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# Seeking Good Work in the COVID-19 Recovery

## Shifting Priorities and Employment Choices Among Workers

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**Objective:** Disruption to working lives spurred by the COVID-19 pandemic may shape people's preferences for future employment. We aimed to identify the components of work prioritized by a UK sample and the employment changes they had considered since the start of the COVID-19 pandemic. **Methods:** A nationally representative longitudinal household survey was conducted in Wales at two time points between 2020 and 2021. **Results:** Those in poorer health prioritized flexibility and were more likely to consider retiring. Those with limiting pre-existing conditions or low mental well-being were more likely to consider becoming self-employed. Those experiencing financial insecurity (including those with high wage precarity or those furloughed) were more likely to consider retraining, becoming self-employed, or securing permanent employment. **Conclusions:** Ensuring flexible, secure, and autonomous work is accessible for individuals facing greater employment-related insecurity may be key.

**Keywords:** COVID-19, employment, employment changes, in-work health, inequalities, work priorities

As a wider determinant of health, employment can both positively and negatively affect our health and quality of life.<sup>1-3</sup> Good work, which is stable, meaningful, and fairly compensated, is known to be good for health.<sup>4</sup> Enabling individuals to have access to what constitutes good work for them, and their circumstances is vital to ensure equitable access to healthy working lives for all.

Good, fair work has seen policy-level support both internationally and within the United Kingdom (eg, European Parliament's employment package,<sup>5</sup> UK Government's Good Work Plan,<sup>6</sup> and Welsh Government's Employability Plan and Fair Work Wales report<sup>7,8</sup>). These strategies included elements such as ensuring good quality, fairly rewarded, flexible, and secure work, and supporting lifelong learning and skill development. With the policy-landscape acknowledging the importance of job quality, and prioritizing various aspects of work (such as pay, security, and flexibility), the development of insights that shed light on the priorities and intentions of the workforce itself will help ensure alignment between policy and workforce needs. Specific groups of the population may face different barriers to accessing employment<sup>8</sup> or have

different priorities for work. Capturing how these translate to priorities for future work or intentions for future employment is necessary.

This is more so true within the context of the COVID-19 pandemic recovery. The pandemic has had a disruptive influence on the world of work and required individuals to rapidly adapt to new ways of working (eg, working from home, in-work changes, furlough<sup>9-13</sup>). Some elements within the policy-level intentions outlined previously were resultantly forced into fruition, for example, the need for more flexible working arrangements and working from home. On the other hand, others became more difficult to achieve, for example, those who were furloughed or became unemployed experienced more insecurity.

While these dramatic changes to the population's employment-related experiences were welcomed by some (eg, those enjoying greater flexibility through home working), they led to increased isolation or financial strain for others.<sup>14,15</sup> Furthermore, evidence has shown that population groups that already face health inequities were disproportionately affected by the pandemic's negative impacts, exacerbating preexisting societal inequalities.<sup>16</sup> For example, the youngest and eldest in society, along with those with less financial security, were more likely to be furloughed, and those with nonpermanent employment contracts, low mental well-being, or household financial difficulties were more likely to become unemployed.<sup>16-19</sup> Resulting uncertainty and increased financial insecurity may have spurred individuals to reconsider their current employment conditions and explore alternative options for the future. While this dichotomy of work-related experiences arose in response to the pandemic, they could have produced shifts in the public's priorities and intentions for future work, which might have longstanding societal and policy-level implications beyond the pandemic itself.<sup>10</sup> Shedding light on these priorities and intentions, and how they may have changed during the pandemic, will help inform the direction of future policies that support good, fair work.

This study therefore firstly aimed to establish the employment priorities of employed working age adults in Wales at two time points within the COVID-19 pandemic, exploring how these compared across time. Second, the study aimed to capture the employment changes that these individuals had considered making since the pandemic began. For both, comparisons were made across socioeconomic groups, employment and income, and health status.

We hypothesized that working closer to home would have become a higher priority as a result of the shift to home working, that those with care or health needs may have prioritized flexibility, and that those who experienced more insecurity during the pandemic may have prioritized pay, hours or job security, and considered employment changes that would move them toward more secure and autonomous work (eg, retraining, upskilling, securing permanent employment, becoming self-employed).

## METHODS

### Study Design

A nationally representative longitudinal household survey was undertaken across Wales (COVID-19, Employment and Health in Wales study) with a paper-to-web push approach. The Health Research Authority provided ethical approval for the study (IRAS: 282223). Data were collected at two time points, with T1 data collection occurring between May and June 2020, and the follow-up at T2 between November 2020 and January 2021.

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**Ethical Considerations:** The study was given ethical approval by the research ethics committee of the National Health Service Health Research Authority, a dedicated ethics oversight body (IRAS: 282223).

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## Study Population and Recruitment

All working age adults aged between 18 and 64 years resident in Wales and in current employment as of February 2020 were eligible, with those in full-time education or unemployed being excluded. To obtain a sample that was representative of the Welsh population, a stratified random probability sampling framework by age, gender, and deprivation quintile was used. Respondents were informed that their participation was voluntary and that their responses would be confidential. Reminder letters were sent 10 days after original invitation. For each household, the eligible adult with the next birthday was asked to participate. A total of 1382 adults responded at T1 (7.0% response rate), with 1019 being from within the main sample (7.0% response rate), and 273 from the booster sample (5.5% response rate). Full details of the recruitment and sampling strategy are discussed elsewhere.<sup>16</sup> Of the 1382 adults who responded to the initial survey at T1, 1084 individuals gave permission to be contacted for a follow-up study. For these individuals, the follow-up data collection phase was from November 2020 to January 2021. If a valid email address was provided ( $n = 925$ ), individuals were emailed an invitation to take part a second time with two further email reminders to encourage participation. If a valid email address was not provided ( $n = 159$ ), individuals were sent a postal invitation and one reminder invitation. In total, 626 individuals completed the follow-up online questionnaire at T2 (58% response rate). Nine responses were excluded as identification codes were inputted incorrectly, leaving a sample of 615 (98.2% of T2 respondents). To allow for longitudinal comparisons, this study uses the responses of this sample of 615 individuals who provided observations at both T1 and T2.

## Questionnaire Measures

Questionnaire measures for the two dependent variables (employment priorities and considered changes) can be seen in Supplemental Digital Content 1, <http://links.lww.com/JOM/B197>. At T1 and T2, respondents were asked to indicate their five greatest priorities for any new or future work from the following options: having a workplace close to home; flexible working conditions; opportunities for personal/professional development; availability of childcare; reliable local transport services; pay package (including salary, pension, and benefits); hours of work; how interesting, enjoyable or rewarding the work is; how well the job matches qualifications, skills and experiences; and job security. At T2, respondents were asked an additional question—which employment changes had they considered making since the start of the COVID-19 pandemic (February 2020)? Options were as follows: retraining to do a different job, upskilling for a promotion, securing a permanent contract, compressing working hours, going part-time, becoming self-employed/freelance, retiring, or none of the above. These questions were developed to reflect the factors of employability discussed within Welsh Government's Employability Plan.<sup>8</sup> This allowed us to determine the extent to which workers in Wales consider these policy focus areas as priorities and seek them out in their own employment, boosting the applicability of our findings for the Welsh context.

To explore the extent to which work priorities and considered changes differed across population groups, measurements from questions relating to socioeconomic status, health, and employment/income were also used to build logistic regression models. Explanatory variables included age group, gender, deprivation quintile (assigned using the Welsh Index of Multiple Deprivation<sup>20</sup> from residential postcode), individual self-reported general health and presence of limiting preexisting conditions (using validated questions from the National Survey for Wales<sup>21</sup>), and mental well-being (using the shortened Warwick Edinburgh Mental Well-being Scale<sup>22</sup> and using one SD below the mean as our cut-off score for low mental well-being). Explanatory variables relating to employment and income were also adopted, including employment contract type (permanent, fixed term, atypical, self-employed/freelance), furlough status, wage precariousness to explore financial insecurity (computed across three variables (see Supplemental Digital Content 1, <http://links.lww.com/JOM/B197>) and based on the Employment Precariousness

Scale<sup>23</sup>), and job skill level (calculated using the Standard Occupational Classification for the United Kingdom<sup>24</sup>).

## Statistical Approach

To account for differences in the representativeness of the respondents to the Welsh population, proportions and bivariate analyses were weighted against Welsh population estimates in 2018 for those aged 18 to 64 years, for the same 5 age groups, sex, and Welsh Index of Multiple Deprivation quintiles.<sup>25</sup> Sample characteristics, both crude and weighted to the Welsh population estimates, are presented (see Supplemental Digital Content 2, <http://links.lww.com/JOM/B198>).

Statistical analysis was undertaken in IBM SPSS Statistics (Version 24; IBM Corp, Armonk, NY).  $\chi^2$  and Fisher exact tests were used to explore associations across socioeconomic groups, employment and income, and self-reported health characteristics to provide insights into which components of work different subgroups considered as priorities, and the employment changes that different groups had considered making. Multivariate logistic regressions were used to identify independent predictors of employment priorities and considered changes (adjusting for socioeconomic factors, employment and income, and self-reported health characteristics). Whole-sample longitudinal comparisons were made using McNemar tests.

## RESULTS

### Sample Characteristics

Crude proportions indicated that respondents predominantly identified as women (63.7% compared with 35.4% men) and that the sample was biased toward those aged between 40 and 59 years (age group 40–49: 25%; age group 50–59: 33%). To improve representativeness, proportions were weighted against the Welsh population for sex, age, and Welsh Index of Multiple Deprivation in bivariate analyses. Crude and weighted sample characteristics can be viewed in Supplemental Digital Content 1, <http://links.lww.com/JOM/B197>.

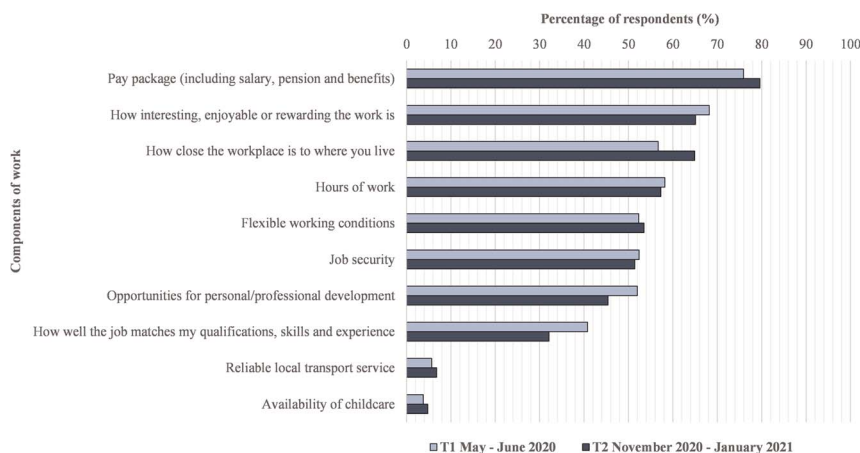
### Prioritized Components of Work (Aim 1)

As shown in Figure 1, the 6 components of work prioritized by most respondents at both time points were pay (T1, 75.9%; T2, 79.6%), how interesting, enjoyable, or rewarding the work was (T1, 68.2%; T2, 65.1%), how close the workplace was to where individuals lived (T1, 56.7%; T2, 64.9%), hours of work (T1, 58.2%; T2, 57.3%), flexible working conditions (T1, 52.3%; T2, 53.5%), and job security (T1, 52.4%; T2, 51.4%). Availability of childcare and reliable local transport were prioritized by less than 7% of the sample at both time points (see Discussion).

The components of work being prioritized remained largely unchanged when comparing T1 and T2 measures; however, individuals were more likely to prioritize having a workplace that was close to their home by T2 (+8.2 percentage points,  $P < 0.001$ ), and less likely to prioritize having work that offered opportunities for development (−6.6 percentage points,  $P = 0.001$ ) or work that matched their qualifications, skills, or experiences (−8.7 percentage points,  $P < 0.0001$ ). No significant changes were found between T1 and T2 for any other components of work when comparing across the whole sample.

### Comparison of Priorities Across Characteristics

Comparisons across socioeconomic groups, employment and income, and health status were carried out for the work priorities selected by 50% or more of the sample at both time points (leaving 6 work priorities). For both time points, the selection of each priority was compared across groups. The percentage selecting a priority and the associations between factors and the selection of work priorities are documented in full in Supplemental Digital Content 3, <http://links.lww.com/JOM/B199>, as are the findings of multivariate logistic regression models that indicated the significant predictors



**FIGURE 1.** Percentage of respondents within a sample of working adults in Wales selecting each component of work as a priority for the future at 2 time points during the COVID-19 pandemic. Respondents were asked to select 5 from those listed. Proportions are weighted against the Welsh population for gender, age, and Welsh Index of Multiple Deprivation (see Methods).

for the selection of each component of work as a priority (eg, gender, age, contract type).

### Priorities by Socioeconomic and Employment/Income Characteristics

Flexible work was prioritized by a smaller proportion of younger individuals (<30 years) and furloughed individuals at T1; however, by T2, they were as likely as their older or nonfurloughed counterparts to prioritize flexibility (see Supplemental Digital Content 3, <http://links.lww.com/JOM/B199>). Flexible work was also more likely to be prioritized by individuals with children in their households, with 62.8% selecting it as a priority at both time points (T1: adjusted odds ratio [aOR] = 2.21; 95% confidence interval [CI] = 1.26–3.89; T2: aOR = 1.76; 95% CI = 1.02–3.04).

Pay was less likely to be prioritized by those in atypical or self-employment at both time points (atypical T1: aOR = 0.28; 95% CI = 0.08–0.99; atypical T2: aOR = 0.16; 95% CI = 0.05–0.53; self-employed T1: aOR = 0.15; 95% CI = 0.06–0.33; self-employed T2: aOR = 0.24; 95% CI = 0.11–0.55). Those with fixed term contracts were also less likely to prioritize pay at T1 (aOR = 0.26; 95% CI = 0.10–0.71). Lastly, individuals with high wage precariousness were consistently less likely than those with low wage precariousness to prioritize their pay (T1: aOR = 0.29; 95% CI = 0.14–0.59; T2: aOR = 0.35; 95% CI = 0.16–0.73).

Working hours were prioritized by a greater proportion of women than men, and a greater proportion of those 40 years or older than younger respondents at both time points (see Supplemental Digital Content 3, <http://links.lww.com/JOM/B199>). At T2, those living in the second most deprived areas (Welsh Index of Multiple Deprivation 2) were twice as likely as those living in the least deprived areas to prioritize their working hours (aOR = 2.04; 95% CI = 1.07–3.87). At the same time point, hours were more likely to be prioritized by those with high (aOR = 2.45; 95% CI = 1.28–4.69) or moderate wage precariousness at T2 (aOR = 2.28; 95% CI = 1.34–3.86).

Working close to home was less likely to be prioritized by those who were self-employed than those with permanent employment contracts (aOR = 0.32; 95% CI = 0.14–0.71). Furthermore, at both time points, those with high as opposed to low wage precariousness were twice as likely to prioritize having a workplace close to home (T1: aOR = 2.11; 95% CI = 1.14–3.91; T2: aOR = 2.04; 95% CI = 1.08–3.87).

Job security was less likely to be prioritized by those who were self-employed with less than 25% placing it as a priority at both time points (T1: aOR = 0.19; 95% CI = 0.08–0.43; T2: aOR = 0.22; 95% CI = 0.09–0.53). At T1, those in atypical employment were also less likely to prioritize job security (aOR = 0.20; 95% CI = 0.05–0.82). Those with permanent contracts were the most concerned about job

security, with more than 50% placing it as a priority at both time points (see Supplemental Digital Content 3, <http://links.lww.com/JOM/B199>).

Having enjoyable, interesting, or rewarding work was less likely to be prioritized by those in fixed term (aOR = 0.33; 95% CI = 0.13–0.88) or atypical employment (aOR = 0.14; 95% CI = 0.04–0.53) at T2. More secure, permanent work was therefore more likely to be associated with prioritizing in-work enjoyment. In the same vein, those who experienced less financial insecurity (ie, low wage precariousness) were significantly more likely to prioritize having enjoyable, interesting, and rewarding work than those with high wage precariousness at T2 (low wage precariousness = 77.4%; high wage precariousness = 54.3%,  $P < 0.001$ ).

### Priorities by Self-reported Health Characteristics

Flexible work was consistently more likely to be prioritized by those in poorer health (T1: aOR = 2.06; 95% CI = 1.10–3.88; T2: aOR = 1.87; 95% CI = 1.05–3.33). Two-thirds of those in poorer health prioritized flexible work, compared with half of those in good health (see Supplemental Digital Content 3, <http://links.lww.com/JOM/B199>).

Pay was more likely to be prioritized by those with low mental well-being at T1 (aOR = 4.39; 95% CI = 1.62–11.92). In contrast, those with limiting preexisting conditions were significantly less likely to prioritize pay (69.5%) when comparing with those without at T2 (80.2%).

Having enjoyable, interesting, or rewarding work was more likely to be prioritized by those with limiting preexisting conditions at T1 (aOR = 1.97; 95% CI = 1.08–3.57). However, at the same time point, those with low mental well-being were less likely to prioritize in-work enjoyment (aOR = 0.47; 95% CI = 0.24–0.92).

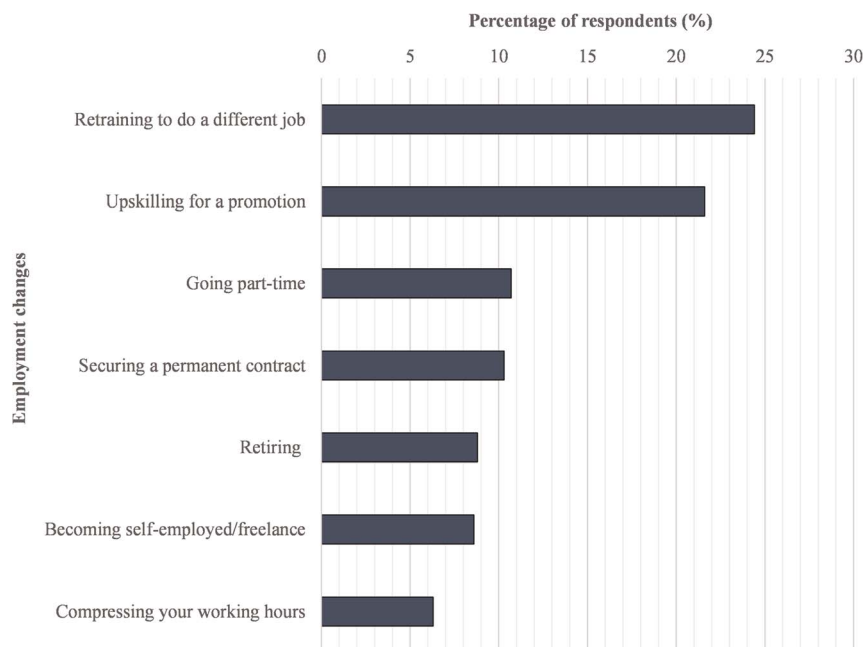
## Employment Changes (Aim 2)

Forty-two percent of respondents had not considered making any of the employment changes listed. However, of those who had considered changing their employment conditions since the start of the pandemic, retraining to do a different job, upskilling for a promotion, going part-time, and securing a permanent contract were the changes most commonly considered (Fig. 2).

### Consideration of Employment Changes Across Groups

The percentage of respondents within various socioeconomic, employment, and health groups considering each employment change (or none at all) can be seen in Supplemental Digital Content 4, <http://links.lww.com/JOM/B200>, along with the results of multivariate logistic regression models that identified significant predictors of considering each change.





**FIGURE 2.** Percentage of respondents within a sample of working adults in Wales reporting considering each of the employment changes listed at T2 (November 2020–January 2021). Proportions are weighted against the Welsh population for sex, age, and Welsh Index of Multiple Deprivation (see Methods).

### **Employment Changes by Socioeconomic and Employment/Income Characteristics**

Retraining was more likely to be considered by younger age groups (than those 50 years or older) and those living in the most deprived areas (see Supplemental Digital Content 4, <http://links.lww.com/JOM/B200>). Furloughed individuals were more than twice as likely as nonfurloughed individuals to consider retraining (aOR = 2.34; 95% CI = 1.22–4.49), as were those indicating high (as opposed to low) wage precariousness (aOR = 2.25; 95% CI = 1.02–4.94). Half of those with atypical employment contracts had considered retraining, while a quarter or less of respondents with all other contract types had done the same (see Supplemental Digital Content 4, <http://links.lww.com/JOM/B200>).

Becoming self-employed/freelancing was more likely to be considered by younger respondents (younger than 40 years), with those in their 30s being nearly 4 times more likely to do so than those in their 40s (aOR = 3.79; 95% CI = 1.12–12.86). Furloughed individuals were more than 4 times more likely to consider becoming self-employed/freelance, compared with their nonfurloughed counterparts (aOR = 4.64; 95% CI = 1.71–12.53).

Upskilling for a promotion was far less likely to be considered by those 50 years or older when compared with those in their 40s (50–59: aOR = 0.20; 95% CI = 0.07–0.54; 60–64: aOR = 0.11; 95% CI = 0.02–0.55). In contrast, those younger than 30 years were 3 times more likely to consider upskilling than those in their 40s (aOR = 2.95; 95% CI = 1.13–7.71).

Securing permanent employment was 4 times more likely to be considered by furloughed individuals when compared with their nonfurloughed counterparts (aOR = 3.82; 95% CI = 1.20–12.18).

Compressing working hours was 3 times more likely to be considered by those who were furloughed during the pandemic (aOR = 2.91; 95% CI = 1.03–8.18).

No employment changes were considered by 47.2% of those in permanent employment. Only 21.1% of those in atypical employment reported the same, being significantly less likely to do so than those who were permanently employed (aOR = 0.47; 95% CI = 0.26–0.85). Likewise, furloughed individuals (aOR = 0.47; 95% CI = 0.26–0.85) and those with high (as opposed to low) wage precariousness (aOR = 0.47; 95% CI = 0.25–0.88) were significantly less likely to report not considering any change at all.

### **Employment Changes Considered by Self-reported Health Characteristics**

Securing a permanent contract was 5 times more likely to be considered by those with low mental well-being (aOR = 5.49; 95% CI = 1.32–22.81).

Becoming self-employed/freelance was more likely to be considered by those with low mental well-being (16% compared with 7.1%,  $P = 0.004$ ). Likewise, those with limiting preexisting conditions were 4 times more likely to consider self-employment than their healthier counterparts (aOR = 4.00; 95% CI = 1.35–11.84).

Retiring was more than 6 times more likely to be considered by those in poorer health (aOR = 6.17; 95% CI = 1.29–29.52), with 15.6% taking it into consideration (compared with 6.6% for their healthier counterparts).

## **DISCUSSION**

Our study has demonstrated that when thinking about future employment, the working adult population in Wales prioritize well-paid work, within a distance close to home, which is interesting/enjoyable/rewarding, flexible, secure, and with suitable working hours, and that there was little change in these key attributes during the pandemic. Although 42% of respondents reported that they had not considered any employment changes since the start of the pandemic, more than a fifth had considered retraining or upskilling, and many vulnerable population groups (eg, those in ill-health, those who were furloughed, those with atypical employment, and those with high wage precariousness) were more likely than others to consider changing their employment conditions. Comparisons across time also demonstrated that as hypothesized, having a workplace close to home became significantly more important to people as the pandemic progressed. Increased time spent working from home and the benefits it can offer for those well-equipped for home working (eg, decreased time spent commuting and increased flexibility) could account for these changes.<sup>14</sup>

### **The Future of Work and Health**

The extent to which health directly and indirectly relates to these employment priorities and changes is a vital consideration for employability policies. Our study showed that different population groups have

different priorities and preferences for the future. Enabling equitable access to these preferred elements of work will not only make for a happier and healthier workforce, but a more productive one too.<sup>6</sup> Ensuring that everyone can access work that suits their needs will help support their health.

This is particularly true for those self-reporting poorer health or that they had limiting health conditions. As hypothesized, those reporting poorer general health were consistently more likely to place flexible working conditions as a priority. Furthermore, those with limiting preexisting conditions were significantly less likely than their counterparts without such conditions to place their pay package as a priority. This suggests that other factors may take precedence for individuals living with poor health. Previous literature has highlighted how flexible working policies can help those in ill-health retain their jobs,<sup>26,27</sup> protecting them from the negative health impacts of unemployment.<sup>28</sup> Existing evidence highlights how those in ill-health and those with preexisting conditions face barriers in obtaining and retaining work due to the challenges that their symptoms and their treatment needs present.<sup>29–38</sup>

Those with limiting preexisting conditions were 4 times more likely to consider becoming self-employed/freelance. Those with low mental well-being also demonstrated an increased consideration of becoming self-employed/freelance (16% compared with 7.1% for their counterparts with better mental well-being). These findings align with prior literature, which has highlighted that turning toward self-employment is a common response for those experiencing employment difficulties arising from illness.<sup>39</sup> Those with low mental well-being were also five times more likely to consider securing a permanent contract, suggesting that these individuals want the stability and security that permanent contracts offer—whether this is particularly true for those whose employment conditions perpetuate their mental ill-health is a question that warrants further exploration, for example, those who experienced greater uncertainty or faced greater risks during the pandemic. With many of those with low mental well-being considering securing permanent employment, ensuring that workplaces offer mental health support that will help keep them in employment is key.

This is particularly true with remote working set to be adopted more consistently beyond the COVID-19 response (eg, Welsh Government's aspiration to have 30% of the workforce working remotely<sup>40,41</sup>). Individuals working from home during the pandemic have reported significant deteriorations to their mental well-being.<sup>42</sup> Employers should provide comprehensive mental health support to their employees, whether they be home or office-based workers. The burden on mental health has been well documented throughout the COVID-19 pandemic. The recovery period is a timely opportunity to make work-related changes that will help ease this increased burden. Of note, our adjusted findings highlighted how those not reporting good general health were six times more likely than their healthier counterparts to consider entering retirement. The risk of those in ill-health exiting the labor force early due to their health-related challenges is real and ensuring that the adaptations these individuals need are readily available will minimize the challenges they face in accessing and retaining work. Making it easier for them to access more flexible, autonomous, and stable work will help ensure that those in ill-health feel as able to enjoy the benefits of long working lives as their healthier counterparts. This could include providing more opportunities for flexible work arrangements in a greater array of jobs, but also ensuring that any existing support systems (eg, occupational health services) are adequately prepared to respond to the potential increase in requests for assistance in obtaining work that can accommodate people's health needs (whether that be through embedding more flexible working in their current roles or through entering alternative employment).

## Employment and Income-Related Insecurity and Its Health Burdens

Insecure work and finances can be damaging to health, with this potential being greater than ever for those placed on furlough, those with high wage precariousness, and those with atypical employment arrangements

during the COVID-19 pandemic.<sup>14,16,43</sup> These individuals are likely to require additional support during the recovery phase, with our findings suggesting that much of this will require providing additional opportunities for (and enabling access to) training, alongside improving their access to work that offers reliable hours and security within their localities. For example, those with high wage precariousness were more than twice as likely to prioritize their working hours and having a workplace close to their home. They were also twice as likely to consider retraining as their counterparts with low wage precariousness. Of note, individuals with high wage precariousness (therefore experiencing financial insecurity) were more likely to fall victim to the negative economic impacts of the COVID-19 pandemic, seeing the greatest decreases in earnings, being more likely to be placed on furlough, and being more likely to become unemployed.<sup>16,17,19</sup> Their consideration of retraining and making employment-related changes is therefore unsurprising. In the same vein, individuals who had been placed on furlough were twice as likely to consider retraining as their counterparts who had not. Work sectors that were overrepresented within the furloughed population could likely see shifts within their labor market. Retraining creates opportunities for entering new sectors, and evidence from the US suggests that the financial strain and pandemic-induced panic experienced by furloughed individuals within the hospitality industry during the pandemic predicted their intention to leave the hospitality industry altogether.<sup>44</sup> These individuals are likely to be seeking greater security and autonomy, ideas we touched upon within the Introduction. This is reflected by the fact that furloughed individuals were four times more likely to consider securing permanent contracts and nearly five times more likely to consider becoming self-employed/freelance. Concerns have been raised that those who were furloughed during the pandemic will face greater risk of unemployment after its termination.<sup>18</sup> Sectors affected by the pandemic in other ways are also seeing individuals become increasingly likely to switch sectors—healthcare workers, who worked in high-stress, high-risk environments during the pandemic, being one example.<sup>45</sup>

Retraining was also an attractive option for those with atypical employment contracts—half of this subgroup had considered retraining, while a quarter or less of respondents with all other employment contracts had done the same. Atypical employment contracts are viewed to be more precarious. While they provide greater flexibility, they often offer limited stability, poorer working conditions, and often insecure hours and income,<sup>43</sup> which all risk negatively impacting health.<sup>43,46</sup> It is therefore of note that half of those with such contracts during the pandemic had considered accessing alternative employment through retraining. Improving access to training opportunities will support the more precariously employed to move toward work that is more conducive of their health. That being said, atypical work will remain, and efforts should also be made to ensure that the atypical work that is available is supportive of good health.

## Study Implications

The COVID-19 pandemic has exacerbated societal inequalities; however, the recovery phase offers the opportunity to reduce these longstanding inequalities that have become more visible during the pandemic. Those with low mental well-being or existing mental health conditions experienced a worsening in their conditions, and increasing difficulties in accessing treatment, care, and support, as did those in ill-health or with preexisting conditions.<sup>47–51</sup> Precarious employment and financial insecurity are already viewed as drivers of inequalities, and the increasing uncertainty that the pandemic brought with it will have exasperated these and the associated negative impacts on both physical and mental health.<sup>43,52–55</sup> The European Parliament's concept of “flexicurity,” introduced nearly a decade ago, remains as relevant today, with workers seeking greater flexibility and security from their work.<sup>5</sup> Those in ill-health, those experiencing financial insecurity, the furloughed, and those in atypical employment considered making multiple changes to their employment conditions, and sought greater stability, more flexibility, and increased autonomy. Taking these

insights on board will help retain these individuals, who may already be at greater risk of leaving the labor market, in employment, particularly in light of the increased inequalities they will have faced during the pandemic. While the Welsh Government's Employability plan and Fair Work Wales report align well with some of the key priorities for the future that are highlighted in this study,<sup>7,8</sup> it is clear that more work is needed to ensure that secure, fairly rewarded work is available to all. In addition, provisions should be put in place to account for the additional training needs that might emerge as individuals consider their careers during the COVID-19 recovery and beyond. Future policies should secure targeted support that enables disproportionately affected groups to pursue opportunities for retraining or entering self-employment and ensure that employment practices give them equal access to stable, permanent work.

### Strengths, Limitations, and Recommendations for Future Work

Our study is limited by its cross-sectional nature, whereby only associations could be calculated as opposed to causality. For example, we cannot determine whether our respondents were experiencing wage precariousness as a result of the pandemic or whether it was pre-existing. However, we were able to identify changes across time within our longitudinal analyses. Second, while our study provides valuable insights about COVID-19 related changes in perspectives toward employment, they may not be reflective of individuals' viewpoints after the removal of COVID-19 response measures (eg, cessation of furlough, returning to the office). That being said, some transformations to ways of working that emerged in response to the pandemic (eg, the wider adoption of home working) may remain relevant far beyond it as employment policies and ways of working shift (eg, the Welsh Government have indicated a desire to have 30% of the Welsh workforce working remotely regularly)<sup>40,41</sup>—our findings have relevance for those overseeing these changes. A third limitation to this work is that we did not account for differences across sectors in our analysis. Individuals working in certain sectors faced greater financial insecurity or increased health risks at work during the pandemic.<sup>14</sup> For example, 75% of residential care workers and 67% of healthcare employees reported not being able to socially distance—COVID-19-related mortality was highest for social and healthcare workers.<sup>56,57</sup> Respondents working in certain sectors may have been more likely to reconsider their employment priorities or explore potential employment changes as a result of their experiences during the pandemic (as discussed for those who were furloughed within the hospitality industry and healthcare workers<sup>44,45</sup>). Our findings do not capture such changes.

### CONCLUSIONS

Employment is a wider determinant of health, with the potential to generate both positive and negative effects.<sup>1–3</sup> Most employed Welsh working age adults want to work close to home, with this becoming increasingly true as the pandemic progressed. Those who were furloughed, those experiencing financial insecurity, and those in ill-health all reported considering changing their employment conditions, with increasing their autonomy, flexibility, and stability being a priority for these groups, which may be more prone to facing insecurity within their working lives. Future policies should secure targeted support that enables these groups to pursue opportunities for retraining or entering self-employment and ensure that employment practices give them equal access to stable, permanent employment contracts. Doing so will generate a policy environment that enables equitable access to good work that is good for health.

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