



European Foundation
for the Improvement
of Living and Working
Conditions

The tripartite EU Agency providing knowledge
to assist in the development of better social,
employment and work-related policies

L'impatto della pandemia sulla vita ed il lavoro dei cittadini europei.

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Introduction- Eurofound



2021-2024: Research activities

Working conditions
and sustainable
work

Industrial relations
and social dialogue

Employment and
labour markets

Living conditions
and quality of life

Anticipating and
managing the
impact of change

Promoting social
cohesion and
convergence

Long history of fielding surveys

The European Working
Conditions Survey



The European
Quality of Life Survey



The European
Company Survey



**European Working
Conditions Survey**
Since 1991

**European Quality of
Life Survey**
Since 2003

**European Company
Survey**
Since 2004

Documenting the impact of the crisis.

- *Living, Working and COVID19*
- The Eurofound large-scale online survey across the European Union and beyond.
- Cross-sectional and longitudinal survey.



It started like an experiment

- 24 March 2020
- April 9th 2020: launched in 22 languages across the EU and beyond.
- 6 waves has been fielded and more than 200,000 observations collected.
- Cross-sectional and longitudinal



Topics

- Mental Health
- WorkLife Balance
- Housing
- Public Service and support
- Trust
- Political Participation
- Material Living conditions
- Vaccine acceptance
- Telework
- Skills
- Social Cohesion
- ...

The COVID19 crisis: like a modern Kerberos



The COVID19 crisis, a three-headed hound

- The COVID19 pandemic started in March 2020 and quickly became a **health, economic and social crisis**.
- Like a **modern Kerberos**, the gigantic three-headed hound and guardian of Hades, these three faces of the crisis are affecting the various demographic groups in our societies very differently.
- Age-specific trends in **Coronavirus deaths** have been clear since the beginning of the pandemic.
- Conversely, **younger generations and women** are much more exposed than the older population to the wider consequences of **restrictive measures** implemented by governments to control the virus.

This talk

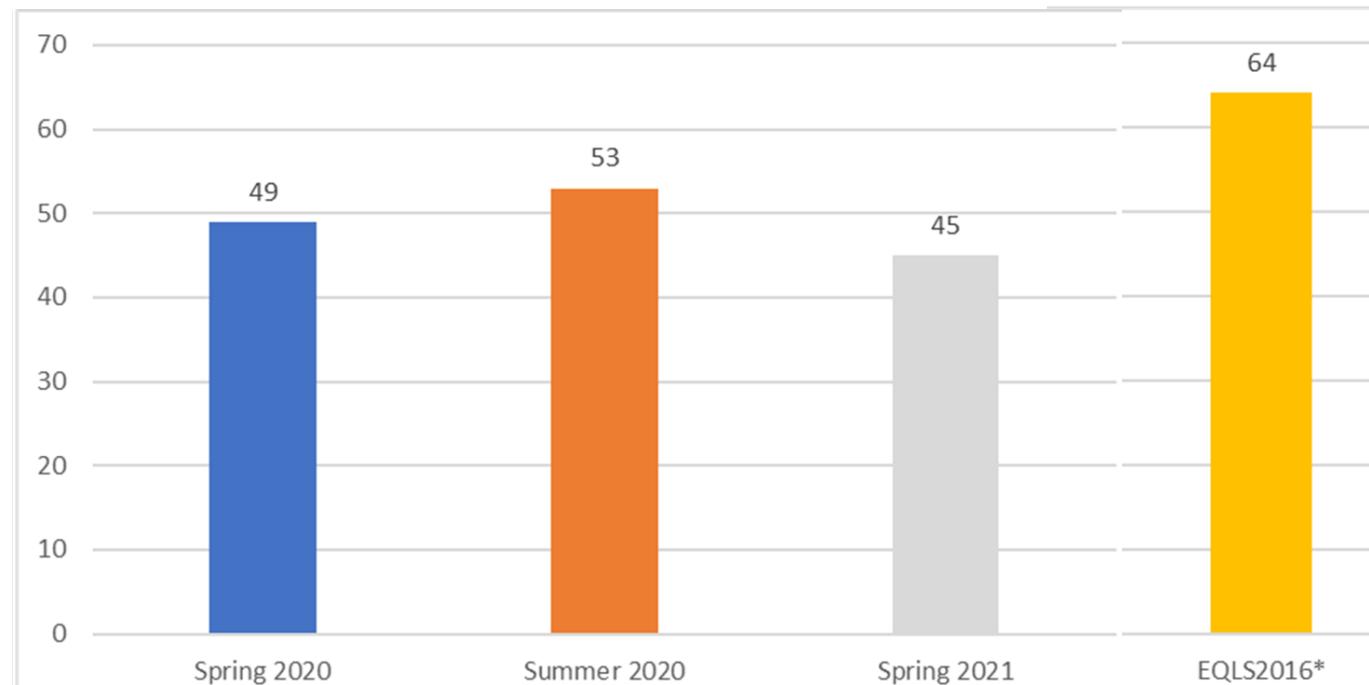
- Mental Health
- WorkLife Balance
- Vaccine hesitancy



Mental Health

The impact on Mental Wellbeing.

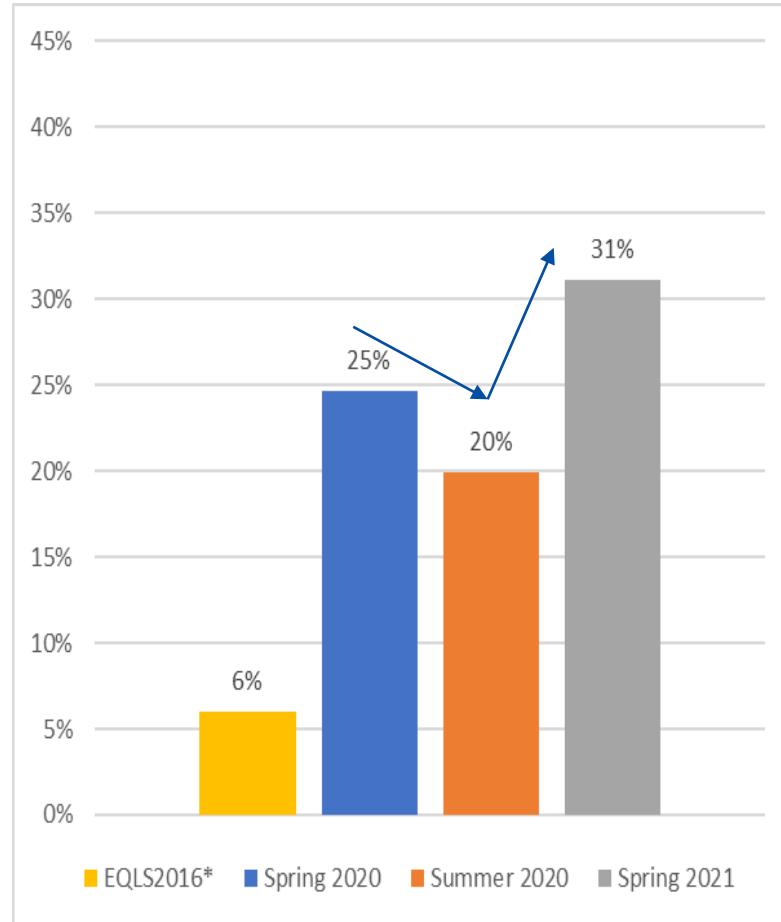
- There is increasing evidence for a surge in mental health problems, greater vulnerability and alarming implications for emotional and social functioning.
- WHO-5 mental well-being scale (0–100), based on the frequency of positive feelings over the previous two weeks



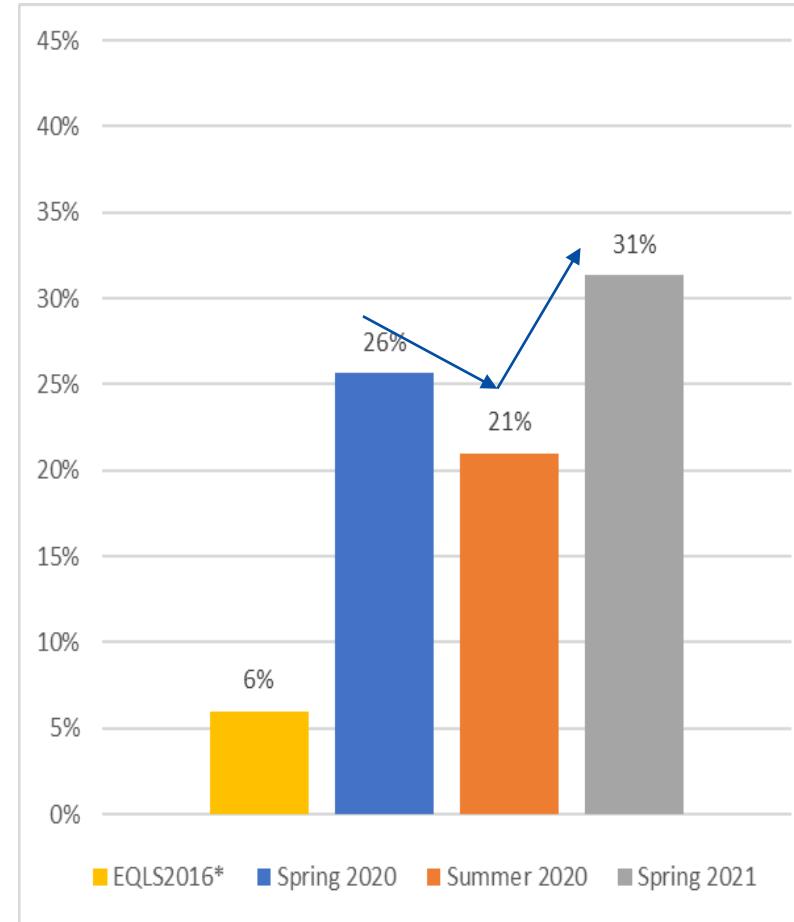
Source: Eurofound Living, Working and COVID19 survey

The impact on Mental Wellbeing.

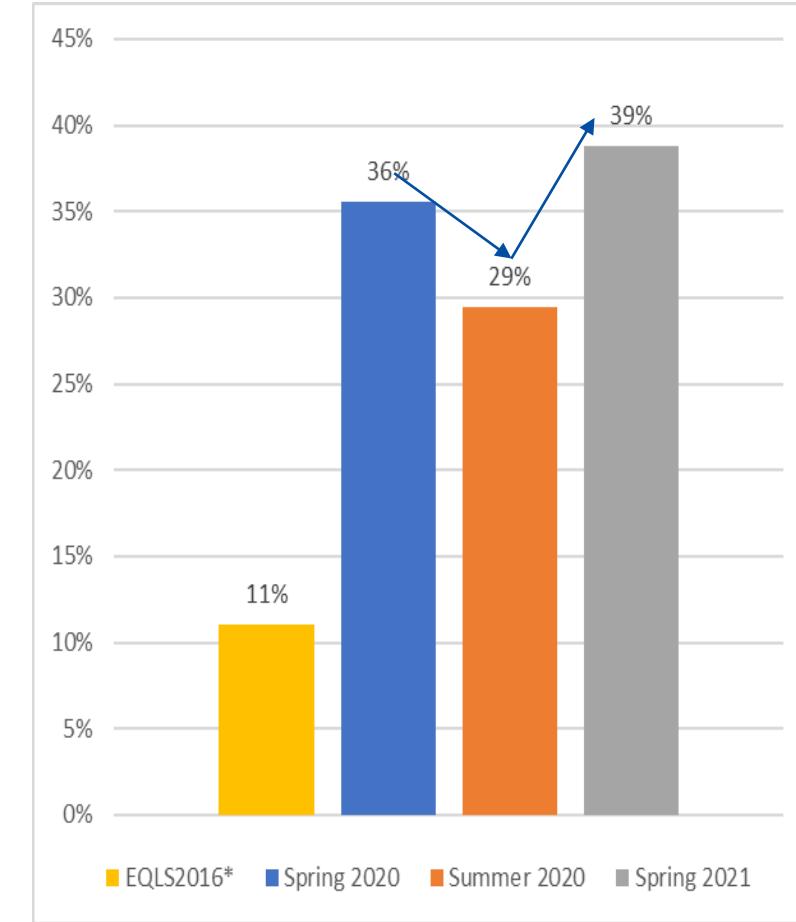
Feeling downhearted and depressed



Feeling lonely

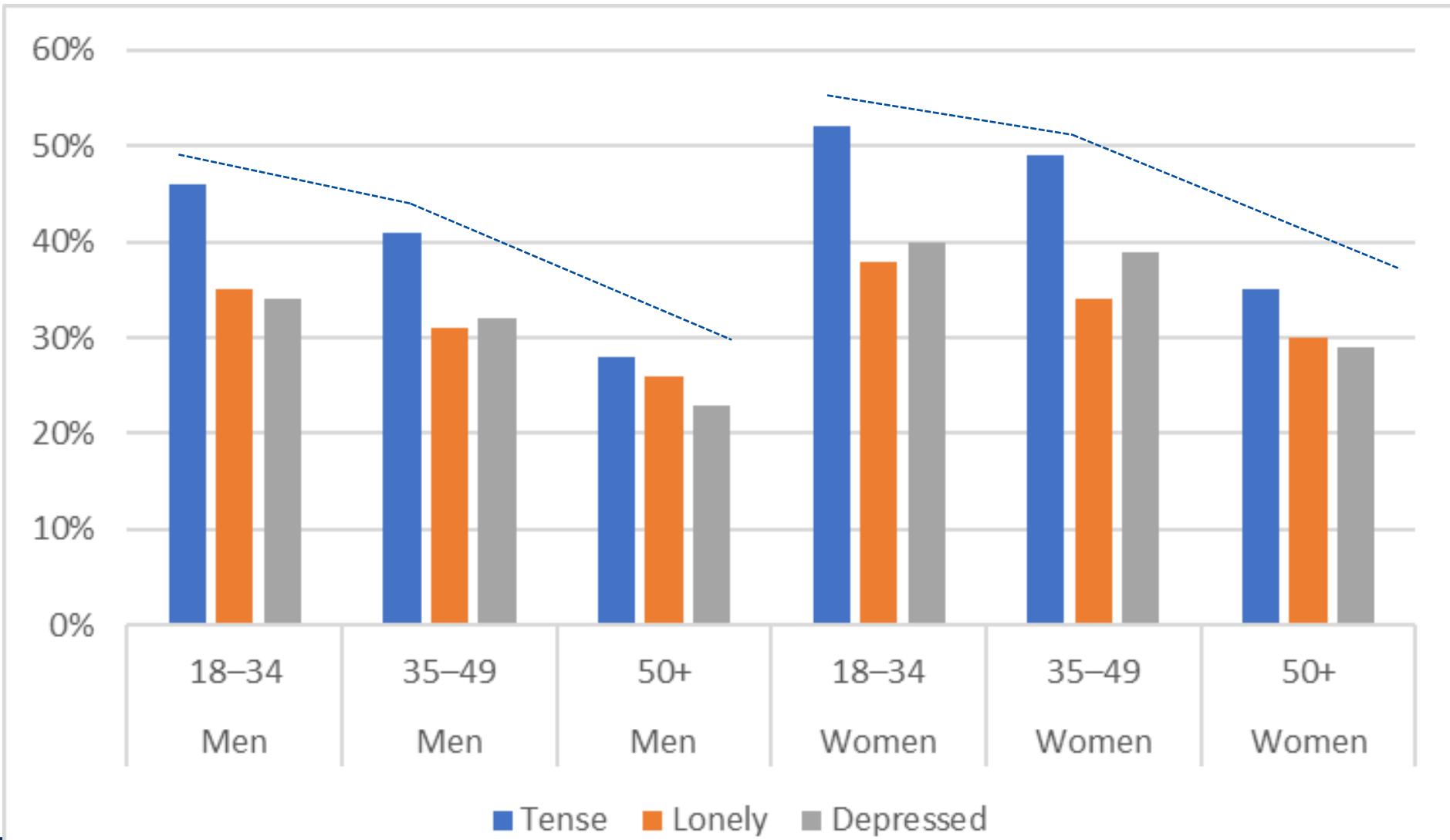


Feeling tense



Source: Eurofound Living, Working and COVID19 survey

Not everyone is affected the same way



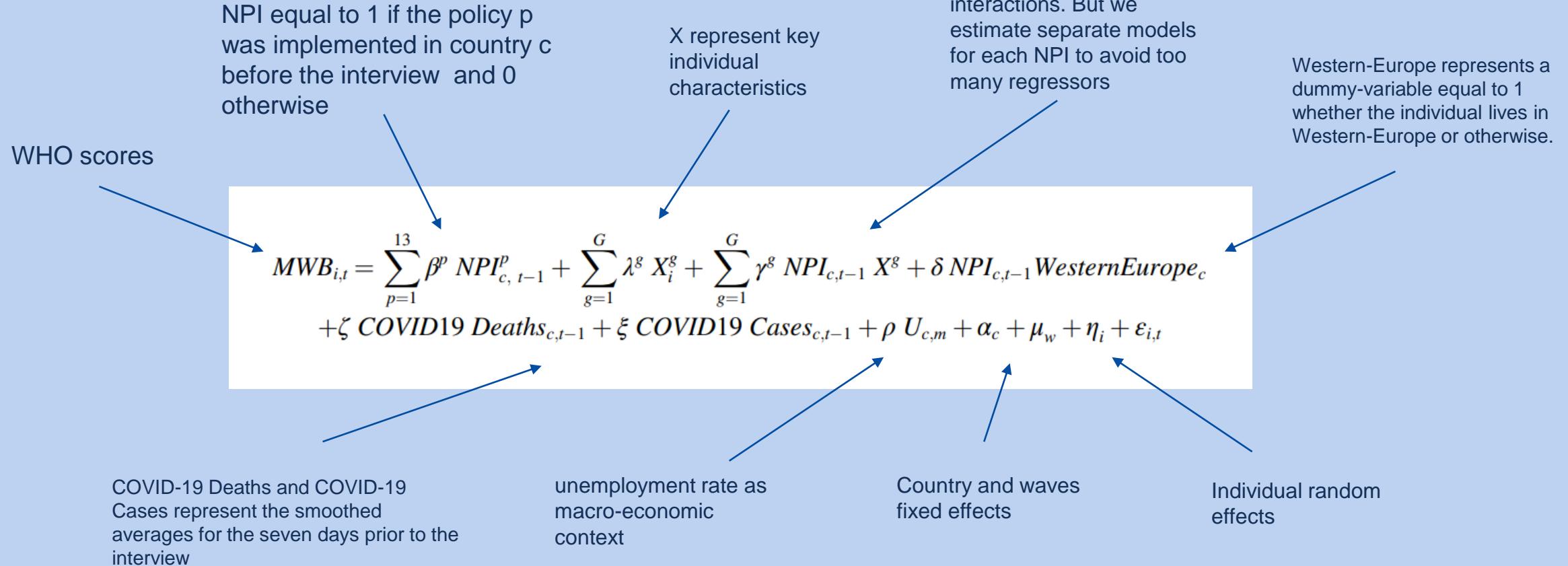
Source: Eurofound Living, Working and COVID19 survey

- Pandemic-related distress stems from the **fear of the illness, economic hardship, and uncertainty** about the real impact of the crisis.
 - It is also a result of **social isolation and tensions** (within families) in lockdown together as a **result of restrictions** (NPI) that most governments have deployed to contain the pandemic.
 - **Had NPIs a role in worsening mental health?**
-

Data and Methods

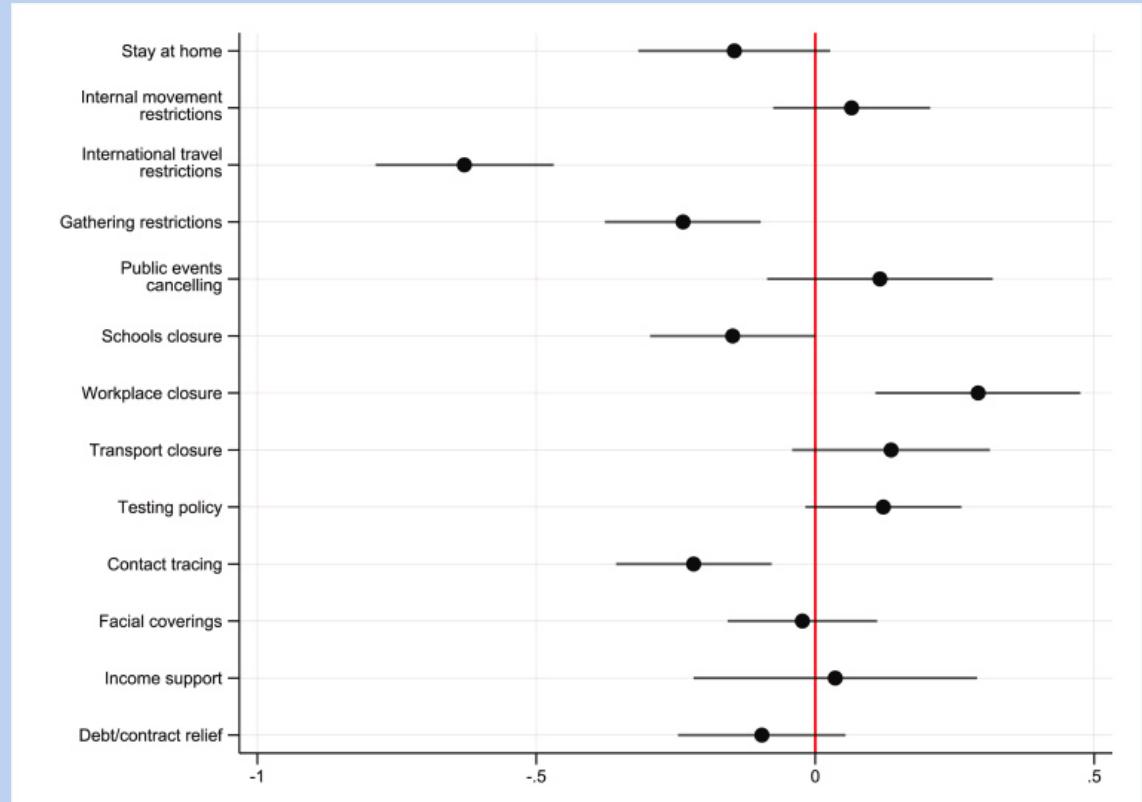
- Dependent variable:
WHO5 Mental Wellbeing Index
- Covariates:
Usual **key individual** variables (age, gender, education, place of living...)
- Explanatory variables:
13 NPIs, measured with Oxford COVID-19 Government Response Tracker (OxCGRT).
- Dataset:
Eurofound Living, Working and COvid19, wave 1-3 longitudinal.
- The dataset is further complemented by numbers of daily COVID-19 cases and deaths at country level.
- Unemployment rate is included to control for the impact of macro-economic shock.

The model



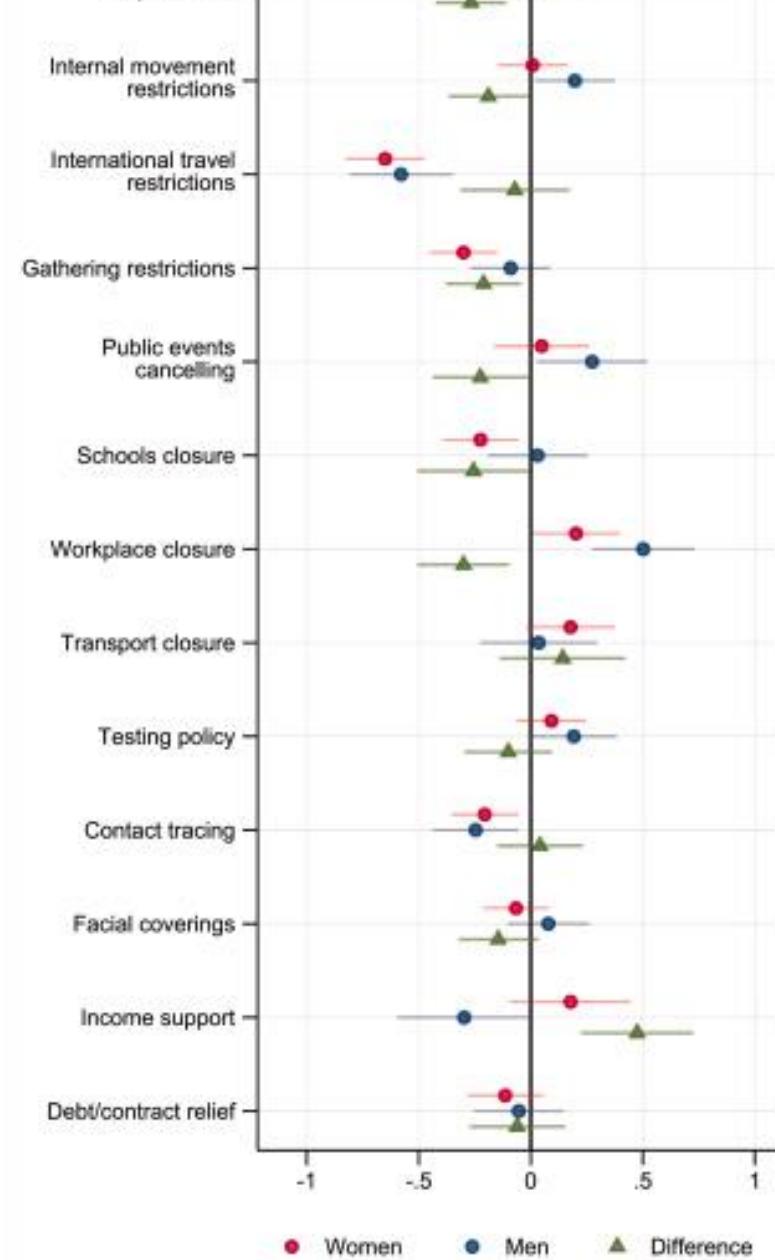
Results

- Average marginal effects and 95% CIs for the association between each NPI and MWB, estimated with mixed-effects OLS models on longitudinal data from the 28 European countries.
- Our evidence shows that the enactment of NPIs in terms of restriction on **international travel, restrictions on private gatherings, and contact tracing policies** were negatively associated with individuals' MWB



Results – gender differences

- Gender differences:
 - stay-at-home requirements, restrictions on private gatherings, and school closures** were negatively associated with women's MWB
 - As for men, **restrictions on internal movement, cancellations of public events** were positively associated with their MWB
 - Workplace closures** were positively related to both men and women's MWB.
 - for both women and men, **contact tracing policies and international travel restrictions** were negatively associated with their MWB



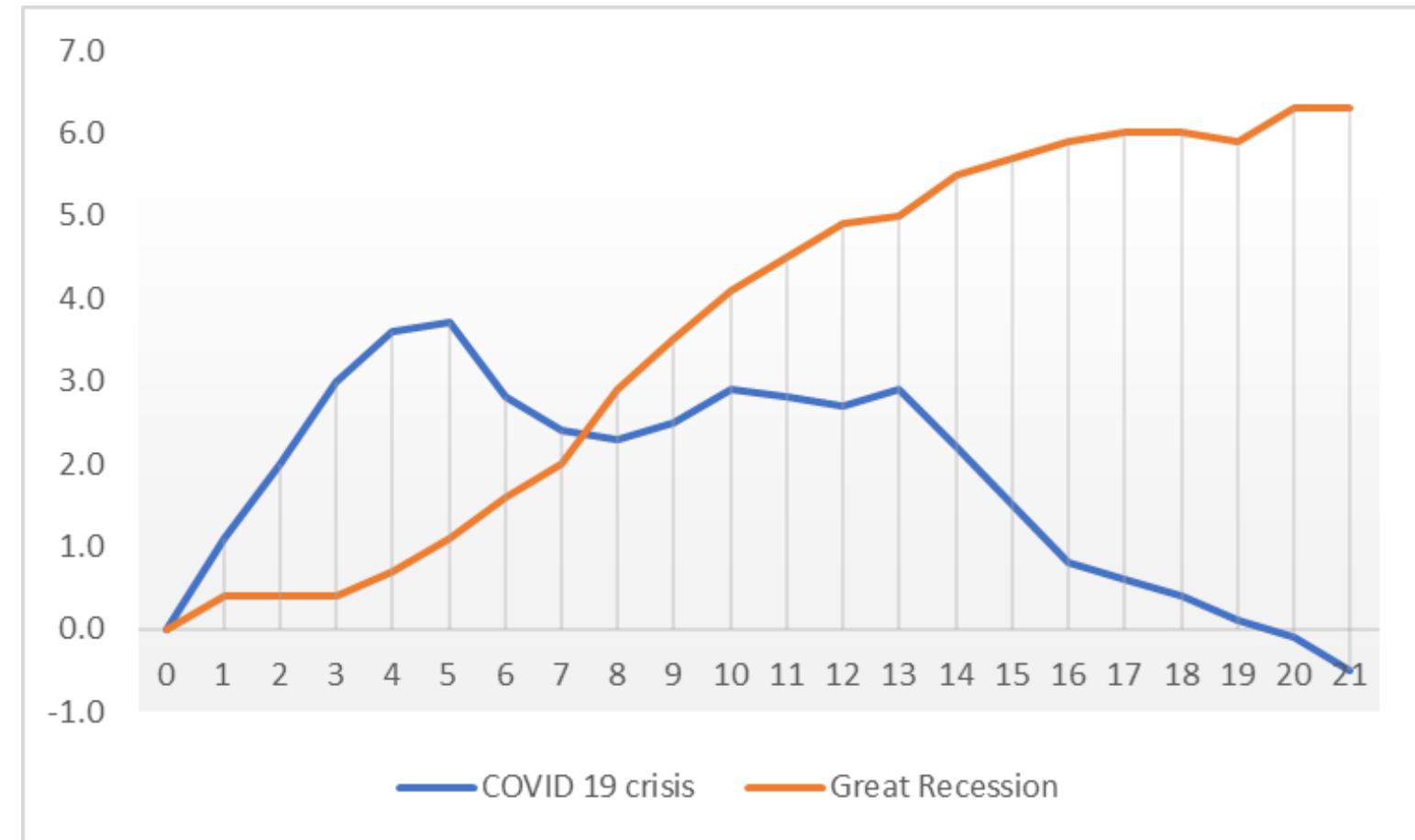
EMPLOYMENT



Unemployment, comparison with 2008

In 2008, the surge unemployment started mild and then grew regularly over the months before the crisis.

In 2020, unemployment surged dramatically but it was fully re-absorbed during 2021



The surge of telework

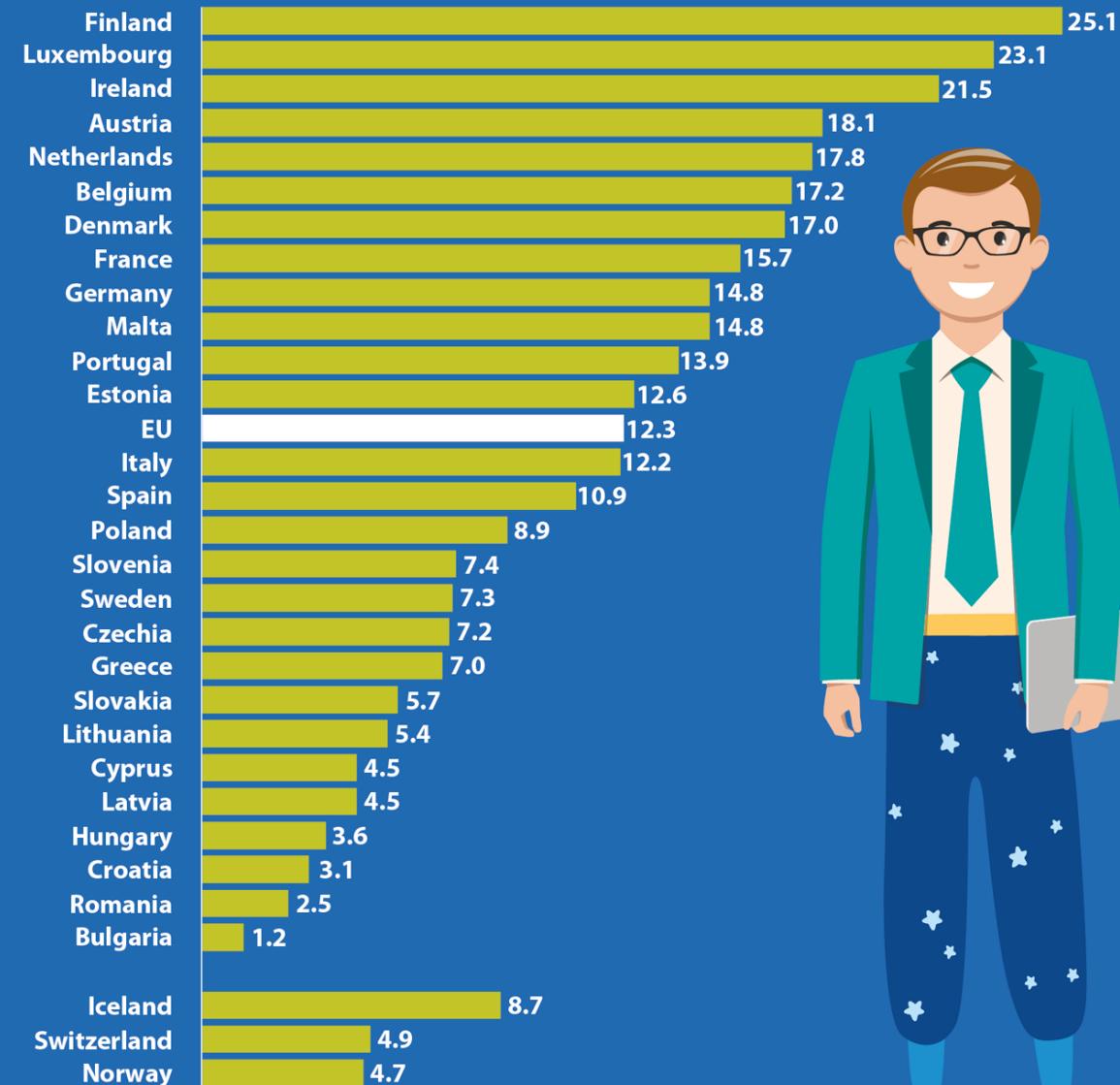
The social distancing measures that were introduced as a response to the COVID-19 pandemic forced many people to work from home.

In 2020, 12.3% of employed people aged 15-64 in the EU usually worked from home, although this share had remained constant at around 5% over the past decade.

Compared with other age groups, younger people were less likely to work from home in 2020: only 6.3% of those aged 15-24 reported that they usually worked from home, compared with 13.0% of those aged between 25-49 and 12.4% of those aged 50-64.

People usually working from home, 2020

(% of employed people aged 15-64)



Germany: provisional data with low reliability.



Work-life balance and NPIs

- The difference in mental health among men and women rings an alarm bell and open questions on how Europeans coped with life and work during the pandemic.
- Teleworking in a time of social distancing and lockdown might be burdensome for many working mothers as they juggle work, home-schooling and care, all in the same pocket of space and time.
- Concentration of activity in the home also meant that work and home life are in conflict and the work–life balance among European workers deteriorate.
- In particular, this seems more acute in times of closure of schools.
- **What was the impact of NPIs on work life balance?**

Aim of the EF-ECDC study

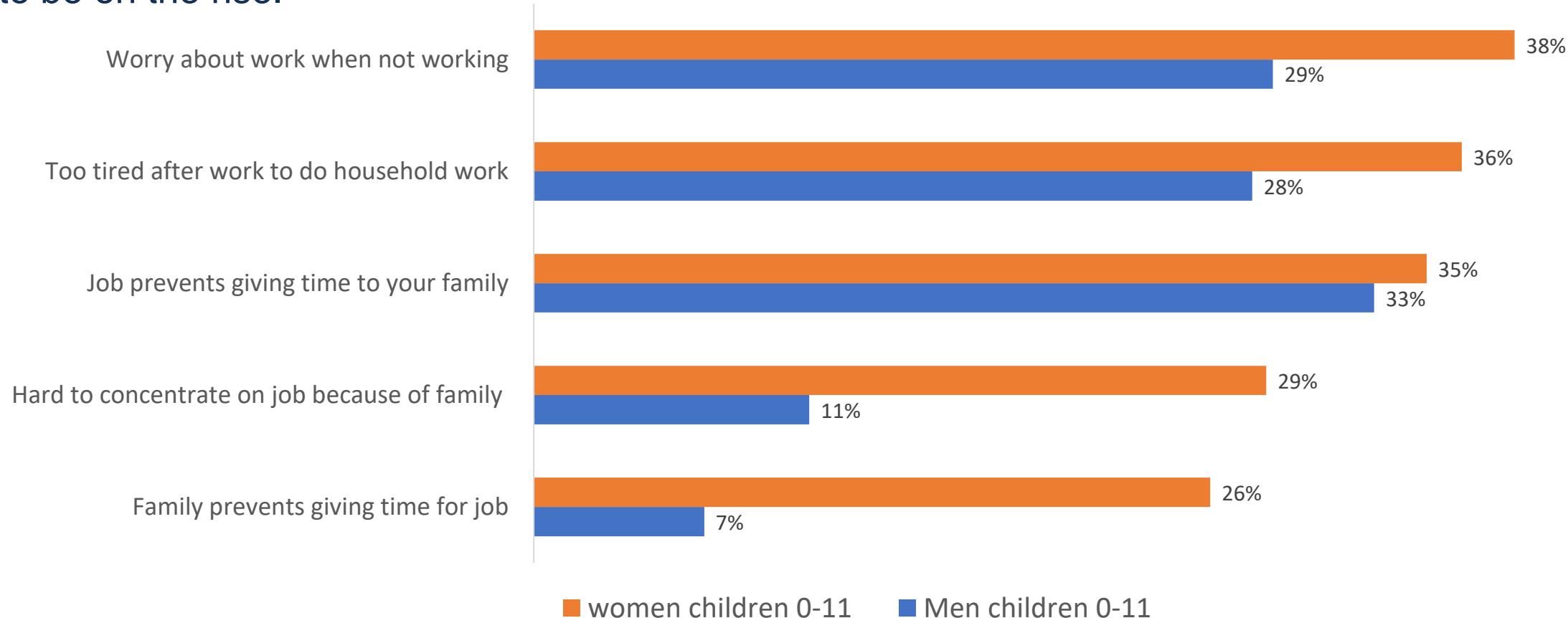
To join **Eurofound** and **ECDC** expertise in this field and to assess the **impact of different NPIs** in response to COVID-19 implemented **from January 2020 to May 2022** on the **work life balance** of the respondents of the Eurofound survey “Living, Working and COVID-19”

Measuring work-life balance

- The Living, Working and COVID19 survey adopt the work-life balance scale of the European Working Conditions Survey
- This scale has been introduced in Eurofound in the 90s.
- It is composed by 5 items:
 - 1. kept worrying about work when you were not working
 - 2. felt too tired after work to do some of the household jobs which need to be done
 - 3. found that your job prevented you from giving the time you wanted to your family
 - 4. found it difficult to concentrate on your job because of your family responsibilities
 - 5. found that your family responsibilities prevented you from giving the time you should to your job

Work-life balance of men and women with young children

Concentration of activity in the home also means that conflicts between work and home life are sure to be on the rise.



Source: Eurofound Living, Working and COVID19 – round 2

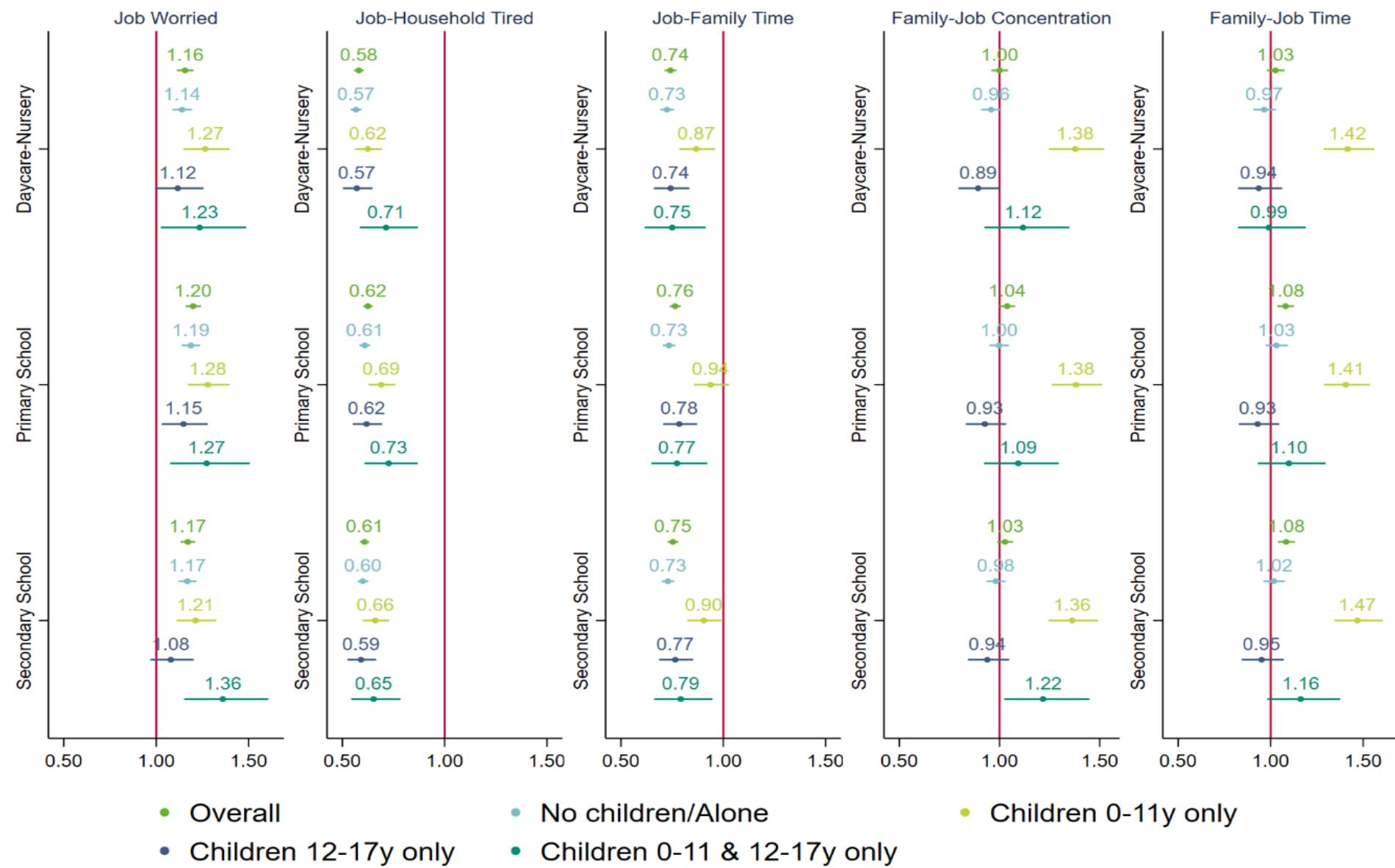
Methods: data on NPIs (ECDC)

- **Data on NPIs** were retrieved from the European Centre for Disease Prevention and Control (**ECDC**) and the European Commission's Joint Research Centre (**JRC**) Response Measures Database (ECDC-JRC RMD).
- **NPIs:**
 - organised in a **hierarchical structure** with a three-level system;
 - implemented from **1st Jan 2020 to 22nd June 2022**;
 - aiming at the **general community** (not specific target groups);
 - **mandatory and voluntary status**;
 - **full implementation** (partial implementation excluded).

Methods: design, participants and analyses

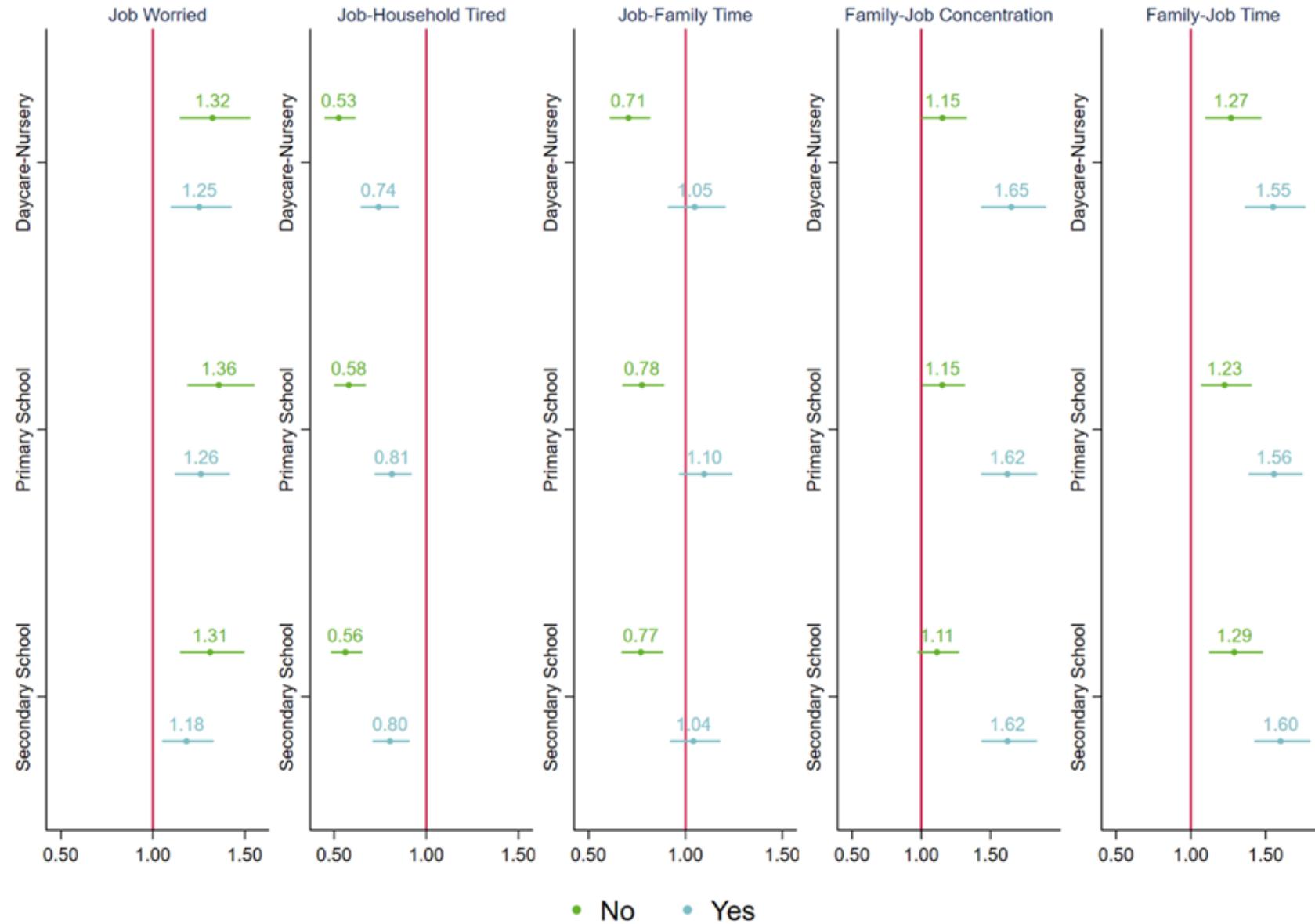
- **Design:** repeated cross-sectional study
- **Study participant:**
 - All EF survey respondents (in any survey round) stating to be workers
- **Statistical analyses:**
 - Descriptive analysis
 - Mixed logistic regression models fitted with random intercepts for participants ID variables and adjusting by individual-level covariates

Results



Results

- Role of telework and having young kids.



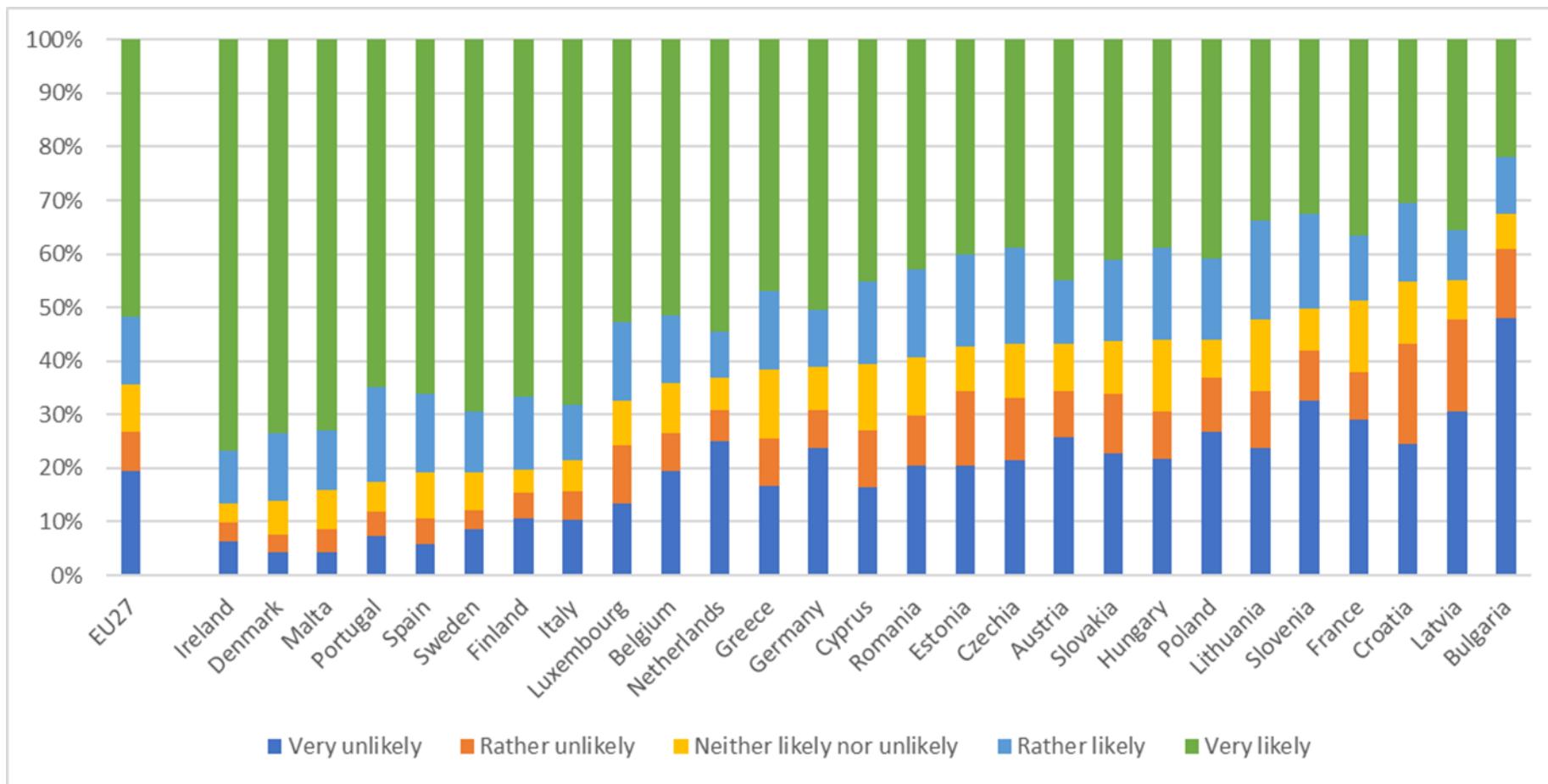


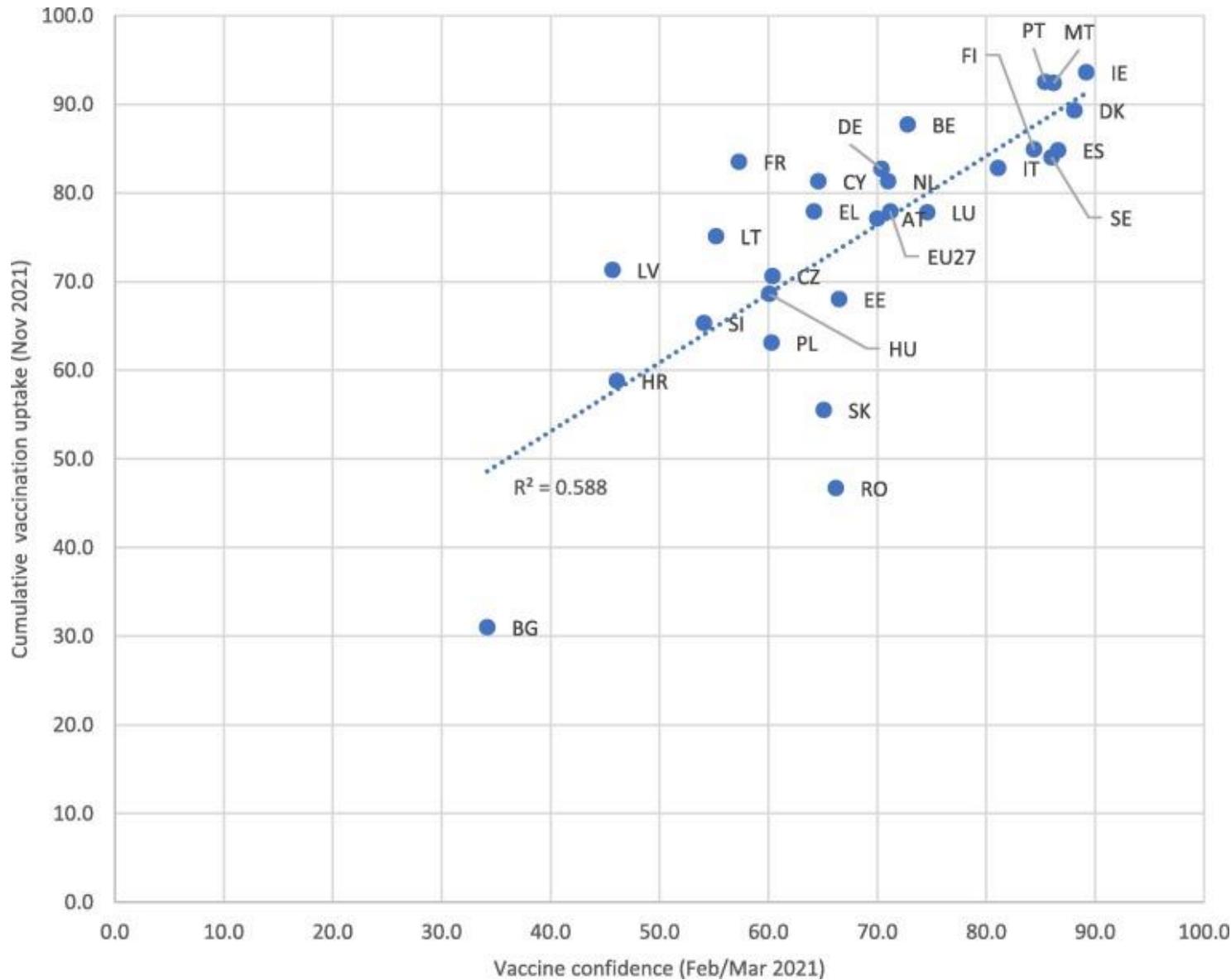
Vaccine hesitancy

The issue of vaccine hesitancy

- A flexible tool like an e-survey allows to address timely questions as the vaccine hesitancy.
- It was open from March to April 2021
- What are the main drivers of intention to vaccination?
- Did the AstraZeneca suspension increased vaccine hesitancy in Europe?

Vaccine hesitancy in Europe

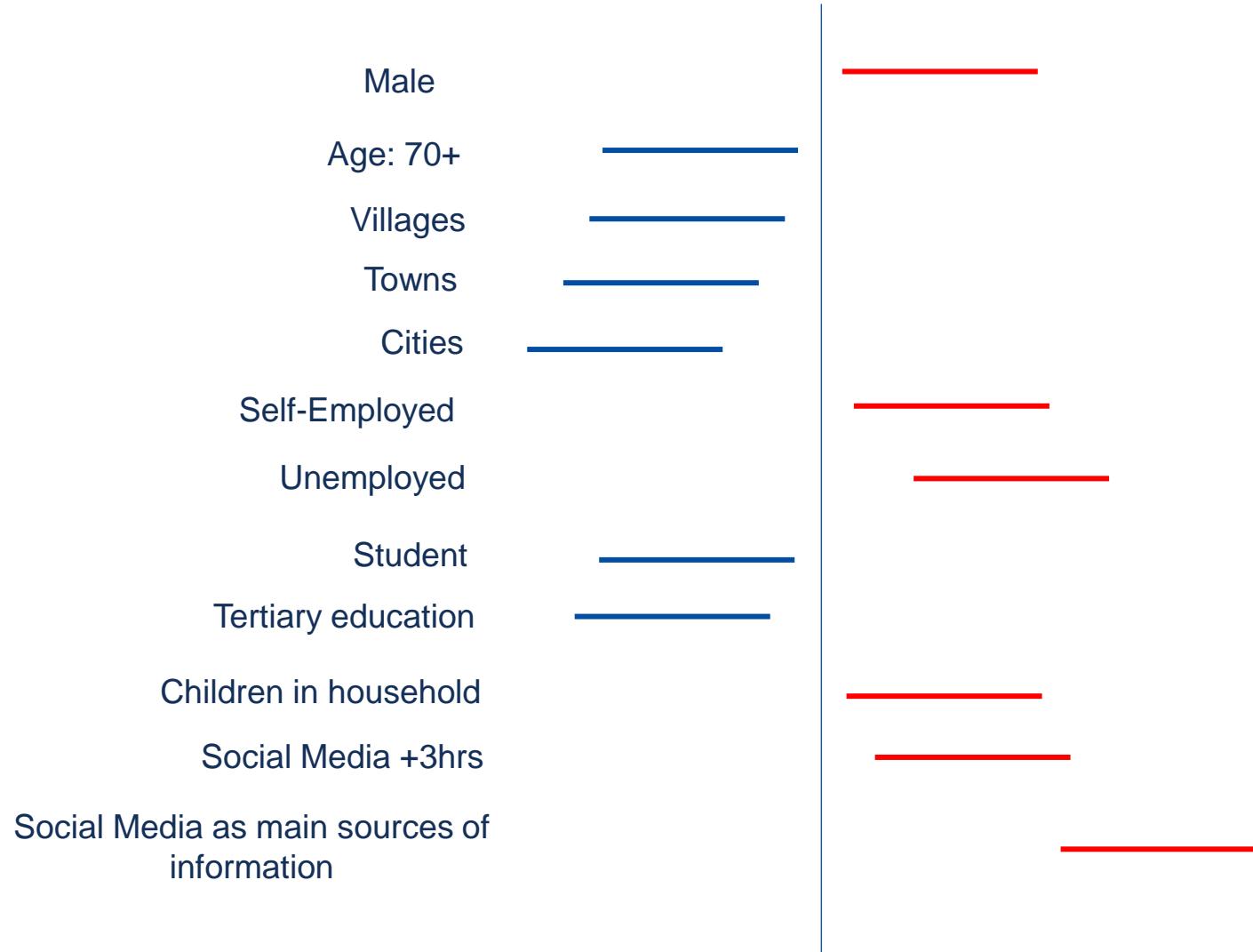




	(1)	(2)	(3)	(4)	(5)
Female	0.00	(.)	0.00	(.)	0.00
Male	0.02*	(0.01)	0.02*	(0.01)	0.02*
18-29 years	0.00	(.)	0.00	(.)	0.00
30-39 years	0.04	(0.03)	0.04	(0.03)	0.03
40-49 years	0.02	(0.03)	0.02	(0.03)	0.01
50-59 years	0.02	(0.03)	0.02	(0.03)	0.02
60-69 years	-0.02	(0.03)	-0.02	(0.03)	-0.02
70+ years	-0.05*	(0.03)	-0.05	(0.03)	-0.05
The open countryside	0.00	(.)	0.00	(.)	0.00
A village/small town	-0.06**	(0.02)	-0.06**	(0.02)	-0.06***
A medium to large town	-0.07***	(0.02)	-0.07***	(0.02)	-0.07***
A city or city suburb	-0.13***	(0.02)	-0.13***	(0.02)	-0.12***
Employed	0.00	(.)	0.00	(.)	0.00
Self-employed	0.06**	(0.03)	0.06**	(0.03)	0.06**
Unemployed	0.10***	(0.03)	0.10***	(0.03)	0.09***
Ill/disabled	0.13***	(0.04)	0.13***	(0.05)	0.13***
Retired	0.03	(0.02)	0.03	(0.02)	0.02
Homemaker	0.04	(0.04)	0.04	(0.04)	0.03
Student	-0.10***	(0.02)	-0.10***	(0.02)	-0.10***
No spouse	0.00	(.)	0.00	(.)	0.00
Lives with spouse	-0.03**	(0.01)	-0.03**	(0.01)	-0.03**
No children in household	0.00	(.)	0.00	(.)	0.00
Children in household	0.03**	(0.02)	0.03*	(0.02)	0.03**
Primary education	0.00	(.)	0.00	(.)	0.00
Secondary education	0.02	(0.03)	0.03	(0.03)	0.03
Tertiary education	-0.06**	(0.03)	-0.06**	(0.03)	-0.06*
(Very) bad health	0.00	(.)	0.00	(.)	0.00
Fair health		-0.07**	(0.03)	-0.07**	(0.03)
Good health		-0.10***	(0.03)	-0.09***	(0.03)
Very good health		-0.05	(0.03)	-0.05	(0.03)
Chronic health problem / disability		-0.05***	(0.01)	-0.05***	(0.01)
Close person had Covid			-0.03**	(0.01)	-0.03**
Close person died of Covid			-0.04	(0.02)	-0.04*
Social media: Less than daily				0.00	(.)
Social media: Daily: under 3 hours				0.05***	(0.02)
Social media: Daily: 3+ hours				0.10***	(0.02)
Main news source: Traditional (press, radio, TV)					0.00
Main news source: Social media/blogs					0.20***
Country dummies	Yes	Yes	Yes	Yes	Yes
Observations	29755	29755	29755	29755	29755
Pseudo R ²	0.055	0.061	0.064	0.069	0.102

The effect of social media on vaccine hesitancy

- Vaccine hesitancy can hinder the successful roll-out of vaccines.
- all 27 EU Member States, carried out between February and March 2021 (n = 29,755).
- We study the determinants of vaccine hesitancy, focusing on the role of social media use.
- In multivariate regression models, we find statistically significant ($p < 0.05$) impacts on vaccine hesitancy of heavy use of social media and using social media as a main source of news.



Did the AstraZeneca suspension increased vaccine hesitancy in Europe?

- Yes, slightly.

VARIABLES	(1) vaccine hesitancy	(2) vaccine hesitancy	(3) vaccine hesitancy	(4) vaccine hesitancy
Trend	0.004*** (0.004–0.005)	0.007*** (0.006–0.007)	0.008*** (0.007–0.008)	0.002*** (0.002–0.003)
AstraZeneca controversy		-0.075*** (-0.094–0.055)	0.413*** (0.330–0.496)	0.230*** (0.157–0.302)
Trend*AstraZeneca controversy			-0.015*** (-0.017–0.012)	-0.007*** (-0.010–0.005)
Age group (Ref:25–34)				
18–24	-0.064*** (-0.090–0.038)	-0.061*** (-0.087–0.036)	-0.052*** (-0.077–0.026)	0.004 (-0.019–0.027)
35–44	0.004 (-0.013–0.021)	0.002 (-0.014–0.019)	-0.000 (-0.017–0.017)	-0.029*** (-0.044–0.014)
45–54	0.011 (-0.005–0.028)	0.009 (-0.008–0.025)	0.005 (-0.011–0.022)	-0.040*** (-0.054–0.026)
>= 55	-0.035*** (-0.049–0.020)	-0.039*** (-0.053–0.024)	-0.043*** (-0.058–0.028)	-0.077*** (-0.090–0.064)
Female	-0.022*** (-0.031–0.013)	-0.022*** (-0.031–0.013)	-0.019*** (-0.028–0.010)	-0.010** (-0.018–0.002)
Tertiary education	-0.104*** (-0.114–0.094)	-0.103*** (-0.113–0.093)	-0.102*** (-0.113–0.092)	-0.055*** (-0.063–0.046)
Tested positive to COVID-19	0.033*** (0.016–0.051)	0.034*** (0.017–0.051)	0.036*** (0.019–0.053)	0.027*** (0.012–0.043)
Death of acquaintance	-0.067*** (-0.080–0.053)	-0.067*** (-0.080–0.053)	-0.066*** (-0.079–0.053)	-0.057*** (-0.070–0.045)
Trust in the government				-0.010*** (-0.012–0.008)
Trust in the EU				-0.020*** (-0.022–0.018)
Trust in the healthcare system				-0.017*** (-0.019–0.015)
Trust in pharmaceutical firms				-0.044*** (-0.046–0.042)
Constant	0.255*** (0.237–0.273)	0.236*** (0.218–0.254)	0.219*** (0.201–0.237)	0.742*** (0.721–0.762)
Observations	35,390	35,390	35,390	35,390
R-squared	0.036	0.038	0.042	0.253

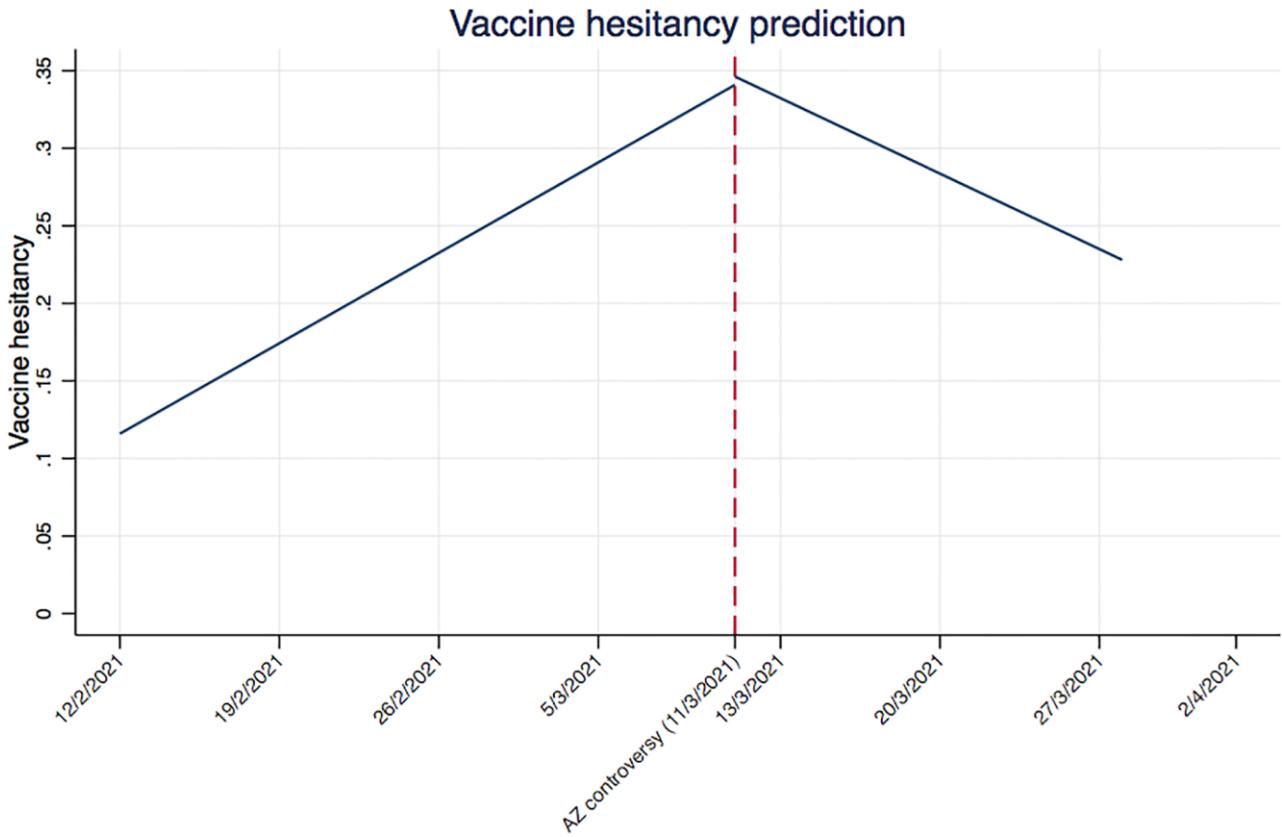
Notes: Estimation results from the Eq 1. Data come from the third wave of the Eurofound "Living, Working and COVID-19". The outcome variable represents a dummy variable equal to 1 if the individual is (rather) unlikely to get vaccinated if he or she was offered the vaccine against COVID-19 and 0 otherwise. Trend is a continuous variable equal to the day of interview. AZControversy is a dummy variable that takes value 1 since 11 March 2021 (date of the controversy), and 0 before. Robust standard errors are employed. 95% confidence intervals are presented in parentheses.

*** p<0.01,

** p<0.05,

* p<0.1.

<https://doi.org/10.1371/journal.pone.0273555.t001>



Conclusions – in the search of Herakles.



The papers

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The association between COVID-19 policy responses and mental well-being: Evidence from 28 European countries
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^e ARTICLE INFO
Keywords: COVID-19 Pandemic Non-pharmaceutical interventions NPIs Mental well-being
^f ABSTRACT
This study assesses how the implementation and lifting of non-pharmaceutical policy interventions (NPIs), deployed by most governments, to curb the COVID-19 pandemic, were associated with individual's mental well-being (MWB) across 28 European countries. This is done both for the general population and three key groups: the elderly, the unemployed, and the working poor. Using data from the Eurofound Living, Working and COVID-19 survey, covering the period April 2020–March 2021, MWB is measured by the WHO-5 index. Our evidence suggests that restrictions on international travel, private gatherings, and events/travel (workplace closure, school closure, and workplace closure) were associated with a decrease in MWB. For example, Δ MWB $= -0.47$, -0.24 (95% CI: -0.58 to -0.14), and -0.22 (95% CI: -0.68 to -0.06) (95% CI: 0.13 to 0.48). These results correspond to -3.5% , -1.5% , and -1.4% ($+1.8\%$) changes compared to pre-pandemic levels. In contrast, the introduction of non-pharmaceutical interventions such as self-isolation, new stay-at-home requirements, internet-based restrictions, private gatherings restrictions, public events cancellation, school closures, and workplace closures, those dealing with children below 12, compared to those who have never had children, were associated with an increase in MWB. Conversely, those living with children 12–17, compared to those who do not, faced higher levels of internet access restrictions and public events canceling. Western Europeans via vis Eastern Europeans faced better under NPIs limitations their mobility and easing their duties, whereas they faced worse under health-related NPIs, and those using social media as their main source of news, provide only evidence of the rise in inequities during the COVID-19 pandemic, and offers strategies for mitigating them.
1. Introduction
The European Union (EU) and the UK have been hit hard by the COVID-19 pandemic, with five countries – Italy, France, Spain, Germany, and the UK – among the ten countries globally with the most COVID-19 cases and deaths [1]. According to the World Health Organization (WHO) [2], as of January 2022, more than 90 million confirmed COVID-19 cases and over 1.5 million COVID-19 related deaths have been reported in the EU and the UK [3,4]. Besides causing disease and death, COVID-19 has generated a “parallel epidemic of poor mental health” [5,6]. The pandemic has led to increased rates of depression, anxiety, and other mental illnesses taking its toll, both on those who were already at risk, as well as on those who have never sought mental health support before”, said Hans Kluge, director of WHO Europe, during a press-conference on 28 January 2022 [7]. There is increasing evidence for a surge in mental health issues, greater vulnerability [8,9], and alarming implications for emotional and social functioning [10,11]. As far as the USA is concerned, evidence shows that, during the COVID-19 pandemic, the rate of mental health problems has increased significantly [12].
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Social media use and vaccine hesitancy in the European Union
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ABSTRACT
Vaccine hesitancy can hinder the successful roll-out of vaccines. This paper examines COVID-19 vaccine hesitancy in the European Union, drawing from a large-scale survey conducted in all 27 EU Member States carried out between February and March 2021 (n = 29,753). The study also explores the drivers of vaccine hesitancy, focusing on the role of social media use. In multivariate regression models, we find statistically significant ($p < 0.05$) impacts on hesitancy of heavy use of social media and using social media as a main source of news. However, the effect of social media and the drivers of vaccine hesitancy depend on the reason of hesitancy. Specifically, hesitancy due to health concerns is mainly driven by physical health status and less by social media use, while views that COVID-19 risks are exaggerated (or that COVID-19 does not exist) are more common among men in good health, and those using social media as their main source of news.
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1. Introduction
Vaccines play a crucial role in the response to the COVID-19 crisis. They can boost the immune response against the original SARS-CoV-2 virus, as well as provide protection against the emerging viral variants that could render existing vaccines ineffective. The COVID-19 pandemic has exposed the fragility of health systems with Member States facing continuous challenges in relation to the limited supply of vaccines. Beyond issues related to the logistics of developing, testing, manufacturing and distributing vaccines, the public's confidence in and acceptance of vaccines is far from universal. Effective and clear communication about the efficacy and safety of vaccines likely plays a crucial role in addressing vaccine hesitancy.
Vaccine hesitancy is defined by the World Health Organisation as a “delay in acceptance or refusal of vaccines despite availability of vaccination services” [1]. While vaccine hesitancy can be traced back to the 1800s [2], it has recently become a serious threat to the control of the disease and have led to the advancement of many health science theories [3]. This has become even more relevant during the COVID-19 pandemic, with vaccine hesitancy potentially undermining communities' ability to reach thresholds of coverage necessary for herd immunity against COVID-19 – unnecessarily perpetuating the pandemic and resulting in untold suffering and deaths [4].
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PLOS ONE
RESEARCH ARTICLE
Information and vaccine hesitancy: Evidence from the early stage of the vaccine roll-out in 28 European countries
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Abstract
The success of mass vaccination programs against SARS-CoV-2 hinges on the public's acceptance of the vaccines. During a vaccine roll-out, individuals have limited information about the potential side-effects and benefits. Given the public health concern of the COVID pandemic, providing appropriate information fast matters for the success of the campaign. In this paper, time-trends in vaccine hesitancy were examined using a sample of 35,390 respondents from the Eurofound's Living, Working and COVID-19 (LWC) data collected between 12 February and 28 March 2021 across 28 European countries. The data cover the initial stage of the vaccine roll-out. We exploit the fact that during this period, news about rare cases of blood clots with low blood platelets were potentially linked to the Oxford/AstraZeneca vaccine (or Vaxzevria). Multivariate regression models were used to analyze i) vaccine hesitancy trends, and whether any trend-change was associated with the link between the AstraZeneca vaccine ii) and blood clots (AstraZeneca controversy), and iii) the suspension among several European countries. Our estimates show that vaccine hesitancy increased over the early stage of the vaccine roll-out (0.02, 95% CI: [0.02 to 0.03]), a positive shift took place in the likelihood of hesitancy following the controversy (0.230, 95% CI: [0.157 to 0.302]), with the trend subsequently turning negative (-0.007, 95% CI: [-0.010 to -0.005]). Countries deciding to suspend the AstraZeneca vaccine experienced an increase in vaccine hesitancy after the suspensions (0.068, 95% CI: [0.04 to 0.095]). Trust in institutions is negatively associated with vaccine hesitancy. The results suggest that SARS-CoV-2 vaccine hesitancy increased steadily since the beginning of the vaccine roll-out and the AstraZeneca controversy and its suspension, made modest (though significant) contributions to increased hesitancy.
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