CHAPTER 2

Pandemicracy and Organizing in Unsettling Times

Barbara Czarniawska, Josef Pallas, and Elena Raviola

In short, the everyday work conditions of thousands of public sector employees have been challenged, and in some cases even redefined—in practice and/or in documents outlining job descriptions. Expectations and demands of the continuous and expanded provision of public goods and services have made the tasks of many public sector organizations and their employees grow, both in relative and absolute terms. Emotional and at times desperate responses to the increased intensity, uncertainty, unpredictability, emotional stress, discomfort, and even life-threatening working conditions are not uncommon in stories from various societal sectors (Lee, 2021).

Most of testimonies and stories that have been gathered in popular and academic texts and studies focus, however, on work performed by people

B. Czarniawska (✉) • E. Raviola
Gothenburg Research Institute, University of Gothenburg, Gothenburg, Sweden
e-mail: barbara.czarniawska@gri.gu.se; elena.raviola@gu.se

J. Pallas
Department of Business Studies, Uppsala University, Uppsala, Sweden
e-mail: Josef.Pallas@fek.uu.se

L. D. Browning et al. (eds.), *Organizational Communication and Technology in the Time of Coronavirus*,
https://doi.org/10.1007/978-3-030-94814-6_2

in *front-line* professions and occupations—nurses, physicians, and other healthcare professionals within primary and elderly care. What has happened to working conditions in occupations and professions that operate in other parts of the public sector is less well known. How are social workers, preschool personnel, teachers, immigration officers, cultural workers, urban planners, public sector managers, and administrators dealing with such pandemic-related challenges as social distancing, hygiene routines, facial masks, and sick leaves?

In this chapter we describe a Swedish variation of the phenomenon we call "pandemicracy"—various governance efforts to control the pandemic and public sector employees' reactions to it. Inspired and motivated by an expanding vocabulary of the working ethos of public sector organizations, which now includes such words as sacrifice, solidarity, dejection, and determination, we have collected stories from people working in various parts of the Swedish public sector. These stories describe daily work in times of turmoil within a country that has been internationally deemed to be an exception for the ways in which the pandemic has been managed. Indeed, Swedish officials decided not to introduce a general lockdown, even if many other constricting measures have been taken. But in Sweden, as in all other countries, there are medical, societal, and economic effects of the pandemic that may set a hallmark for the future organization and governance of public sector organizations.

Our Study

At the end of March 2020, we placed a following post (in Swedish) on our Facebook accounts and on the Gothenburg Research Institute website:

> To: Nurses, physicians, police officers, administrators, social workers, investigators, teachers, cultural workers, communicators, researchers and epidemiologists – all public employees who face challenges from the COVID-19 epidemic on a daily basis and who would like to share their thoughts and reflections on what is happening in their organizations. If you – despite your incredible workload – have the strength and desire to participate (completely anonymously of course), we would like to ask you to write as often as possible a few lines about the challenges you face in your workplaces, the thoughts and feelings they raise, and, in general, how your organization adapts to the spread of the virus. Tell us what you feel is most important, most difficult and most challenging, but also what lifts you up, helps and

> facilitates. We are then planning to write a book about how "public Sweden" has faced a crisis like this.
>
> If you are interested in sharing your experiences, please write to us at [e-mail addresses] and we will tell you more about what our study looks like, how to cancel your participation at any time, how we handle information from you, and much more!

To those who contacted us, we sent a following letter:

> Thank you so much for wanting to join us! We think it is important to document everyday life in the crisis with stories from people, and not only with public documents. We are very interested in your work and your workplace, as well as the thoughts and feelings you have when you handle the changes and adaptations that your organization makes in connection with the spread of the virus. […]
>
> You can write in the form that suits you best. You can send what you wrote or recorded to any of us via email, SMS, WhatsApp, or in any other way – choose it yourself! We will save all material in an anonymous manner according to the Swedish Research Council's ethical principles, and you can stop contacting us whenever you wish.

We received some answers, but not as many as we hoped for. (At the time, we probably didn't realize how busy and overworked our potential interlocutors were.) Thus, we completed the study by interviewing people we knew, including some university colleagues. And thanks to the dog that one of us had to walk regularly, we also gained stories from dog owners who worked in the public sector and who were kind enough to join our efforts. In this way, we received 37 accounts from people employed at healthcare organizations, schools (from preschool[1] to university), and municipal and state units involved in or influenced by COVID-19 counter efforts. When quoting their utterances, we call them "N+number", N standing for narrator.

We have divided our analysis in four periods of 2020:

- March–April, when the first attempts to counteract the pandemic began;
- May–June, when responses to the pandemic were truly developed and established and when people are starting to realize that their work was likely to be different for foreseeable future;

- July–August, when handling the pandemic was becoming routinized, and when people had started to reflect on the previous six months; and
- September–October, when the pandemic in Sweden became somewhat of a "new normality", with people leaving the "crisis mode".

Here are the stories and our readings of them.

March–April 2020

The first confirmed case of COVID-19 in Sweden was in Jönköping on January 31, 2020, but it was on March 10 that the Swedish Public Health Agency changed the risk level of virus spread in society from moderate to very high. The first reactions were—as to be expected—uncertainty and confusion.

In a home for persons with certain functional impairments, many personnel reported sick, while those who remained often worked from 1.5 to 2 days without a break. They started wearing visors, but their boss told them that this gear was frightening the residents, who were called "users" in such units. Some users moved home to their parents. The personnel explained that, in fact, both the users and their parents were afraid—not of visors, but of the virus—but received no reply. In order to obtain some response, they had to send their letter three levels up, to the Chief Safety Representative.

> Our Chief Safety Representative immediately took up the issue – apparently, we were not the only ones who had contacted him for this reason. He contacted the Division Manager, who gave him the same response we had received. Our boss questioned the idea that this would be perceived as offensive by our patients. Many of our users who can speak for themselves had requested that the personnel wear protective equipment. Could it be that it was perceived as offensive if the personnel did NOT wear protective equipment? Could it be that many [users] actually felt unsafe in their residence? He also wondered if anyone from management had talked with our users and asked them how they felt? Obviously not… (N1, assistant nurse)

A similar situation has been observed in other places. Typically, it was managers in positions distant from line work who felt confused or were not well informed and therefore failed to inform their subordinates. In

some places, the subordinates felt that their bosses were close to panic (N3, Swedish Armed Forces). One of several reasons for their panic was the fact that even people with light colds were supposed to stay at home, which meant that fewer and fewer persons were left to fulfill the growing number of tasks. Line managers who were closer to the actual operations started preparing risk assessments and collecting medical information, even before the state agency rang the alarm bell (N1, municipal environment inspector).

The impact of the pandemic obviously varied from workplace to workplace. The uncertainty was a heavy burden for people working in social emergency services (SES):

> Our work requires emergency assessments and decisions – evenings, nights and weekends – assessments and decisions that cannot wait until the next day, such as acute child protection in cases of child abuse, parents' mental or physical illness, parental abuse. There are persons (mostly women) who may need protection after being victims of violence, addicts who may need immediate care, homeless people who need accommodation for the night, and other people who have experienced dramatic events. We are contacted by private citizens, but also police, healthcare units, social services…. After 2 AM we are on standby from home (…). In other words, my colleagues and I have experienced a thing or two in our job, and usually remain quite calm, even when horrible things happen. COVID-19, however, even if we have all begun to get used to it, is a different challenge, as our own health is threatened, and we are in need of support and protective equipment to be able to do our jobs. (N10, SES district secretary)

The uncertainty in this case concerned their services—what should they do? Visit people in troubled homes? The visitors were no longer allowed to enter the office unless absolutely necessary. Otherwise, one was forced to conduct the conversation through a glass door. On April 4, the personnel received protective equipment: visors, respiratory protection, protective aprons, and gloves.

> It feels good to know that the protections are here. We may not have to use them, but their presence is comforting. I worked during the Estonia disaster and the tsunami. The difference is that there my own health was not at risk. Still, now I want to give emergency support to children who may have been abused or in other ways victimized and to other persons who may need emergency interventions. (N10, SES district secretary)

At a preschool, the uncertainty and confusion were often felt in contacts with the parents. In the beginning, personnel received many detailed directives from above, yet a careful reading soon revealed that many of these directives were impossible to follow. The personnel did their best, but sometimes had problems explaining to the children why certain things must be done differently. The directives suggested that as many children as possible should stay at home, but few did. Scenes like this preschool teacher described were typical:

> In the afternoon, one of the children sneezes, and we have to wipe away slimy snot. We know the parents, and we know they will be reluctant to keep the child at home. It is snack time and the child is sneezing again. We take pictures to have evidence and send them to the parents. One of the staff goes to warn the principal in case a parent comes by to talk. The parent comes and asks if the child really needs to stay at home. We refer to the directives from the Public Health Agency. (…)
>
> Another child is coughing. We send a message to a parent who promises to come but needs about an hour to travel from work.
>
> A child in the class next door is coughing too. The parents don't speak Swedish. We use an app on our iPad to translate a message into the parents' mother tongue. We explain that the child is coughing, and that children showing the slightest symptom of cold need to stay at home. We hope we got it right and the parents accept it. (…) The children cough, sneeze or have running noses every day, however, and normally we would not even have reacted to such things. But the situation now is different, and these children need to stay home. (N6, preschool teacher)

In many public services, the schedule and tasks of many workers were changed to address the emergency, and these changes generated different worries—for infection in the case of healthcare front-liners and for unexpected consequences of the pandemic-containment measures. At the special surgery section, all planned surgeries were stopped to create room for COVID-19 patients in need of intensive care. It seemed to be a certain relief for the personnel, but at the same time, the fear of infection reached its peak, while the protective means were not yet delivered in adequate volumes:

> We were running low on working material, as it was rarely refilled, while many people became desperate to get hand sanitizers for their homes, rather than remembering that good hand sanitizer lasts a long time, and that in

> general it should be prioritized for hospitals. So, we could be missing several containers of hand sanitizers in our changing rooms when we were leaving for home. (N7, nurse at a special surgery section)

At an elementary school, the teaching scheme was constantly changed, and classes were combined. Teaching took place half in the class, half digitally. Teachers worried about contagion, as it was difficult to follow all the restrictions and recommendations in the case of children:

> It's not like children excel in keeping their distance, not picking their noses, or not touching everything and everyone. It goes against being a child. Then the teenagers do each other's makeup, hang together in groups and sit in each other's laps and cuddle. (…)
>
> One student who is moving to a new foster care home in another city had his last day yesterday – a student with taped glasses and dirty clothing… I hugged him at least ten times that day, despite the directives. (N5, elementary school teacher)

Apart from the infection, teachers worried about other consequences of the restrictions: after all, teenagers who don't go to school can be enlisted by gangs, and their recruitment begins when they are as young as 12. Then there are children who get real food only at school and those whose parents are drug addicts. Many children started crying in class. But N5 promised herself to become more positive: "I have started to draw a dot on my hand with a permanent marker every time I complain about something, because I have become so tired of my own complaining. I will try to get my act together."

Many public employees felt anxiety, and managers needed to calm them down. The coordinator at the municipal social services contracted COVID-19, but continued to work; Zoom meetings continued from 8.30 to 17.00, some in parallel:

> We need to manage a lot of worries, but there is also a lot of information that comes almost daily from the Care Coordination, from the Institute of Infectious Disease Control, from the Public Health Agency. (…) Our personnel feel strong anxiety, but it can be reduced with facts. (N11)

Anxiety was felt even at universities, but perhaps a different type of anxiety that was dealt with differently: distance teaching, hand washing and extra-emergency meetings—tiresome, but necessary. But then a university

administrator went out to buy some lunch and experienced something similar to what the elementary school teacher had experienced:

> Suddenly a young girl falls head down on the concrete floor. I rush over and lift her head onto my lap to make contact with her. I talk close to her face, and pat her lightly on the cheek to keep her conscious as I yell at the staff to call 112. The whole situation gets resolved when the ambulance arrives. I go and buy a sandwich wrapped in plastic, but then realize that I cannot eat it until I have returned to the office, washed my hands and used hand sanitizer. It strikes me, that right then and there, when the girl fell, I didn't think one bit about COVID-19 or the spread of the infection. (N12, university administrator)

University teachers get tired, but they are used to distant teaching:

> I have become a Zoombie, this living-dead creature who, with hollow eyes, sits cowardly, hour after hour staring at the screen – at other living-dead screen workers. In the beginning, it was a bit like with people in the beginning of the 20th century using a telephone for the first time: You talk with the loudest voice possible to be heard across the digital expanses. Now, after a few zoom meetings and lectures, I am a zoom veteran and have found the feature that adds a beautifying filter over my hollow eyes. (…) But gods help us if we have to teach zoom in the fall too. It is difficult to keep eye contact with a screen camera. A computer has neither a heartbeat nor humor. It doesn't laugh politely at my jokes. (N9, social sciences lecturer)

There are also other worries to consider: "I dread the day when schools and preschools close. I dread that my parenting will not be able to handle it" (N9).

Art schools, like museums and theaters, had more problems with the restrictions and distancing. Cultural organizations are closed; most cultural events have been cancelled. As reported in the media, the pandemic has meant loss of contracts and severe economic difficulties for many cultural workers. An art-school teacher told us: "I received a message sent to me on Instagram, it said: 'Online Art School is Not Art School'. I agree" (N8).

Cultural workers who had part-time jobs lose them; COVID-19 is definitely an enemy of precariat (N2, doctoral student).

And, last but not least, what did politicians do?

> During the first weeks, I had abrasions on my ear from the phone's earpiece and even bigger ones in my head from all the communication apps, each with its own double security code that I still haven't managed to memorize. I constantly have voices in my ear, but rarely a person nearby.
>
> The meetings that are most important for me as an elected representative are canceled – I cannot meet with sick, frail or dying people now. I absolutely do not want to disturb the employees in healthcare or care units. They have enough to do anyway. At the same time, it is impossible to do a good job without being able to listen to the people potentially affected by my suggestions and decisions.
>
> Sometimes I have problems falling asleep at night after having heard stories about protective equipment that chafes wounds in the face, or the hours of helplessness behind misty visors, or the sadness in the voices of isolated people, sometimes couples who have loved each other for sixty years who have not met for weeks. After hearing about such things, I believe my life is almost as usual. (N18, MP)

"Almost as usual" was practically the motto of the next period.

May–June 2020

After the initial shock and anxiety of March and April, the following couple of months saw a more thoughtful reorganizing of life and work for many units of the public sector and their employees. Life became almost as usual, and when it could not be so, as in the case of people in the so-called risk group—70+, chronic diseases—it could be reorganized:

> As soon as I heard about the virus, I went home and sat in quarantine. I have chronic heart failure after a small heart attack, asthma that gets worse with pollen, and impaired lung function. I am lucky to have a job that I can do from home, three children who live nearby and who can help me with shopping and such. I sometimes meet my children and grandchildren outdoors – keeping our distance, of course. I also sometimes meet friends, go for walks and talk. (N14, social services, also a politician)

In many situations, even "the usual" needed to be reorganized somewhat:

> Then we have the situation caused by COVID-19 when you suddenly have consumed a whole annual consumption of a product in one week instead of one year. Then, the whole system collapses. After all, everything is based on how we usually do things, and this is not a "how-we-usually-do", when the

> deliveries fail, then the transportation fails, and so on. Such situations reveal that our "usual ways of doing things" are based on standard situations that rarely exist. (N19, hospital administrator)

There are routines for practically everything, but they had to be adapted now:

> We are falling behind a mountain of work that is in front of us, and much of it is surgeries, because they have staff that can be moved to intensive care units. Thus, by opening more intensive care units, the surgery capacity is cut down. These patients whose surgery is delayed are assumed to be stable and not getting worse during the waiting period, but in the end you never know. If the waiting time changed from three months to nine, how much has their condition changed? If nothing else, such waiting time has been painful and difficult for the person awaiting surgery. (N19, hospital administrator)

The reorganization of routines also sharpens existing tensions between administrators and front-line medical staff:

> The common story is that the healthcare staff are the heroes, and the others are just rubbish; they just sit and complain. And anyone who is not in direct contact with patients is an administrator. Yet a nurse can also act as an administrator if he/she is sitting and planning care visits, but that is not how they see themselves; they are as something else. And then it is often the case that the nurse who administrates care visits may not do this efficiently. Instead, it should be some administratively trained person who would do this more efficiently. (N19, hospital administrator)

Nevertheless, everybody gets used to how things are:

> It has become normal life. I do not believe anyone knows how this will end; right now, it is how it is. I get the feeling that the healthcare professionals will continue to do the same for many, many years, while non-healthcare workers probably believe that in December everything will be normal again. I thought at first that in the worst-case scenario, we would have to deal with this for three years – which felt so insanely long, so one was ready to give up already. Then I came to grips with it, and time goes on. It works! Even if it does not work very well. (N19, hospital administrator)

For many persons, it wasn't unusual that the old problems met new problems, as in the case of a culture organization that has been reorganized and renovated, and was about to be re-opened when COVID-19 came. No wonder some of cultural workers felt somewhat overburdened:

> The old usual Atlas syndrome begins; the world rests on my shoulders. (Talk about hubris; I'm just annoying.) My hands are shaking, my hereditary tremor has gotten an extra boost, the coffee spills. I feel sick. (N13, art teacher, who also made a few drawings to illustrate this situation)

Not only did old problems meet new problems, but there were also various conflicts within the hierarchy—almost as usual, but somewhat different. Screen instructions from the top of the hierarchy became a daily event, but they were barely helpful:

> The Municipal Culture Director tells us from the screen to go home to our families, not to be alone (as if it were a cancer diagnosis), and if we have any questions, we should turn to our manager. Turn to our manager means turn to the person who has made a career (during less than one year serving as manager) of not answering emails, not visiting the facilities, not attending meetings, and by conducting reprimanding conversations with staff who were made to sign loyalty contracts and promise never to miss the bus or leave the children in preschool never again … The Cultural Director should take part in these reprimanding meetings that leave staff anxious and confused. Yet the Cultural Director says, "talk to your manager"…. (N13, art teacher)

Conflicts and dysfunctional relations among different levels in the hierarchy are common in organizations, but the pandemic seems to have made them increasingly visible. As one schoolteacher told us:

> All of a sudden there came a directive from the Swedish National Agency for Education, saying that all pupils who are at home must return to school; otherwise, their absence would be reported to the Compulsory School Unit. They would then need to submit a medical certificate showing that they have relatives or people they live with in the same house who are in a risk group.
>
> The tragicomic thing about this is that the two families that I know are in risk groups responded immediately. I wrote to tell them that they must

> obtain a medical certificate, because of course the pupils should stay at home. They thanked me very much. Then they returned saying that they contacted a physician who told them that there were no such certificates. (…) What could I do? I could keep one child in a single room as much as possible, which I did. I made sure that the other child went to lunch break with me five minutes earlier to avoid the queues and could finish school five minutes earlier to go alone to the cloakroom. (N17, elementary schoolteacher)

Nevertheless, the teacher added, "The pupils themselves gradually adapted, some directly, and others after a while (…) The school must adapt in such a way that parents can send their children to school without being too worried about them acquiring infection."

There were many risk assessments being done and to convince pupils to maintain distance, one looked for attractive metaphors: "keep a distance of a small elk"—or maybe a large elk? Hand sanitizer was at every entrance, and meetings were held outside—if it didn't snow.

New and highly controversial was the extreme media attention paid to COVID-19, and not only by journalists. Researchers, especially epidemiologists and virologists, received a great deal of attention in the media, both through their own articles and through interviews conducted by journalists. The announcements made regularly by the Public Health Agency of Sweden and its main epidemiologist, Anders Tegnell, constituted the center of the agitated debate, which continues as we write this text. The reactions differed.

Interviewer: What is your feeling about the decisions made by the Public Health Agency? How have they been received within your research circle?

N15: It varies. Some think they were great. (…) I would say that the reactions in our circle were quite close to opinions in the general public. Researchers and physicians are not more or less critical, but, like everybody else, they feel the psychological effect of the crisis. The common reaction is that you join up behind a strong leader, and the Public Health Agency has given a calm and trustworthy impression in the beginning. The general feeling was that you should join them rather than add to the anxiety.

> Now I do not know. Now maybe people are starting to think that being calm and passive is not right. Now they might want someone who says: "This is what we should do to get rid of this shitty virus." But many still think "Let the experts decide. They know this stuff; we should not question it…". (N15, medical researcher)

Another person (N16, researcher in medicine) has had a decisively negative view of this matter:

> I think the media has handled this quite badly, especially TV. They insist that they are meticulous because they really want to give society an answer to important questions. In my case, I tried, time after time, to say that there is no answer, and it wouldn't be very smart of me to guess, because then people will think that I really know. So instead of informing people that we actually do not know, they asked the poor experts who were invited the same questions time and time again. X felt quite exposed when they cut down her statement and placed it in opposition to the person who was there the night before (…) as if they had some kind of debate, when they really were two people who did not know, either of them. They just have slightly different views.

The mediatization of their expertise exposed researchers to hate messages from social media:

> X received a load of hate emails after her appearance on TV. "Another bloody expert who says she does not know. That's how it is with women in academia. They don't have to work hard, those gender quota idiots!" Well, obviously people become emotional when they watch this program… (N16)

> A colleague whom I greatly admire started writing personal attacks against PHA's critic, and I said that what you are writing is wrong. And that it's weird to hang someone out like that on social media. A long discussion then began in which that person slightly changed the text but still maintained the same position. I said that I hope we can respect each other's opinions, even if we think differently (…) Then my colleague answered: "No! I save my respect for those who work hard at the Public Health Agency! Not for their critics. I have no respect for them". (N15)

Yet universities experienced also some positive developments. In an unusually short time, new international networks have been created, and they

keep working with a shared data base (N15). A well-known Swedish foundation donated a large sum for COVID-19 research, and in three days 280 applications arrived (N16). N16 was also of the opinion that the crisis helped the very organization of the university:

> One thing that I hope will last is that we now can see what works and what does not work within the academy. For example, the leadership election was in progress at my university. (…) It turned out that during the days we were to vote for the vice-principal [a large] conference was on, so it was impossible to vote via link. The problem has been resolved by removing various outdated nonsense. This also applies to the course descriptions and other things that have had to be simplified. Everything does not necessarily get worse.

It is possible, however, that universities have better opportunities to solve problems and introduce new and better methods than do other organizations. An employee at the Immigration Authority was not enthusiastic about the new rule according to which people applying for asylum had to be interviewed via video.

> On the first day the system works poorly, and I suffer from a real surge in my stress level. The translation via telephone is slow, and I often need to repeat myself. The applicant does not see me well enough to understand whether or not I am satisfied with the answer. After three hours of that, I go home and have to sleep for two hours.
>
> This way of interviewing continues for two weeks until the technology is improved. We then get separate screens for protocols and video. The interpreters continue to maintain an uneven quality. Approximately every other interview must be canceled due to poor translations. About half the applicants do not come to their asylum interview, referring to cold-like symptoms. (N18)

Although changes in technology were common in all organizations, Immigration Authority employees experienced a dramatic change that had an enormous impact on their work: closed borders.

> It is a strange feeling to work at a migration agency when the national borders are closed. Asylum seekers are rapidly changing from new arrivals to people who speak decent Swedish, and who have lost their jobs due to the pandemic. As they did not have a work permit, they worked "a little here and there" as they say. I get the feeling that this is the end of open borders

> and that I am holding the last asylum interviews of my life – perhaps the last in the whole world. I'm wondering what the Swedish Immigration Authority will do when no one is able to travel either in or out – perhaps start verifying people in the country like the Swedish Public Employment Service does? No, this will probably rather be the new role of the border police (…) Several of my colleagues are now transferring to the police. What should I do? I like my job. (…) I push that question away and keep on working. (…)
>
> I have little to do at work right now, and my motivation has plummeted quickly. The few asylum interviews that can actually be carried out are far from enough to keep me busy. I take unnecessary and complicated courses on how certain EU directives correlate with certain sections of the European Convention. I read the Aliens Act with comments. I read several hours a day but long to work quickly like I did before. The competition with myself seems to be over now. How to find the motivation that will last until this crisis is over? (N18)

One has to hope that the immigration employee got in a better mood during summer holidays (if able to enjoy them). Many employees in public sector organizations worked during the summer, but the virus was less aggressive then, and there was more time for reflection. Also, many persons got themselves "corona dogs" (N16, N24, and one of us) and could spend more time outside walking them. The better weather helped too:

> Today I sat on the balcony and first watched our press conference and then the Public Health Agency's press conference. Am happy with my balcony. (N15, university press officer)

July–August 2020

Reflections often lead to divided conclusions: on the one hand, but on the other hand. And apparently so it was even in summer 2020: on the one hand, most public sector employees became used to the new state of affairs, but on the other hand, they speculated about whether things will change or remain the same after COVID-19 disappears. Obviously, the main hopes and fears concerned just that: they hoped it would disappear, but they were aware that another wave was expected.

As to their daily practices, the digital meetings became shorter and more effective, but there were so many of them that people felt tired. And practically all our respondents complained about lack of physical contact, both in the sense of missing observations of body language and in the

sense of touch in the form of hand shaking and embraces. Yet they realized that constant hand washing and physical distancing may prevent the spread of viruses and bacteria in the future, which would be beneficial for health-care units and schools, and even for society in general.

Family adjustments also took place. On the one hand, work and life were completely mixed together; on the other hand, parents could spend more time with their children. Some people felt crowded in their flats, others felt lonely; yet better weather (and corona dogs) permitted more time outside, in the fresh air, in parks, and in nature.

Two developments did not have a silver lining: the sorrow of those who lost family members, and the isolation of the elderly who lived in homes. Here, our respondents were in the same situation as everybody else in the country.

A university teacher in the social sciences suggested that the wave of COVID-19-related death "dehumanized" death itself:

> When we got the outbreak of the pandemic, there was also some kind of dehumanizing of those who died. People started saying that it is "only" the elderly and sick that die. What do they mean by only? It was the whole society that built the welfare state taking care of the elderly, and then suddenly we exclude them. This is where the first (…) exclusion happened, at these press conferences where they listed the death tolls: Today 115 have died, today 14 have died, we can see a trend, and so on. It became a kind of death raffle somehow. (N21)

Over the summer, many tensions within the hierarchy seemed to calm down, but the contrast between that which was recommended and that which was possible continued, not the least in the Swedish Armed Forces:

> My experience is that the Swedish Armed Forces has classified itself as carrying a vital societal function, which means that some of the Public Health Agency's recommendations have not been implemented. I am thinking mainly of the recommendation that employees should work from home as much as possible, which has not been observed, with the exception of employees that have had special cause; but even in such cases it has been the unit manager's decision. The reason for this, I believe, is a combination of the fact that Armed Forces is a vital societal organization, but also that our IT systems are not built for working from home and that insurance is not valid when working from home. (N20)

Even if the IT system works well in some jobs—that of family counsellors,[2] for example—secrecy obligation excludes the use of digital meetings and contacts. They check their own and their clients' health, keep their distance and continue with their work. It was only family counsellors who noted quite a few surprising and even paradoxical reactions. For some, COVID-19 meant less rather than more stress.

> It has reduced stress enormously, especially for families with small children. I have heard parents say "Hallelujah! Thanks! We are not allowed to visit my parents-in-law, hooray!"

> It's a bit provoking, because otherwise the media has stayed mostly with "more crises, more divorces", etc. But then I looked at the statistics, and, yes, there were a few more couples who applied for divorce in July, but was it statistically significant? Perhaps they would have divorced earlier but postponed it because now it's COVID-19 times, more leisure, so they did it in droves. But the focus is usually on what is worse because of the pandemic. Yet there are quite a few persons who come here and say "Good, there is less stress, we work at home, we have coffee together as if we were co-workers, you can joke a bit more." More time with the kids. More excursions. I have not met anyone who says shit towards the Corona – no, not a single one. I think that is a bit strange considering the media. But we are not supposed to say anything. (N23)

Even the lack of physical contact has become normal, but family counsellors would prefer to go back to it:

> Yes, you can work normally without shaking people's hands. It is possible to make people feel welcomed anyway, just in a different way. You look people in the eye. You look a little kinder and so on. Everyone knows how to reach out.
>
> But I think that having closeness and physical contact is important. That if someone breaks down, it would be quite nice if I could lean over and just pat him or her. I don't do that now; I discreetly hand the person a tissue instead. I do it differently, but I miss being more personal – personal, not private. The new directives raise a barrier; though perhaps it does not matter with the new contacts. But I have to explain that I am not shaking hands every time I meet somebody in these new times. These will soon be old times; in a few months, this will be "how we have always done it". Our visitors would be shocked now if we shook hands. (N23)

Family counsellors were almost amazed at their own and other people's capacities to adapt:

> There was a period, before K and I fell ill, when everyone was extra introspective and afraid. We all thought "Wow, it will be here soon!" And personally, I was quite scared. I had cancer before, have quite sensitive lungs, and am in my 60s. So it was a period when we were all a bit hypochondriac. But by now we are used to it.
>
> I think it has been surprisingly easy to adapt. Everyone else had to do it, so we must do the same. It is an amazing ability that we humans have: We adapt! It feels a little strange at first, but then it is not too strange. I find that fascinating. (N23)

Even after more than half a year since the pandemic came to Sweden, the counsellors, to their surprise, kept noticing several positive effects:

> I think there is something good in it: People have become healthier. I was ill, but it was probably because I handed that sick kid into the pram. No stomach aches, because we have become cleaner, or because we keep our distance. That's unbelievable.
>
> … and there is a concern about how you are doing. Ask, check with neighbors, those who have been ill. "How are you? Can I do your shopping for you…?" People have become kinder, and it is a different pace when you are out shopping. (…) People wait, are not stressed, keep their distance. And even if somebody does not do this, you ask them to, and no one gets angry about it.
>
> Some have received calls even if they are not 70+. People asked "How are you? Should we grocery shop for you?" This is caring! You have to help each other. It was a lot like that in the beginning, but now it has ebbed out. But people are still hovering over their circle of acquaintances: If someone is ill, you call and check, send a text. I think there is much more caring. (N23)

But how was it in the center of things—at hospitals where COVD-19 patients were treated? In August, we were able to interview a nurse who had joined a newly created COVID-19 section in April. In the beginning, it was like in all other places: nobody knew much.

> All of a sudden, I ended up in this department. We were simply thrown in: different nurses and assistant nurses and infection physicians. All of a sudden, we were in a department where they told us "Just like you, we know

> nothing. This is completely new to us, too. We haven't a clue what is to come. We do think this equipment will be great." So that was what we focused on. We were familiar with the department and knew how to put on and take off the equipment we needed. Then it was just a matter of receiving patients. (N22)

Were they trained? Were there things they were supposed to learn first—new routines, new devices? Or should they just start working?

> No, we just went for it. We have [a platform], with updates that come almost daily, and so you learn that "you may not need to have those gloves when you have this kind of contact with the patient, but when it comes to bodily fluids, always wear them". (…) You try to stay updated via email where there are usually links, while the managers usually make updates on the bulletin board: "Follow this link!" "Check this out! A physician has now made a video about new things we should think about!" (N22)

Healthcare workers became more and more used to their new job, where it soon became clear that, in order to be effective, everybody must be prepared to do everything—not least in order to save the protective equipment:

> As a nurse with COVID-19 patients, you need to save the equipment so that it doesn't run out, so you should try to take on as many tasks as possible before you go into the ward, to avoid going out again. (…) Sometimes we do the assistant nurse's job as well. It's great fun when perhaps the physicians are sitting there, and you say "… as you're already in there, can't you take the blood sugar level as well? Can you bring the pills for these patients?"
>
> But the physicians still have to go in and talk to the patient daily, describe the situation and so on. And it's funny because they have to do everything, be both nurses and assistant nurses. (…) This has always been the case, I think, throughout the hospital. I have been to another department to see if I wanted to work there. Then the manager came and told me that "Today I'm an assistant nurse, we'll talk later!" She was just giving a shower to a patient. You are like a jack-of-all-trades, or you turn into one. (N22)

But in this new section of the hospital, death was much more common than in the other sections. How does one deal with that?

> You definitely become more thick-skinned. My changing room is next to the cold storage where the bodies end up. I'm starting an evening shift, and on

> the way to my dressing room there is a bed, and I see that a bit of a bumpy surface outlining a face. It's a body lying underneath, but you think "Oh, I'll just go by and get changed!" And then you think, "What or who did I just pass by? Should I just continue my day?" It feels unreal. And we have had many situations where the restrictions did not allow relatives to come and say goodbye to their loved ones, to their father, to their grandfather… (N22)

How do other people react when they learn that you work in a COVID-19 section?

> They retreat. Every time I tell them that I work in a COVID-19 department, I notice they often say, "Well, is that so…". Then you feel a little like the plague. I received a text message today from a friend who had a baby: "I don't think we should meet, because you are still working in that department." But there is a greater risk for me to be infected in a grocery store, in the gym, and in other hospital departments, but people don't know that, and how can they know? They hear only that I work with COVID-19 patients. It's quite funny how people get so damn afraid. In my world, it's fine to be seeing each other as long as you keep your distance, maintain good hygiene, don't hug and don't shake hands.
>
> Yes, one feels like a bit of a plague, especially in the beginning. I thought then that I could not meet anyone, not even my family. Now I know that I can do it as long as we are outdoors. (N22)

So, you are not treated as a hero?

> Not at all. I just do my job. I try to remember that patients are persons. I am not here to give them pills and run out of here, but to make them know that even Aunt Agda must be well cared for.[3] Then you get to hear a lot from them too, when they can forget that they are sick, and instead feel that they are persons, and that they can talk to you about anything. Otherwise, they feel very lonely there, as they are not allowed to meet anyone, and they haven't met anyone since Easter. Then you hear some nice things: "You are an angel!" "Well, thank you!" (N22)

And in such a mix of positive and negative feelings and experiences, Sweden entered the new wave of COVID-19.

September–October 2020

We have received only three accounts from this period, which was another support for our conclusion that a "new normal" has been established. Furthermore, all three respondents, whom we interviewed, offered us a story of adaptations to COVID-19 from the first to the second wave of the pandemics, emphasizing the changes that took place.

N25, a vice-director of a regional medical clinic, estimated that 80% of the vice-director's role was dedicated to issues related to COVID-19 in March, whereas in September it was only 25%.

As digital skills continued to improve, new fora were created. At a state-owned company educating people with disabilities (N24), there are Teams meetings every morning at 08.30: "good for the psyche!" The medical clinic created a special forum that meets once a week and includes all public and private primary caregivers in the region, together with regional hospitals and representatives of relevant state agencies. Many questions are being asked about general guidelines, but also quite a few about protective equipment, which was scarce at the beginning, but well provided later.

> In my experience, it has been difficult to provide information that will reach all 800 managers. You can follow the waterfall principle, but we know that it is not secure. And so now we started a "Team Channel", which contains information, and where one can ask questions and see what the latest guidelines are. They say that out of 800 managers, 797 have read the information, which indicates commitment and involvement. Previously, we might have reached 400: That's a big difference! (N24)

> Overall, I think that [digital meetings] work very well. No matter if it is two people who meet, like now or if they are larger meetings. We had a meeting with 100 people. In the beginning, it was awkward: People forgot to unmute and there was a hassle, but everybody has become great at this now. And these meetings are much more efficient, though shorter. I think that in the future, we shouldn't have full-day management team meetings. (…) You could halve the time of all meetings. But I do not believe in digital only; it's good to meet in person, to have some small talk in the coffee room. I think somewhere in between would be good. (N25, vice-director at a regional medical clinic)

Apart from nostalgia for IRL (in real life) contacts with colleagues, there are also certain tasks that are difficult to perform digitally—recruitment, for example:

> I have been recruiting, and it's not much fun to begin with (…) It is an even bigger challenge doing it digitally. If you have interviews or meetings via Teams, you have to stay even more present than if you had sat in a physical meeting. Maybe not during an [in-person] interview, when you have to stay alert, but at regular meetings, where you can be more relaxed. Digitally you have to be constantly aware of what is happening and think through your approach very carefully, because if you talk for too long, you will lose people's attention. (N24, employee working with people with disabilities)

Although new leadership challenges may be even exciting, the reasons for their emergence have been somewhat frightening:

> At first, it was a bit exciting to be a part of this from a leadership perspective. Then it was mixed with horror after seeing that there are a lot of people in intensive care, and people dying. What should we do? How can we contribute to reducing the spread of infection? But from a leadership perspective, it was still cool to see that, all of a sudden, our decision-making route became much shorter. We made quicker decisions that could have the disadvantage of not everyone being involved, but faster, direct decisions.
>
> For me personally, it was extremely hard work. I've never worked so much. (…). I came home at eight o'clock every night and I worked every weekend. At first it was also exciting, but when I went on holiday for Midsummer, I felt that I wanted to go to the summer cottage and be alone, putter around in the garden… No bastard to ask me anything because I did not want to answer any more questions. I did not want to make any more decisions! It has been a very intense and tough time. (N25, vice-director at a regional medical clinic)

It needs to be added that one of the most dramatic developments in Sweden was the number of deaths at homes for the elderly. Since the 1992 reform, the homes were under municipal responsibility, but it was social workers, not physicians, who decided how they should be run. Yet, it was the medical clinic that had to take care of persons who became infected.

> I felt great responsibility when I sat with these municipal managers responsible for social services. From my perspective – that is, a physician's perspective – they were way too late in the game. I thought, "We have to segregate!

> We must separate infected people from healthy ones." They thought that these people live there, it is their residence, many of them are demented, and we have no right to coerce them. So we had very different worldviews. I felt "Help! We must do something!" They thought we were going overboard and didn't understand their perspective. I thought that social workers did not have the proper medical skills (…), and that there should be not only nurses, but also physicians in the homes.
>
> It was truly frustrating. I got a report from our specialists: "This is not possible; they are letting them die!". They may have thought that some of the things we said were provocative, but quite a lot of changes were needed. (…). When I look back, I understand that it was very tough for them. They had almost no equipment, as it was prioritized to the regions, not to municipalities. There are a lot of part time staff, and new staff who lack training. Now I can see their perspective as well. (N25)

In the end, there was a greater understanding of challenges met at different levels and different places—an understanding that hopefully will remain. Also, our respondents understood the relative advantage of the fact that they were working in public sector organizations and were not threatened, therefore, by redundancies and firings.

One noteworthy observation was that managing—planning, coordinating and monitoring subordinates' work—seems to be based more on trust:

> The largest change is working based on trust (…) My subordinates and I do more or less the same things, but as the opportunity for dialogue is not great, an email will do: "Can you look at this issue, please?" (…) We know that email is not a good communication channel, so we try to shorten messages, highlight what is central, and base our work on that. And then we have to solve the problem and get back if they need support. (N32, manager at Immigration Authority)

All our interlocutors missed social contacts, not least because such contacts are the best way of handling anxiety, which unavoidable in a pandemic situation. They were also convinced that the border between work and home has been erased for good and predicted that there will be much less need for office spaces. People will travel less in the future, and there will be no further need for "digital education". Hopefully, "corona dogs" will remain and will be well taken care of!

Short Summary

As described by our respondents, the changes caused by the pandemic in public sector organizations began with a period of uncertainty, great confusion and miscommunications among hierarchical levels. Some directives were impossible to follow, whereas some necessary requirements remained unanswered.

In the next stage, the old routines were adapted, and new routines were introduced. Digitalization of communication, among the employees and externally, achieved levels never reached before. And while the internal conflicts practically ceased, the public and the social media dramatized their news, creating as many conflicts as possible.

During the summer, COVID-19 slowed down a bit; some people were able to take holidays, and there was much time and opportunity to reflect over what had happened and what will happen in the future. Accounts of positive and negative developments could be made.

As the next wave of the pandemic came in the autumn, public sector organizations were much better prepared for it, so the situation could be seen as the "new normal".

Were those developments typical for Sweden? The international media were not behind the national media, working together at creating dramatic contrasts between "the Swedish strategy" and that of its neighbors. Although this dramatization continues, we have no similar field material from other countries to compare with ours, although we do hope to receive them from Norway.

Pandemicracy at Work

The stories in this chapter illustrate how various governance efforts related to the pandemic influenced public sector employees' thoughts, feelings and actions. The pandemicratic practices were transformed between March and October 2020 from an anxiety-generating emergency to a new normal, with a debated projection of the future between a longing for IRL and the unimaginable possibility to get back to a pre-COVID19 world. A specific pandemicratic ethos is detectable in the stories presented here, an ethos relying on personal sacrifice, flexibility, sympathy, and work/life blurring—in spite of the background of frustration, social isolation and the temporary feeling of meaninglessness.

Despite old and new problems, our interlocutors, whether writing or talking, have testified to the efforts and capacity of the public sector to deal with the pandemic by adjusting existing ways of working and by inventing and accepting novel routines, working conditions and spatial arrangements. We highlight here two ways in which the pandemicracy has been performed: the professional response and the organizational response. These responses have had different timing and at times conflicted with one another, as witnessed by our narrators.

The professional response to the pandemic has built on previously acquired expertise, and the professionals' abilities and autonomy of judgment based on that expertise. Outside the healthcare sector, the expertise of teachers, social workers, cultural workers, and others provided the basis on which they could quickly transform and expand their professional conduct. This was especially visible in the first months of the pandemic and seemed to be crucial in shaping the resilience of the public sector. Paradoxically, necessary changes in practices guaranteed continuity of the welfare infrastructure, despite the disruptions caused by new restrictions and recommendations. It was due to these disruptions that in the first, critical period, many public employees perceived organizational responses to the pandemic more as an obstacle to their professional work than a support.

From the summer of 2020 onward, public sector organizations seemed to catch up with the changes introduced by the professionals, and the sharp controversies between professions and management typical of the spring gave way to a more balanced relationship. The professional resilience of teachers, nurses, physicians, social workers, administrators, researchers, and other professionals were often in our stories, presented in contrast to the administrative burdens and expectations of adherence to various management trends and bureaucratic practices. But the post-summer "new normal" revealed many a compromise (e.g., Hendrikx & Van Gestel, 2017).

One could actually distinguish different phases of organizational adaptation to the pandemic:

Initial paralysis: unpreparedness, malpractice, decoupling, poor protection;

Obstruction: counteracting, cancelling, delaying, sticking to formal procedures, inertia, feeling diminished by the "heroic" professionals;

Recognition: acceptance of necessary changes, temporal adjustments, simplification, delegation, and realization that such changes may last.

One could claim that the pandemic has had a revealing effect on what constitutes the core of public activities. The stories we collected testify to the role of professional knowledge and skills for the resilience of the public sector, visible especially at the outset of the pandemic, and to the shifting relationships between professional and organizational responses over time. In normal times, governing public sector organizations is typified by significant efforts and resources linked to formal coordination, policies and rules within and between organizations. Yet, in crisis, it was not this type of effort and resources that guaranteed the continuity of public services, but the professional expertise of public servants (see also Christensen & Lægreid, 2017).

In conclusion, our study of Swedish pandemicracy at work demonstrates the need for a better understanding of the tensions between professional and organizational knowledge, and of the different effects of bureaucratization and managerialism at different times (Ahlbäck Öberg & Bringselius, 2014). Many studies of the public sector indicate that modern rationalization makes contemporary public sector organizations and their governance increasingly complex, bureaucratized, and de-professionalized (e.g., Lindberg et al., 2015; Wällstedt & Almqvist, 2015). At the same time, opinions of the users clearly indicate that it is the professionality of the public sector servants that is most valued and expected (e.g., Solli et al., 2020). Developments during the pandemic show that the reduced autonomy of professionals is neither necessary nor positive.

Notes

1. "Daycare" (*daghemmet*) is now called "preschool" in Sweden.
2. We interviewed two of them at the same time, and they spoke as one voice.
3. Aunt Agda is character from books by Hungarian-Swedish writer Adam Gönczi, symbolizing an older person living in the countryside with no digital skills.

References

Ahlbäck Öberg, Shirin, & Bringselius, Louise. (2014). Professionalism and organizational performance in the wake of new managerialism. *European Political Science Review, 7*(4), 499–523.

Banks, Sarah, Cai, Tian, de Jonge, Ed, Shears, Jane, Shum, Michelle, Sobočan, Ana M., Strom, Kim, Truell, Rory, Úriz, Maria Jesùs, & Weinberg, Merlinda. (2020). Practising ethically during COVID-19: Social work challenges and responses. *International Social Work, 63*(5), 569–583.

Christensen, Tom, & Lægreid, Per. (2017). *Transcending new public management* (2nd ed.). Routledge.

Hendrikx, Wiljan, & Van Gestel, Nicolette. (2017). The emergence of hybrid professional roles: GPs and secondary school teachers in a context of public sector reform. *Public Management Review, 19*(8), 1105–1123.

Lee, Helena. (2021). Changes in workplace practices during the COVID-19 pandemic: The roles of emotion, psychological safety and organisation support. *Journal of Organizational Effectiveness: People and Performance, 8*. Advanced online publication.

Lemieux, Thomas, Milligan, Kevin, Schirle, Tammy, & Skuterud, Mikal. (2020). Initial impacts of the COVID-19 pandemic on the Canadian labour market. *Canadian Public Policy, 46*(S1), 55–65.

Lindberg, Kajsa, Czarniawska, Barbara, & Solli, Rolf. (2015). After NPM? *Scandinavian Journal of Public Administration, 19*(2), 3–6.

López-Cabarcos, M. Àngeles, López-Carballeira, Analia, & Ferro-Soto, Carlos. (2020). New ways of working and public healthcare professionals' well-being: The response to face the COVID-19 pandemic. *Sustainability, 12*(19), 80–87.

Mazzucato, Mariana, & Kattel, Rainer. (2020). COVID-19 and public-sector capacity. *Oxford Review of Economic Policy, 36*(1), 256–269.

Power, Michael. (1999). *The audit society: Rituals of verification*. Oxford University Press.

Solli, Rolf, Czarniawska, Barbara, Demediuk, Peter, & Anderson, Dennis. (2020). *Searching for the new welfare models.* Palgrave Macmillan.

Wällstedt, Niklas, & Almqvist, Roland. (2015). From 'either or' to 'both and': Organisational management in the aftermath of NPM. *Scandinavian Journal of Public Administration, 19*(2), 7–25.