponding response options 1 and 2 (fully agree/rather agree) were coded as "low".

Table 3 displays the proportion of respondents with low pandemic complexity perception or basic knowledge for each item. The distributions across all items and cofactors indicate a gender difference:

Table 3 Frequency distribution of low perception of complexity in items 1 to 5) and odds ratios for bivariate associations

Variable	Proportion of low perception of complexity (%) and odds ratios (OR) in item number									
	1 "quality of decisions simple knowledge"		2 "decisions simple"		3 "varying interests"		4 "solidarity"		5 "inequality"	
	%	OR	%	OR	%	OR	%	OR	%	OR
Gender										
male	11.9	1.64*	13.5	1.75*	4.8	1.07	19.4	1.62*	30.8	0.99
female (Ref.)	7.6		8.2		4.5		12.9		31.0	
Parental Education										
low	10.2	1.30	10.9	1.22	5.9	1.30	16.4	1.78	37.0	1.45*
middle	10.2	1.31	10.5	1.18	2.5	0.53*	13.1	0.90	31.8	1.15
high (Ref.)	8		9.1		4.6		14.2		28.8	
Study level										
bachelor	8.3	1.09	10.2	1.19	4.6	1.43	15.2	1.19	32.5	2.68*
master	9.9	1.33	8.1	0.92	5.1	1.59	12.2	0.92	28.9	2.27*
PhD (Ref.)	7.6		8.7		3.3		13.0		15.2	
Language Region										
german	9.5	1.22	10.3	1.21	5.1	1.22	17.2	1.50*	34.0	1.33*
french (Ref.)	7.9		8.7		4.0		12.1		28.0	

*significant at $p < 0.05$.

in 3 out of 5 items there are fewer female students with low perceptions than male students. Among students from German-speaking universities, the proportion showing low complexity perception tends to be higher compared to their French-speaking fellows (although only 2 out 5 are statistically significant). For all but one item, PhD students have a lower chance of low complexity perception compared to BA or MA students. Differences in the distribution according to education level in the family do not show a clear trend.

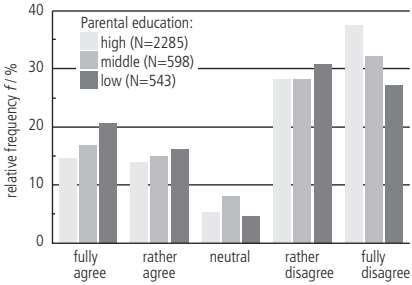
Perception of social inequality

The item on social inequality in the burden of the pandemic (item 5) reveals interesting associations with the selected cofactors. The proportion of students unaware of social class differences in the impact of the coronavirus crisis is higher in the German-speaking than the French-speaking universities (OR = 1.33; 95 % CI = 1.15–1.54). Study-level differences indicate that the perception of class differences in disease burden may increase with exposure to advanced science as indicated by the gradual increase from BA (OR = 2.68, 95 % CI = 1.50–5.16) to MA (OR = 2.27, 95 % CI = 1.25–4.41) to PhD level.

From a sociological perspective, perhaps even more interesting is the gradient effect of parental education on the awareness of social class differences in the coronavirus crisis (see Fig. 1). Students coming from low-education families show the largest proportion of not being aware of social class differences in the pandemic (OR = 1.45; 95 % CI = 1.18–1.78). This finding is in line with earlier studies that found recognition of social health inequalities more pronounced among the middle

class compared to working class women (Calnan, 1987). This preliminary finding and the other results above await confirmation in further studies.

Figure 1 Social inequality perception by parents' education



Item 5: Individuals are equally affected independent of their social status.

Discussion

Pandemics such as this COVID-19 crisis cause huge damage to individuals and societies. The challenges are complex for citizens who are asked to follow strict behavioural rules often based on scientific knowledge that slowly emerges yet is subject to revision within rather short periods. A surfeit of information, and misinformation, and political failure in public communication make it even more difficult for citizens to deal with pandemic challenges. However, even if communication with the public was perfect citizens would still need to find ways to deal with the complexities and uncertainties of pandemics (Abel and McQueen, 2020).

This study's five survey items assess proxies for young adults' perceptions of complexity and the uncertainty of knowledge during the current pandemic crisis. The survey suggests that even among Switzerland's educational elite a considerable proportion of young people do not seem to be sufficiently cognizant of prevailing complexities and uncertainties in key issues caused by this pandemic. As a case in point, we found insufficient awareness of social inequality in this pandemic, especially among students from families with lower educational background. Earlier studies in medical sociology found that lay theories of health inequalities differ across social classes and have offered potential explanations (Blaxter, 1997). The preliminary results presented here indicate that perceptions of pandemic burdens are likely to also vary by social class and deserve special attention.

The findings and suggestions of this study await critical consideration and confirmation. Since more pandemics are likely to emerge, and the current crisis will remain with us for some time, the conditions for citizen engagement in preventing and successfully handling such crises need to be better understood. The field is now open for social science research to pay more attention to the perception of complex, pandemic-related uncertainty and inequality.

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The Covid-19 Social Monitor: A panel study providing evidence about the social and public health impact of the pandemic

Marc Höglinger* and Sarah Heiniger*

Introduction

Since the end of 2019, the SARS-CoV-2 virus has been spreading worldwide. By the end of December 2020, there were 452,296 confirmed infections, 18,630 hospitalizations and 7,082 deaths associated with Covid-19 in Switzerland.[1] The rapid spreading during the first epidemic wave in spring and the second in autumn/winter has challenged society and the healthcare system. Various public health measures have been implemented to mitigate the spread of the virus and to reduce the pressure on the health care system. In the first wave, the Swiss government announced a national lockdown on March 16. National borders, schools and shops were closed. People were asked to stay at home, to work from home if possible and to reduce their physical contacts with others. In the second wave beginning in October, the Swiss government abstained from a strict lockdown. Measures taken at national level included compulsory wearing of masks in public places, restrictions on the number of people attending events and meetings in public places and in private, the introduction of curfew hours (and thus the closure of dance clubs and discos), the switch to distance learning at universities and a "recommendation" to work from home. Shortly before the Christmas holidays, restaurants were closed. Stricter measures were implemented in a few heavily affected cantons.

Shortly after the national lockdown and the introduction of social distancing measures, concerns arose about the social consequences of these measures, in particular on psychological well-being and mental health. Research about coronavirus outbreaks prior to Covid-19 has established that, for instance, quarantine measures have negative consequences for mental health (Röhr et al., 2020) and are associated with anxiety, loneliness, insomnia and increased stress. Also, the economic impact of the pandemic could lead to a deterioration in mental health similar to recessions, which are known to impair mental health (e. g. Frasquilho et al., 2016).

The Covid-19 social monitor: Aims and design

To gather systematic evidence about the social and public health consequences of the pandemic, we started on March 30 an online-panel and surveyed respondents repeatedly covering various domains such as individual well-being, quality of life, psychological distress, social and physical activities, health and health services use, work and adherence to protective measures. Our aim was to monitor health and behavioral changes over time on an individual level, to provide timely information about relevant social and public health aspects of the Swiss population during the COVID-19 pandemic, and to create a rich data source for studies on a broad range of aspects of the COVID-19 pandemic and its impact on society.

Survey participants were randomly selected from an existing online access panel of a renowned Swiss panel provider ("LINK"). The sample was stratified along age, gender and language regions and the questionnaire was available in German, French, and

1 Federal Office of Public Health FOPH, https://www.bag.admin.ch/dam/bag/de/dokumente/mt/k-und-i/aktuelle-ausbrueche-pandemien/2019-nCoV/covid-19-datengrundlage-lagebericht.xlsx.download.xlsx/200325_Datengrundlage_Grafiken_COVID-19-Bericht.xlsx (31 December 2020).

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Italian. Out of 8 ,174 individuals contacted for the first survey round 2,026 completed the questionnaire (response rate: 24.8 %). Between 1,500 and 1,700 responses were collected in the follow-up rounds. The first survey period lasted from March 30 to April 6, 2020 (3rd week of lockdown). Until the end of 2020, 12 survey waves were carried out. A refreshment sample of N = 1,356 was included in wave 12 to maintain a sufficiently large sample size and to mitigate panel selectivity. Further monthly survey waves will be carried out until at least May 2021. The collected data allows for a representative analysis of the Swiss population regarding age, gender, language region, canton, and education, using sampling and calibration weights that adjust for non-response. Of course, as respondents were sampled from an existing online panel (albeit actively and offline recruited), there is some selectivity regarding, for instance, online affinity. Also, vulnerable groups such as persons with serious health conditions, the socially marginalized or the very old are certainly underrepresented. This is a limitation of almost any population survey that does not specifically target these groups. Furthermore, self-reported outcomes are prone to misdiagnosis of health conditions. Details about the study design are published elsewhere (Moser et al., 2020) and can be found on the project webpage.[2] Descriptive results of the main indicators are published online shortly after each data collection.

Selected results: Quality of life, mental health and social isolation

In order to highlight the potential and the possibilities of the Covid-19 Social Monitor, we report in the following some selected findings about quality of life, mental health and social isolation in the course of the pandemic. Other examples of first analyses with the Social Monitor data include the non-use of health services during the lockdown (Höglinger, 2020), patterns of adherence to social distancing measures of the elderly (Haag et al., 2020), the impact of the lockdown on work productivity (Höglinger et al., 2020), or acceptance of Covid-19 proximity tracing apps (von Wyl et al., 2020).

General *Quality of life* has not changed much over the course of the pandemic. The share of respondents reporting a good or very good general quality of life always remained at 81 % or higher (not reported). Also, the share of respondents reporting a low or very low quality of life was always very small at about 2 % – and only increased recently to 4 % in December 2020 (Figure 1). To what extent this is due to the tightening of the public health measures in late 2020 or whether this is a typical pattern for winter and/or end of year (some sort of "Christmas Blues" …) cannot be answered based on our analysis.

Looking at elevated psychological distress, an indicator for increased risk of mental disorders, we see a prevalence rate of 19 % and more which is rather high compared to results from the Swiss Health Survey 2017 with 15 %. But the difference is less accentuated when comparing Swiss Health Survey results from 2012 (18 %) or 2007 (17 %) (Schuler et al., 2020). The pattern with a higher prevalence rate in weeks 14 and 51 seems to support the hypothesis that the spring-lockdown and the intensified measures in November/December led to an increase in stress and psychological burden for the population. However, the possibility that other factors caused this pattern cannot be excluded. Different age groups show different levels of distress, with the younger suffering more, but the shape of the trajectory over time is very similar for all age groups (Figure 2). The same holds when

2 https://www.zhaw.ch/wig/covid-social-monitor.

comparing persons living alone with those not living alone: higher levels of psychological distress for those living alone, but no different trajectory over time (Figure 3).

Turning to loneliness, we see in the beginning of the spring lockdown (weeks 15 and 16) a small but substantial share of 3 % of the population that never left their home during the last 7 days. Unsurprisingly, this share was, with 7 %, considerably higher for the elderly aged 60 to 79. During summer, this share dropped to nearly zero percent for all age groups.

Loneliness, e. g. (very) often feeling lonely, is more prevalent in spring and autumn/winter with up to 10 % affected, whereas in summer the prevalence drops to 5 %. The Swiss Health Survey 2017 showed a prevalence of 5 %, suggesting that feelings of loneliness were indeed above normal during the spring lockdown and in December 2020 (week 51). But again, this might well be to some extent a seasonal pattern. Interestingly, we see that the widespread belief that the elderly have suffered in particular from social isolation due to social distancing measures is not supported by our data. It is especially the young aged 18 to 29 that have been affected by increased rates of loneliness during the time of the spring lockdown and – again – in autumn/winter. Finally, those living alone generally show about three to four times higher rates of feelings of loneliness – but there is only little evidence that this group has been more strongly affected by the lockdown.

Conclusions

The Covid-19 Social Monitor provides rich data about a series of relevant social and public health

Figure 1 Quality of life, mental health and social isolation over time. Prevalence estimates and 95%-CI. N between 1492 (week 14) and 2803 (week 51) per survey wave

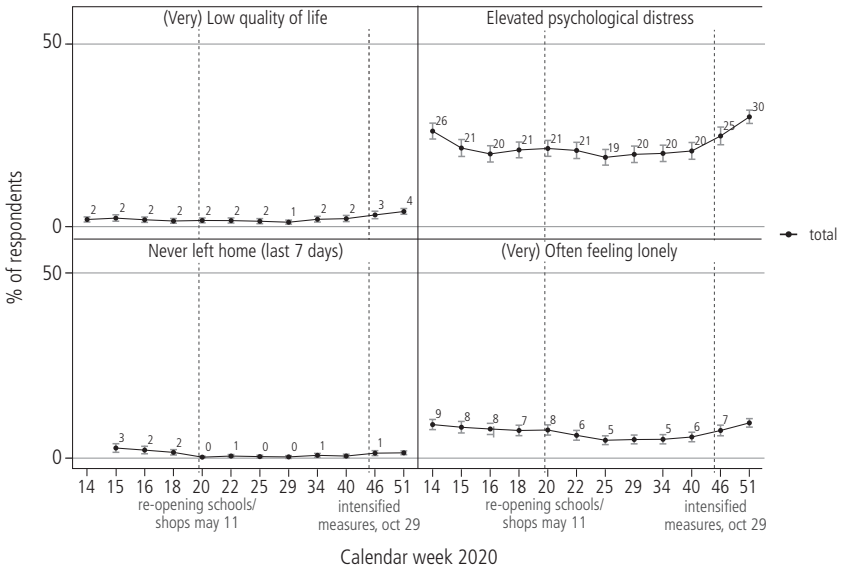


Figure 2 Quality of life, mental health and social isolation over time by age. Prevalence estimates and 95%-CI. N between 1492 (week 14) and 2803 (week 51) per survey wave

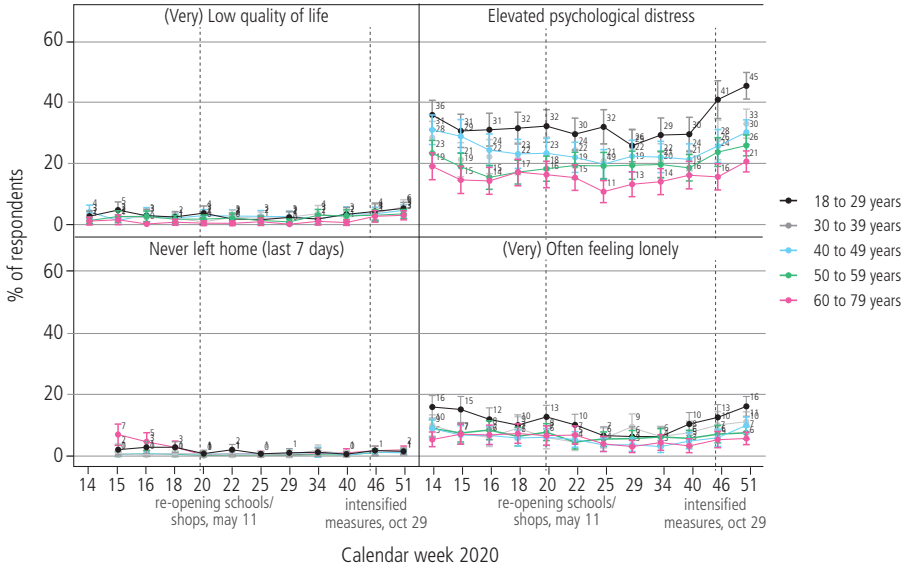
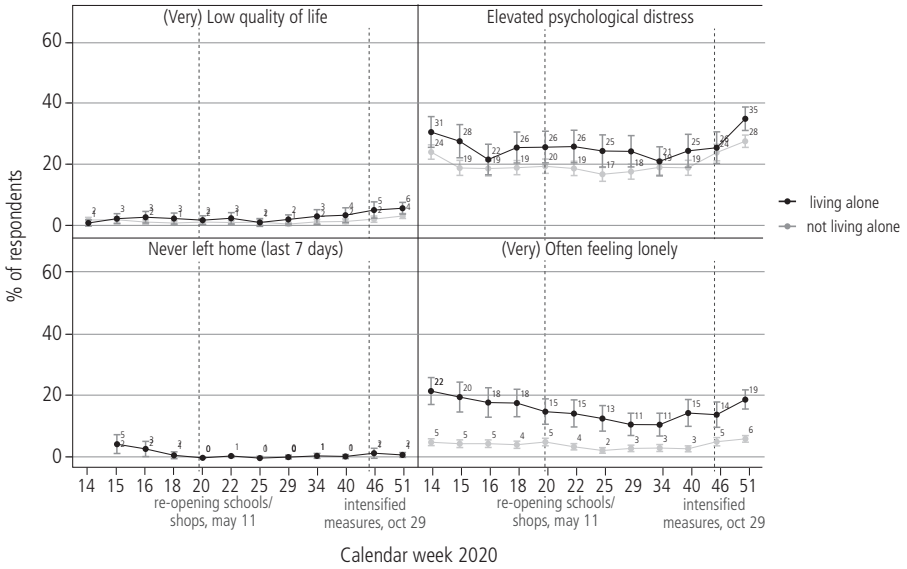


Figure 3 Quality of life, mental health and social isolation over time by living alone/not living alone. Prevalence estimates and 95%-CI. N between 1492 (week 14) and 2803 (week 51) per survey wave



indicators in the domains of well-being, social relations and loneliness, mental and somatic health, health services use, work and employment. It allows for a test of various hypotheses regarding changes in these outcomes: for instance, a hypothesized decrease in quality of life during the lockdown, deteriorations in mental health, the spread of loneliness etc. Also, it allows for many relevant subgroup-analyses: by age, education, income, migration background, etc.

However, changes in these outcomes cannot simply be attributed to the pandemic and the concurrent public health measures (e.g. the lockdown), because seasonal variations and other factors also play an important role and are hard to control for. Still, the monitoring of these outcomes allows for an evidence-based judgement of the psychological state and well-being of the general population and of various subgroups of interest. Also, it allows us to identify groups at risk of potentially harmful outcomes such as increased depressive symptoms, strong feelings of loneliness or social isolation. In the future, more sophisticated analyses might facilitate the identification of the impact of the pandemic or particular events or measures on these outcomes.

Measures

(Very) Low quality of life
«Wie schätzen Sie Ihre Lebensqualität im Allgemeinen im Moment ein?» / «Comment considérez-vous votre qualité de vie en général?» / «Come trova, in generale, la Sua qualità di vita?»
Response Options:
Schlecht / Sehr schlecht (vs. Sehr gut / Gut / Weder gut noch schlecht)
Mauvaise / Très mauvaise (vs. Très bonne / Bonne / Ni bonne ni mauvaise)
Cattiva / Molto cattiva (vs. Molto buona / Buona (vs. Né buona, né cattiva)

Elevated psychological distress
Medium and strongly elevated psychological distress according to Mental Health Inventory (MHI-5). Medium elevated psychological distress corresponds to increased risk of mental disorder; a strong to very high likelihood of mental disorders (see BfS Bundesamt für Statistik, 2019).

Never left home (last 7 days)
«Wofür haben Sie Ihr Zuhause in den letzten 7 Tagen verlassen?» / «Pourquoi avez-vous quitté votre appartement/maison au cours des 7 derniers jours?» / «Perché è uscito dal suo appartamento / da casa sua durante gli ultimi 7 giorni?»
Response Option:
«Habe mein Zuhause nicht verlassen»
«Je n'ai pas quitté mon appartement / ma maison»
«Non sono uscito / a di casa»

(Very) Often feeling lonely
«Wie häufig kommt es momentan vor, dass Sie sich einsam fühlen?» / «A quelle fréquence vous arrive-t-il de vous sentir seul(e) actuellement» / «Con quale frequenza le succede di sentirsi solo(a) in questo periodo?»
Response Options:
Häufig / Sehr oft (vs. Nie / Selten / Manchmal)
Assez souvent / Très souvent (vs. Jamais / Presque jamais / De temps en temps)
Spesso / Molto spesso (vs. Mai / Quasi mai / A volte)

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Nurses and healthcare assistants' views of their institution's response to first wave of COVID-19 pandemic and their intentions to remain in their current workplace: a first glance at the ProH-COVID project

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Introduction

The current COVID-19 pandemic has cast a spotlight on the role nurses and healthcare assistants play in our healthcare systems and, more generally, in our societies. Heroes for some, cheered from balconies; collaborators with evil forces for others, they have even been the target of violence by extremists. Before the pandemic, international research (see Girvin, Jackson, and Hutchinson 2016 for a review) showed that nurses and healthcare assistants were perceived as professionals who were trusted but not respected. The media play a central role in reinforcing this stereotype of nurses as honest, hard workers with strong ethical integrity but poor career prospects, bad working conditions, and a subordinate if not marginal role (Girvin, Jackson, and Hutchinson 2016). Yet, this image is slowly changing thanks to the COVID-19 pandemic, as nurses are repeatedly depicted as heroic workers and competent professionals. However, while the importance of the role that nurses play seems to be re-evaluated positively, the exclusive focus on heroic traits, such as selflessness and tirelessness, may have unwanted repercussions (Gagnon and Perron 2020, Stokes-Parish et al. 2020). In particular, it "may lead to negative consequences in recruiting potential students, narrowing the apparent diversity of nursing and devaluing the knowledge and skill required to be a competent practitioner" (Stokes-Parish et al. 2020, p. 464). Moreover, this portrait can also have negative consequences for nurses' working conditions and "may even be dangerous so that providing a safe working environment is unconsciously less of a priority for people who have this super power to overcome adversity whatever is thrown at them" (Stokes-Parish et al. 2020, p. 464). Most importantly, even when they do improve the public image of nurses, these representations of the nursing profession are often crafted for nurses and not by them. Consequently, "while the recognition of nurses as health experts by the media is beneficial, what nurses need more is the freedom to speak, the amplifying capacity of a strong collective voice, and the power of media and technology, including social media, to influence public debates and health policy" (Gagnon and Perron 2020, p. 113).

In this context, interdisciplinary research by social and nursing researchers could be more useful than ever to contribute reliable information to the scientific and public debate. In these times of disaffection towards science, anecdotes and second-hand reports are not enough to inform public opinion. We need large-scale inquiries to collect robust information through which healthcare professionals can be heard. In this article, we provide a glimpse at one such inquiry: the ProH-COVID project.

The ProH-COVID project

The data presented below derives from the "Expérience des professionnels hospitaliers de la pandémie

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de COVID-19" (ProH-COVID) project being conducted at the Centre Universitaire de Médecine Générale et Santé Publique (Unisanté) of Lausanne under the direction of Dr. Ingrid Gilles and Prof. Isabelle Peytremann Bridevaux. Eleven hospitals in western Switzerland are collaborating on the project, whose three main objectives are the following: (1) to evaluate the wellbeing of healthcare professionals; (2) to identify organizational, psychological, and psychosocial factors influencing their wellbeing; and, more generally, (3) to describe the needs and expectations of healthcare workers regarding how to manage the current crisis and the post-crisis period. Data were collected from July 6 to August 6, 2020, via an on-line retrospective questionnaire but questions covered the period of the first wave of the COVID-19 pandemic (i. e. spring 2020). The questionnaire was structured around three outcome variables: work-related wellbeing, quality of work, and intention to remain in current workplace. Moreover, a wide range of measures of possible explanatory factors were collected: work organization, communication and leadership style, trust in institution, role of safety procedures, perceived quality of work, support from colleagues and institution, professional identity, perceived vulnerability to COVID-19, fear of infecting family members, emotional status, and needs in and expectations for future.

A first glance at some results

ProH-COVID is a large-scale project that will yield numerous results and elements of discussion for the academic community and public debate. In this paper, we will take a glance at how the workload of healthcare professionals changed during the first wave of the COVID-19 pandemic, the views of these professionals on how their institutions managed the pandemic, and their intentions to remain or not in their current workplace. This last element is particularly relevant as, if intentions are widespread among these professionals to quit their current institutions, the consequences could be dramatic for the healthcare system, which is already struggling to remedy the scarcity of trained professionals.

Data and methods

Our sample included 1059 nurses and healthcare assistants with clinical duties in any of the hospitals included in the study during the first wave of the COVID-19 pandemic.

Absolute and relative frequencies were calculated to describe the distribution of each variable. A multinomial logistic regression model fitted with neural networks was used to evaluate the influence of factors on intention to leave the current workplace. Statistical significance was estimated using a frequentist approach and set at $p = 0.05$.

Results

In line with the general demographics of this group (Addor et al. 2016), our sample was predominately female. Almost 4 out of 10 professionals had worked in intensive care units (ICUs) and most had cared for COVID-19 patients at least occasionally (Table 1).

Just under half of the participants reported that their workload increased during the first wave of the COVID-19 pandemic. The percentage was slightly higher for those who worked in ICU (above 55 %) and those who cared for COVID-19 patients at least occasionally (above 57 %).

The healthcare professionals appeared quite satisfied with how effectively their institution responded to the crisis. Almost 7 out of 10 agreed that their institution handled the COVID-19 pandemic well while only about 12 % had a negative appreciation. Proportions were similar for those

Table 1 Sociodemographic profiles

		N	%
Gender	Woman	886	85.1 %
	Man	155	14.9 %
Age (in years)	<30	214	20.5 %
	30–39	293	28.1 %
	40–49	274	26.3 %
	>49	262	25.1 %
Years of work experience	0–2	227	21.8 %
	2–5	202	19.4 %
	5–10	199	19.1 %
	>10	415	39.8 %
Worked in intensive care units	Yes	388	39.9 %
	No	584	60.1 %
Cared for COVID-19 patients	Yes, all of them	160	18.3 %
	Yes, some	605	69.4 %
	No (cared for other patients)	69	7.9 %
	I don't know	38	4.4 %

Table 2 Change in workload during first wave

	Overall		Worked in intensive care units		Cared for COVID patients	
Decreased considerably	83	7.9 %	46	6.2 %	33	8.5 %
Decreased	239	22.8 %	151	20.4 %	75	19.4 %
No change	209	19.9 %	131	17.7 %	55	14.2 %
Increased	340	32.4 %	246	33.3 %	119	30.8 %
Increased considerably	178	17.0 %	165	22.3 %	104	26.9 %

Table 3 Institutional effectiveness: "my institution handled the crisis well"

	Overall		Worked in intensive care units		Cared for COVID patients	
Completely disagree	36	3.4 %	16	4.1 %	32	4.2 %
Disagree	95	9.0 %	33	8.5 %	80	10.5 %
Neither agree nor disagree	188	17.8 %	64	16.5 %	145	19.0 %
Agree	549	51.9 %	202	52.1 %	386	50.5 %
Completely agree	189	17.9 %	73	18.8 %	121	15.8 %

Table 4 Institutional readiness: "we are ready to face a similar crisis"

	Overall		Worked in intensive care units		Cared for COVID patients	
Completely disagree	53	5.0 %	21	5.4 %	46	6.0 %
Disagree	201	19.0 %	82	21.1 %	157	20.5 %
Neither agree nor disagree	381	36.0 %	124	32.0 %	268	35.1 %
Agree	365	34.5 %	144	37.1 %	252	33.0 %
Completely agree	52	4.9 %	14	3.6 %	35	4.6 %

[a] p-value of test against sociology, [b] p-value of test for gender difference; N = 7 338

Table 5 Institutional effectiveness: "my institution handled the crisis well"

	Overall		Worked in intensive care units		Cared for COVID patients	
Completely disagree	23	2.2 %	11	2.9 %	21	2.8 %
Disagree	54	5.2 %	20	5.2 %	44	5.8 %
Neither agree nor disagree	184	17.6 %	69	18.0 %	134	17.7 %
Agree	471	44.9 %	161	41.9 %	334	44.0 %
Completely agree	316	30.2 %	123	32.0 %	226	29.8 %

Table 6 Influence of different variables on intention to leave or remain in current workplace (multinomial regression)

	Leave (Beta)	Remain (Beta)	Leave (SD)	Remain (SD)	Leave (p-value)	Remain (p-value)	Leave (OR)	Remain (OR)
(Intercept)	0.572	–2.078	1.403	0.900	0.683	0.021	1.772	0.125
Readiness (scale of 1–5)	–0.050	0.403	0.182	0.118	0.786	0.001	0.952	1.496
Effectiveness (scale of 1–5)	–0.592	0.599	0.171	0.118	0.001	0.000	0.553	1.821
Change in workload (scale of 1–5)	–0.077	0.034	0.137	0.088	0.572	0.700	0.926	1.035
Worked in ICU (no)	0.544	0.146	0.344	0.216	0.114	0.500	1.724	1.157
Cared for COVID patients (yes)	0.513	0.136	0.826	0.403	0.535	0.735	1.670	1.146
Gender (male)	–0.181	0.125	0.447	0.295	0.686	0.672	0.835	1.133
Age (group)	0.276	0.243	0.188	0.124	0.141	0.051	1.318	1.275
Years of work experience	–0.162	–0.332	0.177	0.112	0.360	0.003	0.850	0.717

who worked in ICU and for those who cared for COVID-19 patients at least occasionally.

Despite the generally positive views of how the institutions handled the first wave, respondents were less upbeat about their institution's readiness to face another crisis. Even if almost 40 % of the sample agreed that their institution was prepared for a new crisis, about one-quarter thought the contrary. These proportions were constant even when we considered only those who worked in ICU and only those who cared for COVID-19 patients at least occasionally.

Healthcare professionals overwhelmingly intended to keep working in their institutions. This was the case for 3 out of 4; only 7 % to 8 % of the respondents were bent on leaving their workplace.

To investigate the factors that influenced intention to leave or remain in the current workplace, we first recoded this variable into three categories: those with a neutral opinion ("Neither agree nor disagree"), those bent on remaining ("agree" and "completely agree"), and those bent on leaving ("disagree" and "completely disagree"). Then, we fitted a multinomial logistic regression using the following independent variables: change in workload, institutional effectiveness, institutional readiness (all of these rated on a scale of 1 to 5 from completely disagree to completely agree), worked in intensive care units, cared for COVID-19patients, and respondent's gender, age, and years of work experience. The results of this model are given in Table 6.

Interestingly, change in workload, worked in ICU, and cared for COVID-19 patients did not seem to influence intention to leave current workplace. However, intention to remain in current workplace (vs neutral opinion) was boosted both by a positive opinion of institutional readiness to face another crisis and by a positive opinion of how well the institution handled the crisis in the spring. The likelihood of remaining rose sharply (respectively, 50 % and 82 %) with each further jump toward a more positive rating of institutional readiness and effectiveness. Moreover, a positive view of institutional effectiveness also reduced intention to leave current workplace, versus a neutral stance on the matter. Finally, years of work experience was the only sociodemographic characteristic to influence intention to remain in current workplace. We observed a 28 % reduction in the likelihood of remaining in the current workplace with each jump from one age group to the next older one.

Discussion and conclusion

Our data suggest that the respondents in the study had a quite positive opinion of how their respective institutions handled the emergency and that they intended to remain in their current workplace even though more than one-half reported an increment in their workload and one-third had doubts about their institution's ability to face another crisis of the sort. These results are encouraging in that healthcare professionals seem to have closed ranks, as evidenced by the fact that a much lower proportion of them than previously estimated expressed the intention to leave their current workplace, namely, less than 10 % instead of the usual 28 % (Schwendimann et al. 2019). This lower proportion could be even lower given that, usually, one-quarter of the workers who want to leave their current workplace do so because they want to leave the profession (Schwendimann et al. 2019). However, the results also raise concerns about the healthcare system's ability to retain healthcare professionals over the long term, especially in the context of the ongoing COVID-19 second wave. Forcing nurses and other professionals to maintain a heavier workload over the long term, especially if a large share of these

workers doubt their institution's ability to deal with another crisis, could have dramatic effects on the healthcare system's capacity to properly manage even everyday activities. Even before the COVID-19 crisis, about 15 % of nurses reported suffering from emotional exhaustion (Poghosyan et al. 2009). Having to shoulder a heavier workload during a protracted crisis situation may further undermine their resilience. We observed no relationship between change in workload and intention to leave the current workplace, but this may be a momentary effect owing to the concerted effort being made collectively to deal with a historical event. However, commitment to this effort is bound to wane over time and it is important to bear in mind that lack of time for personal life is one of the main reasons cited for professional drop-out (Addor et al. 2016).

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"The COVID-19 pandemic is illustrating a long-term fight about the very definition of health". Interview with Claudine Burton-Jeangros

Interviewed by Raphaël Hammer*

Claudine Burton-Jeangros is a full professor in the Department of Sociology at the University of Geneva. Her research interests include social representations of risks, public health and health promotion, and social inequalities in health. She is one of the project leaders in the NCCR "LIVES – Overcoming Vulnerability: Life Course Perspectives", funded by the SNF. She is one of the authors of *Managing the global health response to epidemics: Social science perspectives* (2019, London, Taylor & Francis, in collaboration with M. Bourrier and N. Brender), and one of the editors of *A life course perspective on health trajectories and transitions* (2015, Heidelberg & New York, Springer, with S. Cullati, A. Sacker, and D. Blane).

Raphaël Hammer: Dear Claudine Burton-Jeangros, thank you for accepting this interview for the SSS Bulletin. You contributed to the edited book "COVID-19. Contribution of the social sciences"[1], published a few months ago, in the heat of the pandemic initial unfolding in spring 2020. How did this project emerge and what favored its rapid accomplishment?

Claudine Burton-Jeangros: This editorial project led by Sandro Cattacin and his team originated in the very early days of the first lockdown, in spring 2020, with the intention to highlight the contribution that social scientists could bring to the understanding of the pandemic and its management. Initially the media and the whole society's attention were focused on what medicine, biology, virology, public health etc. could say about this new virus and about ways to tackle it. However, for many of us at the Institute of Sociological Research at the University of Geneva, this unprecedented situation was foremost a major social crisis, impacting healthcare institutions, but also workplaces, families, schools, and relations across generations. Taking stock of the expertise present across our research groups, the editors aimed to propose a snapshot of how sociologists could offer multiple competencies to orientate the COVID-19 management, well beyond the sub-discipline of sociology of health.

The unfolding of the pandemic and of the social, political and economic measures taken to respond to it was fuelled by the context of social acceleration described by Hartmut Rosa; I think that this editorial project should also be situated within this context: everything was going fast. I will admit my first reaction to the solicitation of the editors was far from enthusiastic. So many things were then happening in our lives, with massive disruption for the people living with us and around us, as well as for our research and teaching activities. Journalists were also eager to interview sociologists hoping for data and interpretations that we had not even had time to collect and put together yet! As my first reactions to the situation were more geared towards providing support to closed ones and reassure students, I could not see how I would allocate time and energy to writing about something that was so big, taking societies by surprise even though re-emerging infectious dis-

1 Gamba F., Nardone M., Ricciardi T. et Cattacin S. (2020) (dir) COVID-19. *Le regard des sciences sociales,* Seismo. https://www.seismoverlag.ch/fr/daten/covid-19/.

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eases specialists were announcing it for years. But the commitment of colleagues and the feeling that it was important to make the voice of sociologists heard overcame my initial reluctance. The editorial team fully engaged in the project, keeping authors on track, rapidly obtained funding and even more importantly managed to publish the book in the three main Swiss national languages in a very short time. In my opinion, a major contribution of this book is to challenge the dominant medical framing of the pandemic, by analyzing its multiple consequences throughout all social activities.

RH: What contributions of this edited book seem particularly important to you? How can they help to understand the current pandemic ?

CBJ: First, historical knowledge helped to nuance the unprecedented character of the crisis: societies have handled epidemics in the past when medical solutions were still limited, and their consequences were dramatic. But it is important to remember that non-medical measures have been put in place for a long time, with some success. Today again, over the first months of the pandemic, 'social distance', 'masks', 'isolation' of the infected persons have been the main measures to mitigate the spread of the virus. Such measures are rather easy to implement and quickly available, as shown by the massive production of masks in the private sphere outside of industrial processes that were then not capable of providing this basic protection device. The challenge lies in the population's willingness to adopt such measures. But overall I think that people have responded to government's injunctions, which tends to be obscured by experts' lack of trust in the population and by the media's emphasis on resistance to public health measures.

Second, the pandemic is a good case study for the social theory of risk, which along Beck and Giddens writings in the early 1990s predicted the emergence of global risks that would challenge societies' capacities to respond to such large scale crises. These writings also emphasized the difficulties to anticipate and even more so to elaborate collectively shared responses to major disruptive events. The COVID-19 pandemic not only challenges traditional risk management strategies but also emphasizes the extent of uncertainty and the obligation to make decisions with limited scientific evidence.

RH: Throughout this book, the role of the social sciences in the COVID-19 pandemic is emphasized. You have been interviewed by different media, but intensive care doctors, infectious diseases specialists, epidemiologists have been on the front stage in newspapers and on TV. How do you assess the presence of sociologists in the Swiss traditional media since the beginning of the pandemic?

CBJ: The pandemic management was foremost framed as a medical issue[2]. While over weeks many – from experts to members of the public – did not take the threat seriously, collective awareness emerged with the images of intensive care units overwhelmed by COVID-19 patients. The saturation of medical systems was the trigger for political action, not the World Health Organization warn-

2 In her chapter, she indicates: « Les éléments les plus tangibles sur lesquels les décisions politiques ont finalement été prises ont été les images des services de soins intensifs encombrés et les courbes épidémiologiques et cartes interactives associées » (2020: 262). See Burton-Jeangros C. (2020) COVID-19: Une mise à l'épreuve de la gestion mondiale des épidémies, in Gamba F. et al. (dir) *COVID-19. Le regard des sciences sociales,* Seismo, 259–269.

ings or the epidemiological modelling estimates, both remaining too distant and abstract. As a result of this framing of the pandemic, the media favoured interviews with medical and public health specialists, who had more proximity with the virus, and who could comment on curves and numbers (new cases, deaths, tests, etc. …), which progressively gained global visibility with the elaboration of dedicated websites.

However, the attention directed to the medical response, and the current focus and hopes around the vaccine, keep overshadowing the social and economic consequences of the pandemic and its management. It is true that journalists also invited social scientists to comment on the pandemic, but initial analyses confirm that they have been little present among those progressively acknowledged as COVID-19 experts in the Swiss media[3]. This bias can also be related to the priorities set in research funding. So far, SNF money for COVID-19 has vastly favoured medical, biological and epidemiological research. Recurrent calls of social scientists for dedicated funding for social science research on COVID-19 have not been heard yet. At the same time, it is important to emphasize that many of my colleagues and myself have initiated data collection since the spring in the context of on-going projects or as new ad hoc studies, in order to collect data along the unfolding of the pandemic and its social consequences. Such spontaneous research is however challenging due to the lack of additional resources, while the rest of our academic activities have not only remained the same, but even became more demanding as a result of the pandemic measures (as for teaching for example).

RH: In your chapter, you also analysed the initial management of the crisis at the international level, in particular the role of the World Health Organization. Today, it looks like WHO is more in the backstage and the management has foremost become a national issue. Could you comment on the evolution of WHO's implications over the last months and its relationships with national governments?

CBJ: As analysed with my colleagues Mathilde Bourrier and Nathalie Brender for the H1N1 and Ebola epidemics[4], the World Health Organization is a major actor in global health issues. With the revised International Health Regulation, WHO is expected to act as a whistleblower when new epidemics are identified. It also provides guidance and standards on how to handle public health emergencies of international concern, which the COVID-19 virus clearly is. However, WHO's influence in national management strategies remains limited. Indeed expectations towards WHO are often disproportionate, since the organization cannot act as the police of national governments as some would hope so. Besides, governments often bypass WHO recommendations, as for example regarding the closure of national borders, not advised by WHO, but largely adopted by national governments in the first lockdown in spring 2020. Important expectations of coordination are also related to WHO, however here again its power is limited. The difficulties to coordinate actions between the federal and cantonal levels in Switzerland emphasize the complexity of coordination tasks. More generally, in the context of global health risks, WHO has become an easy target to blame, either for being too

3 https://www.horizons-mag.ch/2020/09/03/sudden-omnipresence/

4 Bourrier M., Brender N., Burton-Jeangros C. (eds) (2019) *Managing the global health response to epidemics: social science perspectives.* Routledge, Abingdon, Oxon; New York, NY.

alarmist or too slow to respond. Moe generally, accountability is another feature of risk management that institutions at all levels are struggling with.

RH: Debates about the second wave revealed the tension between economic and health priorities. This opposition is however often challenged as being too simplistic since these two realities are tightly related. Would you say that this distinction refers to the classical opposition between health defined in medical terms and health in a broader acceptation, as in 1948 WHO definition of health as a state of complete physical, mental and social well-being?

CBJ: I fully agree, the COVID-19 pandemic is illustrating a long-term fight about the very definition of health. Modern medical care still tends to narrowly define health in physiological terms, and in the present case, along the presence or absence of the virus. Public health expertise has fought over the years to bring into the picture a collective approach to health, as a quality also applying to populations, groups and societies. Sociology of health studies health in people's everyday settings, not within the context of hospitals or doctor-patient relationships. This broader definition of health emphasizes the importance of social contexts and resources in maintaining health and in restoring it after episodes of diseases.

Health is not only related to bodily functions but fundamentally engages individual and collective mental conditions. The toll of the COVID-19 pandemic management on the mental health of the population will be very high and likely to last. From a life course perspective, it can be considered that the timing of the COVID-19 pandemic in individuals' lives will impact the rest of their lives differently depending on their age in 2020. In that respect, younger generations, especially adolescents and young adults, already experiencing a much more uncertain world than previous generations, are likely to be most affected. Not by the virus itself, but by what the virus did to the social organizations they live in.

RH: HIV is a major infectious disease that affected our societies over the last decades. From a sociology of risk perspective emphasizing social dynamics, are there commonalities between HIV and COVID-19 risks?

CBJ: In the early 1980s, HIV unsettled the medical confidence in its capacity to control and treat infectious diseases. Indeed HIV/AIDS initiated a succession of epidemics, creating the new domain of re-emerging infectious diseases, with its experts and institutional arrangements. More broadly, epidemics also became a cultural theme very present in fiction and movies broadcasting catastrophist scenarios. Despite this extended attention to infections, COVID-19 is today also challenging medical expertise. However knowledge acquisition and developments are much faster than they have been for HIV. At the same time, the speed of these developments does not go without problems, as shown by the amount of COVID-19 publications of very diverse quality, and is not necessarily met by public's trust, as shown by the current debates around the vaccine.

HIV and COVID-19 have very distinct biological features, however they both were initially tackled through behavioural measures, with condoms and masks as technical devices, calling to individuals' responsibility to protect oneself and others. These two epidemics also have in common to exacerbate social inequalities, those with less resources are more affected by the virus, but also by the associated socioeconomic measures. These

elements confirm that health and disease are as much social as biological issues, thus calling for a framing going beyond the medical perspective and analyzing the tight interactions between the social fabric and biological events[5].

RH: Thank you very much for your time and stimulating reflections!

5 In her chapter's conclusion, Claudine Burton-Jeangros highlights the following: «l'importance d'appréhender la pandémie en tant que crise sociale, car la santé et la maladie sont toujours et partout des entités sociales autant que biologiques» (2020: 269)

Shifting inequalities in student lifestyles during the COVID-19 pandemic

Guy Schwegler*

A seminar as crisis research

The Corona pandemic is primarily a health crisis. The various policies and laws that countries like Switzerland have implemented over the course of the year 2020 were justified in relation to the public health system. At the same time, protecting the health system has become a general determining factor for all individuals, families, and organizations alike. As much as a health crisis, the pandemic therefore represents a social crisis (cf. Burton-Jeangros 2020, 269).

The following contribution highlights the pandemic's consequences in higher education. The situation of students during the crisis has been a research subject in surveys already (e. g. Kindler, Köngeter, & Schmid 2020) and has become a more public issue with the continuation of the pandemic. Here, I am going to present the results of a research seminar that took place during the spring semester 2020 at the University of Lucerne. As part of this seminar, fifteen students and I tried to analyze how the lockdown affected various dimensions of student lifestyles.[1] Similar to sociology's role in public discourse during the pandemic, the seminar was a form of crisis research, guided by a particular interest in inequalities. However, our approach also differed from other analyses insofar as there was very little analytic distance: we were finding ourselves in the exact situation as the students we researched.

A pragmatic mixed-methods approach

Independent of the Corona pandemic, my plan was to research student lifestyles together with students. The seminar took place for the third time already and in previous editions I had conducted survey research. This time, mixed-methods approaches were the focus. Our initial interest was the symbolic expression of an academic background (Bourdieu 1984) and processes of individualization (Beck 1992). In Switzerland, only half of the people enrolled at universities have parents with an academic degree (BfS 2017). Therefore, we wanted to examine how both "old" inequalities of social background and distribution of wealth as well as "new" inequalities beyond class differences structure student lifestyles.

Following the closure of the university building in mid-March, we realigned our interest and focused on the lockdown's effect on lifestyles. The seminar's participants split up into five thematic groups, dealing with the experienced *limitations* in daily activities, the shift to *learning at home*, the *structuring of time*, reactions to the *digitalization of lectures*, and *social capital*. The seminar's initial conceptualization offered us resources to approach the new situation: we continued to work around the topic of 'old' and 'new' inequalities, using it as a sensitizing concept. Also, we continued to pursue a mixed-methods approach and adapted a sort of 'what works' stance to it.

25 students were selected using a quota sampling strategy based on previous surveys' results. Data collection took place over two weeks in April.

1 These students were Nora Baltermia, Sara Diethelm, Luna Formanek, Hannah Göldi, Hanna Hubacher, Michelle Kobler, Maurice Köpfli, Samea Matter, Ana Pavic, Caroline Pechous, Simon Räber, Saskia Schär, Louis von Segesser, Irina Wais, and Fabienne Zurbriggen. See the extended version of our analysis in Schwegler et al. (forthcoming).

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We gathered two different types of information on the lifestyles of our cases: on the one hand, we handed out a digital diary where the students recorded their time use over a period of three different days and reflected in writing on their experiences. On the other hand, non-standardized interviews were conducted with the students via video calls. The first step in analyzing our data was the qualitative coding of the interviews and the reflections in the diaries. As a second step, we applied descriptive metrics to the time data from the diaries, analyzing the time spent on various activities or comparing activities where people felt restricted by the lockdown. Both steps also generated interests to re-analyze the survey data from previous editions of the seminar.

Student lifestyles during lockdown

The 25 diaries offered a first overview of what our cases deemed to be *limitations* during lockdown. The students' experiences did depend on a respective emphasis in their lifestyles: those cases who only studied part-time rarely described limitations in relation to their university life. Rather, they highlighted limitations at work. In contrast, cases who did not work as much more often highlighted limitations in relation to their studies. Interestingly enough, time spent on university activities varied considerably among the latter students. An emphasis in one's lifestyle apparently was independent of the actual time spent on activities. In their reflections, the students described that they had tried to influence their environment. Therefore, their reactions to limitations became dependent on available resources.

The lockdown's effect on *learning at home* corresponded to one aspect in particular: the pre-pandemic use of the library. On the one hand, there were students who had worked a lot at home already before the lockdown, and who considered the library a convenient working place during the hours between lectures. A second type of students, on the other hand, had needed the library in their everyday life in order to be able to work efficiently. Whereas the first ones were barely affected by the restrictions, the second type of students lost their ideal workplace. These students tried to mimic a rather basic setup of a library in their new workplace. However, certain characteristics were missing like the learning atmosphere in the library hall (and a corresponding social control). In addition to this lifestyle preference, the respective residential situation provided different possibilities to adjust. Some cases studied in their bedroom, while others had their own office in their apartment or house. The survey data put this availability in context to social background: students without an academic background who live with their parents had tended to work less at home and had used the library more often.

The answers in the interviews focusing on *the experience of time* highlighted a freedom from various liabilities. Comparing the time data in the diaries with survey data, however, showed that time used for studying did not differ much. Rather, the newly experienced 'freedom' forced the students to organize their everyday life more on their own. The lockdown omitted time structuring activities such as commuting, or requested new forms for them. Working hours, leisure time, or weekends began to blend into each other. The simultaneity of most activities in one's own apartment lead to an everyday life "without variety" and robbed a "sense of time," the interviewees emphasized. The differences that became apparent in the lifestyles regarding time management could be traced back to the university. For example, some faculties live-streamed all lectures while others used podcasts. Law students

who could use podcasts pointed out difficulties in organizing their time. As they were not forced to follow a schedule, they could postpone listening to podcasts week after week. One way of dealing with the increased demand to self-structure time was a change of residence: some students moved back in with their parents and family members then acted as references.

The *digitalization of lectures* made the students more independent of space and time normally associated with studying. Our interviewees, however, were eager to go on with their studies in a manner that mirrored the pre-lockdown situation. On the one hand, there was the optimal study situation proclaimed by the university, in which teaching and learning should continue as normally as possible (despite the digital tools). On the other hand, there was the situation in which each student found her- or himself during lockdown. Differences between the two states lead the students to mention greater concentration problems because of the digitalization. Consequently, they were looking to mirror pre-lockdown situations, leading to ambivalent reactions. For example, some students chose to use the desktop version of WhatsApp to communicate with peers who would otherwise sit next to them in a lecture. Others deliberately chose not to open the application, as there simply was no space left on their screen. Not least, the digitalization of teaching stressed a new importance for infrastructure: an intact WLAN connection, the performance of one's laptop, or its screen size became relevant factors due to the lockdown. The laptop no longer served merely as a notepad and reading device, but as the prime tool to interact in lectures. While some chose to buy a second screen, others who could not afford the investment used their smartphones instead.

In addition to re-organizing how to study and attend lectures, our cases also had to find new ways to make use of *social capital.* The closure of the university building and other lockdown measures limited interaction. Getting information and help for one's studies became a critical issue. Still, the university as an institution influenced the way the students organized and used social capital. On the one hand, faculties and their respective teaching formats played a major role: lectures that were smaller in scale, prevalent at the Faculty of Humanities and Social Sciences, lead to more immediate contacts between the students. On the other hand, differences became apparent in relation to the interviewees' involvement in a 'student life': cases especially highlighted limitations if their social life was revolving around the university, i.e. those who were active in a student association and whose friends were mainly their academic peers. However, these students were particularly well connected to their university contacts to begin with. Also during lockdown, they could easily access help. In addition, organizing one's network at the university depends on certain prerequisites. As survey data showed, students with non-academic parents had received less financial support and had tended to work more besides their studies. Hence, there could be less time to participate in a 'student life.' One interviewee explained that she had gotten used to acquire her contacts through group work tied to lectures, but hardly in other contexts, because of her working hours. In the new situation, such a regular personal contact had to be specifically organized. In addition, the immediate social contacts the students found themselves surrounded with during lockdown offered different possibilities: students with an academic background, for example, explained that they were able to discuss study-related topics also with their parents.

A shift in inequalities

The lockdown lead to a new process of individualization in lifestyles. The students were set free, removed from the university, and lost some of the securities this institution normally offers: class schedules, regular interaction with peers, or workspace. They had to organize new types of social commitments on their own. On the one hand, the actual degree to which the students experienced this new process of individualization depended on the lifestyle they had already established before the pandemic. Following a 'new' inequality, adapting to the lockdown was a challenge for those whose lifestyle was particularly revolving around the university as an institution. The findings from the previous research seminars had highlighted that such lifestyle characteristics are not necessarily dependent on social background. On the other hand, however, the situation during the lockdown also required certain resources. Therefore, the new demand for individualization resembled a reversal of what processes of individualization normally refer to, namely being freed from the objective structures of one's social background. Resources in the sense of an 'old' inequality became more relevant again during lockdown: the available space in a flat or the situation in one's parental home, IT equipment, and leisure time for social contacts.

Considering the lockdown's effect this way highlights a social group, where not just an exacerbation, but a shift in inequalities becomes apparent. The new individualization puts pressure on students with limited resources, from an often non-academic background. This represents a shift as before the pandemic, the university was able to homogenize differences in backgrounds and integrate lifestyles to some extent. Now, the pandemic poses a threat to an opportunity for social mobility, similar to other forms of "re-traditionalization" observed during the pandemic (e. g. Allmendinger 2020). A social group who would normally benefit from the integration happening at a university could now be forced to give up studying.

The shift in inequalities does have implications beyond education. If considered from a life course perspective (Burton-Jeangros et al. 2015), questions of health re-appear. The perspective connects differences in life expectancy, health behavior, or disease management to issues of social inequality, and highlights the interaction between different factors over time. Next to various socio-economic conditions, education is one of the keys to understand health differences (cf. Case & Deaton 2020, 71). In preventing social mobility at an educational institution, the pandemic as a social crisis could have negative effects on group's future health – independent of the current health crisis.

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