If Nordic Health Report 2024

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Foreword

Stress levels are on the rise in the Nordics. More and more people are experiencing negative stress, often driven by work or lack of work-life balance. It doesn't have to be this way.

Kristina Ström Olsson, Nordic Health Strategist at If

The last four years have been turbulent. A global pandemic that took over seven million lives was replaced by a brutal war in Europe. Pandemic restrictions were replaced by prepping for crisis, besides daily challenges. Sweden and Finland joined NATO, while individuals bought hand crank radios and stockpiled batteries and water cans.

Overnight, many people found themselves working from home, without the usual social interaction of office life, while financially pressured by high inflation, interest rates and energy prices. To some extent life has returned to normal. In other ways life – especially work life – has changed for good. Working from home is part of the new normal, with up and downsides we might not yet fully understand.

So far, it has not been the roaring 21st century we were looking forward to.

Still, we are Nordic welfare states with high perceived health and living standard, but in some crucial ways, we are moving in the wrong direction. If closely monitors health and wellbeing in the Nordics, and the mental health trend needs to be taken seriously. Early interventions are vital for a fast recovery, which is one reason for worrying about the long waiting times in Nordic healthcare systems.

As the largest insurance company in the Nordics, we have a mutual interest with our customers to keep them healthy. We want to offer our customers the support and security they need. To do that, we closely follow the development in all Nordic countries, both objective healthcare measurements and how individuals perceive their health, as well as the development in national healthcare systems and the political context. As the workplace environment plays an important part in this, as an employer we have healthy workplaces as a focus area. A healthy work environment has a key role in solving the health-puzzle – promoting wellbeing and preventing illness.

A significant part of this is to understand human attitudes and behaviors. In this annual report we gather insight into people's perceived health and work-related health by, taking the temperature on Health and Wellbeing by asking 4 000 people in the Nordics.

In several important aspects the trends are negative compared to our last report in 2023, and stress levels are increasing. To work proactively and systematically with the work environment is more important than ever. And the good thing is that there's lot we can do to reduce risk and promote health. More on this in the report.

I hope that you will find the report useful!

Summary

Significant increase in Nordic stress levels

Nordic stress levels were high in 2023 years survey. Unfortunately, in 2024 they are even higher. Long-term stress has arisen at an alarming pace. In some cases stress affects work, and most employees feel they receive insufficient support from their employers. This report aims to raise awareness and provide facts and good advice to encourage employers to act.

Not to add to your stress, but things are not looking great. Stress levels across the Nordics are on the rise. More and more of us have experienced negative stress during long periods of time.

This is the second year that If has investigated health in the Nordics through several different parameters. We have asked over 4 000 people in the Nordic countries about their perceived health and how their health has affected their work but also how their work has affected their health.

Last year, there were some worrying results especially concerning negative stress. Eight in ten experienced negative stress. Sad to say, in this year's survey, most of the worrying trends have been reinforced. Now, almost nine out of ten experience negative stress, and even more people have suffered from stress for a long time. More people experience negative stress both short- and long term, more people have trouble sleeping and experience that stress affects their work ability in a negative way.

In this report, we dig into Nordic stress, what is causing the stress and its consequences. Let's briefly summarize a few of the key takeaways.

Same same in the Nordics but also different

The Nordic countries are similar in many ways – even our healthcare systems bear a striking resemblance. But there are important differences that our survey identifies. It may not always be clear why these differences have arisen. In some cases there are for sure an institutional explanation such as why sick leave numbers are lower in Denmark, due to weaker employment protection for employees. In other cases, the explanation is more likely cultural. Or other changes in the environment. For example, stress levels are lower in Denmark but they are growing faster than in the other countries.

Still, the differences are sometimes striking. In Finland, 36 percent say that worries about their own financial situation is the main stress trigger, in Norway only 9 percent. And twice as many in Norway as in Finland turn to public healthcare when experiencing mental health issues.

One thing that holds true in all countries is that public sector employees are more likely to suffer from negative stress, both in the short term and the long term.

Triggers for stress

The most common triggers of stress are private issues and work-life balance. This is closely followed by people saying that their own financial situation is their main trigger for negative stress. Also, quite many people say that their primary trigger of negative stress is their work life. Interestingly, this varies greatly between the Nordic countries, with the proportion primarily worried about money is four times greater in Finland than in Norway.

Norwegians, on the other hand, are much more likely to identify work-life balance than the other countries. 42 percent say that this – the juggling of work, life, grocery shopping, children's activities and everything else – is the main trigger of stress. That is twice the proportion in Finland (20 percent) and Denmark (21 percent), and significantly higher than in Sweden (25 percent) as well.

Summary

In society, we need to do more to address the issue of mental illness. As an employer, you have an incredibly large responsibility for your employees' health, and when people are struggling it is usually a combination of things that causes someone to feel bad. As an employer, you can support your employee but also make it worse if you don't take care of it in the right way

Caroline Christensen, Financial manager, Trafiksystem Väst AB, Sweden.

Your health is also your employer's responsibility

Nordic employers have a far-reaching responsibility when it comes to their employees' health. But among the employees who sought support from their employers when experiencing mental wellbeing issues, only 21 percent say that they received sufficient support, 23 percent feel they received no support at all, and 21 percent did receive support but not to a sufficient extent.

44 percent of employees across the Nordics have access to support from their employer for physical activity. Most common is a health benefit (28 percent). 10 percent have a gym in the workplace. But a quarter of all employees don't use any of these benefits at all.

Employers are responsible for the workplace environment. Yet, 24 percent of the respondents in the survey have experienced demeaning treatment at work. This should be zero! It's most common in Denmark (30 percent) and women and young people are more exposed.

Wish for complementary safety

A third of the Nordic population (35 percent) is worried about having to be on sick leave for a long time. Differences between countries may have an institutional explanation, in how well the safety nets are designed. Norwegians also seem generally less concerned about financial issues.

Less than half of people across the Nordics (46 percent) trust that they will receive quick care if they become ill or injured. Almost as many, 42 percent, say that they do not trust the public healthcare systems. This is particularly evident in Sweden and Finland.

As many as 44 percent say that they are willing to pay for preventive health services, to supplement the public healthcare system. The number is the highest in Norway, and has grown the fastest, from 39 to 51 percent in just one year.

The fact that almost half of the population is willing to pay for complementary preventive healthcare services is interesting, as it is much higher than the proportion covered by Healthcare Insurance today. In Sweden, for example, 39 percent say that they are willing to pay for complementary services, but only 7 percent are covered by a private Healthcare Insurance. This is an indication that private alternatives have an important role to play.

People working from home are more stressed

One interesting finding is that most people believe that working from home is good for their health, but those working from home experience more negative stress than those who never work from home. We will come back to this later in the report.

This is an interesting discrepancy that should help employers find their own way into the New Normal. Is working from home blurring the line of work and family life and increasing the stress levels, or is working from home a way to handle stress? Perhaps a hybrid work model requires even clearer expectations, regular follow-up calls and active team building efforts.

Women being more exposed

Women are worst affected by negative stress (93 percent compared to 85 men) but the levels are alarming high for both genders. More women express concern about illness and sick leave. One explanation is that women are generally overrepresented in the public sector and men in the private sector, where we also see higher levels. Women are also consistently more likely to experience long-term negative stress. They are also more exposed to demeaning treatment at work. One aspect with no significant difference between gender, in any of the countries, is regarding financial worry. 22 percent regardless of gender identify money worry as their main stress trigger.

Regarding trust, less women trust public healthcare to support with fast access to healthcare than men (47/37). About the same share women/men would consider paying for health services that can prevent illness for them (43/45). And there are also small differences on how the respondents think that their health has been positively affected by the hybrid working life compared to before the pandemic. 54 percent among women and 57 percent among men while only 7 percent of all thought their health had been affected in a negative way.

The future of health

Wrapping up the report, we are looking forward and describe four trends within health that we believe will impact the Nordic countries in the near future: digitalization, artificial intelligence (AI), the hybrid work model and the rise of Healthcare Insurance.

The Nordic Health Survey 2024

Key findings from the survey:

1. 88 percent experience negative stress (84 percent 2023).
2. More than half, 52 percent, of those experiencing negative stress have been stressed for more than six months. That is a 30 percent increase from 2023 (40 percent). The increase is steepest in Denmark (+58 percent) and Sweden (+42 percent).
3. Private issues (29 percent) and work-life balance (27 percent) are the most common triggers of stress. 18 percent find that their stress is primarily driven by work, and 22 percent by their personal financial situation.
4. The most common consequence of stress is trouble sleeping. 65 percent experience poor sleep quality – 69 percent in Finland. Other symptoms include anxiety (53 percent), problems with concentration (45 percent) or memory loss (33 percent).
5. 51 percent of the Nordic population experience that their ability to work has been negatively affected by stress. Only 21 percent were sufficiently helped by their employer.
6. 42 percent across the Nordics do not trust that they will receive quick help from the public healthcare system if sick or injured. 44 percent are willing to pay for preventive health services, complementing the public healthcare commitment.
7. Most people turned to the healthcare service last time their working ability was affected by problems with their mental wellbeing (47 percent). 18 percent turned to their manager. 16 percent didn't seek help at all.
8. Those who partly work from home believe that it has a positive effect on their health. But they experience both short- and long-term negative stress to a higher degree than others.
9. 1 in 4 have experienced demeaning treatment at work. Women and young people are overrepresented. Denmark has a higher degree of demeaning treatment than the other countries.
10. 44 percent of the Nordic population work for employers that support physical activity. A quarter of all employees don't use these opportunities at all.
11. More than a third of the population (35 percent) worry about long-term sick leave. Norwegians are less worried than the others.

This report is based on responses from 4 013 people in the Nordics between January 24th and February 5th, 2024. Norway (n=1 006), Sweden (n=1 003), Denmark (n=1 002) and Finland (n=1 002). The results are weighted for gender, age, and location to represent the population's attitudes.

Perceived health

People's health and welfare systems under pressure

A majority (88 percent) experience negative stress at least now and then. The proportion is even higher than last year. 2 out of 3 have trouble sleeping because of negative stress. Women are most affected by negative stress and trends are pointing in the wrong direction.

Sadly, most people do experience negative stress. 88 percent of the Nordic population say that they do experience negative stress to some degree. That is higher than last year (84 percent) – the number is not only high, but also growing.

Even more concerning is that more people have experienced negative stress for a long time. Last year 40 percent said they had been stressed for more than six months; this year the number is 52 percent. This is an increase of 30 percent in just one year. In Denmark, the increase in long-term negative stress is 58 percent in one year.

Two-thirds of the people in the Nordics not only feel stressed, but the stress is also affecting their sleep. Over half experience anxiety and irritation as a result. More than half say it affects their ability to work.

Stress is an epidemic, and it is getting worse. We need to focus more on both individual health and work-related health, using proven solutions promoting health and wellbeing.

More hygge, less karoshi

The proportion of people who experience negative stress regularly has grown from 15 to 21 percent. Sweden is worst hit (26 percent).

A recent poll in the World Happiness Report 2023 shows that Finland still is the happiest country on Earth. Ranking: Finland (1st), Denmark (2nd), Sweden (6th), Norway (7th). Overall, that means that Finns are more satisfied with their lives these days compared with people in the other countries. Factors included in the poll are GDP per capita, healthy life expectancy, freedom to make life choices, generosity, social support, perception of corruption and dystopia.

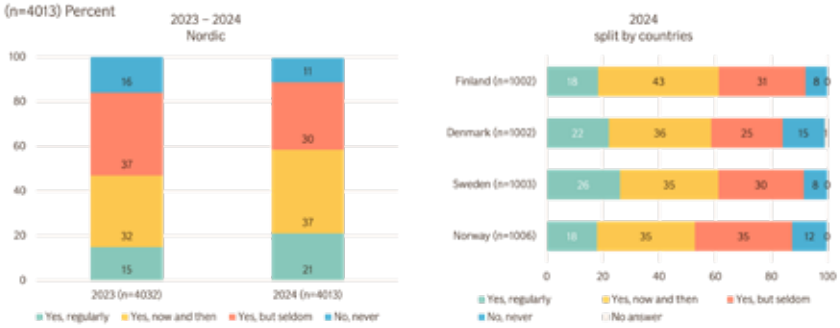
Well, Finns are still pretty stressed out. 92 percent say they are stressed to some degree – that is the highest in the Nordics (tied with Sweden). So, the one-million-question may be; can you be stressed and still be satisfied with life?

Danes are a bit more relaxed. 83 percent are stressed to some degree – too high, but lower than the rest of the Nordics. No matter how the numbers are divided, Danes are a bit less stressed – it holds true in all age groups, and both for men and women.

Perceived health

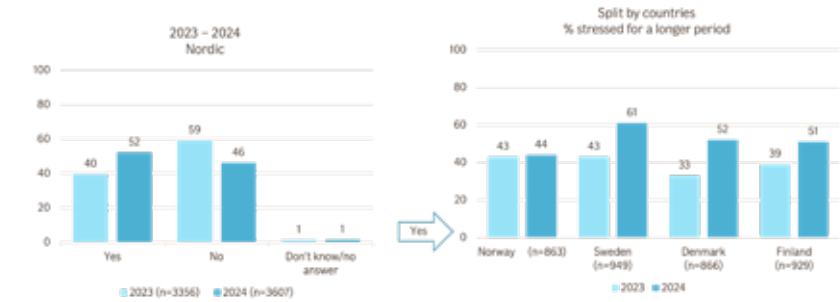
88% of the Nordic population experience negative stress to varying degrees

Graph 1. Do you experience negative stress?



52% of those experiencing negative stress, have been stressed for more than 6 months

Graph 2. Have you been stressed for a longer period (more than 6 months)?
(Those who have experienced negative stress) Percent



On the other hand, Denmark was much less stressed in last year's survey. The proportion of Danes experiencing negative stress "regularly" or "now and then" has increased from 39 percent to 58 percent, and the number of people not stressed at all has dropped from 25 to 15 percent. That is certainly a trend to keep an eye on.

It is difficult to find an institutional explanation to Denmark's lower stress levels. It is more likely a cultural thing. "Hygge" is a healthy mindset that could perhaps be taught to the Danes' brothers and sisters in the other countries. Japanese, on the other hand, has a word, "karoshi", that means working yourself to death. That is a term that one's vocabulary may be better off without.

Survey trends

Looking at stress levels in different age groups, there is a tendency of decreased stress with age. The younger age groups, <30 and 30-44 years, are clearly more stressed out than those over 60 years.

It is interesting that stress levels among the youngest – university students, young professionals, 20-somethings finding their way on the job market – are as stressed as the 30-44 group, who are much more likely to juggle children and their kindergartens, schools and after-school activities. In Sweden and Norway, the 20-somethings are also somewhat more likely to suffer from long-term stress, whereas in Denmark and Finland long-term negative stress is clearly more prevalent in the young families-group, those 30-44 years old.

The age group 60+ generally suffers less from both short-term and long-term stress. In Norway, only 19 percent in this group say that they experience long-term stress. In the other countries, however, this number is over 40, and in Denmark even over 50 (51 percent). That around half of all people over 60 years old suffer from long-term stress is surprising and worrying.

The data also shows some interesting correlations. One is that stress levels are higher among those working from home – we'll come back to that in a later chapter. Another is that stress is more prevalent among those working in the public sector than in the private sector. This is true in all countries, both short-term and long-term negative stress.

> *Income, health, having someone to count on, having a sense of freedom to make key life decisions, generosity, and the absence of corruption all play a strong role in supporting life evaluations.*
>
> *World Happiness Report 2023*

We can also see that long-term negative stress is a lot more prevalent among those with low incomes. This is particularly evident in Finland, where 58 percent of low-income earners report suffering from long-term stress, compared to 34 percent of high-income earners. That is a whopping difference. We saw the same path in our 2023 Health Report. Income level has a significant effect on perceived negative stress in Finland. In Denmark there is also a clear correlation (56/46 percent), whereas in Sweden and Norway there is almost no difference at all.

The overrepresentation of long-term stress among public sector employees and low-income earners in Finland is something to keep an eye on.

Consequences of stress, the value of good sleep

In the survey, we asked the 88 percent of respondents who experience negative stress to some extent, how the stress manifests and affects their lives, and more specifically if they have experienced trouble sleeping, anxiety, pain, irritation, memory loss or any other symptoms.

Almost all of these symptoms are more prevalent in the 2024 survey compared to last year. Poor sleep quality is up from 61 to 65 percent. Two out of three people in the Nordics have trouble sleeping because of stress. The number is highest in Finland (69 percent, up by 9 points since last year), closely followed by Denmark (67 percent) and Sweden (65 percent).

Perceived health

Norwegians tend to sleep better (61 percent), and Norway is the only country where fewer have trouble sleeping due to stress this year compared to last year.

The second most common symptom, this year, is anxiety, surpassing irritation and growing from 49 to 53 percent. Stress induced anxiety has grown the most in Denmark (+8) and Sweden (+7). More people experience stress induced problems with concentration (+4), pain (+5) and memory loss (+3). Irritation is the only decreasing symptom (-3).

Having trouble sleeping, suffering from anxiety or experiencing problems to concentrate may affect a person's life in many ways including, of course, at work. We know that there is a link between poor sleep quality and fatigue, problems with alertness, perceptual motor skills and attentiveness. This is well known in sectors such as industry and transport, where there is shift work, and when problems with alertness can cause very real risks to physical safety for the employee, but also for people nearby and for the employer. But these things also affect employees in other sectors, where they might not be considered in corporate occupational safety and management. A person's physical and cognitive performance is substantially decreased by fatigue. This may cause a person to function worse at work, either by producing less, but also by putting others in danger.

Insufficient sleep or poor sleep quality is the most common cause of fatigue, affecting quality of life and work ability. It is a major risk factor for injury: a fatigued worker has a 62 percent higher risk of accidents. When combined with other workload factors, the risk of human error becomes significant. When shift work is done and the employee is affected by fatigue, a review of their working hours arrangement and the timing of sleep within the circadian rhythm should be considered.

Over half the Nordic population report (51 percent) that their ability to work has been affected by their mental health, for example by suffering from stress induced sleep deprivation or anxiety. This is 9 points higher than in last year's survey. We also see a strong correlation between the work ability being affected and to which extent these people are concerned about getting ill and going on sick leave for a long period (35 percent, that is 12 percentage points higher than last year).

> *Work life skills are important. Young people in particular may have unrealistic notions of what is expected in working life. The demands may be greater than expected and that creates stress*
>
> *HR and ESG manager in a medium sized IT company, Finland.*

There are large differences between the countries when it comes to mental health affecting work ability and it is on the highest level in Denmark (56 percent). In Sweden, 52 percent report having their work ability affected by mental health issues, up from 38 percent last year. In Finland 51 percent, up from 34 percent. Norway has the lowest number (45 percent) and is even decreasing slightly (46 percent last year).

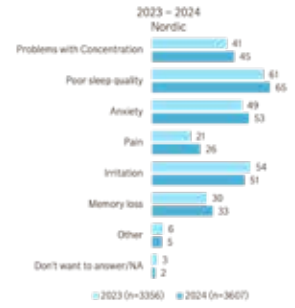
Having work ability limited by mental health issues is most prevalent among those working from home. We also see a higher prevalence among those who work in the public sector, and those having low income.

There is a strong correlation with age. The youngest age group tend to be much more likely to report having their working ability affected by mental health issues. In Finland the number is 69 percent among <30-year-olds and 39 for those 60+, in Sweden 68/35 and Norway 61/25, in all cases with a linear de-escalation by age. The exemption is Denmark, where it is the group 30-44 years old who reports most prone to have mental health issues affecting their work.

To reduce absence and sick leave due to mental illness, is important to have a proactive rather than reactive approach to employee health and wellbeing.

Poor sleep quality, anxiety and irritation are the main symptoms of stress

Graph 3. Do you experience any of the following symptoms of stress?
(Those who have experienced negative stress) Multiple answers are possible. Percent



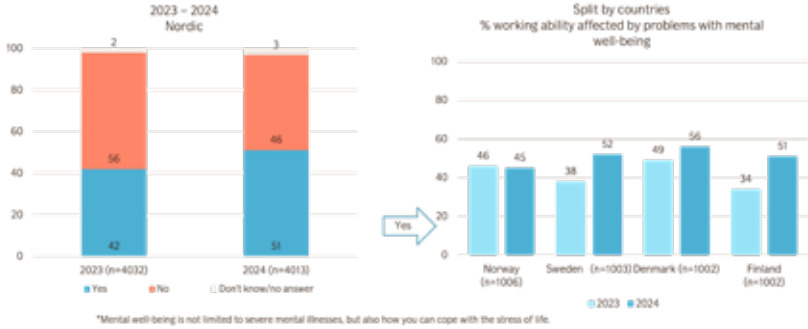
2024
split by countries

All numbers in %	Norway (n=863)	Sweden (n=949)	Denmark (n=886)	Finland (n=929)
Concentration	41 (-3)	44 (+8)	46 (+1)	49 (+9)
Poor sleep	58 (-6)	65 (+10)	67 (-1)	69 (+9)
Anxiety	61 (-1)	61 (+7)	38 (+8)	51 (+3)
Pain	26 (-3)	31 (+10)	21 (+6)	28 (+9)
Irritation	53 (0)	46 (-2)	48 (-6)	56 (-4)
Memory loss	36 (+12)	31 (+2)	45 (-9)	22 (+5)
Other	6 (0)	6 (+1)	6 (-2)	4 (-1)
NA	1 (-1)	3 (-1)	2 (-1)	1 (-1)

Numbers in brackets show change from 2023

For 51% of the Nordic population, their ability to work has been affected by problems with their mental wellbeing

Graph 4. Have your working ability ever been affected by problems with your mental wellbeing*?
Percent

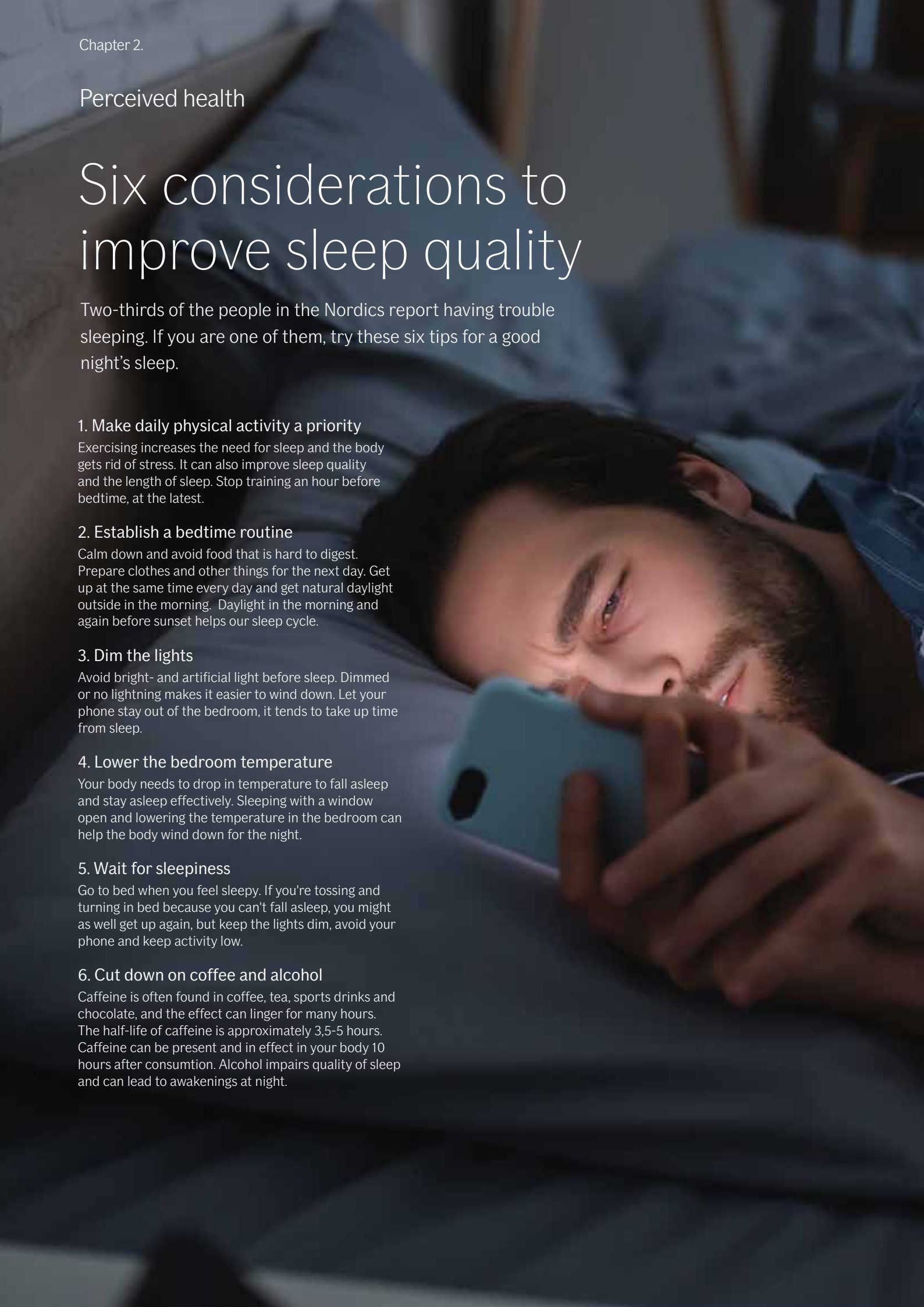


*Mental well-being is not limited to severe mental illnesses, but also how you can cope with the stress of life.

Perceived health

Six considerations to improve sleep quality

Two-thirds of the people in the Nordics report having trouble sleeping. If you are one of them, try these six tips for a good night's sleep.



1. Make daily physical activity a priority

Exercising increases the need for sleep and the body gets rid of stress. It can also improve sleep quality and the length of sleep. Stop training an hour before bedtime, at the latest.

2. Establish a bedtime routine

Calm down and avoid food that is hard to digest. Prepare clothes and other things for the next day. Get up at the same time every day and get natural daylight outside in the morning. Daylight in the morning and again before sunset helps our sleep cycle.

3. Dim the lights

Avoid bright- and artificial light before sleep. Dimmed or no lightning makes it easier to wind down. Let your phone stay out of the bedroom, it tends to take up time from sleep.

4. Lower the bedroom temperature

Your body needs to drop in temperature to fall asleep and stay asleep effectively. Sleeping with a window open and lowering the temperature in the bedroom can help the body wind down for the night.

5. Wait for sleepiness

Go to bed when you feel sleepy. If you're tossing and turning in bed because you can't fall asleep, you might as well get up again, but keep the lights dim, avoid your phone and keep activity low.

6. Cut down on coffee and alcohol

Caffeine is often found in coffee, tea, sports drinks and chocolate, and the effect can linger for many hours. The half-life of caffeine is approximately 3,5-5 hours. Caffeine can be present and in effect in your body 10 hours after consumtion. Alcohol impairs quality of sleep and can lead to awakenings at night.

Health at workplace promotes overall wellbeing

Employers have a far-reaching responsibility for their employees' work environment and work-related health. Nevertheless, of those employees who experienced negative stress, only 1 in 5 received sufficient support from their employer. The survey shows a worrying prevalence of demeaning behaviour at work, especially in Denmark.

On the one hand, participating in work life is promoting health. On the other hand, work is a common source of negative stress. This can be difficult to handle for the individual as well as for the employer, and high levels of sick leave puts great pressure on the healthcare system and other supporting mechanisms in society.

Work-related stress puts the light on questions about responsibility and prevention. It is not always easy to show whether mental health issues stem from negative stress at work. What is the employers' responsibility in terms of identifying employees who need help, and to provide that help? Working from home brings a new dimension to work environment. What is required from leaders and what tools can they use to create a safe and healthy workplace for employees that work remote? It can be a challenge to read warning signals and to clarify responsibility for a healthy work environment when employees are working remotely.

In all the Nordic countries, the employer is responsible for the work environment when employees work from home. A close dialogue between manager/employee is needed to secure the work environment for sure. This is part of the systematic work environment process employers are responsible for by law.

In old times it never used to be unclear where the workplace was, people sure knew when they were at work and not. Now the workplace is where you're at. When working from home, people might be able to squeeze in private chores during work hours, but on the other hand work seeps into evenings and weekends. Getting work e-mails at night, perhaps even to your smart watch, can add to a new kind of stress. Many employees are never completely offline, and never quite off from work. Things that have always been obvious have changed, and we are not quite sure what has taken its place. We are blurring the lines, breaking new ground, and unfortunately sometimes people seem to break with it.

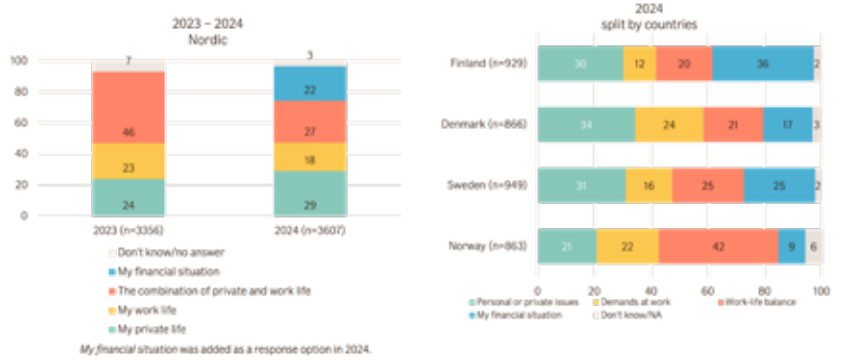
Work-related stress varies greatly across the Nordics. In Denmark, twice as many people (24 percent) point to their work life as the major trigger of stress as in Finland. (12 percent) In Sweden, work life is solely the least common trigger for negative stress.

Almost half of all those who suffer from negative stress in the Nordics (45 percent) identify their work or lack of work-life balance as the source of stress. Another 22 percent point to their financial situation, which may be tied to their work life.

Roughly a fifth (18 percent) of the 4 000 respondents in If's survey point to their work life as the primary trigger of stress. That's a lot. It begs the question what

Personal issues and the work-life balance are the main triggers for stress

Graph 5. What mainly triggers your stress? (Those who have experienced negative stress) Percent



Work-related health

employers do, and what they are required to do, to prevent and manage stress for their employees.

The employer's responsibility

Employers in the Nordic countries have a wide-reaching responsibility for their employees' work environment and work-related health and must work with these questions in a systematic way. There is a wealth of research into psychosocial risk arising from poor work design, organization, and management, as well as a poor social context of work, and how this relates causally to psychological, physical and social outcomes such as work-related stress, exhaustion disorder or depression.

There are many factors to be wary of. The most obvious may be excessive workloads. But even employers who monitor and manage this, may subject employees to other major risks, such as conflicting demands and lack of role clarity, lack of involvement in decision-making that affects the employee, job insecurity, poorly managed organizational change, ineffective communication, lack of support from management or colleagues, threat of third-party violence, or psychological and/or sexual harassment.

Some of these are difficult to spot, and employees may even have a different view of the same workplace. This makes it even more important to maintain a structured and active work with the psychosocial job environment.

We must not confuse psychosocial risks, such as an excessive workload, with conditions where there is pressure to perform, but there is also a supportive work environment where employees are well trained and motivated to perform to the best of their ability. A good environment enhances high performance and personal development.

In this report, we focus on negative stress, the kind of stress that affects the employee's wellbeing in a negative way. This kind of stress is something an employee may experience when the demand of their job isn't in line with their control over it. An employee suffering from long-term stress can develop serious health problems, from exhaustion disorder and pain to musculoskeletal problems or cardiovascular disease.

Negative stress is not just detrimental to the individual, but to family, colleagues, and the employer as well. For an organization, negative effects may include poor performance, conflicts, increased absenteeism (or "presenteeism", where employees turn up for work when they are sick and unable to function effectively), as well as increased rates of accidents and injuries. Sick absence due to mental illness tend to be longer than those rooted in other causes. A public study in Sweden shows that long-term stress related to work may also contribute to increased early retirement. Combined, the cost to businesses and society are huge. Only in Sweden the cost for mental illness in society is around 200 billion SEK.

Work environment legislation

In the Nordics, there is a strong emphasis

Work-related health

How do you secure a safe psychological work environment?

Client reflections

”We are a smaller company and that can be an advantage sometimes. There is always someone to turn to, either a manager or colleague. Every month we do an anonymous employee survey where, among other things, health and stress are areas we ask about. This allows us to follow stress over time and act. If only one single person responds negatively to stress it appears as a warning flag in the report and leads to us bringing up the topic in the various teams for discussion and reflection”

Caroline Christensen, Financial manager, Trafiksystem Väst AB, Sweden

"We conduct courses for managers and HSE managers, focusing on mental health – based on a model from Karolinska Institutet. In this way, leaders and key personnel will be better equipped to tackle mental health challenges and be equipped to help those who need it. They are trained to spot signals early and ensure that those who need it get help quickly."

Laila Øyberg, Head of HR, Moelven Industrier ASA, Norway

“We work a lot with freedom under responsibility. It is much up to the employee to decide when, how and where to work. This also applies to holidays. We are trying to create a safe work environment, where everyone's opinion matters. One success for us being a healthy workplace is that we dare to mix our professional workday with the personal dialogues, and we are open, kind and welcoming. Adding that our insurances in If helps us support to keep everybody healthy. It gives a feeling of proactiveness.”

Lina Voulethe-Tessert, Commercial Assistant Nordic, DiaSorin, a SME company in Sweden

“We are a project-driven organization, so we naturally put a lot of effort into continuous resource planning. This allows us to stay efficient and at the same time reduce possible stressful situations that may arise due to project changes. It enables us to stay close to our employees and prevent unwanted effects of change. Also, twice a year we carry out an employee survey which covers aspects of organizational and social work environment, and we offer support to individuals that need help.”

Helena Swahn Lepre, Head of People, Zengun AB, medium size company in Sweden

“We have established routines for following up the psychosocial work environment, especially with regard to the reorganisation that has been carried out. We have recently done a risk mapping and do regular pulse surveys. This means that we focus on wellbeing in the workplace, where culture is a central part. This does not mean that we are flawless when it comes to the work environment, measurements and relevant measures are something we will work systematically with in the period ahead, to reinforce the culture we want.

Marta Hammer Rasmussen, VP Recruitment & Talent Management, Orkla ASA, industrial client in Norway

In the IT sector, employees are under pressure to keep up to date with everything new. The training offered by the employer may not even be enough. You have to be active and often familiarize yourself with things even in your free time. This comes naturally for many, but it can also cause stress and worry. Remote work may also turn against itself when social contacts decreases and things are thought about alone. A good tip is to gather at the office at the same time as a team and work together without an actual meeting agenda. This increases the sharing of things and positive energy.

HR and ESG manager in a medium sized IT company, Finland

on collaboration between employers and employees to create and maintain safe work environments, with government authorities playing a supervisory role to ensure compliance with relevant laws and regulations. There are Working Environment Acts in all the Nordic countries that regulates the working environment.

Common for all countries is that employers are obliged to ensure a safe and healthy workplace for their employees by conducting risk assessments, implementing necessary preventive safety measures, providing proper training and instructions, and maintaining dialogue with employees regarding health and safety concerns. Even though the primary responsibility regarding the work environment lies with the employer, the employees are obliged to collaborate and report risks, concerns and problems. The top management has the main responsibility, and the responsibilities are distributed to leaders and other representatives of the employer to fulfill the work environment responsibility.

Overall, while the fundamental goal of ensuring a safe and healthy work environment is shared across Finland, Sweden, Denmark, and Norway, differences in legal frameworks, regulatory bodies, specific regulations, cultural factors, and enforcement mechanisms may contribute to variations in how these responsibilities are fulfilled in practice.

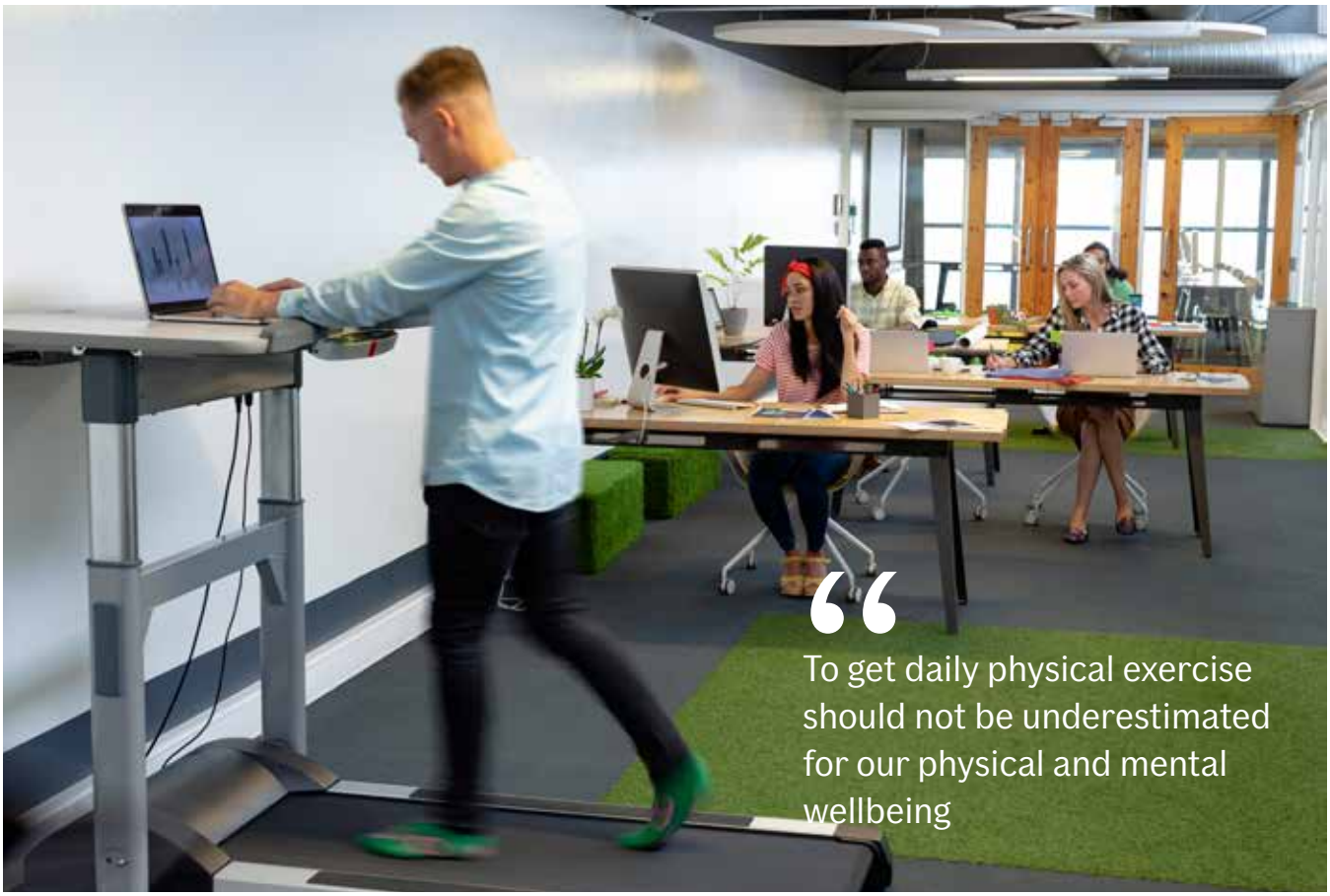
All countries have Work environment Authorities supervising compliance with local regulations and provide support and guidance to employers and employees.

Mental health affects work ability

Last year's Nordic health report painted a bleak picture of mental wellbeing – or the lack thereof – in the Nordic countries. 4 out of 10 reported that their work ability had been negatively affected by mental health problems. The differences between countries were surprisingly large; only one-third of Finns (34 percent) but nearly half of Danes (49 percent) experienced a negative impact on their work ability due to mental health issues.

This year, unfortunately, the trend is further reinforced. Half of the people in the Nordic countries experience problems with their mental health, such as stress or poor sleep

Work-related health



quality that affect their work ability. Just like last year, the problem is again most widespread among Danes (56 percent). Norwegians are those least affected, although the Norwegian number (45 percent) is also worryingly high.

The gloomiest trend between the 2023 and 2024 surveys are found in Finland and Sweden. The proportion of Finns who feel that mental health affects work has increased by 17 percentage points (from 34 to 51 percent). Sweden is not far behind, with an increase of 14 percentage points (38 to 52 percent). Such a significant increase from one year to another is alarming.

In addition to country-specific differences, the breakdown into demographic groups is even more striking. Across the Nordics, regardless of country, there are two clear patterns. Firstly, problems with work being affected by mental health issues are consistently more common among employees in the public sector than in the private sector. Secondly, people 60+ experience this problem to a significantly lesser extent than other age groups.

The greatest difference between age groups is found in Norway, where only one in four people in the 60+ age group, but 6 out of 10 among those up to 44 years old, report having this problem.

The causal relationships behind these patterns are likely several. A simple and purely mathematical explanation is, of course, that several people in the 60+ age group no longer work, or at least do not work full-time.

Only 1/5 received sufficient support from their employer

Stress and other mental health issues are something that people prefer to handle in different ways, especially in relation to their employer. Some may ask for help in dealing with stress, while some might not want the employer to be involved.

Healthy employees are also the employer's responsibility

The employer has a far-reaching responsibility in all Nordic countries, in terms of preventing accidents and work-related sickness.

Employers have an obligation to:

- Observe the law and look after their employees' safety and occupational health
- Provide their employees with a written account of the central conditions of work
- Promote a good and safe work environment, boost the performance of employees in their work and contribute toward their occupational development

Work-related health

On a Nordic level, one fifth of all respondents report that their employer supported them to a sufficient extent, and another fifth say the employer did support them, but not enough. However, a consider changing to 25 procent received no support at all, and another quarter did not want any support.

Variations between the countries are generally relatively small, with a few exceptions. The proportion who felt they received insufficient support was 25 percent in Denmark but only 15 percent in Norway. The proportion of Finnish respondents explicitly rejecting support from the employer is as high as 30 percent, compared with just 18 percent in Sweden.

In all countries, it is more common for high-income earners to say that they have received sufficient support from their employer, compared with low-income earners. The biggest difference is in Finland, where the experience of sufficient support is more than twice as high among high-income earners compared with low-income earners. A similar pattern emerges when looking at education levels. It is consistently more common for individuals with a higher education individuals to feel they have received satisfactory support compared to the less educated.

To determine what causes these major differences, to probably requires an in-depth study of the different demographics. But the fact that there are such significant differences between different groups, even within the same country, indicates that there are many employers who need to improve in this area. Employers need to systematically improve the work environment and involve employees in this work to achieve less stigma around mental health issues and to offer support to those who want help.

Half turn to public healthcare

Nearly half (47 percent) of residents in the Nordics who feel they have problems with mental wellbeing turn primarily to the public healthcare system. This proportion is unchanged since last year's survey.

However, significant differences can be observed between different countries. The proportion turning to the public healthcare system in Finland (55 percent) is much higher than in Sweden (41 percent). Last year's figures were 61 percent for Finns and 37 percent for Swedes. The gap has thus narrowed but remains large. Unclear, but it could be a sign that Swedes lack confidence in the healthcare system.

The second most common course of action when facing mental health issues is to turn to one's family, in this year's survey as well as last year's. About one-third of the respondents have sought support from their family, and this goes for all countries.

A positive sign is that more people seek help for their mental illness. The proportion, on a Nordic level, who say they didn't seek help at all for mental health issues has decreased from 26 to 16 percent. One reason for this could be more focus on mental health and mental illness. With more open discussions around this topic that affects many people, the less stigma around it.

However, behind this average figure, there are significant country-specific differences. The proportion of Norwegians not seeking help (22 percent) is more than double that of Finland (10 percent), whereas Sweden and Denmark position themselves in between (both at 16 percent).

Most people turned to the health care service last time their working ability was affected by problems with their mental well-being

Graph 7. Last time, when experiencing these issues, who did you turn to for help? (Those who have experienced working ability affected by problems with mental well-being) Multiple answers are possible. Percent.

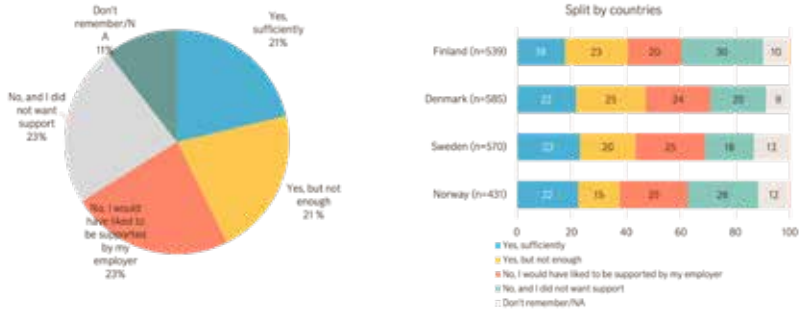
Large differences in encouragement to physical activity

Nearly three out of ten employees in the Nordics, 28 percent, say that they have some kind of health benefit from their employer. But the variation between countries is extraordinarily large. Only 12 percent of Norwegians and 14 percent of Danes, but a full 48 percent of Swedes are encouraged to physical activity through employer-provided health benefits.

One in three Norwegians say their employer does not encourage or support physical activity at all, compared to

Only one out of five (21%) was supported sufficently by their employer when their working ability was affected by problems with mental well-being

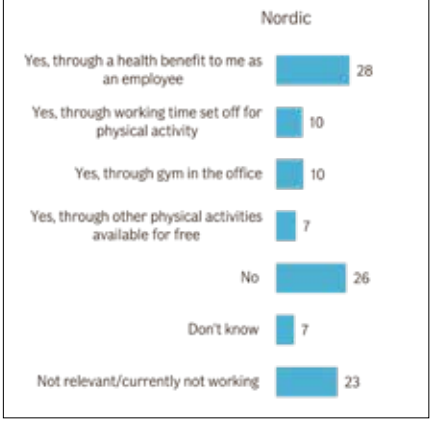
Graph 6. Last time, when experiencing these issues, did your employer act to support you when your working ability was affected by problems with your mental well-being? (Those who have experienced working ability affected by problems with mental well-being: n=2125) Percent



Work-related health

44% of the Nordic population are supported by the employer for physical activity

Graph 8. Does your employer encourage and support the employees to physical activity? (n=4013) Percent.



13 percent in Sweden. This is a surprise since Norway overall is a country with many athletes and the schools offering physical exercise several times a week for the children.

The 28 percent, on a Nordic level, who receive health benefit from their employer use it half-heartedly. A third use it regularly, another third uses it "now and then", and 17 percent "rarely". One in five completely ignores their health benefit and never uses it.

There are some notable differences between certain groups. For example, in the 60+ age group, only 14 percent of Finns but 40 percent of Norwegians say they regularly take advantage of their health benefits. In the 60+ age group, employment is, on average, understandably lower than in younger age groups. Since the question concerns health benefits that are supported by the employer in some respect, it is difficult to assess what may explain the large difference between Finland and Norway.

Demeaning treatment at work

We spend a large part of our adult lives at work. Workplaces are different in many ways, but most of them have one thing in common: demeaning treatment is not accepted. The employer has a great formal responsibility for the work environment, but also has a significant influence on more informal and sometimes unspoken aspects such as culture, habits, and practices.

Very few want to work at a place where there is demeaning treatment, even to a limited extent. Therefore, it is disheartening that as many as 24 percent – one in four! – employees in the Nordic countries report that demeaning treatment is something that they themselves or a colleague have experienced at the workplace in the past two years.

The largest proportion is in Denmark (30 percent), followed by Finland (23 percent), Sweden (22 percent) and Norway (20 percent).

The single clearest pattern when it comes to experience of demeaning treatment can be observed when comparing genders. Regardless of the country, it is consistently a higher proportion of women than men who have experience of this.

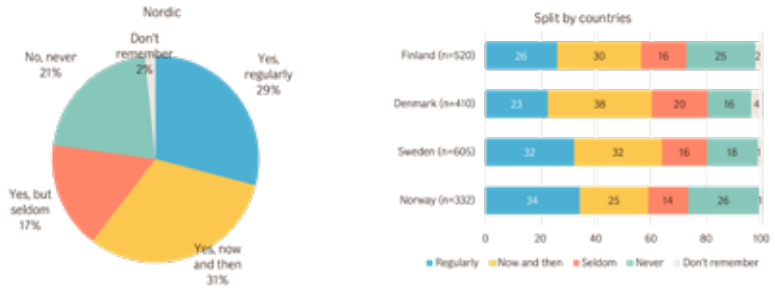
An almost equally clear trend can be observed between privately employed and publicly employed individuals. In Sweden, marginally more privately employed (25 percent) than publicly employed (24 percent) have experienced demeaning treatment in the workplace – but in especially Denmark and Finland, it is by a large margin more common for employees in the public sector to have experience of demeaning treatment 44/32 in Denmark and 38/24 in Finland.

Increasing concern for long-term sick leave

Most people don't worry about getting sick and having to go on long-term sick leave. 61 percent across the Nordics say that they are not concerned about that. Though this remains fewer than last year,

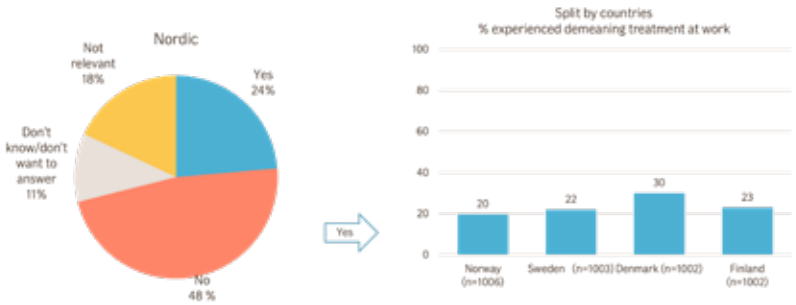
29% of those who are supported by the employer for physical activity use the benefit regularly

Graph 9. Have you used these opportunities for physical activity over the past year? (Those who have employer encouraging and supporting the employees to physical activity n=1867) Percent.



One out of four (24%) have experienced demeaning treatment at work

Graph 10. Over the past two years, have you or any of your colleagues experienced demeaning treatment at work*? (n=4013) Percent.

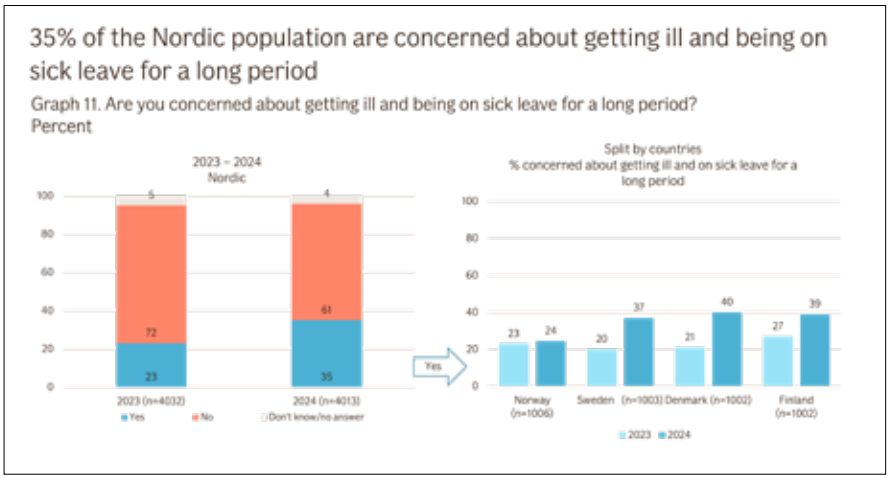


*Examples of this is bullying, withholding information, being excluded from meetings, ignored, sexual harassment, derogatory words, rumour spreading, derision.

Work-related health

when 72 percent said that they were not worried about long-term sick leave. However, compared to the proportion of people suffering from negative stress and long-term stress, this is still a quite high number. It would not have been strange if the worry about long-term sick leave had been more widespread than it is.

On the one hand, it is obviously good not to constantly live with worry, as this can increase stress levels. On the other hand, it is also important to be aware of and watchful for signs of ill health – and to seek help.



Advice for employers

Pay attention

Look for warning signs among your colleagues and employees – especially if they work from home. Early intervention can provide a greater chance for rapid recovery.

Reach out to HR and/or the Healthcare insurance and help others find the support they need. Be clear that you wish your employees to come to you if they struggle with their health and that you will try to help. That will normalize vulnerability and makes it safe to speak out.

Encourage health at the workplace

Promote employees' physical and mental health through transparent and coaching leadership. Facilitate everyday exercise and encourage employees to take breaks during the day. Inspire each other, for example via walk-and-talk meetings.

Don't forget to join these activities yourself! It's important for leaders to contribute in building a culture of physical activity and that it is the normal state, not an exception.

Prepare for worse times

Secure proper insurance protection for your employees, create a work environment that is both ergonomic and pleasant for the company and its employees to work in. As an employer, you have a far-reaching responsibility, regardless of where the workplace is located.

Among the 35 percent of the population in the Nordics who, after all, are worried about illness becoming a long-term sick leave, there are both significant differences between countries and similar patterns within each country.

In Norway, only one in four (24 percent) express concern, but in Finland and Denmark as many as 4 out of 10 (39 and 40 percent respectively) express concern. In Sweden, it is 37 percent, a significant increase from last year's 20 percent. The largest increase compared to last year's survey, however, is reported from Denmark, where the proportion has nearly doubled, from 21 to 40 percent.

A comparison between the same subgroup in different countries shows some surprising differences. In the 60+ age group in Norway, only 11 percent are worried about illness and sick leave, but in Denmark, three times as many in the same age group (33 percent) express concern.

Looking at the type of employment, there are also considerable differences between countries. Among public sector employees in Denmark, every other person (49 percent) is worried about illness and sick leave, while the corresponding proportion for Norwegian public sector employees is only 32 percent.

These two examples illustrate that even the relatively homogeneous Nordics can offer unexpected differences between countries. At the same time, there are great similarities between countries. For example, in all countries, more women than men express concern about illness and sick leave. Similarly, regardless of the country, more public sector employees than private sector employees are worried.

On an individual level, there are obviously different reasons for these differences, but at a group level, possible explanations can be identified. One such explanation is that women are generally overrepresented in the public sector and men in the private sector. And as mentioned previously, stress is usually higher in the public sector than in the private sector.

What do you do as an employer to prevent mental/physical illness at workplace?

Client reflections

“When occupational health care and insurance work, it keeps employees fit for work, i.e. it is also a preventive combination, when treatment is well instructed and quick access to care is possible.”

HR partner at a large engineering company, Finland

"We focus on physical health, and we have the ambition to become Sweden's most prosperous company. We practice the concept of Zengun Life where we prioritize joint activities to which everyone can be invited. The activities are employee-led and can circle around anything from skiing, running, climbing, or preparing everyone's lunch boxes for the week. More than 70% of our employees use their wellness allowance and we are very proud of that! I believe that physical activity and doing things together also have a positive impact on mental wellbeing. Getting to know people you work with on a daily basis at a deeper level, builds a stronger work environment.”

Helena Swahn Lepre, Head of People, Zengun AB , medium sized company in Sweden

"Prevention is essential for both mental and physical safety. Here, the work of supervisors plays a significant role. Managers are regularly trained in identifying different situations and early intervention models."

HR specialist in a logistics company of 350 employees, Finland

"Stress also affects a large and international company as ROCKWOOL A/S. Stress may have big and radical consequences - especially for the individual employee, however also for colleagues and for the company. Stress is a complex factor, and there are many reasons behind stress symptoms. In ROCKWOOL we as a company focus on the wellbeing of the employees and help where it makes sense, and naturally with respect for and in close dialogue with the individual employee. We focus on creating the best conditions for social wellbeing and psychological safety. We offer courses and training sessions to our leaders and employees, and for preventive purposes we offer flexible everyday activities and opportunities as for example physical exercises, health days, social activities, including activities driven by the employees, and health insurance provider. As a company we overall try to do the best of our ability to create the best conditions to handle complex situations involving stress."

Johan Bayer, HR Director, ROCKWOOL A/S, a large C-25 listed manufacturing company, Denmark

The balancing of work and life

Most stress triggers are not directly work induced. Worry about one's financial situation is the main trigger for stress in Finland, but not at all in Norway. Norwegians, especially women, are much more likely to be stressed out by juggling work with life.

Work can certainly be a source of negative stress, but it is not always the workplace or work situation that is the root cause of the problem.

In fact, work alone is the least common trigger of stress, according to the 4 000 people from all the Nordic countries that answered this survey. Private issues (29 percent) and work-life balance (27 percent) are the most common triggers of negative stress, followed by one's financial situation (22 percent). Work related issues stand for 18 percent.

Work-life balance is of course related to work – without work there would be no stress triggering balancing act (but the lack of income would likely, for most, move the stress to the "private issues" category rather than erase it altogether). When the lack of work-life balance causes stress, it is not primary because of issues that arise at work, such as expectations that are difficult to live up to, or a demanding boss. It is the juggling of work life and home life.

Work-life balance is about, well, the balance, but the focus is on getting the "life" part to work, to find time to exercise, relax, cook, pick up children from preschool, go to the grocery store, and binge watch the new must-see streaming shows. For most people, work is a necessary part of life, but if it is not kept to certain boundaries, the balance can be thrown off.

National variations of non-work stress

Non-work stress also includes one's financial situation (a new option in the 2024 survey) and other personal or private issues. All 4 000 respondents were asked to pick their primary trigger of negative stress. Interestingly, there are differences between the countries.

In Finland, the main trigger of stress is the individual's financial situation (36 percent). In Norway, work-life balance is the main trigger (42 percent). More than twice as many Norwegians identify work-life balance as Finns (42/20 percent), whereas Finns are four times more likely to be stressed about their financial situation than Norwegians (36/9 percent). That is a huge difference for two neighboring countries that, on the face of it, share a lot of characteristics.

In Denmark (and in Sweden, to a somewhat lower degree), the most common trigger for stress is personal or private issues. In both countries, people are significantly more worried about their financial situation than in Norway, but less worried than in Finland.

There are external factors that may explain part of this discrepancy – Norway has a significantly higher average income than the other countries (28 percent higher than Sweden, 16 percent higher than Denmark and 38 percent higher than Finland) and has had so for a long time, according to Statista; Nordics average annual earnings country. Finland has the lowest average income of the Nordics, and the highest unemployment rate. This may explain why individuals' financial situation is a more prevalent stress trigger in Finland than in Norway.

Digging deeper into the Finnish numbers, the external driver of financial stress seems significant. The levels of stress triggered by personal finances is highest among low-income individuals (48 percent), with low education (40 percent) or not working at all (45 percent). High income individuals are correspondingly not worried about their finances (10 percent). There is essentially no difference between women and men (36/35 percent).

> "We see that for some employees, the floating line between work and private life is demanding, and that challenges related to stress are often only partly work-related.
>
> *Marta Hammer Rasmussen, VP Recruitment & Talent Manager, Orkla ASA, Norway*
>
> There is a lot of musculoskeletal problems, but in recent years we have also seen an increase in mental illness. Employees report stress and worries, some of this has been related to finances and increased interest expenses. But we also see that it is often a combination of stress and strain both at work and at home, combinations of physical and mental strain.
>
> *Laila Øyberg, Head of HR, Moelven Industrier ASA, Norway*

It is interesting, however, that high education is not seen as a shield for economic trouble: 28 percent of those in Finland with higher education are worried about their financial situation; that is significantly higher than those with low education and low income in Denmark and Norway. Finland's worry about money goes deeper than what is motivated by external factors.

Similar systems, different outcome

It would be reasonable to assume that work-life balance, and stress problems rooted there, would be similar as well. All countries have very progressive and

Work and life balance

generous systems for parental leave and well-functioning childcare that most families use. Even though men are more likely to work and generally spend less time with housework than women, the differences are smaller than in the rest of the world.

But the answers differ widely. In terms of work-life balance as the main trigger of stress, Norway clearly stands out. In Finland (20 percent), Denmark (21 percent) and Sweden (25 percent), stress triggered by work-life balance is roughly equal, but in Norway the number is 42 percent, more than twice the proportion of Finland or Denmark. It cannot be explained by the very low worry about financial issues in Norway.

Digging into the Norwegian numbers does not shed much light on causality. The proportion of work-life balance worry is very high across the board, with almost no variation in different age groups, geographical groups; it is as common among those with low income (43 percent) as those high income (45 percent), almost identical in the public and private sectors (49/50 percent). It is over 40 percent in every group. (22 percent among "not working" and 30 percent among 60+ is lower but must be considered even more eye-catchingly high.)

The only significant difference is that stress caused by work-life balance is higher among those working from home, which we will come back to.

Norwegian women suffer more from work-life balance stress than men, which would be expected. Although, the survey shows that work-life balance stress is equally distributed in Finland, and in Denmark it is more common among men. In Sweden, it is a little more common for women than men.

In Sweden, Denmark and Finland, work-life balance stress is significantly higher – roughly twice the proportion – among high income earners, compared to low-income earners.

Answering "personal or private issues" could mean a lot of different things, with only that in common that it is not primarily based on work, money, or work-life balance. The group that really stands out is those not working, but to be fair, not participating in the workforce limits the risk of suffering from work- or work-life balance related problems, so that narrows the possible answers. Apart from those not working, the proportion of those suffering from stress stemming from personal or private issues is surprisingly evenly distributed among all age/educational/geographical groups.

Is working from home positive or negative for your health?

People who can work partly from home say that doing so is good for their health. On the other hand, they are much more likely to suffer from both short-term and long-term negative stress. Employers must manage the risks of distance work, in terms of unclear expectations, feelings of being out of the loop, and blurring the line of work and life.

Does the employee have the right expectations on the work, and are the workdays predictable enough?

The last few years have been a transformation of work life for many people. Almost overnight, the covid-19 pandemic forced large parts of the workforce to work from home. When the pandemic related restrictions eventually ended, things did not automatically return to normal. Instead, a "new normal" is being sought out and tested.

As it turned out, many employees liked to work from home, at least part of the time, and did not want to return to the office full-time. Some companies offered permanent work from home-policy, others settled for a hybrid solution.

This has had a profound impact on the post-pandemic work environment on a macro level. Real estate prices have dropped when companies require less office space. The number of car accidents in Sweden has declined on Mondays, usually the day with the most accidents, because a significant part of the workforce stays at home on Mondays. And the same pattern for Norway on Fridays because many offices are almost empty on that day.

We do not know how the new normal will eventually turn out, but it seems safe to say that working from home is here to stay. This is unfortunately not without negative consequences.

Who works from home?

In 2024, 26 percent of the Nordic population work at least partly from home, most of them 1-2 days a week, according to If's survey among 4013 people 18+ in the Nordics.

For a quarter of the workforce, working from home is simply not applicable. It's hard to work from home for a store clerk, tattoo artist or kindergarten teacher. 25 percent in If's survey say that working from home is not an option. 47 percent say that no, they do not work from home at all. Among those who do work partly from home, most do so 1-2 days a week (14 percent). 7 percent work from home 3-4 days a week, and 5 percent work exclusively from home.

The group that stands out is high income earners and those with a high educational level. In Norway, for example, three times as many high earners as low earners work from home, and three times as many low earners say that working from home is not an option. The single highest proportion of working from home is among those with high incomes in Finland (53 percent), high income in Denmark (47 percent), high education in Finland (46 percent) and high income in Sweden (45 percent). The lowest degree of working from home is among those with low education in Norway (12 percent) and low income in Denmark (17 percent).

Good or bad for your health?

Most employees who can work from home part of the time believe that this has a positive effect on their health. 24 percent say that the hybrid working life makes their health "definitely better", and 32 "somewhat better". Only 7 percent say that working from home has a negative impact on their health.

When measuring negative stress, however, the results are somewhat different. In all countries, a higher proportion of those working from home experience negative stress compared to those who never work from home.

For the majority (56%) of those working partly from home, the hybrid working life has a positive effect on their health

Graph. 12 To what degree is your health affected by the hybrid working life compared to before the pandemic when most of the work was done in the office or at your permanent workplace? (Those working from home at least one day a week n=1096) Percent.

Working remotely

In Norway, 63 percent of those able to work from home say they have experienced negative stress “regularly” or “now and then”, compared to 58 percent of those never working from home. In Sweden 65/61, Finland 62/60 and in Denmark 63/57.

If we add those saying they experience stress “seldom”, the pattern remains the same. Only the answer “never” is more common among those never working from home, and this holds true in all countries.

When studying the numbers for long-lasting negative stress, the pattern is even clearer, especially in Norway and Finland. 55 percent of hybrid workers in both Norway and Finland have experienced negative stress for more than six months, compared to 45 percent of office workers in Norway and 46 percent in Finland.

Now, correlation is not causation, and we do not know if there is indeed a causal relationship between stress and working from home. It is interesting that hybrid workers claim that working from home makes their health better, but also that they are more likely to be subjected to both long term and short-term negative stress. Though it could be a warning signal concerning leadership and communication at workplace. Does the employee have the right expectations on the work and are the workdays predictable enough?

Clear expectations to promote work life health

The figures in graph 12 doesn’t really support the problems with work-life balance among hybrid workers, except for in Denmark. In Finland, almost twice as many hybrid workers identify demands at work as the primary trigger, as those never working from home. Also in Sweden and Norway, demands at work seem higher among those working partly from home.

But this, in turn, could have different reasons. Perhaps employees with a heavy workload prefer to work from home where they are less likely to be interrupted or where they save one or two hours a day from not having to commute, which they can use for productive work instead. But it may be the case that employers are more likely to put too heavy a burden on employees the employer doesn’t meet every day and is less likely to properly calibrate reasonable expectations.

It is certainly a warning flag that employers need to take seriously. One of the downsides of a hybrid work model is that it is more difficult for an employer to assess and follow-up on how employees feel. It may be more difficult to identify signals that something is wrong and causing stress, whether that is something work-related or private. Handling these risks requires a much more fine-tuned caring attitude and skill to pick up on signals of someone being unwell.

In all Nordic countries, employers have a far-reaching responsibility for their employees. A hybrid way of working may come with obvious benefits and hidden risks, such as blurring the line between work and leisure time. The survey shows that quite many think that lack of work-life balance is the main trigger for stress.

The results of If’s survey show that this area needs to be taken seriously, not to exacerbate negative stress. Also with hybrid work, it’s important to talk about not only work life balance but also perceived sense of what is meaningful work, work autonomy, workload and the need of social support. Flexibility in work life may be a stress factor if clear expectations and limits of workload are not established.

Recommendations for leaders to promote a healthy work life, care for your employees:

Be clear with your expectations

When working in the modern hybrid model, it is extra important that employees know what is expected of them when working in the office, from home, or in a hybrid way. Unclarity may cause negative stress.

Also give constructive feedback. It strengthens the feeling of predictability and control and makes it easier for the employee to know where he or she stands.

Clarify and support the division between work- and private life

Hybrid work may blur the lines between being on and off work. Some employees may feel stressed if always on call. Make it possible to “switch off” when not working. It could be a good idea to set clear playing rules for communicating after working hours.

Make everyone feel included

Regardless of having joined a meeting or dialogue from the office or digitally, give everyone an equal chance to be seen and heard in that meeting.

Make regular one-to-one dialogues a priority

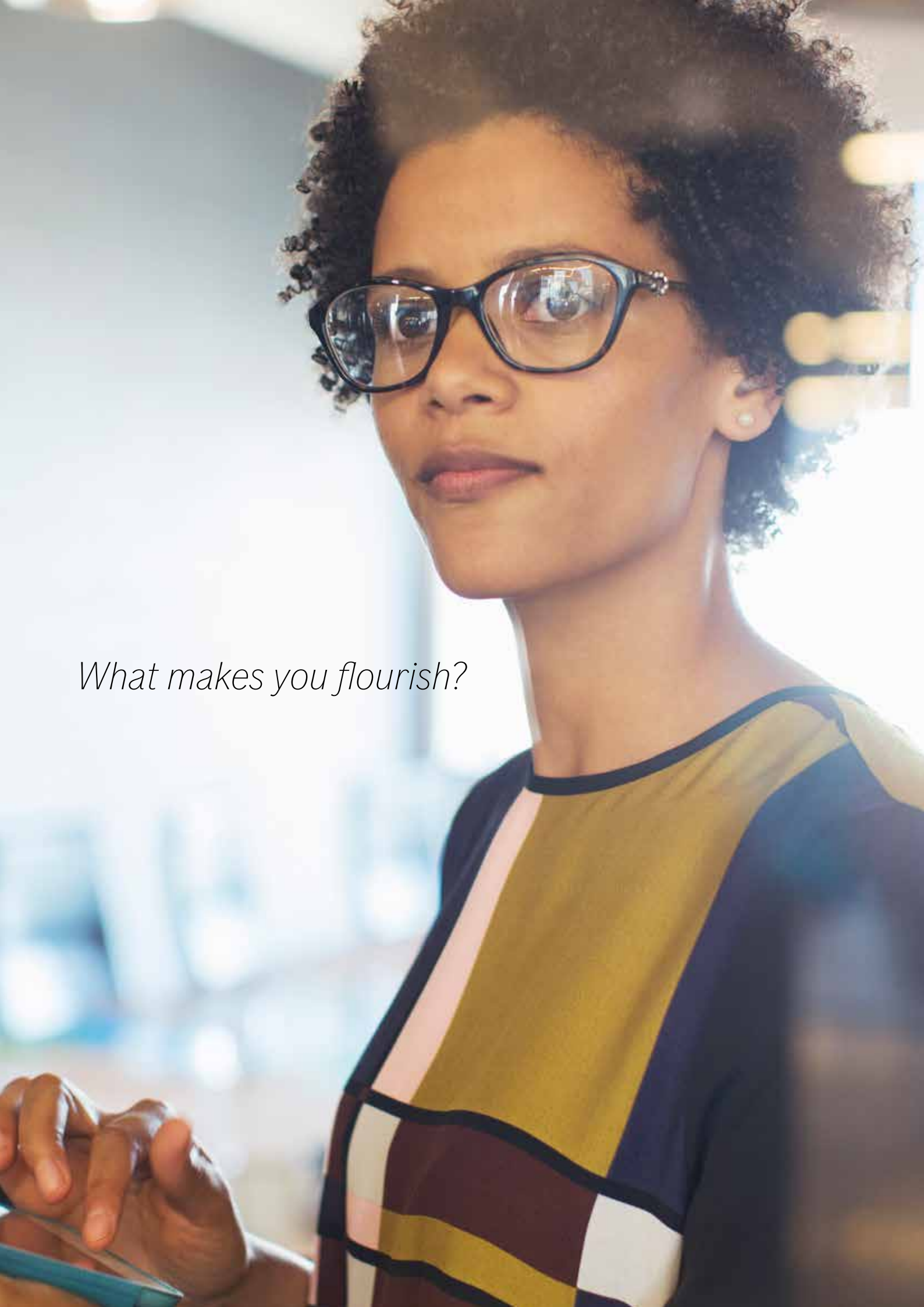
Prioritize regular check-ins with each employee and seek to discuss topics that your employee is planning to share, rather than just focusing on the work tasks at hand. Ask questions and learn what makes each employee thrive and grow?

Set up a flexible plan – together – for ways of working, expectations and working hours. Maintain an individual approach, different people may flourish under different circumstances.

Follow employee health and wellbeing

An employee survey, as part of the systematic work environment, may be one good way to continuously map how employees feel and what they need to create a healthy work-life in a hybrid setting. Remember also to follow up the results, it’s about trust and respect.

Employers have a far-reaching responsibility for their employees. Take this responsibility very seriously and involve employees in improving the workplace environment including the hybrid workplace.


What makes you flourish?

Perceived health and prevention

How do you really feel? How would you describe your own mental and physical health? The survey shows large differences in how people feel about their own health situation.

The starting point of the survey is the worrying prevalence of negative stress. “Do you experience negative stress”, we asked. 88 percent said “Yes, I do.” That’s almost everyone, 9 in 10.

Have you felt this way for a long time, we asked. “Yes, I have”, said more than half of the respondents.

Health and wellbeing are universal human goals and one of UNs 17 global sustainability goals, but at the same time it is something highly individual. The view from the top of the mountain is the same, but you can use many different paths to get there, as the Japanese say. It is not certain that a set of measures that makes someone calm and happy would work for someone else.

To be sure, there are general and plain rules for a healthy life, like Mayo Clinic’s advice for preventing heart disease: Don’t smoke and quit if you already do. Be physically active for at least 30 minutes per day. Eat a healthy diet. Maintain a healthy weight. Get quality sleep. Manage your stress. They also function as a basic set of rules for healthy living. If you follow them, you have already come a long way toward enabling a healthy life.

But, of course, it’s not quite that easy. For some, stop smoking is an obvious advice but yet too hard a task that leads to negative stress and feelings of inadequacy. Some find relief in cross-country skiing or long hours of running, while others wouldn’t be found even wearing jogging shoes.

It’s the same at work. One person may crave pressure that would make someone else break down. Or applied to personal finances: some need a larger nest egg to feel safe, while others find happiness not thinking about money. It’s all good.

Likewise, the sources of unwellness and negative stress may vary from person to person. One person worries about their own finances, another about their own health, a third about a leader at work setting tough and unclear performance indicators. Almost everyone worries about something.

Unwellness can be something objectively harmful, like cancer or depression, but also something very relative.

There are of course plenty of reasons why Finland was crowned the world’s happiest country 2023 – the psychological benefits of nature, the social safety net and not least the high levels of social trust, the “Nordic gold”, that the Nordic neighbors share. The New York Times went to Finland and found another reason: expectation management. “In other words, when you know what is enough, you are happy”, Finnish professor Arto O Salonen explained.

We can’t capture the essence of relative unwellness in a survey. According to our 4 000 interviews, Finns are just as tormented by negative stress as their neighbors, even a little more stressed than Danes and Norwegians.

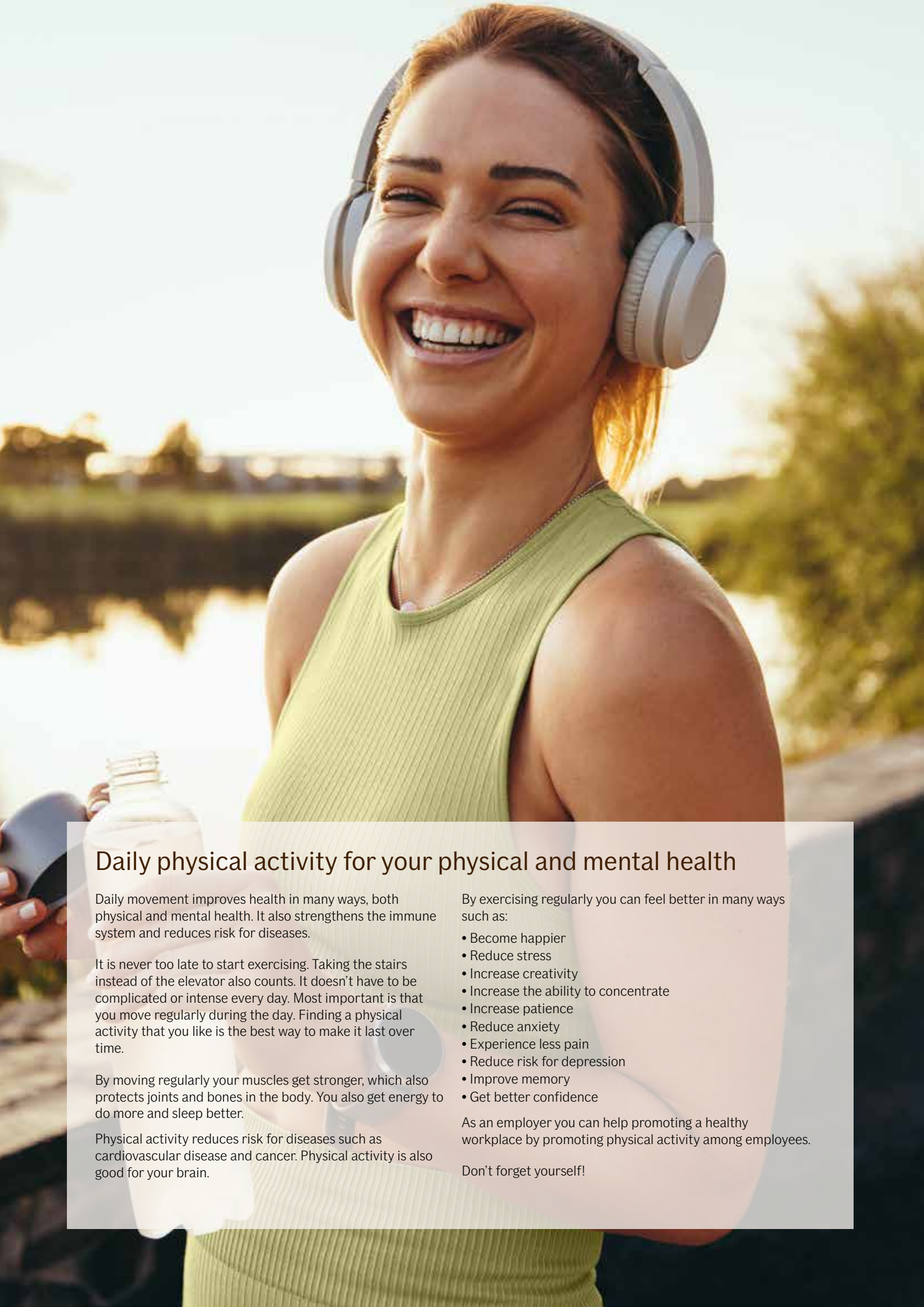
This survey does not answer all these questions, but the answer to the first one makes it worthwhile to keep asking, to keep investigating to understand what is wrong and how we can make it right.

Many experiences negative stress

In the Nordic Health Report 2023, as many as 84 percent of people in the Nordics said that they experienced negative stress to some extent, with 15 percent indicating they experienced it "regularly". Unfortunately, this year the numbers are even worse. Today, 88 percent report experiencing negative stress to some extent – and a full 21 percent do so "regularly".

The highest occurrence of regular negative stress is found among Swedes (26 percent), followed by Danes (22 percent). In Finland and Norway, 18 percent regularly experience negative stress.

The distribution is uneven among different



Daily physical activity for your physical and mental health

Daily movement improves health in many ways, both physical and mental health. It also strengthens the immune system and reduces risk for diseases.

It is never too late to start exercising. Taking the stairs instead of the elevator also counts. It doesn't have to be complicated or intense every day. Most important is that you move regularly during the day. Finding a physical activity that you like is the best way to make it last over time.

By moving regularly your muscles get stronger, which also protects joints and bones in the body. You also get energy to do more and sleep better.

Physical activity reduces risk for diseases such as cardiovascular disease and cancer. Physical activity is also good for your brain.

By exercising regularly you can feel better in many ways such as:

- Become happier
- Reduce stress
- Increase creativity
- Increase the ability to concentrate
- Increase patience
- Reduce anxiety
- Experience less pain
- Reduce risk for depression
- Improve memory
- Get better confidence

As an employer you can help promoting a healthy workplace by promoting physical activity among employees.

Don't forget yourself!

Preventive health

In the Nordic Health Report 2024, as many as 88 percent of people in the Nordics said that they experience negative stress to some extent

groups, not surprisingly. In the 60+ age group, regular negative stress is much rarer than in all other age groups. There is also a higher risk of being subjected regularly to negative stress for employees in the public sector, compared to those in the private sector.

When the population is grouped based on income level, an even clearer pattern emerges. High-income earners are less likely to experience regular negative stress in all countries. For instance, in Sweden, 30 percent of low-income earners but only 17 percent of high-income earners share this feeling. In Finland, the difference between income groups is even larger. Almost one in four low-income earners, compared to just over one in ten high-income earners, report feeling negative stress on a regular basis.

Prolonged stress leads to an increased risk for both physical and mental illness. But even in the case of short-term stress, the effects are negative and can affect work ability in a negative way. With stress levels increasing over the last years, have we become more receptive to stress after the pandemic?

Growing long-term negative stress

The fact that more people than before experience negative stress is a worrying development. Even more remarkable is the increase in experienced long-term stress (more than six months). This proportion has risen from 40 to 52 percent in just one year. The single largest increases are in Denmark (from 33 to 52 percent) and Sweden (from 43 to 61 percent).

This is troublesome and the fact is that already after one month on sick leave due to mental illness, it can be a hard and complicated way to get back to work.

Women are consistently more likely to experience long-term negative stress. That holds true in all countries (58 percent of the women and 46 percent of the men). The highest share can be seen in Sweden (68 percent), while 57 percent in Finland and Denmark and 50 in Norway. Sweden seems to stick out, because we see also the highest levels high among men (53 percent) compared with 49 percent in Denmark, 44 percent in Finland and 36 percent in Norway.

Broken down by employment form (public/private) and income level (low/high), however, all countries follow the same pattern. Among those experiencing long-term negative stress are more public sector employees than private sector employees, and more low-income earners than high-income earners.

Looking at age groups, the older Danes break the pattern compared to the older populations in other countries. The proportion of Danes in the 60+ age group who have experienced negative stress for an extended period is as high as among the youngest Danes under 30 years (51/50). This is surprising, and intuitive explanations are difficult to identify. In the other countries young people stick out compared with 60+.

Health promotion efforts make a positive difference, regardless of age.

Preventive health

What tools do you have to reduce your own stress?

Client reflections

”Manage your own feeling of having to be perfect in all situations and the fear of making mistakes. Dare to be open about when things go wrong or when there is not enough time. Everything doesn't have to be perfect at all times.”

Caroline Christensen, Financial manager, Trafiksystem Väst AB, Sweden

“I can get stressed if I feel like I don't have enough competence in what I'm supposed to do. To reduce that stress, I consciously work on good preparations.

Marta Hammer Rasmussen, VP Recruitment & Talent Management, Orkla ASA, Norway

“Recognize the stress and how long it has lasted and what is causing it. Consciously do something that helps, e.g. go for a walk or listen to an audiobook. Don't miss out. Take that moment for yourself. Self-management. You make choices every day that have consequences.”

HR partner, responsible for wellbeing, occupational health care and insurances at a large engineering company, Finland

“I tend to work much. To find balance and keep stress levels at a normal pace I try to focus on routines for good habits with sleep, healthy food, pauses, exercise, yoga and to have fun. If I had to choose one thing, I would say yoga.

Lina Voulethe-Tessert, Commercial Assistant Nordic, DiaSorin, a SME company in Sweden

Financial stress affecting mental health

The economic turmoil is taking its toll. A fifth of all the people in the survey say that worry about one's own financial situation is the main trigger for stress. In Finland, it is the most common trigger, in Norway the least common. There are small differences between genders and age groups, but huge differences between the Nordic countries.

We live in uncertain times. Russia's full-scale invasion of Ukraine changed our part of the world, and it is not yet clear what will emerge.

Uncertainty comes with a cost. In the past few years, we have seen unprecedented inflation. Energy prices have spiked, food and fuel prices are increasing so fast that it makes it hard for families' ability to live as they have gotten used to. Unemployment has risen since 2022 in all four countries; not a huge difference, but combined with inflation and price spikes on necessities, people are under pressure.

That kind of uncertainty can easily be translated into financial worry. "How will our family cope if I lose my job?"

This is clearly visible in the survey. About 20 percent of the people in the Nordics say that financial worries are their primary stress trigger. Worries about their own financial situation is a more pressing concern than everything going on at work, or juggling work-life with childrens' activities and a home life, or even "personal or private issues". A fifth of the 4 000 individuals who participated in If's survey pointed clearly to their financial situation as the primary reason why they are experiencing negative stress.

Remarkable variations in financial worry

There are huge differences between countries and groups in terms of worry about one's own financial situation, larger than in any other question in this survey.

In Norway, not even one in ten (9 percent) identify money worry as their main stress trigger – in Finland 36 percent. That is a four times higher rate; a remarkable difference. Sweden (25 percent) and Denmark (17 percent) end up in between.

As could be expected, financial worry is much more prevalent among low-income earners. In Finland 48 percent of low-income earners say that financial worry is their primary stress trigger, but only 10 percent of high-income earners. In Sweden 30/13 percent, Denmark 21/10 percent. Norway stands out: only 10 percent of low-income earners worry primarily about money, compared to 7 percent of high-income earners. Norwegian low-income earners instead worry about work-life balance (43 percent). The difference between Finnish and Norwegian low-income earners (48/10) is striking and puzzling.

The pattern for high- and low-income levels is similar, but weaker. In Finland, for example, 40 percent of those with lower education say money worry is their main stress trigger, and 28 percent of those with higher education.

The proportion primarily worried about money is, as expected, also very high among those not working, a group including the unemployed. In Norway, Sweden and Denmark, that is the group with the single highest proportion saying that financial worry is their main stress trigger (14, 33 and 32 percent, respectively).

In Finland, however, the proportion is even higher among the group with low income. In fact, with the one exception of those with high income, every group in Finland is higher than any other group in the Nordics. The Finnish total number is 36 percent (men 35, women 36 percent), higher than even the groups of unemployed or low income in all the other countries.

Financial stress

There is no significant difference in financial worry between men and women in any of the countries. In Norway and Sweden, men are a bit more worried than women, but in Denmark and Finland it is the other way around.

It is also worth noting that, apart from Finland, there is virtually no difference between different age groups. In Sweden, the proportion worrying primarily about money varies between 24 and 26 percent, similar in Norway and Denmark. In Finland, financial worry increases with age, from 27 percent among those under 30 years old, to 43 percent among those 60+ years old.

This worry about one's financial situation is visible through other measurements as well. We have seen that 35 percent worry about getting sick and having to go on long-term sick leave – up 12 percentage points from 23 percent a year ago.

With increasing stress levels, especially prolonged stress and more people experiencing mental ill-health affecting work ability in a negative way, this worry is to some extent expected. There is certainly an economic component to that worry. It is of course hard to tell which came first, the chicken or the egg.

Health promotion efforts can reduce both the worries, stress and the actual risks.

Healthcare challenge

Challenges in healthcare systems drives new solutions

The Nordic healthcare systems have plenty of similarities, but also important differences. Despite the similarities, differences are sometimes deeply rooted in history, especially political history, and may be difficult to change due to locked positions. Nevertheless, the times are constantly a-changin' and we have seen significant changes during 2023-2024.

Healthcare challenge

There are important differences between the Nordic countries and their systems for healthcare and social security, but there are also significant similarities. From a global and European perspective, the Nordic model is characterized by publicly funded, primarily tax-based healthcare with equal access for all. The Nordic countries use personal identity numbers that support a well-functioning healthcare system.

Important Updates 2024

- In Denmark, 2024 will see a large change in workers compensation law.
- In Sweden, public health care is largely a regional issue, and in the largest region, Stockholm, the new political majority is changing the system, limiting patients' rights to choose provider.
- In Norway, a national program giving patients a right to choose provider was scrapped in 2023, raising fears of longer waiting times.
- The responsibility for organizing healthcare in Finland was transferred from municipalities to 21 self-governing regional wellbeing services counties.

There is a long list of common characteristics:

- Comprehensive social protection for all citizens
- Tax-based healthcare system
- To a high extent, public healthcare providers
- All emergency hospitals are public (except for St Görans Hospital in Stockholm which is private and an emergency hospital)
- Relatively low out-of-pocket payments
- The patient-fees element is low
- Relatively low share of voluntary Healthcare Insurance (Denmark is an exception), although this is increasing over time

Health care statistics in the Nordics

Country	Sweden	Norway	Finland	Denmark
Population, millions 1/1 2023 1)	10.52	5.49	5.56	5.93
Number of households (1000)	4 884 2)	2 582 3)	2 831 4)	2 825 5)
Healthcare cost, % of GDP (Est. value 2022) 5)	10.7	7.9	10.0	9.5
Providers of preventive care (% of total health exp.) 6)	3.3	2.3	0.8	3.3
Public financing in healthcare (%) 7)	85.8	85.4	79.9	84.8
Out of pocket payments (%) 8)	13.1	14.1	16.1	12.9
Good perceived health among adults (%) 9)	72.3 (76.0)	74.5 (74.7)	70.1 (68.3)	68.6 (69.6)
Population with Health Care Insurance (%)	7.2 10)	13.7 11)	22 12)	46 13)

Sources:
1) Statista.com (from the year 2022)
2) SCB (2022)
3) SSB in NO (2023)
4) Statistics Finland (2021)
5) Statista.com (2023)
6) OECD Health statistics database 2024 (2021)
7) OECD Health database (2022)
8) OECD Health database (2022)
9) OECD Health at a glance (2023)
10) Insurance Sweden 2022
11) Finance Norway 2022
12) Finance Finland
13) Forsikring og Pension

Demography, economy, values, traditions and even the size of the countries help explain why the systems have been established in this way.

Even with vast similarities and overlapping system characteristics, however, the four countries' systems show differences that can make them hard to compare, or to replicate successful measures from one country to another. From an analytical perspective, these differences between countries of similar size, values and demography are interesting and may lead us to important insights.

The big picture

As we see in the graph healthcare costs as a percentage of GDP seems to have decreased in all Nordics except Finland where there is a modest increase. Probably one reason is the shaky economic times we have seen in the last years but still it's quite surprising. Though, public financing accounts for a lower share in Finland, and out-of-pocket payments are higher due to higher levels of individual responsibility for financing healthcare services.

Prevention and early intervention are vital for health and wellbeing, but preventive health accounts for a modest part of total public healthcare expenditure. Healthcare Insurance is growing in the Nordic countries, although held back a bit in Sweden due to political sensitivity and opposition. In Denmark about 46 percent are now covered by Healthcare Insurance, and in Finland 22 percent, whereas in Norway below 14 percent, and in Sweden only 7 percent have a Healthcare insurance.

Healthcare Insurance is voluntary in all countries and contributes resources to the healthcare ecosystem, making it possible for more people to get access to healthcare. One characteristic of private Healthcare Insurance is fast access.

Public financing is the stable base for healthcare financing. Out-of-pocket payments only account for a small part, from an international perspective; about 13-16 percent of total healthcare costs. Healthcare insurance provides an even smaller amount, only round 1-2 percent.

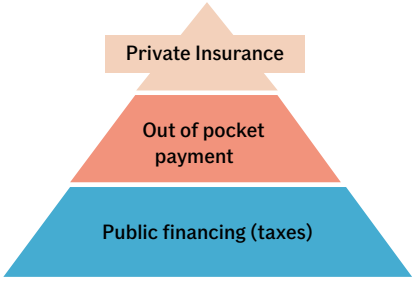
The government has an overreaching responsibility for the healthcare area. In Denmark and Norway, the government's influence has increased in recent years. Hospital structure and organization is similar across the Nordic countries. Regional authorities are responsible for the financing and operation of hospitals. The exception is Norway, where 4 state owned enterprises manage the public hospitals (Helse Nord, Helse Midt, Helse Vest and Helse Sör-Öst).

Healthcare challenge

In Sweden, the current government has initiated a parliamentary inquiry on moving the healthcare system from a regional structure to a national one. The assignment shall be reported by 2 June 2025 at the latest.

Results in the Nordics when it comes to planned, specialized healthcare is good, compared globally, but publicly financed healthcare does have a significant problem with long waiting times.

Triangle of healthcare financing in the Nordics:



Lack of trust drives alternatives

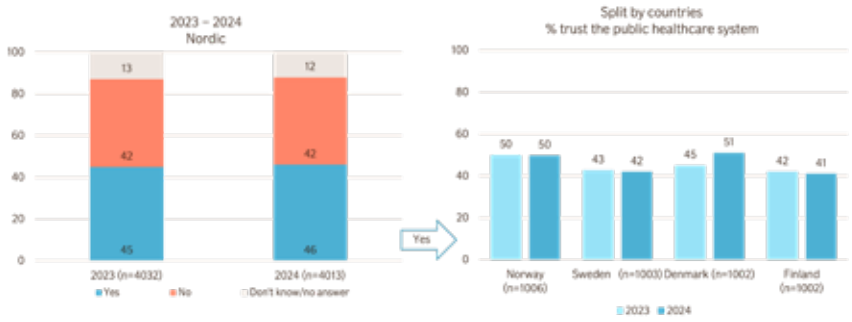
As many as 42 percent of the Nordic population do not trust the public healthcare system to provide quick help when they need non-acute care. The level of trust is lowest in Sweden and Finland. This is the same level as last year's survey, and If has done other, national surveys among both the general population and business owners; they all give the same result. Almost half the people in the Nordics don't trust their country's public healthcare system.

The degree of trust is generally equal across the populations. Men tend to trust the system to a higher degree than women, and this goes for all countries. Norwegians 60+ have the highest level of trust of all groups (60 percent).

One interesting result is that in both Sweden and Finland, the trust level is lower among public employees compared to those employed by private companies. That is a bit surprising. Healthcare personnel make up a large part of the public employees in both countries, and yet those employed in the public sector are less likely to trust the public healthcare system.

46% of the Nordic population trust the public healthcare system to give them quick help if they have a problem with illness or injury

Graph 13. Do you trust the public healthcare system to give you quick help if you have a problem with illness or injury? Percent



Waiting times, percentage and number of days

Country	From specialist assessment to treatment, % waiting more than 3 months, hip replacement	Knee replacement, %	Mean number of days, hip and knees
Sweden	45.9 (2022)	65.5	118.2 ▼
Norway	79.3 (2021)	85.5	168 ▼
Finland	46.5 (2021)	48.4	102.4 ▲
Denmark	42.4 (2022)	56.7	95.8 ▲

Source: OECD Health statistics 2021 and 2022

This lack of trust remains steady over time and shows no signs of decreasing.

Both Denmark and Finland show consensus solutions and pragmatics that move topics forward in their countries (and they both have a larger share of the population with healthcare insurance).

The public healthcare system is not great at prevention. You show up on the system's radar when you have already been hit by disease or been involved in an accident. There is not enough incentive for the public healthcare system to help people reduce their risks. Many of our most common diseases, some of those that end up costing the healthcare systems the most money, are largely preventable.

You can have a huge impact on your own risk of facing heart disease by not smoking, being physically active at least 30 minutes per day and maintaining a healthy weight and and by reducing stress.

In countries based on competitive insurance companies rather than government monopolies, such as the Netherlands, there is often a much more active approach to preventive healthcare. We can also see a glimpse of this in Denmark where the public and private system complement each other in some ways. Insurance companies have, for example, taken a lead when it comes to physiotherapy and psychology. Even public organizations have signed these Healthcare Insurances. The high acceptance is one reason why the rate of insured is so high in Denmark.

Healthcare challenge

Many people like the idea of prevention. 44 percent of all respondents say that they would be willing to pay for health services that could prevent illness. That is about the same proportion that do not trust the public healthcare system. Last year the number was 40 percent, so it has increased by 10 percent in just one year.

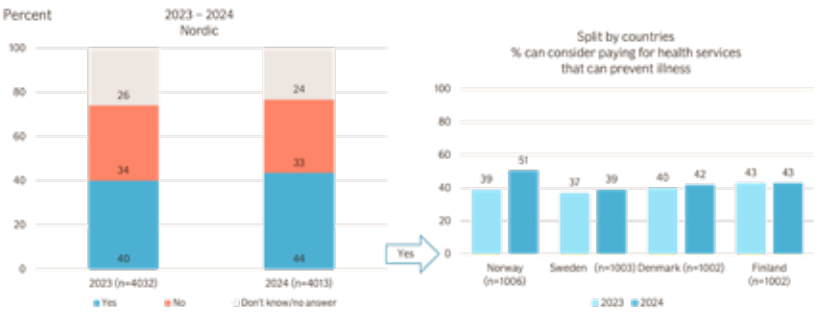
Interestingly, the proportion willing to pay extra is highest in Norway, even though Norwegians also have more trust in the public healthcare system than the other countries. Perhaps this can be explained by the fact, also shown by this survey, that Norwegians are in fact richer and worry less about personal finances than people in the other countries. The proportion willing to pay extra for prevention is higher among Norwegians with high income (58 percent) and in the Oslo region (55 percent), but it is even higher in the group <30 years old (61 percent).

Maybe there is a shift coming in Norwegians attitude towards public and private healthcare. Many young Norwegians are suffering from mental illness, and this is a leading cause for use of disability insurance in the same group. Together with the long waiting times for public healthcare this could be an explanation for the raising demand for alternatives that promote health.

Young people in Finland are almost as inclined to pay extra for prevention (60 percent). Finland also sees a huge difference between high and low earners (58/37 percent). In Sweden the proportion is the same (39 percent) among high earners and low earners, as well as among those with high educational level and low educational level. We can also see that the prevalence of private healthcare insurance is very well spread in different income groups and industries in Sweden.

44% of the Nordic population would consider paying for health services that can prevent illness

Graph 14. Would you consider paying for health services that can prevent illness for you?



Four trends to follow

The world of today would have been unbelievable just a generation ago. Thirty years ago we (well, most of us) did not have cellphones, the Internet, AI, digital primary healthcare or gene-based medicines. Imagine the world in another thirty years, how are our lives going to change, and what will drive this change?

"The times", said Nobel laureate Bob Dylan, "they are a-changing." Dylan sang about the world in 1964, and it was true then, and perhaps even more true now. The times really are a-changing, and we should be ever so grateful.

Life is different now than it was for young Bob in the early sixties. Longer, for one thing. For example, life expectancy in Finland in 1964 was 69.2 years, today it is 82.6 years. On average, we live 12 years longer than just 60 years ago. That is nothing else than amazing.

In 1913, Sweden set its first official retirement age at 67. The average life expectancy then was 55. Today, if you retire at 65 years of age, you can expect another 19 years. And we want an increasing part of these years to be healthy.

Over time, humans have been living longer and healthier lives. Some of that is due to external factors, such as a much cleaner environment with better air and cleaner water. Some are due to healthier choices. In the 1970s, about 40 percent of all Swedes smoked cigarettes, today only about 5 percent. In Denmark, traffic fatalities are down 60 percent since the eighties. In Finland, fatal accidents among children have dropped by 90 percent for girls and 97 percent for boys since 1970.

Much of the longer, healthier life spans, however, is due to medical advancements, such as neonatal healthcare, antibiotics and vaccines. In general, healthcare is getting better and better. We can cure or treat diseases that recently were more fatal and widespread.

US president Franklin D Roosevelt suffered from polio in the 1920s. All the money and power in the world could not save him from paralysis. He had to spend the rest of his life in a wheelchair. In 1953, 5000 Swedes were infected by polio. 3000 of them were paralyzed. In 1957 mass vaccination was introduced, and for the past 30 years there has not been a single case of the disease in the country. Many geriatric diseases, such as osteoporosis, cataract and diabetes, can be treated or kept in check through new treatments and drugs.

The past century has seen tremendous advances in medicine. And the best thing is that this development is far from over. Likely, life expectancy will keep growing and if we want to get more healthy years to life, we need to turn around today's worsening living habits and lifestyle related diseases that are nipping at our heels. When today's children have children of their own, those can be expected to live to almost 90 years old, adding healthy years to a long life.

What, then, are the current trends in healthcare development? What can we expect will change the nature of health and healthcare in the Nordics in the future? We have identified four trends that are already transforming healthcare, or are likely to do so, and are worth keeping an eye on.

Digitalization

Healthcare in all Nordic countries has been transformed by technology – again. Digitalization within healthcare can be about improving processes, care flows, tools, analysis, services and more. Digital healthcare providers such as Swedish Kry or Norwegian Hjemmelegene, made a lot of healthcare services – digital prescription renewals, for example – a whole lot easier and faster. Everyone can schedule a video conversation with a doctor almost entirely without waiting time, and many issues can be sorted out through a video call, or the doctor can send a referral to a relevant specialist. Digital services and technology have transformed a cumbersome part of primary care and is also transforming remote monitoring and personalized care and prevention through wearables.

If-owned Vertikal Helse handles all the health insurance claims for If and 98 percent of the claims are filed digitally. Some of the services provided through the insurance are also primarily digital, for example digital doctor, digital self-help tool, and the ability to book an appointment directly with a physiotherapist in the digital claims' solution.

The future of healthcare

Suddenly, the transaction cost for matching healthcare professionals to patients seeking help was diminished. The doctor or nurse does not have to be in the same place as the patient. A doctor in a rural area can see patients from a crowded inner city, and vice versa, and patients do not have to gather in waiting rooms together, generously providing each other with commutable diseases while waiting for help. It has greatly improved efficiency in a system that has long been struggling.

For the public systems, this has been something of a challenge. Digital care avoids the gatekeeper function of the primary care system in some way, and not all traditional healthcare providers or systems support that development.

Not everyone else is happy about increased accessibility, either. A recent book by a journalist at Sweden's leading newspaper Dagens Nyheter, Anna Gustafsson (Du sköna nya vård, 2024) argues that people will overconsume healthcare when not being kept in check by public gatekeepers, and that there is a conflict between the ethical principle of prioritizing patent's depending on need and providing health services based on patients' demand. "For the ethical principles to apply, it presumes that someone has the mandate and opportunity to decide whose medical problems should be treated", she writes. And still, it does.

When using private healthcare with private financing it's through extra provider capacity and it adds resources to the system. And also this healthcare is provided based on medical assessments of the need for care.

Digitalization taking the public system as a bit of a surprise, has resulted in difficulties fitting digital providers into the single-payer systems. Digital providers have found loopholes in the reimbursement systems, but that phase will pass, and the public system will find a way to integrate digital services to meet patients' expectations.

Digital healthcare is obviously here to stay. If public systems are reluctant, patients will pay through supplementary healthcare insurance or out-of-pocket. The gatekeeper function may be popular among officials in the public healthcare system, but not for someone needing to see a doctor for their own or their children's sake.

Already several steps ahead of the digitalization curve, Elon Musk's company Neuralink is creating a brain-computer interface that will allow humans to control a computer with their minds. This could be life-changing for paralysis victims or amputees, who could suddenly control artificial limbs and regain physical mobility. The product, called "Telepathy", is currently undergoing clinical trials with volunteer ALS patients and quadriplegics (patients paralyzed in all four limbs). In early 2024, the first human was equipped with a Neuralink brain chip.

The future of healthcare

Artificial Intelligence

Also the healthcare area will be transformed by artificial intelligence (AI). As with truly groundbreaking technology, we might not see how, but AI and machine learning are ushering in a new era in healthcare too.

Some applications are already clear. AI is already able to detect skin cancer with near-perfect accuracy, making diagnosis safer and much faster. AI-powered robots can make surgeries less invasive. According to Harvard's School of Public Health, AI can already reduce treatment costs by 50 percent and improve health outcomes by 40 percent, by making faster, safer diagnoses. Virtual nursing assistants can offload clinical staff by providing 24/7 routine tasks, such as answering questions about medications or helping patients schedule meetings with a doctor. Also according to a study carried out at Capio Sankt Göran Hospital in Stockholm, Sweden and published in The Lancet Digital Health, one radiologist and an AI detected more cases of breast cancer in mammography screening compared to two radiologists. This is now implemented in practice at Capio Sankt Göran's Hospital and has freed up time to devote to women with breast cancer.

Another example is that Norwegian hospitals have started to use AI in identifying fractures with great success. The whole process takes a minute compared to 14 minutes when a radiologist has to review the images.

AI technology will aid researchers, making it possible to draw conclusions from huge amounts of data. Wearable monitoring devices can provide feedback about diabetes patients glucose levels, for example. Drug safety can be improved by gathering data on adverse effects from drugs and assessing, understanding and preventing those effects.

Also, healthcare organizations will be able to use AI to improve efficiency in administrative workflow, and insurance companies can prevent and identify fraud.

Better machine learning algorithms, more powerful hardware and more access to health data will accelerate the pace of change. There is huge potential in the wealth of unstructured patient data available through the Nordics' public healthcare systems. How to deal with this health data, how it can be shared, and who will be able to get access to what kind of data, is a political issue that will be dealt with on a European level, but also an ethical issue that we need to talk about. Politicians do not make decisions in a vacuum, but to gauge the public view on these issues, we must have an open, ethical discussion about data sharing, integrity and technological opportunities that enables enhanced care coordination and improved diagnostics and health outcomes for the individual.

Besides data available in the public healthcare system, people are getting more and more access to personal health data through wearables. This empowers and encourages the individual to take an active role in managing and making informed decisions about their health.

Healthcare Insurance

All the Nordic countries keep getting richer and richer, albeit with a recent dip in the curve due to inflation and Russia's invasion of Ukraine. The long-term trend is that households' income is increasing. People buy larger houses, more expensive cars and hi-tech gadgets, even though research shows that what we really want to spend our money on is better health and educational services: better access to healthcare and better schools for the kids.

The combination of increased need of healthcare and increased societal wealth is not impossible to solve. But it will obviously not be possible to solve entirely within the public system. A combination of public and private resources might be necessary to provide a great healthcare system for all, and yet let companies choose quick access for their employees in case of need for healthcare.

In the Nordic countries, Healthcare Insurance is growing. More and more people see the need to buy extra coverage to get access to healthcare and predictability. Most Healthcare Insurances are provided by employers, for whom the alternative cost is much greater to have employees queuing for healthcare than investing in a Healthcare Insurance.

In July 2018, Sweden introduced a tax for employees covered by employer-paid healthcare insurance, to stifle the growth. The expected 25 percent drop never came. Instead, the demand for supplementary insurance kept growing – there was hardly a dent in the long-time curve. Neither employers nor employees saw it as an alternative to withdraw from this extra protection.

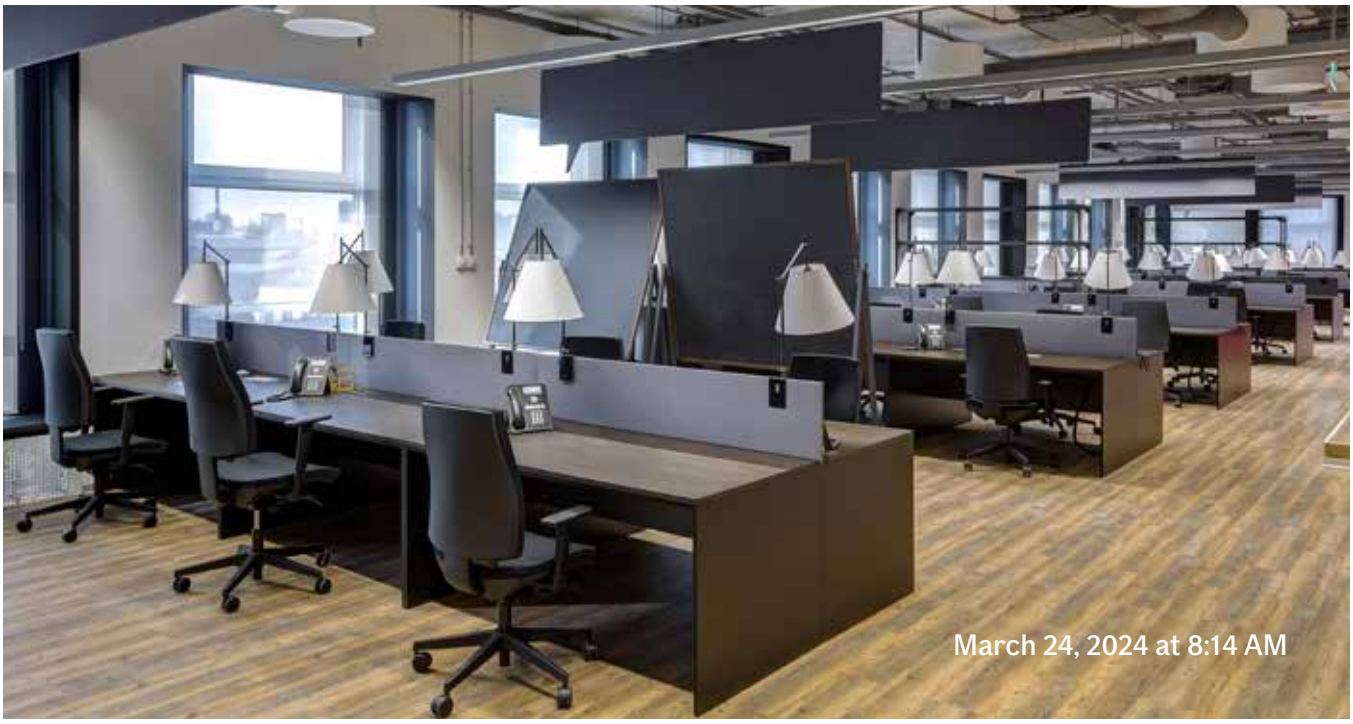
Though counterproductive introducing a tax on healthcare insurance is also an ongoing discussion in Norway. The current government has this in their policy platform, but nothing has come out of it as of yet. The number with healthcare insurance in Norway has grown faster than in Sweden, with now almost double the proportion of insured people.

If has conducted several surveys of Swedish employers and employees, and every time around 30-40 percent and above say that they do not trust that they or their employees will receive healthcare sufficiently fast in the public system. As only about 15 percent of the work force are covered by private healthcare insurance today in Sweden, we can expect the number to keep growing.

In Finland and Denmark complementing public and private financing has been subject of productive political discussion for a long time, whereas in Sweden and Norway it is politically sensitive and controversial. Even though the growth of healthcare insurance has been linear for a long time, the road ahead may not be straightforward. It is, however, hard to see that the demand for better access to specialist care will disappear anytime soon, even with political measures.

One's opinion of it notwithstanding, the development of healthcare insurance is a trend to keep an eye on for anyone interested in the future of healthcare in the Nordics.

The future of healthcare



The death of the office

Work conditions are obviously an important factor in our lives, being longer and healthier than before, or during industrialization.

The last 100 years, workplaces and offices have become healthy, comfortable places. In Sweden, every workplace with more than fifty employees are legally mandated to have a separate room for resting. In early 2020, most white-collar jobs naturally took place in an office and most office dwellers did not think twice about it. Then the covid-19 pandemic hit. Suddenly a large part of the work force went home and kept working from there. Meetings moved online. “Can you hear me” and “You’re on mute” became integral to all job meetings.

It could not have happened a decade before; being able to work from home hinged upon videoconferencing and file-sharing technology. But for many white-collar jobs, modern tech made it possible to stop coming to the office and instead work from home. Cities were transformed overnight. In cities like New York and San Fransisco, office attendance fell by 90 percent, according to McKinsey & Co. Nordic cities were no exception.

As the Kantar survey that this report is based on shows, this is not uncomplicated. Those working from home are more likely to suffer from both short-term and long-term negative stress. The survey cannot tell us why. The hybrid work model must be followed-up and perhaps adjusted to make sure that it doesn’t muddle the division between work life and home life in a detrimental way. Self-leadership and close communication with and from the leader will be of vital importance.

Work-life balance is a tricky thing. A structure must be set, to achieve according to reasonable own expectations. According to an If survey from 2021, 7 in 10 Swedes who worked from home lacked a separate workspace. Most worked from the living room (46 percent) or the kitchen (36 percent). Only 28 percent said that they had a designated workspace in their homes.

Hopefully, as a society, we will adapt and find fruitful ways of keeping apart work life and home life even when they both take place at the same dinner table. But we must be mindful of its consequences. Hybrid working is here to stay, but it is not obvious that it will look like it did last year or the year before.

Let’s solve it together!

Times are challenging. The health status of the Nordics is obviously also a challenge, and so too is providing enough public security for people, both in economic terms and in terms of accessibility to healthcare.

Ultimately, the demands on healthcare and medical services will increase as the Nordic populations age and require more care and support. Raising awareness around wellbeing, exercise, nutrition, sleep, recovery and social inclusion must be elevated and promoted effectively in society.

There are strong positive trends changing healthcare, such as digitalization, self-monitoring, and new treatments, and the possibilities to live long and healthy lives are better than ever before. We cannot solve the system challenges without collaborating or using the strengths of different actors and parts of society. And we know that preventive health and healthy working conditions help a lot.

Nordic healthcare

Health care systems in the

Healthcare in Sweden

Sweden offers comprehensive publicly funded healthcare, and all Swedish residents are covered for healthcare services. The national government is responsible for regulation and supervision, but healthcare is handled on a regional level.

The healthcare system is primarily financed by local tax revenues and direct transfers from the national government. In addition to admissions to hospital, the individual pays a fee when using healthcare services. The fee has an annual cap per year to reduce the burden from heavy users of healthcare services. Pharmaceuticals have a separate fee cap for the user.

Waiting times in public healthcare versus insurance

On the national political level, a decades-long discussion about decentralization vs nationalization has heated up significantly with the center-right government coming to power in 2022. Nationalizing healthcare is one of the main pillars of the agreement, Tidöavtalet, that makes up the foundation of the alliance between the three cabinet parties Moderaterna, Kristdemokraterna and Liberalerna, and Sverigedemokraterna, whose support the minority government rests upon.

Historically, there has been a long process of decentralization of responsibility and authority within the hospital sector, providing great freedom and autonomy for the 21 regions to make decisions. Sweden has a decentralized model with autonomy among regions and municipalities and the regions are responsible for financing, purchasing and providing healthcare services.

This regional model is now being challenged. In 2023, a parliamentary committee was appointed to analyze effects of nationalizing the public healthcare, and to propose a model for partly or wholly nationalizing Swedish healthcare. The committee is to present its results in June 2025. It is the first step of a possible nationalization, a process that will take time.

The state of the system

Today, the regions oversee primary as well as specialist and psychiatric healthcare, whilst the 290 municipalities are responsible for caring for people with disabilities and providing rehabilitation services, home care, social care for children and adults, elderly care and school healthcare.

Public financing makes up 85.6 percent and out-of-pocket payments for 13.4 percent. As last statistics from Insurance Sweden show (year 2022) about 760 000 persons are covered by private healthcare insurance. That is just over 7 percent of the population and finances about 0.8 percent of the healthcare expenditures in Sweden.

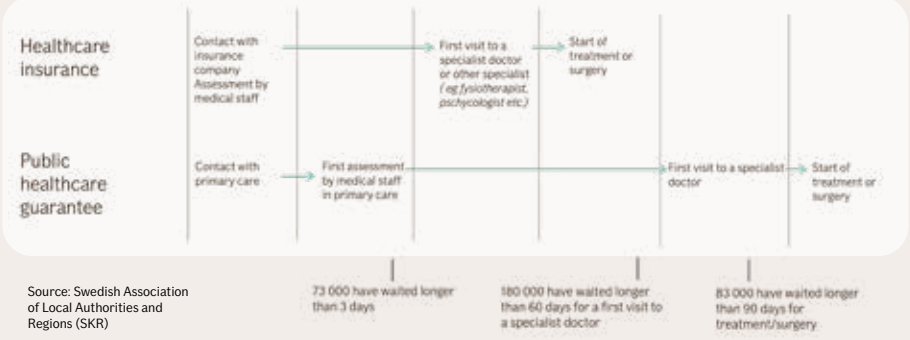
One main challange of the Swedish healthcare system is accessibility to healthcare. In If's surveys, a third of the Swedish population does not trust that they would get access to public healthcare fast enough if they were injured or sick. Moreover, 40 percent of small business owners believe that their employees would not get fast enough access to planned healthcare.

There is a "guarantee" for how fast a patient seeking help should receive contact with a doctor, a medical assessment and see a specialist, but actual results vary greatly and there are few or no consequences for the region responsible.

Rights and deadlines:

- Contact with primary care: The same day.
- A medical assessment by a licensed healthcare professional: <3 days.
- First visit to a specialist: <90 days (from the day the patient receives a referral).
- Treatment/elective surgery started: <90 days from referral from specialist

Comparisons show that Sweden has a lower level of healthcare productivity than the rest of the Nordics. Data shows that only 679 consultations were made per doctor in Sweden in 2016, while the number was 975 in Norway, 1196 in Denmark and 1310 in Finland. When assessing productivity, research and educational achievements lie within the healthcare system and are counted, which explains some of it but not all. One trend is that low-income earners use primary care to a greater extent and healthcare in hospitals, whilst high-income earners use more specialist, open care.



Source: Swedish Association of Local Authorities and Regions (SKR)

Nordic healthcare

Nordics today

Update 2024

- The political majority in Region Stockholm is reforming the healthcare system, curtailing private alternatives and patients' rights to choose healthcare providers. It is a significant shift compared to how Region Stockholm has been driving the change toward more choice and more private healthcare providers.
- Parliamentary committee to propose partly or wholly nationalizing the public healthcare system, making it a nationally rather than regionally handled issue. This is one of the main points of the agreement underpinning the current minority government, and the inquiry is due in June 2025.
- The public Arbetsskadeförsäkring (Workers' Compensation Insurance) is under review. Currently focusing on physical conditions but lacking sufficient support to individuals experiencing sick leave due to stress, even though the cause is work-related. In the latest Government investigation, financing and employers' responsibility to act preventative was mentioned in the Appendix but weak efforts to make a real change to disrupt the inefficiencies in this part.

Healthcare in Norway

Update 2024:

- In 2023, the national program "Fritt behandlingsvalg" was terminated. The program gave the patient the right to decide for themselves where they wanted to get the treatment they were referred to. There was a fear that this would lead to increasing waiting lines to public healthcare.
- Queues to the public healthcare system are increasing, and so is the number of people covered by private Healthcare Insurance.
- On the national political arena, the Health Minister has identified reducing waiting times as a priority issue.
- The number of private health insurances grow fast: from 750 000 to 816 000 in one year between 2022 and 2023.

In Norway, the national government is responsible for hospital and specialist healthcare services, which are organized through four regional health authorities (RHAs) which are responsible for hospital and pharmacy trusts in their region. Municipalities are responsible for primary care and public healthcare, including services such as general practitioners (GPs), maternity and child health centers, school health services and immunization centers, in addition to long-term care and social services. The role of the counties is limited to providing dental care for children and vulnerable people in the population.

The healthcare system is financed by tax revenues from national and municipal sources and payroll contributions to the national insurance scheme, which is shared between employees and employers. Assessment and treatment are covered through a publicly funded health service. Funding is provided through direct and activity-based grants to the various health services. Public financing provides 85.6 percent of the financing and out-of-pocket payments about 14 percent. Private, voluntary Healthcare Insurance provides around 0.4 percent. In addition to hospital admissions, patients pay a deductible fee when using the services. The deductible has a yearly maximum amount.

The Norwegian healthcare system consists of two main parts: Primary health services and specialist health services, and these have different principals than in, for example, Sweden.

Primary care: The first line of healthcare, organizing general practitioners (GPs), emergency wards and nursing homes, falls under the municipalities' purview. The GP is a patient's first contact with the health services when facing illness or injury.

All residents are entitled to a regular GP, but Norway is currently facing a shortage of GPs. About 214 000 Norwegians still do not have a regular GP and many municipalities are struggling to recruit doctors. Even so, the rate of practicing health professionals – both doctors and nurses – is higher in Norway than in the other Nordic countries.[2]

General practitioners take care of diseases and issues that do not require specialized treatment and they are usually the ones who refer patients to specialist health services when needed. Outside of office hours for GPs, it is the out-of-hours services that act as a patient's first point of contact with the health services.

Specialist care: This includes somatic and psychiatric hospitals, medical specialists and rehabilitation institutions, among others. The specialist health service is divided into four regions. Each region is responsible for the hospitals and medical specialists in the area.

The state of the system

Inability to assign a specific GP, fastlege, is a challenge. Another is long and growing waiting times for assessment and treatment in the specialist health service, and hospitals in particular. The average waiting time for specialist treatment is 75 days, and for mental health 60 days.

2 Sources: Eurostat Database and OECD Health at a Glance

Nordic healthcare

Patients with an acute need or a severe illness (such as cancer) are prioritized. For other groups, patients must wait on average two months for their first appointment with a specialist.

The number of people who have health insurance is increasing fast. The past year it grew from 750 000 to 816 000 people, from 13 to 15 percent of the population.

Another issue in Norway relates to the approval of new medicines. In Norway, access to new medicines is controlled by Beslutningsforum. They perform a cost/benefit analysis of every new medicine. This process takes time. The period between a new medicine being approved on the European market and being made accessible for Norwegian patients is increasing. In Denmark, a new drug is approved in 176 days, on average. In Norway the same approval process takes 443 days, up from 414 days a year ago.[3]

Rights and deadlines:

- The specialist health service must respond to the patient within 10 working days upon receiving a referral.
- If a patient is entitled to an assessment and/or treatment, the response must include a deadline for when this will take place.
- In the event of a breach of this deadline, the patient must be offered an alternative treatment centre within the deadline.

Healthcare in Finland

Update 2024:

- In 2023, following the most significant administrative reform in Finland's history, "Sote", the responsibility for organizing healthcare was transferred from 309 municipalities to 21 self-governing wellbeing services counties.
- There are signs that access to treatment is becoming even more difficult, no improvements in sight.
- The number of people covered by Healthcare Insurance keeps growing, partly because of the challenges in the public system.

In Finland, to a higher degree than in Sweden and Norway, private and public healthcare is viewed as complementary. More than a quarter of all social and health services in Finland are produced by private companies. The issue of private healthcare is less politically sensitive.

The foundation of the Finnish healthcare system is a public Beveridge single-payer system to which everyone residing in the country is entitled. In addition, many private healthcare services operate in Finland.

Until 2023, municipalities were responsible for organizing and financing healthcare, and did so either by providing services themselves, in collaboration with other municipalities or by purchasing services from private companies or from organizations. In 2023, the responsibility was transferred to 21 wellbeing service counties and the city of Helsinki.
The median size of the 309 Finnish municipalities is 6 000 inhabitants, an inadequate risk pool to cover expanding costs.

The division into counties is mainly based on the division into regions. The region of Uusimaa, for example, is divided into four wellbeing services counties. The City of Helsinki will continue to be responsible for organizing health, social and rescue services. The wellbeing services counties were established under the reform of healthcare, social welfare and rescue services, which has been one of the most significant administrative reforms in Finnish history. The reform was motivated by ensuring equal services, reducing inequalities in health and wellbeing and curbing the growth in costs.

The wellbeing services counties are self-governing. Their funding is based on central government funding, and they do not, as of yet, have the right to levy taxes. Differences in the service needs of the counties are considered when determining funding.

Private health services complement public services. Private service providers – companies, independent practitioners, organizations and foundations – can provide services to the wellbeing service counties or directly to clients. Private operators provide both primary healthcare and specialized medical care services.

Rights and deadlines to access healthcare services:

- A patient should get access to primary care within 14 days.
- In specialized care, the assessment of the need for treatment must begin within three weeks of the arrival of the referral.
- Treatment following the assessment must be provided within six months of the assessment.
- For mental health services for children and adolescents under the age of 23, the limit is six weeks for evaluation and six months for specialist care.

The state of the system

Public financing provides approximately 79.1 per cent of the healthcare resources and out-of-pocket payments for 16.4 percent. About 22 percent of the population have taken out voluntary health insurance.

Patients have a right to receive healthcare services within a specified time frame set by legislation. However, there are problems with long waiting times for not-acute doctor treatment and surgery. An If study from 2022, the Finnish Health Barometer,[4] shows that the number of people who are worried about whether there are enough treatment personnel available in the public sector has increased by 13 percentage points in the last year. Most respondents feel that it is more difficult to access non-acute treatment and that the quality of public healthcare has decreased during recent years. The If Finnish Health Barometer also shows that the use of remote doctor services has increased significantly during Covid-19. These services are mostly provided by the private sector and are very advanced in Finland.[5]

The Sote reform has only been in place for a year, but several studies show that people have experienced or are worried that the access to treatment will become more difficult. If can see an increased interest in private Healthcare Insurance.

[3] https://www.efpia.eu/media/s4qf1eqo/efpia_patient_wait_indicator_final_report.pdf
[4] An If-study conducted 2022 by YouGov among Finnish people on various health issues.
[5] Sources: Healthcare system in Finland - EU-healthcare.fi, Front page | Soteuudistus, Health Barometer (If)

Nordic healthcare

Healthcare in Denmark

Update 2024:

- July 1st, 2024, a large reform of workers compensation law will enter into force. The primary aim is to facilitate that work-injured people can continue their working lives.
- A growing number of Danes are covered by private Healthcare Insurance, "sundhetsforsikring", from 40 percent 2021 to 46 percent 2022.

Denmark has universal coverage, and healthcare treatment is mainly covered by the public system. The Danish healthcare system is decentralized to regional level and to a large extent financed by taxes. The regions in Denmark do not collect taxes by themselves, they receive financing from the state (80 percent) and municipalities (20 percent).

The national government is responsible for regulation, supervision and some planning and quality monitoring. The regions bear responsibility for the operation of public hospitals and for agreements with private primary and specialized clinics. Compared to Sweden and Norway, the Danish healthcare system makes more use of private health providers as complements to the public providers – a third of the population are covered by private Healthcare Insurance – and the discussion about how private and public can both be utilized to reach the goal of better, more accessible healthcare is not as politically sensitive as in the neighboring countries.

The public healthcare organization goes back to 2007, when regions and municipalities merged for more efficient healthcare. Thus far it does seem to have increased hospital productivity (mainly due to focusing on fewer, larger hospitals).

With the reform, sickness absence rates dropped, but there is reason to believe that the driver behind this trend was the economic downturn rather than the reform. Denmark has a strong centralized governance of healthcare in hospitals, and the primary care facilities function as gatekeepers.

Many employees are covered by private Healthcare Insurance through their employers and a large part of the population also has private insurance through Sygesikringen Danmark. Sygesikringen Danmark only covers a part of the payments for treatment, but it also covers dental treatment in part, which is not covered by health insurance and partly covered by the public system.

There is no deductible for public healthcare in Denmark, and seldom for services from Healthcare Insurance. No co-payments are required for primary care visits or inpatient hospital care, or specialist visits referred to by a GP. Co-payments apply to partly covered services including outpatient medicines, dental services and physiotherapy. However, subsidies exist for these services.

Approximately four in ten Danes purchase supplementary Healthcare Insurance to cover cost-sharing. In addition, nearly one-third of Danes hold supplementary Healthcare Insurance, which provides expanded access to private providers and elective services, most often as a fringe benefit offered by employers.

GPs provide primary care and play, as the first point of contact, a gatekeeping role in relation to further examination, hospital care and most specialist care. About 46 percent of GPs are self-employed. All residents are entitled to a GP, but at the same time, there is a shortage of GPs. It can be especially difficult to find a GP in the areas away from the larger Danish cities.

The specialist health service, including hospitals, is divided into five regions. Each of these regions are responsible for the hospitals and medical specialists that belong to that region. The regions are responsible for defining and planning the delivery of healthcare services, whereas municipalities are responsible for health promotion, disease prevention, rehabilitation, home care and long-term care.

Rights and deadlines:

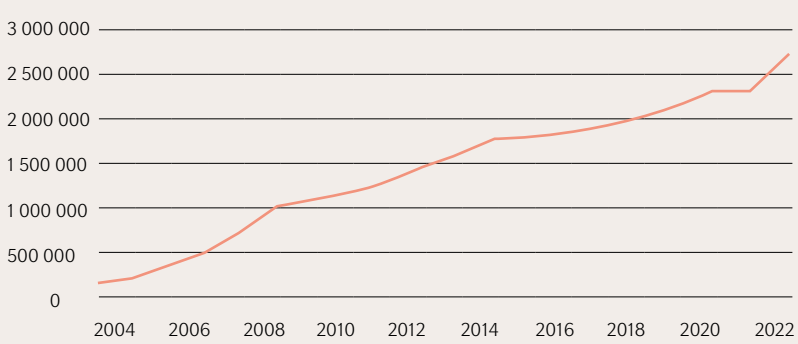
– There is a guarantee of treatment within 30 days for surgery. However, this guarantee has been terminated from time to time; for example, in cases where all the money allocated to the guarantee has been spent.

State of the system

Public financing contributes 85.4 percent to healthcare costs, and out-of-pocket payments for about 12 percent. The proportion of people covered by private Healthcare Insurance is growing fast, from 40 percent 2021 to 46 percent 2022.[6] Almost all privately employed individuals are covered by private insurance, and a growing number of publicly employed as well. However, voluntary Healthcare Insurance only makes up or about 2.5 percent of healthcare financing in Denmark.

As in all Nordic countries, one of the main challenges is long waiting times for specialist health services and hospitals. The waiting times for elective surgeries are however shorter in Denmark than in the rest of the Nordics.

Almost 2.7 million danes have a Healthcare Insurance



Source: F&P sundehetsforsikringsstatistik - Hent data

[6] Source: Forsikring og Pension

Nordic social security

Social security systems in the Nordics

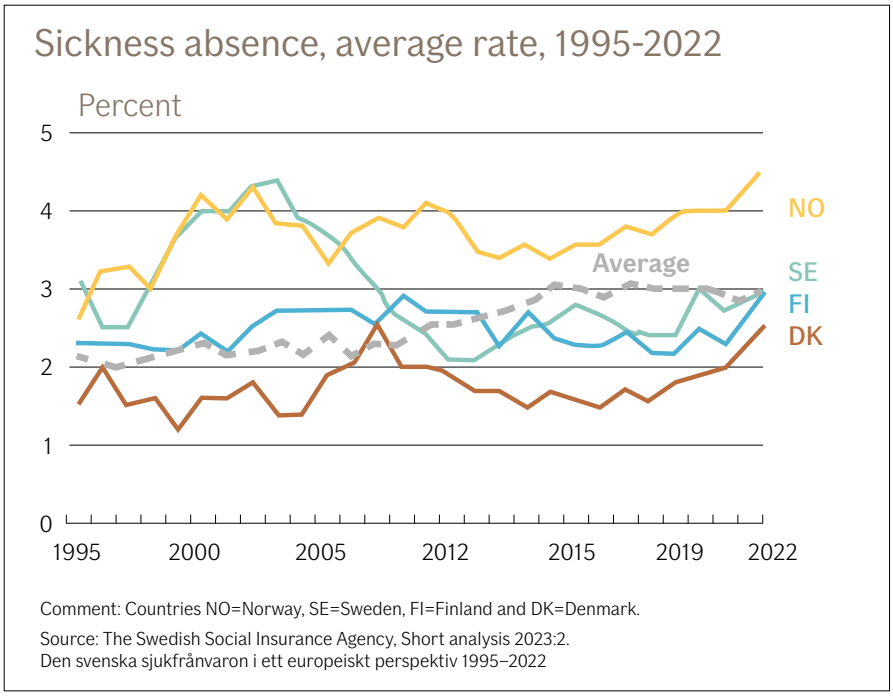
Social security systems in the Nordics are also similar, but different in important ways. In all countries, everyone is covered by a comprehensive welfare system. Yet, sickness absence in Norway is twice as high as in Denmark. The four similar systems can learn from each other.

The Nordic countries are all well-functioning welfare states with many similar characteristics. They all have a high employment rate, both for men and women. They offer rather extensive economic protection for employees through the social security system. Employers have a broad responsibility for the physical, organizational and psychosocial work environment. Child benefits are generous, both in terms of parental leave (for both parents) and child benefits for households with children, and guaranteed place in a heavily subsidized daycare facility.

High sick-leave rates in the Nordics, when compared internationally, can partly be explained by the high employment rate. In Denmark, the average sick-leave rate is about the same for men as it is for women. In the other Nordic countries, sick leave rates are much higher for women.

The graph shows different patterns of sick leave in the Nordics between 1995 and 2022. Countries with generous social security systems generally have a stable development. Sweden has, however, been known for its varying numbers over time, which can be explained by changed regulations and assessment criteria. The trend has become a bit more stable.

This shows that a reduction in sickness absence does not necessarily indicate an actual health improvement. There may well be other reasons for shifts in the data. Besides, the rate is still at quite a high level.



Comment: Countries NO=Norway, SE=Sweden, FI=Finland and DK=Denmark.

Source: The Swedish Social Insurance Agency, Short analysis 2023:2.
Den svenska sjukfrånvaron i ett europeiskt perspektiv 1995–2022

Norway had a similar pattern between 1995 and 2005, which has remained at an even higher level. One explanation for this could be that Norway has a higher number of older employees – and therefore a higher risk of sick leave – and that the risk of losing your job when you have been sick for a long time is lower in Norway compared to the other Nordic countries.

Finland has quite a stable rate of sick leave rate over time. Denmark has sickness absence well below the other Nordic countries, except for a peak in 2007. The lower sick leave rate is partly explained by the fact that people who have been absent due to illness longer than they have employment protection are terminated and thus excluded from the statistics. Furthermore, lower compensation levels and weaker employment protection contribute to raising the threshold for sickness absence.

There are plenty of similarities between the Nordic countries, also in terms of social security systems, but also significant differences. Let's dig a bit deeper into the countries, what characterizes them, and what has changed since last year.

Nordic social security

Social security in Sweden

Update 2024

• Public workers' compensation insurance is under review. A governmental inquiry was completed in 2023, but no legislation has been proposed yet. The current system is lacking sufficient support for sick leave due to work-induced stress.

The Swedish system has three levels: public, occupational (including collective agreement insurance) and private. The pension system and unemployment benefits are also included in the social security system. Here, we concentrate on benefits connected to injury, sickness, disability and child benefits.

National-level-based public insurance

The public insurance covers, with few exceptions, everyone either living or working in Sweden. Benefits are administrated and paid out by the Social Insurance Agency. The benefits give support in many different life-changing situations. An important part of the social security system is providing support in the event of an employee being ill or injured.

During sick leave, the employee receives compensation from sick pay that the employer is obliged to pay out for the first 14 days (from day two). From day 15, the employee receives sickness benefit from the Social Insurance Agency. In the event of long-term illness, the employee can receive activity or sickness compensation (at a lower level than for short term sickness). Depending on the length of the sickness or injury, different levels of benefits are applied.

A person who sustains an injury at work can receive compensation from the general workers compensation insurance, which is paid out by the Social Insurance Agency. The insurance covers all employees, self-employed individuals and contractors. Employers have an obligation to report work injuries to the Social Insurance Agency and the Swedish Work Environment Authority.

The social security Eco-system:

Comment:
Private level: private insurance and group insurance

Occupational level: collective agreement insurance and other occupational economic safety nets

Puplic level: national public social insurance

One part of the public insurance gives financial benefits when becoming a parent. You may be eligible for parental leave benefits before the child is born or before bringing an adopted child to Sweden, and if you get sick during this period.

Once the child is born, both parents are eligible for a benefit for staying at home and monthly financial support will be paid out, which is for the care of the child. Parental insurance makes it financially possible for parents to be at home with their child when they are born, and the days are valid until the child reaches 12 years of age. The parental benefit is paid for a total of 480 days per child.

A monthly child benefit is paid out until the child reaches the age of 16. If the child has a disability or a long-term illness, a childcare allowance for children with special needs and a cost allowance may be paid out, and in the event of short-term sickness or injury, the parents will receive a financial allowance for staying at home, covering loss of income.

Occupational-based insurance

Many employers in Sweden also pay occupational-based insurance on behalf of their employees. These benefits can be seen as a complement to the national-level-based insurance coverage to help employers attract and maintain employees. These benefits typically include some or all of the following: occupational pension, life insurance, accident insurance, long-term disability insurance and Healthcare Insurance.

If the company is not bound by a collective agreement with a trade union, or if it has not signed a collective application agreement, the company does not have to offer a supplementary pension and insurance plan to its employees. However, these employers can buy solutions from an insurance company to provide extra coverage for them and their employees.

Private insurance solutions

Besides the insurance coverage provided by the state and the employer, private insurance solutions can either be purchased to top up the existing coverage or to provide insurance coverage if you are not part of the working population. This can be signed as a group insurance policy or as private individual insurance.

Social insurance in Norway

The social security system in Norway covers events in life which could entail a great financial burden, if not covered by a safety net, for example childbirth, illness, sick leave or disability. For calculations of financial aid, the term basic amount (G) is used. This amount is adjusted annually in line with wage growth elsewhere in society.

Nordic social security

Illness, sick leave and sick pay

An employee who becomes ill is covered by their employer for the first 16 days. From the 17th day, the public system takes over responsibility for wages up to 6G, but not for longer than 365 days. For salaries above 6G, a different scheme applies. Some get this gap covered through the employer, others through insurance. Smaller companies often buy sick pay insurance.

For self-employed, the public system covers up to 80 percent of 6G from the 17th sick day. The early days of any illness must therefore be covered by the individual. However, there are various insurance schemes that can be subscribed to via the Norwegian Labour and Welfare Administration (NAV), or through an insurance company.

After 52 weeks of sick leave, an employee is no longer entitled to sick pay. If one has still not fully recovered after this period, the alternatives are a work assessment allowance or disability benefit.

Disability

Disability benefits are the next safety net for people who have a permanent disability due to illness or injury. The ability to work must be reduced by at least 50 percent. To receive work assessment allowance (AAP), the corresponding requirement is 40 percent, and if the reduced ability to work is due to an occupational injury or illness, the claim is 30 percent. The maximum coverage one can get is 66 percent of average income over the last five years.

Occupational injury

Insurance in the event of an occupational injury is a statutory insurance in Norway, and all employers are obliged to take out workers' compensation insurance for their employees. The scheme's intention is to provide compensation for illness or injury affecting the employee in connection with work. This applies regardless of who is responsible for the injury or illness.

The insurance is bought through private insurance companies, and it entitles the company to a tax deduction. As it is a statutory insurance, its content is relatively similar from company to company. To differentiate their offerings, insurance companies often offer various forms of extensions to the insurance. This could be coverage for travel to/from work, leisure accidents or for diseases that are not recognized as occupational diseases.

Parental benefits

This benefit is intended to cover a loss of income during the period when one is at home with a child after birth or adoption. The scheme applies to both the mother and father, but the first six weeks are reserved for the mother. The ordinary benefit provided via the state is up to 6G. Many employers will nevertheless cover any loss of wages that exceeds the coverage provided by the state.

These parental benefits must be claimed before the child reaches the age of three. Parents can also choose whether they want parental benefits for 49 weeks at 100 percent of the benefit rate, or 59 weeks at 80 percent of the benefit rate. For parents having twins, or even more children, the period of parental benefits will be adjusted upwards.

Child benefit

All parents who live in Norway, with children who are permanently resident with them, are entitled to child benefit. Child benefit is paid until the child is 18 years old. The contribution is intended to cover the expenses associated with having children. The size of the child benefit is determined by Parliament. The amount did not change between the years 1996 and 2019. In recent years, between 2019 and 2021, it has been adjusted upwards for children under the age of six.

Social security in Finland

In Finland, the social security system aims to guarantee sufficient economic security in all life situations. The social security system consists of services and cash benefits that provide financial security.

The Finnish social security system provides basic financial security in situations where a person is unable to provide for himself or herself. The system provides benefits and services in the following situations: old age, work disability, illness, unemployment, childbirth, death of the family breadwinner, rehabilitation or studies.

Overall, the Finnish social security system covers those who live in Finland on a permanent basis and those who work in Finland. In certain situations, persons who stay abroad can also be covered by the Finnish social security system. The system provides employers with compensation for the costs associated with employee sick leave, family leave and occupational healthcare.

Workers' compensation insurance is mandatory in Finland. All employees must be covered by this occupational injury insurance.

The Social Insurance Institution (Kela), the wellbeing counties, the unemployment funds, pension companies and other insurance providers implement the social security system. Some social security benefits are based on previously earned income or employment and some benefits are not dependent on incomes or previous employment. The social security system is financed through taxes and insurance contributions.

Social security in Denmark

In Denmark, the social security system covers life events such as maternity leave, illness, sick leave, disability and unemployment, when you need extra economic safety.

Sickness benefit and disability pension

The sickness benefit supports employees when they become ill and are unable to work. The sickness benefit has a cap. The employer is responsible for paying out the sickness benefit for days 1-30. Or, if one is unemployed, the unemployment fund will pay the sickness benefit during the first 14 days of sickness. After that, the local authority will pay the benefit. The disability pension supports people who have a permanent disability due to illness or injury.

Nordic social security

Occupational diseases and accidents at work

A personal accident, where there is causality between the work-related accident or exposure and the injury, disease or death, can entitle a person to compensation. Other conditions that may entitle a worker to compensation would be occupational diseases through to physical or mental diseases because of work or working conditions. A minimum of five percent permanent injury is required to get compensation for permanent injury. A minimum of 15 percent permanent incapacity due to injury or disease is required to receive compensation for a permanent loss of earning capacity.

Compensation is paid through workers' compensation insurance which is mandatory for all employees and the insurance premiums are paid by the employer.

Home care service

If a person has temporary or permanent physical or mental impairments, or special problems that mean the person is unable to carry out personal and practical tasks at home, it is possible for them to receive home care.

Parental and child benefits

As a parent you may be entitled to maternity benefit for pregnancy, childbirth and adoption. From 2 August 2022, new rules apply. Basically, 48 weeks with compensation are granted after birth and these are equally distributed between the parents, with 24 weeks going to each. Out of those 24 weeks, one of the parents can choose to transfer up to 13 weeks to the other parent. Previously, parental leave was 32 weeks each (a total of 64 weeks).

Someone living in Denmark as permanent residents with a child is entitled to child benefit. Child benefit is paid until the child is 18 years old. The child cannot be supported by the public at the same time.

Extra safety

Personal insurance as a supplement to the public commitment

Almost half of the adults in the Nordics do not trust that the public healthcare system will help fast enough if something happens. Voluntary insurance solutions are available to give an extra level of coverage. When you have an injury, if illness prevents you from working, or if something happens to your child. Those are situations where an extra layer of security may be of value.

This survey has shown that many people are worried about their future. Many do not trust that the national healthcare or social security systems will be sufficient if they are victims of an accident or have to live with a disease that affects their ability to keep their jobs. One way of dealing with these risks is to purchase separate insurance coverage through Personal Insurance.

We offer various Personal Insurance (PI) products to secure our customers' financial situation in the event of an illness or injury (on work, at home, when travelling or being abroad). We also guide them to the right care and support their recovery with the help of private healthcare providers.

We have high standards for our social responsibility and we play an important role in the Nordic countries' welfare systems by providing regulatory insurance for workers' compensation, except for in Sweden where it is a public system.

The insurance plans can either be purchased directly from the insurance companies, as individual insurance, or they can be taken out by the company offering it to their employees, or through membership of an association or trade union (group insurance). We make sure that the employees are correctly insured and that If supports them through different stages in life.

During the last year we have continued to invest in digital development, including data secure digital communication channels and remote doctor services for customers at home and travelling. Our digital services are complemented by personal claims advisory, medical advisory and supporting services, such as legal help.

Aim: to provide more security

Personal insurance can provide compensation for permanent injuries, loss of work ability, certain serious diagnoses, or death. Illness and accident insurance offers financial security in the case of an accident or serious illness, while life insurance pays compensation in the case of a death. Our child insurance has 24/7 coverage, and we also offer pregnancy insurance. The purpose of personal insurance is to provide more security to individuals, families and businesses.

In addition to these personal insurances containing financial coverage, If offers healthcare insurance, which includes healthcare advice, fast access to private healthcare and coordination when needed – all to promote health and work ability. Private health insurers provide individuals or groups with services to supplement the public commitment. The role of healthcare insurers is becoming ever more important because of Europe's ageing populations and the increasing strains on national healthcare systems.

Common types of private insurances are accident insurance, illness and accident insurance and child insurance, primarily covering the consequences of long-term disability, but also life insurance and loss of income insurance. The latter is especially important in higher income segments, where the national-based coverage does not compensate for salaries above a fixed ceiling. These insurance products provide important financial safety in the event of an accident or illness that leads to long term sickness or permanent disability.

Voluntary Healthcare Insurance

Healthcare Insurance is offered in all Nordic countries and provides individuals or groups with early interventions like medical advice, treatment or surgery to complement or supplement the public commitment.

Extra safety

Facts for the Nordics

- Healthcare Insurance is a supplement on top of the public commitment that covers both illness and accidents.
- An important security and support for employers and their employees.
- Medical advice and early interventions, helping people prevent sickness, injury and sickness absence.
- We use only private providers for healthcare treatment and surgery.

Private Healthcare Insurance varies in the Nordic countries, both in terms of prevalence and content. In Denmark, 46 percent are covered by private insurance, compared to about 7 percent in Sweden. The Swedish Healthcare Insurance contains more planned specialist care than in Denmark where to a larger extent psychology and physiotherapy is offered. In Denmark there are options for Healthcare Insurance, which both complements and supplements to the public commitment.

Healthcare Insurance in Sweden provides the same planned, specialized healthcare that is offered by the publicly financed system, but through a separate agreement between the insurance company and the provider. With preventive health insurance, the employer receives support and guidance regarding statutory work environment measures to promote a healthy workplace and physical, organizational and psychosocial work environment. Preventive health insurance also provides support with work-oriented rehabilitation for employees with reduced work ability due to ill-health.

Occupational insurance

Occupational insurance exists in all the Nordics, but the systems vary greatly. In Sweden the occupational insurance is entirely within the public system, whereas in the other countries workers' compensation insurance is monitored through insurance companies.

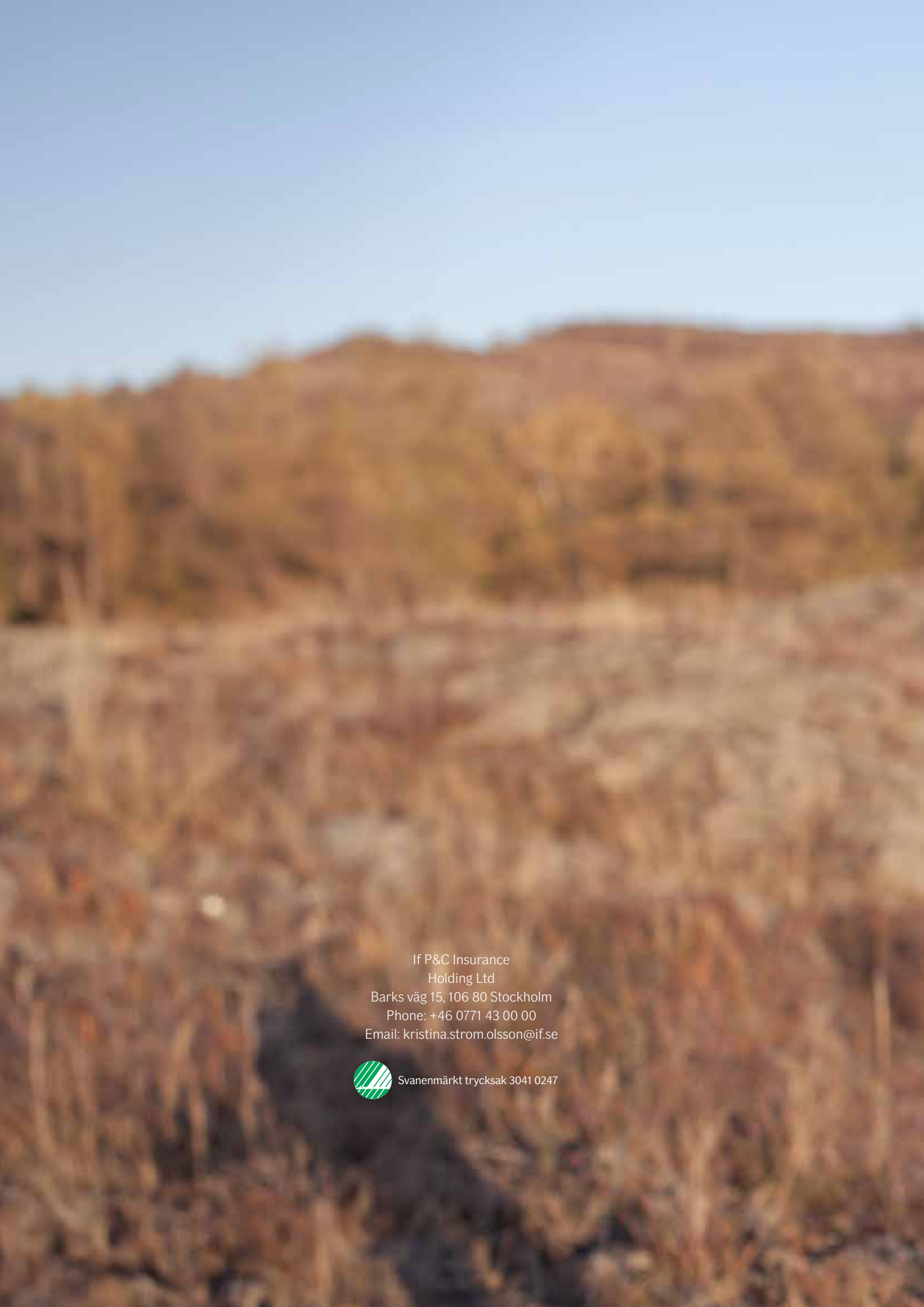
It is mandatory for workers' compensation insurance to cover all employees, including full-time and part-time employees. The workers' compensation can compensate for injuries resulting from an accident at work or an occupational disease.

Pregnancy insurance and Child insurance

Economic protection for children and families is offered through child insurance and, during pregnancy, through free pregnancy insurance or pregnancy insurance. Child insurance can be bought after the child is born. Child insurance provides coverage in the form of financial compensation in the event of accidents, and a high level of financial security in the case of permanent disability due to illness or accident.

Child insurance is common in all the Nordic countries. In Sweden, for example, more than 50 percent of all children are covered through either an individual or a group child insurance.

The individual child insurance solutions are more extensive than the group insurances in terms of the level of benefits. However, both cover benefits for illness, accident and permanent disability resulting in work disability. Most child insurance can be kept until the age of 25, and thereafter the insurance company will usually offer illness and accident insurance for adults without a health declaration requirement.



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