Seeking good work in the COVID-19 recovery: shifting priorities and employment choices among workers

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Abstract

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 prioritised 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 prioritised 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:

Employment, work priorities, employment changes, inequalities, in-work health, COVID-19

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Introduction

As a wider determinant of health, employment can both positively and negatively affect our health and quality of life [1–3]. Good work, that is stable, meaningful and fairly compensated, is known to be good for health [4]. 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 UK (e.g. European Parliament's employment package [5], UK Government's Good Work Plan [6], and Welsh Government's Employability Plan and Fair Work Wales report [7, 8]). 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 prioritising 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 [8] 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 (e.g. working from home, in-work changes, furlough [9–13]). Some elements within the policy-level intentions outlined above were resultantly forced into fruition e.g. the need for more flexible working arrangements and working from

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home. On the other hand, others became more difficult to achieve e.g. those that were furloughed or became unemployed experienced more insecurity.

While these dramatic changes to the population's employment related experiences were welcomed by some (e.g. those enjoying greater flexibility through home working), they led to increased isolation or financial strain for others [14, 15]. Furthermore, evidence has shown that population groups that already face health inequities were disproportionately affected by the pandemic's negative impacts, exacerbating pre-existing societal inequalities [16]. For example, the youngest and eldest in society, along with those with less financial security were more likely to be furloughed, and those with non-permanent employment contracts, low mental well-being or household financial difficulties were more likely to become unemployed [16–19]. 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 [10]. 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. Secondly, the study aimed to capture the employment changes that these individuals had considered making since the pandemic began. For both,

comparisons were made across socio-economic groups, employment and income, and health status.

We hypothesised 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 prioritised flexibility, and that those that experienced more insecurity during the pandemic may have prioritised pay, hours or job security, and considered employment changes that would move them towards more secure and autonomous work (e.g. 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 was collected at two time-points, with T1 data collection occurring between May-June 2020, and the follow-up at T2 between November 2020 and January 2021.

Study population and recruitment

All working age adults aged between 18-64 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

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following original invitation. For each household, the eligible adult with the next birthday was asked to participate. A total of 1,382 adults responded at T1 (7.0% response rate), with 1,019 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 [16]. Of the 1,382 adults that responded to the initial survey at T1, 1,084 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 remainders 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

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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 [8]. 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 socio-economic 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 [20] from residential postcode), individual self-reported general health and presence of limiting pre-existing conditions (using validated questions from the National Survey for Wales [21]), and mental well-being (using the shortened Warwick Edinburgh Mental Well-being Scale [22] and using 1 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 [23]) and job skill level (calculated using the Standard Occupational Classification for the UK [24]).

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 18-64 year olds, for the same five age groups, gender, and Welsh Index of Multiple Deprivation quintiles [25]. 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, Armonk, NY: IBM Corp). Chi-square (χ^2) and Fisher's Exact tests were used to explore associations across socio-economic groups, employment and income, and self-reported health characteristics to provide insights into which components of work different sub-groups 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 socio-economics factors, employment and income and self-reported health characteristics). Whole-sample longitudinal comparisons were made using McNemar's tests.

Results

Sample Characteristics

Crude proportions indicated that respondents predominantly identified as women (63.7% compared to 35.4% men) and that the sample was biased towards those between 40 and 59 years of age (40-49 25%; 50-59 33%). To improve representativeness, proportions were weighted against the Welsh population for gender, age and Welsh Index of Multiple

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Deprivation in bivariate analyses. Crude and weighted sample characteristics can be viewed in Supplemental Digital Content 1, http://links.lww.com/JOM/B197.

Prioritised components of work (Aim 1)

As shown in Figure 1, the six components of work prioritised by the majority of 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 prioritise having a workplace that was close to their home by T2 (+8.2 percentage points; $p < .001$), and less like to prioritise having work that offered opportunities for development (-6.6 percentage points; $p = .001$) or work that matched their qualifications, skills or experiences (-8.7 percentage points; $p < .0001$). 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 socio-economic 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 six 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 for the selection of each component of work as a priority (e.g. gender, age, contract type).

Priorities by socio-economic and employment/income characteristics

 Flexible work was prioritised by a smaller proportion of younger (under 30) individuals and furloughed individuals at T1, however by T2 they were as likely as their older or non-furloughed counterparts to prioritise flexibility (see Supplemental Digital Content 3, http://links.lww.com/JOM/B199). Flexible work was also more likely to be prioritised 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% CI 1.26-3.89]; T2: aOR 1.76 [95% CI 1.02-3.04]).

 Pay was less likely to be prioritised 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 prioritise pay at T1 (aOR 0.26 [95% CI 0.10-0.71]). Lastly, individuals with high wage precarity were consistently less likely than those with low wage precarity to prioritise 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 aged 40 or above 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 (WIMD 2) were twice as likely as those living in the least deprived areas to prioritise 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 precarity at T2 (aOR 2.28 [95% CI 1.34-3.86]).

Working close to home was less likely to be prioritised by those that 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 prioritise having a workplace close to home (TI: 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 prioritised by those that 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 prioritise job security (aOR 0.20 [95% CI 0.05-0.82]). Those with permanent contracts were the most concerned about job security, with over 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 prioritised 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 prioritising in-work enjoyment. In the same vein, those that experienced less financial insecurity (i.e. low wage precarity) were significantly more likely to prioritise having enjoyable, interesting and rewarding work than those with high wage precarity at T2 (Low wage precarity = 77.4%; High wage precarity = 54.3%, $p < .001$).

Priorities by self-reported health characteristics

Flexible work was consistently more likely to be prioritised 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 prioritised flexible work, compared to half of those in good health (see Supplemental Digital Content 3, http://links.lww.com/JOM/B199).

Pay was more likely to be prioritised by those with low mental well-being at T1 (aOR 4.39 [95% CI 1.62-11.92]). In contrast, those with limiting pre-existing conditions were significantly less likely to prioritise pay (69.5%) when comparing to those without at T2 (80.2%).

Having enjoyable, interesting or rewarding work was more likely to be prioritised by those with limiting pre-existing 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 prioritise in-work enjoyment (aOR 0.47 [95% CI 0.24-0.92]).

Employment changes (Aim 2)

42% of respondents had not considered making any of the employment changes listed. However, of those that 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 (Figure 2).

Consideration of employment changes across groups

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The percentage of respondents within various socio-economic, 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.

Employment changes by socio-economic and employment/income characteristics

Retraining was more likely to be considered by younger age groups (than those aged 50 or above), 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 non-furloughed individuals to consider retraining (aOR 2.34 [95% CI 1.22-4.49]), as were those indicating high (as opposed to low) wage precarity (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 (under 40), with those in their 30s being nearly four 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 four times more likely to consider becoming self-employed/freelance, compared to their non-furloughed counterparts (aOR 4.64 [95% CI 1.71-12.53]).

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Upskilling for a promotion was far less likely to be considered by those aged 50 or above 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 under 30 were three times more likely to consider upskilling than those in their 40s (aOR 2.95 [95% CI 1.13-7.71]).

Securing permanent employment was four times more likely to be considered by furloughed individuals when compared to their non-furloughed counterparts (aOR 3.82 [95% CI 1.20-12.18]).

Compressing working hours was three times more likely to be considered by those that 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 that 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 precarity (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 five 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 to 7.1%, *p* = .004). Likewise, those with limiting pre-

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existing conditions were four times more likely to consider self-employment than their healthier counterparts (aOR 4.00 [95% CI 1.35-11.84]).

Retiring was more than six 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 to 6.6% for their healthier counterparts).

Discussion

Our study has demonstrated that when thinking about future employment, the working adult population in Wales prioritise well-paid work, within a distance close to home, that 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 (e.g. those in ill-health, those that 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 hypothesised, 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 (e.g. decreased time spent commuting and increased flexibility) could account for these changes [14].

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 [6]. 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 hypothesised, those reporting poorer general health were consistently more likely to place flexible working conditions as a priority. Furthermore, those with limiting pre-existing 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 [26, 27], protecting them from the negative health impacts of unemployment [28]. Existing evidence highlights how those in ill-health and those with pre-existing conditions face barriers in obtaining and retaining work due to the challenges that their symptoms and their treatment needs present [29-38].

Those with limiting pre-existing 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 to 7.1% for their counterparts with better mental well-being). These findings align with prior literature, which has highlighted that turning towards self-employment is a common response for those

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experiencing employment difficulties arising from illness [39]. Those with low mental well-being were also 5 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 e.g. those that 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 (e.g. Welsh Government's aspiration to have 30% of the workforce working remotely [40, 41]). Individuals working from home during the pandemic have reported significant deteriorations to their mental well-being [42]. 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 to ease this increased burden. Of note, our adjusted findings highlighted how those not reporting good general health were 6 times more likely than their healthier counterparts to consider entering retirement. The risk of those in ill-health exiting the labour force early due to their health-related challenges is real, and ensuring that the adaptations these individuals need are readily available will minimise 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

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ensuring that any existing support systems (e.g. 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 precarity and those with
atypical employment arrangements during the COVID-19 pandemic [14, 16, 43]. 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 prioritise 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 precarity. 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 [16, 17, 19].
Their consideration of retraining and making employment-related changes is therefore
unsurprising. In the same vein, individuals that had been placed on furlough were twice as
likely to consider retraining as their counterparts who had not. Work sectors that were over-
represented within the furloughed population could likely see shifts within their labour
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

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individuals within the hospitality industry during the pandemic predicted their intention to leave the hospitality industry altogether [44]. 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 that were furloughed during the pandemic will face greater risk of unemployment following its termination [18]. 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 [45].

Retraining was also an attractive option for those with atypical employment contracts - half of this sub-group 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 [43], which all risk negatively impacting health [43, 46]. 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 towards 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.

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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-wellbeing 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 pre-existing conditions [47-51]. 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 [43, 52-55]. 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 [5]. 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 labour 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 [7, 8], 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.

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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 towards employment, they may not be reflective of individuals' viewpoints after the removal of COVID-19 response measures (e.g. cessation of furlough, returning to the office). That being said, some transformations to ways of working that emerged in response to the pandemic (e.g. the wider adoption of home working) may remain relevant far beyond it as employment policies and ways of working shift (for example, the Welsh Government have indicated a desire to have 30% of the Welsh workforce working remotely regularly [40, 41] – 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 [14]. For example, 75% of residential care workers and 67% of health care employees reported not being able to socially distance – COVID-19 related mortality was highest for social and health care workers [56, 57]. 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 that were furloughed within the hospitality industry and healthcare workers [44, 45]). Our findings do not capture such changes.

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<u>Conclusion</u>

Employment is a wider determinant of health, with the potential to generate both positive and negative effects [1-3]. The majority of Welsh working age adults want to work close to home, with this becoming increasingly true as the pandemic progressed. Those that 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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<u>Figure Legend</u>

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 two time-points during the COVID-19 pandemic. Respondents were asked to select five from those listed. Proportions are weighted against the Welsh population for gender, age and Welsh Index of Multiple Deprivation (see Methods).

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 gender, age and Welsh Index of Multiple Deprivation (see Methods).

List of Supplemental Digital Content

Supplemental Digital Content 1: Questionnaire measures

Supplemental Digital Content 2: Sample characteristics

Supplemental Digital Content 3: Bivariate and multivariate analyses of employment priorities

Supplemental Digital Content 4: Bivariate and multivariate analyses of employment changes

considered

Percentage of respondents (%)

Components of work (y-axis):
- Pay package (including salary, pension and benefits)
- How interesting, enjoyable or rewarding the work is
- How close the workplace is to where you live
- Hours of work
- Flexible working conditions
- Job security
- Opportunities for personal/professional development
- How well the job matches my qualifications, skills and experience
- Reliable local transport service
- Availability of childcare

☐ T1 May - June 2020   ■ T2 November 2020 - January 2021

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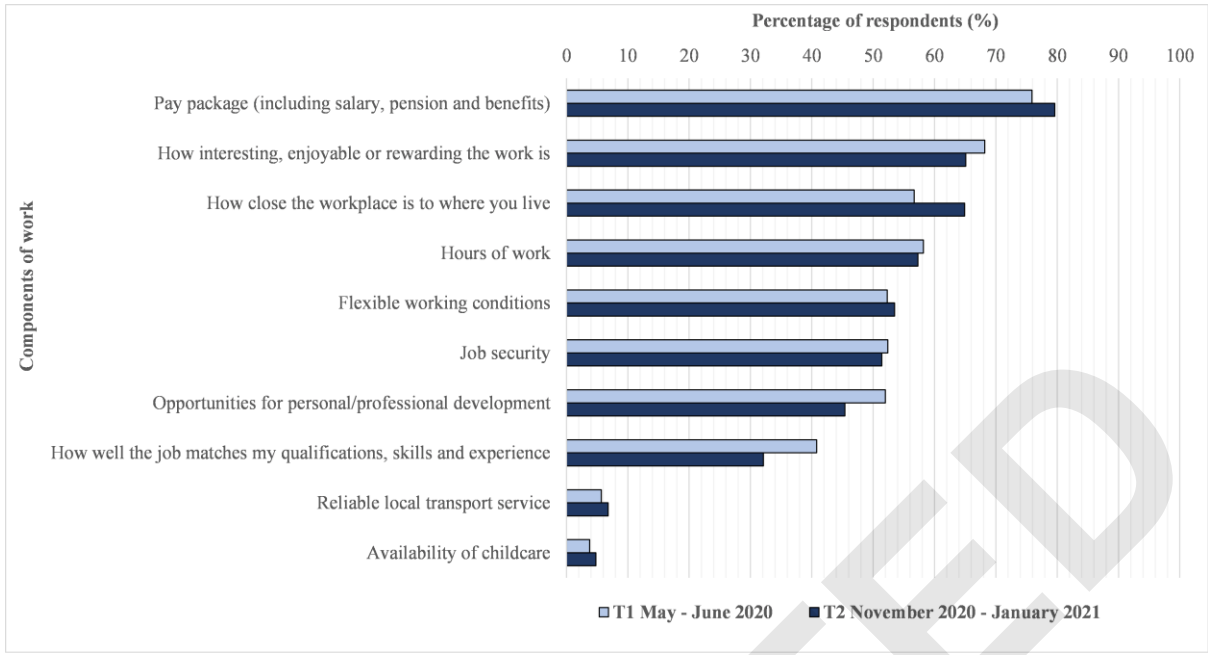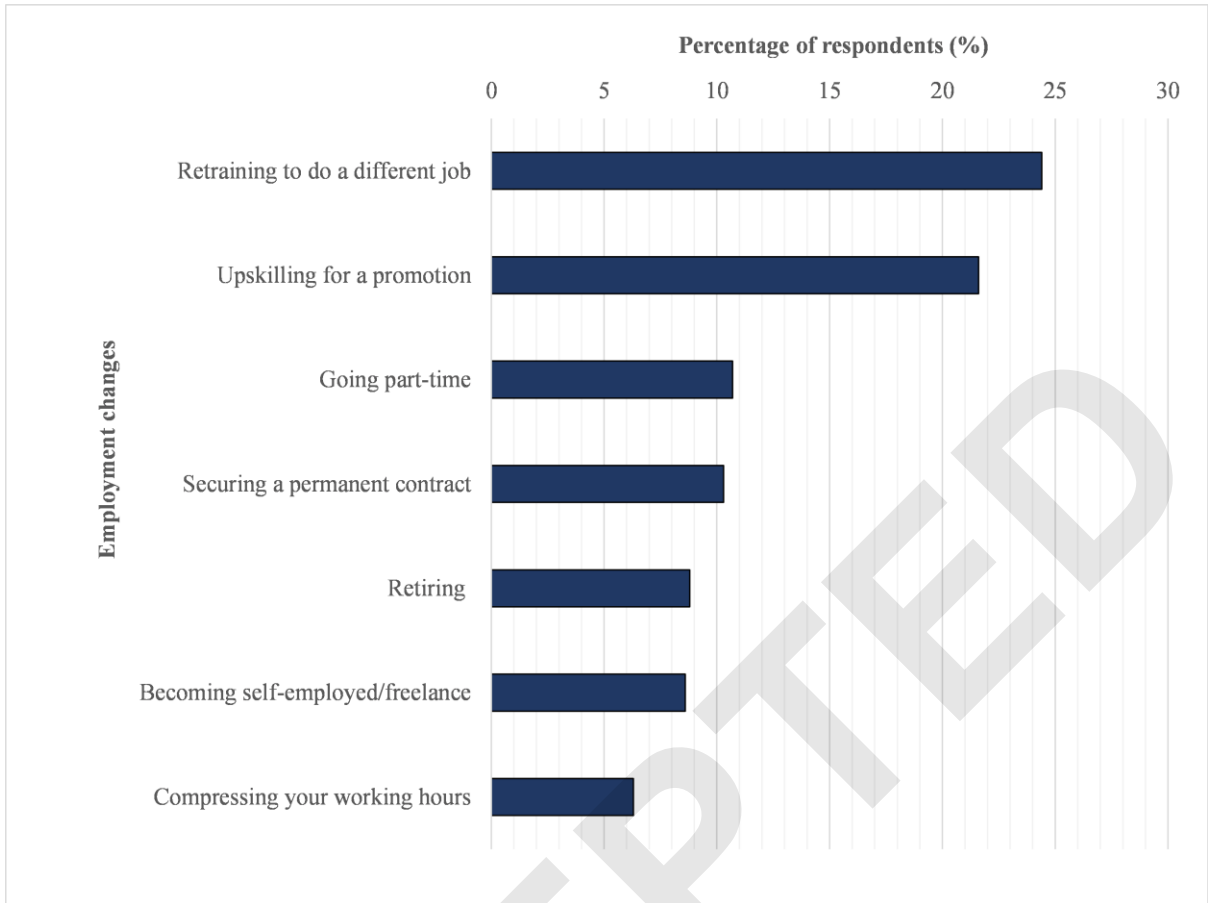
Supplemental Digital Content 1: Questionnaire measures

Priorities for future work:
When looking for new or future employment opportunities, which of these are the most important to you?
Please select up to 5 options only
❑ How close the workplace is to where you live
❑ Flexible working conditions
❑ Opportunities for personal/professional development
❑ Availability of childcare
❑ Reliable local transport service
❑ Pay package (including salary, pension and benefits)
❑ Hours of work
❑ How interesting, enjoyable or rewarding the work is
❑ How well the job matches my qualifications, skills and experience
❑ Job security
❑ Other (please specify)

Employment changes considered:
Since the start of the COVID-19 pandemic (since February 2020) have you considered any of the following?
❑ Retraining to do a different job
❑ Upskilling for a promotion
❑ Securing a permanent contract
❑ Compressing your working hours
❑ Going part-time
❑ Becoming self-employed/freelance
❑ Retiring
❑ Other (please specify)
❑ None of the above

Wage precariousness computation:
Responses for three measures were used to compute wage precariousness. These included:

a. Thinking about your main job, what is your total personal income* from all sources?
❑ Less than £200 a week / less than £870 a month / less than £10,400 a year
❑ £200 to £399 a week / £870 to £1,729 a month / £10,400 to £20,799 a year
❑ £400 to £599 a week / £1,730 to £2,599 a month / £20,800 to £31,099 a year
❑ £600 to £799 a week / £2,600 to £3,459 a month / £31,100 to £41,499 a year
❑ £800 or more a week / £3,460 or more a month / £41,500 or more a year
❑ Don't know
❑ Prefer not to say
*This is your own gross income – before any deductions like tax, national insurance, pension etc is taken off

To what extent does your income from your main job enable you to…

	Always	Most of the time	Sometimes	Rarely	Never
b. cover your basic needs, such as food, clothes, heating and housing costs?	❑	❑	❑	❑	❑
c. cover unforeseen expenses, e.g. urgent repair to a car, replacement of household appliances etc?	❑	❑	❑	❑	❑

Respondents who had omitted an answer for any of the three questions were excluded from the calculation (a: 8.5% missing; b: 4.9% missing; c: 5.5% missing; combined: 18.7% missing). Questions b and c were recoded onto a 0-4 scale (0 = always, 4 never). Scores for each of the three items were then divided by 12, summed, then multiplied by 4 to give a composite wage precariousness score. Scores below 1 indicate low wage precarity, scores between 1 and 1.99 indicated moderate wage precarity, and scores of 2 or above indicated high or very high wage precarity (i.e. higher financial insecurity).

Supplemental Digital Content 2: Sample characteristics

Table 1. Characteristics of the sample (including number and percentage of respondents for each factor level)

Factor	Unweighted sample N = 615		Weighted sample[1] N = 603	
	N	%	N	%
Gender				
Man	218	35.4	293	48.6
Woman	392	63.7	308	51.1
Other	2	0.3	NA	NA
Missing	3	0.5	2	0.3
Age group				
18-29	43	7.0	140	23.2
30-39	112	18.2	129	21.4
40-49	151	24.6	122	20.2
50-59	201	32.7	140	23.2
60-64	96	15.6	64	10.5
Missing	12	2.0	9	1.5
Deprivation quintile				
1 (Most deprived)	114	18.5	121	20.0
2	150	24.4	120	20.0
3	95	15.4	125	20.7
4	113	18.4	120	19.9
5 (Least deprived)	143	23.3	117	19.4
Missing	0	0	0	0
Living arrangements				
Live alone	119	19.3	127	21.0
Live with others	492	80.0	472	78.2
Missing	4	0.7	5	0.8
Children in households				
Children	211	34.3	200	33.2
No children	404	65.7	403	66.8
Missing	0	0	0	0
Contract type				
Permanent	467	75.9	450	74.6
Fixed term	34	5.5	54	9.0
Atypical	25	4.1	20	3.3
Self-employed / Freelance	59	9.6	57	9.4
Missing	30	4.9	22	3.7
Furlough				
Yes	116	18.9	130	21.5
No	478	77.7	458	75.9
Missing	21	3.4	15	2.6
Wage precarity				
Low	151	24.6	159	26.4
Moderate	200	32.5	191	31.8
High	149	24.2	151	25.1
Missing	115	18.7	101	16.7
General health				
Good	454	73.8	459	76.2
Not good	159	25.9	142	23.6
Missing	2	0.3	1	0.2
Mental well-being				
Low	78	12.7	100	16.5
Average	528	85.9	495	82.2
Missing	9	1.5	8	1.3
Limiting pre-existing condition				

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Yes	132	21.5	117	19.4
No	454	73.8	458	75.9
Missing	29	4.7	28	4.7

[1] Weighted against 2018 Welsh working age adult population estimates (for gender, age, and Welsh Index of Multiple Deprivation)

Supplemental Digital Content 3: Bivariate and multivariate analyses of employment priorities
Table 1. Percentage of respondents prioritising each component of work, across socio-economic factors, employment conditions and health status. Proportions are weighted against the Welsh population for gender, age and Welsh Index of Multiple Deprivation.

	Workplace close to home		Flexible working conditions		Pay package		Hours of work		How interesting, enjoyable rewarding the work is		Job security	
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
Gender												
Male N = 204	54.0	60.0	53.3	48.7	76.8	81.7	50.0	50.5	69.6	68.9	52.9	48.0
Female N = 385	59.2	63.6	52.4	58.1	76.7	75.6	65.6	63.9	66.6	65.9	49.8	48.5
p value	.20	.36	.83	**.02**	.97	.07	**< .001**	**< .001**	.43	.44	.45	.90
Age Group												
18-29 Years N = 43	57.8	74.7	33.6	54.1	76.4	81.6	49.5	48.5	70.0	54.5	59.1	53.1
30-39 Years N = 111	52.9	53.2	61.0	47.2	82.2	85.1	44.9	45.4	68.1	72.5	47.4	44.7
40-49 Years N = 150	56.9	58.1	57.3	54.8	78.9	80.0	61.0	57.6	66.9	67.7	53.2	52.0
50-59 Years N = 192	57.1	62.4	53.2	58.0	76.3	78.0	66.7	68.0	66.0	69.8	49.4	49.0
60-64 Years N = 86	57.7	66.1	62.0	52.9	63.9	60.3	71.8	66.2	70.8	70.6	45.8	44.1
p value	.93	**.01**	**<.001**	.46	.06	**.001**	**<.001**	**<.001**	.94	**.04**	.31	.60
Deprivation Quintile												
WIMD 1 (most deprived) N = 111	60.2	65.1	56.5	51.9	79.6	77.4	59.3	62.3	63.9	53.8	50.9	58.5
WIMD 2 N = 143	53.5	56.4	52.8	46.4	75.9	77.9	55.9	59.3	67.4	69.3	53.5	45.7
WIMD 3 N = 93	57.4	66.0	50.9	60.4	70.1	77.4	58.9	53.8	63.9	67.0	62.0	54.7
WIMD 4 N = 108	65.9	68.6	52.5	59.5	77.9	75.8	72.1	60.8	68.9	70.8	41.8	44.2
WIMD 5 (least deprived) N = 137	47.1	55.1	53.7	52.5	80.2	82.9	46.7	47.5	76.9	74.6	47.9	40.2
p value	**.04**	.11	.95	.15	.39	.73	**.002**	.13	.19	.01	**.04**	**.03**
Living arrangements												
Live alone N = 116	53.6	62.1	49.2	50.0	64.8	78.4	59.7	56.8	69.4	68.0	54.8	56.0
Live with others N = 474	57.4	61.7	54.2	54.4	79.9	78.1	58.2	57.2	67.8	67.7	50.2	45.6
p value	.44	0.94	.32	.38	**<.001**	.94	.76	.94	.74	.95	.36	**.04**
Children in household												
Children N = 208	58.5	58.1	62.8	62.8	81.1	81.4	55.1	54.8	60.2	65.2	50.0	45.5
No children N = 384	55.6	63.9	48.6	49.2	74.5	76.7	60.0	57.7	72.2	68.4	51.5	49.6
p value	.51	.17	**.001**	**.002**	.07	.19	.25	.50	**.003**	.43	.74	.34
Contract type												
Permanent N = 462	56.9	63.2	51.9	51.2	81.1	83.7	60.1	58.2	69.7	69.7	55.7	53.2
Fixed term N = 34	48.4	66.7	64.5	66.7	54.8	76.2	38.7	35.7	74.2	66.7	51.6	35.7
Atypical	69.2	42.9	52.0	71.4	73.1	42.9	60.0	65.0	76.0	47.6	23.1	42.9

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N = 24												
Self-employed / Freelance N = 58	52.9	52.5	56.9	62.7	54.9	55.9	52.9	57.6	53.8	56.9	27.5	25.9
p value	.42	.11	.53	**.04**	**< .001**	**< .001**	.11	**.04**	.08	.05	**< .001**	**< .001**
Furloughed												
Yes N = 114	71.4	65.9	34.1	48.8	72.8	67.5	63.7	59.1	67.4	61.4	51.6	53.2
No N = 473	53.7	60.8	56.6	55.2	78.6	81.9	57.2	55.9	67.7	68.8	52.1	47.4
p value	**.002**	.30	**<.001**	.20	.22	**<.001**	.24	.53	.96	.11	.93	.25
Wage precariousness												
Low N = 150	51.1	56.0	55.4	52.2	83.2	89.3	45.7	49.7	74.5	77.4	52.7	41.5
Moderate N = 198	56.5	66.5	50.2	55.7	78.3	80.1	69.1	58.2	62.8	67.0	53.1	50.7
High N = 149	67.0	69.1	52.8	51.1	62.3	62.1	63.2	65.5	67.0	54.3	51.9	58.3
p value	**.03**	**.04**	.59	.66	**< .001**	**< .001**	**< .001**	**.02**	.05	**< .001**	.98	**.01**
General health												
Good N = 452	56.1	61.1	49.7	51.0	76.9	80.8	59.7	56.3	69.0	68.0	52.0	50.8
Not good N = 157	57.0	64.2	67.8	62.3	75.2	71.1	54.9	57.6	64.8	66.2	48.8	41.7
p value	.85	.49	**<.001**	**.02**	.69	**.01**	0.3	.78	.37	.69	.53	.05
Mental wellbeing												
Low N = 76	64.4	67.9	53.3	44.0	84.3	75.0	61.8	56.0	54.4	57.1	48.9	53.6
Average N = 510	55.3	61.2	53.6	55.0	75.7	79.2	57.8	57.0	70.4	69.2	52.0	47.0
p value	.11	.24	.97	.06	.08	.39	.48	.86	**.003**	**.03**	.59	.27
Limiting pre-existing conditions												
Yes N = 131	64.4	72.0	55.6	59.3	70.1	69.5	54.8	61.5	73.9	68.4	46.3	45.8
No N = 433	53.5	60.2	53.0	53.7	78.4	80.2	59.1	54.3	66.6	66.5	51.7	49.0
p value	**.03**	**.02**	.61	.28	.05	**.01**	.38	.16	.11	.70	.27	.53

Significant Chi^2 or Fisher's exact associations are highlighted in bold. T1 results were collected as part of the initial survey (May-June 2020), with T2 results originating from the follow up survey (November 2020 – January 2021). N relates to the number of individuals in each group at the time of the follow up survey.

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Table 2. Multivariate logistic regression models identifying independent predictors of prioritising each work component.

	Workplace close to home		Flexible working conditions		Pay package		Hours of work		How interesting, enjoyable rewarding the work is		Job security	
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
Gender												
Male	Reference											
Female	0.88 [0.55-1.42] p = .61	0.98 [0.60-1.59] p = .93	0.88 [0.55-1.42] p = .61	1.34 [0.84-2.14] p = .22	1.30 [0.72-2.35] p = .38	0.81 [0.44-1.47] p = .48	1.22 [0.75-2.00] p = .43	**1.83 [1.12-2.96] p = .02**	0.76 [0.46-1.28] p = .30	0.77 [0.45-1.32] p = .34	0.99 [0.61-1.61] p = .97	0.88 [0.55-1.42] p = .60
Age Group												
18-29 Years	0.99 [0.40-2.43] p = .98	2.04 [0.80-5.20] p = .14	0.54 [0.21-1.38] p = .20	1.42 [0.60-3.36] p = .42	0.87 [0.26-2.92] p = .82	1.34 [0.43-4.21] p = .62	0.64 [0.25-1.63] p = .35	0.53 [0.22-1.29] p = .16	0.78 [0.30-2.05] p = .62	0.51 [0.20-1.30] p = .16	1.26 [0.49-3.21] p = .63	0.75 [0.31-1.78] p = .51
30-39 Years	0.99 [0.53-1.84] p = .98	1.03 [0.55-1.92] p = .93	1.45 [0.76-2.77] p = .26	0.94 [0.51-1.74] p = .84	0.69 [0.32-1.49] p = .34	0.86 [0.39-1.87] p = .70	0.64 [0.34-1.22] p = .17	0.69 [0.37-1.31] p = .26	1.12 [0.58-2.17] p = .74	0.74 [0.37-1.46] p = .38	0.74 [0.40-1.39] p = .35	0.99 [0.53-1.83] p = .96
40-49 Years	Reference											
50-59 Years	1.41 [0.76-2.63] p = .27	1.59 [0.85-2.97] p = .15	1.14 [0.61-2.16] p = .68	1.43 [0.78-2.65] p = .25	0.66 [0.30-1.45] p = .30	0.96 [0.45-2.06] p = .91	1.36 [0.71-2.62] p = .36	1.38 [0.72-2.66] p = .34	0.80 [0.42-1.54] p = .51	1.42 [0.71-2.87] p = .32	0.87 [0.46-1.64] p = .67	0.90 [0.49-1.67] p = .75
60-64 Years	1.53 [0.70-3.35] p = .29	2.21 [0.98-4.98] p = .06	2.23 [1.00-5.00] p = .05	1.40 [0.66-2.99] p = .38	0.41 [0.16-1.02] p = .05	0.53 [0.22-1.27] p = .15	**2.48 [1.04-5.91] p = .04**	1.40 [0.61-3.20] p = .42	0.91 [0.39-2.15] p = .84	0.97 [0.41-2.30] p = .94	0.67 [0.30-1.50] p = .34	0.62 [0.29-1.34] p = .22
Deprivation Quintile												
WIMD 1 (most deprived)	1.78 [0.92-3.43] p = .09	1.97 [0.98-3.98] p = .06	0.78 [0.40-1.52] p = .46	0.84 [0.44-1.62] p = .61	1.14 [0.50-2.63] p = .76	0.81 [0.35-1.86] p = .62	1.70 [0.85-3.41] p = .14	1.48 [0.74-2.95] p = .27	0.79 [0.39-1.60] p = .51	0.78 [0.37-1.64] p = .51	0.70 [0.36-1.37] p = .30	1.66 [0.85-3.24] p = .14
WIMD 2	1.18 [0.64-2.18] p = .60	1.35 [0.73-2.50] p = .35	0.78 [0.41-1.47] p = .44	0.84 [0.46-1.53] p = .57	0.91 [0.42-1.97] p = .82	0.78 [0.37-1.67] p = .52	1.60 [0.83-3.09] p = .16	**2.04 [1.07-3.87] p = .03**	0.77 [0.40-1.49] p = .44	0.87 [0.43-1.72] p = .68	1.07 [0.57-2.01] p = .83	1.01 [0.55-1.84] p = .98
WIMD 3	1.46 [0.75-2.85] p = .27	1.18 [0.60-2.32] p = .63	0.83 [0.42-1.68] p = .61	1.45 [0.73-2.87] p = .29	0.71 [0.31-1.60] p = .40	0.87 [0.38-2.02] p = .75	0.65 [0.33-1.30] p = .23	1.08 [0.55-2.16] p = .82	0.93 [0.45-1.90] p = .84	0.79 [0.37-1.72] p = .56	0.93 [0.47-1.85] p = .84	1.13 [0.58-2.22] p = .72
WIMD 4	**2.27 [1.14-4.53] p = .02**	1.83 [0.90-3.70] p = .09	1.49 [0.73-3.03] p = .28	1.04 [0.53-2.03] p = .91	0.99 [0.42-2.30] p = .97	1.00 [0.43-2.33] p = .99	**3.01 [1.39-6.51] p = .005**	**2.19 [1.06-4.52] p = .03**	1.07 [0.51-2.24] p = .86	0.73 [0.34-1.57] p = .42	**0.39 [0.19-0.79] p = .009**	1.18 [0.60-2.32] p = .63
WIMD 5 (least deprived)	Reference											
Living arrangements												
Live alone	0.98 [0.55-1.73] p = .94	1.04 [0.58-1.88] p = .90	0.98 [0.55-1.74] p = .94	1.26 [0.72-2.19] p = .42	0.58 [0.29-1.15] p = .12	1.23 [0.61-2.47] p = .56	0.82 [0.45-1.51] p = .52	0.79 [0.44-1.42] p = .43	0.89 [0.47-1.68] p = .72	1.38 [0.72-2.64] p = .34	1.25 [0.70-2.25] p = .45	1.26 [0.72-2.23] p = .42
Live with others	Reference											
Children in household												
Children	1.30	0.97	**2.21**	**1.76**	0.64	1.47	1.10	1.09	**0.47**	0.79	1.00	0.86

	1	2	3	4	5	6	7	8	9	10	11	12
	[0.76-2.24] p = .34	[0.55-1.70] p = .91	**[1.26-3.89] p = .01**	**[1.02-3.04] p = .04**	[0.32-1.26] p = .19	[0.75-2.90] p = .26	[0.62-1.96] p = .73	[0.61-1.94] p = .76	**[0.26-0.84] p = .01**	[0.43-1.46] p = .46	[0.57-1.74] p = .99	[0.50-1.48] p = .58
No children						Reference						
Contract type												
Permanent						Reference						
Fixed term	1.03 [0.40-2.64] p = .95	1.57 [0.56-4.36] p = .39	1.59 [0.57-4.46] p = .38	1.46 [0.58-3.71] p = .43	**0.26 [0.10-0.71] p = .01**	0.79 [0.26-2.38] p = .67	0.46 [0.17-1.22] p = .12	0.73 [0.28-1.91] p = .52	0.58 [0.22-1.58] p = .29	**0.33 [0.13-0.88] p = .03**	1.13 [0.44-2.92] p = .80	0.52 [0.20-1.34] p = .18
Atypical	1.35 [0.40-4.53] p = .63	0.40 [0.13-1.24] p = .11	**7.33 [1.26-42.73] p = .03**	1.51 [0.45-5.01] p = .50	**0.28 [0.08-0.99] p = .048**	**0.16 [0.05-0.53] p = .003**	0.73 [0.21-2.49] p = .61	1.23 [0.33-4.57] p = .76	0.84 [0.26-2.76] p = .78	**0.14 [0.04-0.53] p = .004**	**0.20 [0.05-0.82] p = .03**	0.59 [0.19-1.85] p = .36
Self-employed / Freelance	0.68 [0.33-1.40] p = .29	**0.32 [0.14-0.71] p = .005**	0.90 [0.42-1.90] p = .78	0.87 [0.40-1.88] p = .72	**0.15 [0.06-0.33] p < .001**	**0.24 [0.11-0.55] p = .001**	0.62 [0.29-1.31] p = .21	1.04 [0.44-2.43] p = .94	0.53 [0.25-1.12] p = .10	0.93 [0.39-2.25] p = .88	**0.19 [0.08-0.43] p < .001**	**0.22 [0.09-0.53] p = .001**
Furloughed												
Yes	1.45 [0.40-5.35] p = .57	0.91 [0.51-1.62] p = .75	0.60 [0.32-1.12] p = .11	0.83 [0.48-1.43] p = .50	0.83 [0.39-1.76] p = .63	0.80 [0.41-1.56] p = .52	0.76 [0.39-1.49] p = .43	0.93 [0.52-1.66] p = .80	0.94 [0.49-1.82] p = .85	1.62 [0.85-3.10] p = .15	0.78 [0.42-1.45] p = .43	1.01 [0.58-1.77] p = .97
No						Reference						
Wage precariousness												
Low						Reference						
Moderate	1.17 [0.71-1.90] p = .54	1.68 [0.98-2.87] p = .06	0.93 [0.56-1.55] p = .79	0.92 [0.55-1.54] p = .75	0.80 [0.42-1.52] p = .49	0.61 [0.30-1.23] p = .16	**2.28 [1.34-3.86] p = .002**	1.46 [0.86-2.50] p = .16	0.71 [0.41-1.21] p = .21	0.89 [0.49-1.63] p = .71	0.79 [0.47-1.31] p = .36	1.08 [0.64-1.82] p = .78
High	**2.11 [1.14-3.91] p = .02**	**2.04 [1.08-3.87] p = .03**	1.01 [0.54-1.88] p = .98	0.87 [0.48-1.59] p = .65	**0.29 [0.14-0.59] p = .001**	**0.35 [0.16-0.73] p = .006**	1.73 [0.91-3.29] p = .09	**2.45 [1.28-4.69] p = .007**	1.12 [0.58-2.19] p = .74	0.67 [0.34-1.31] p = .24	0.87 [0.47-1.62] p = .66	1.51 [0.81-2.79] p = .19
General health												
Good						Reference						
Not good	0.92 [0.52-1.66] p = .79	0.920 [0.50-1.62] p = .73	**2.06 [1.10-3.88] p = .03**	**1.87 [1.05-3.33] p = .03**	1.09 [0.54-2.19] p = .81	1.00 [0.49-2.01] p = .99	0.86 [0.46-1.59] p = .63	1.12 [0.62-2.03] p = .72	0.65 [0.35-1.20] p = .17	0.83 [0.45-1.55] p = .56	1.39 [0.77-2.52] p = .28	0.92 [0.52-1.62] p = .77
Mental wellbeing												
Low	1.06 [0.54-2.07] p = .86	0.81 [0.39-1.66] p = .56	1.35 [0.68-2.70] p = .40	0.80 [0.40-1.61] p = .54	**4.39 [1.62-11.92] p = .004**	0.76 [0.34-1.68] p = .50	1.53 [0.75-3.09] p = .24	0.89 [0.42-1.86] p = .76	**0.47 [0.24-0.92] p = .03**	0.94 [0.45-1.98] p = .87	1.36 [0.68-2.71] p = .38	1.04 [0.52-2.08] p = .92
Average						Reference						
Limiting pre-existing conditions												
Yes	1.48 [0.85-2.57] p = .16	0.97 [0.54-1.74] p = .92	0.61 [0.35-1.07] p = .09	1.11 [0.63-1.95] p = .71	0.67 [0.35-1.28] p = .23	0.80 [0.41-1.56] p = .51	0.86 [0.48-1.53] p = .60	0.77 [0.43-1.39] p = .39	**1.97 [1.08-3.57] p = .03**	1.41 [0.75-2.64] p = .29	0.87 [0.50-1.51] p = .62	0.98 [0.56-1.72] p = .94
No						Reference						

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Note: Odds ratios adjusted for: gender, age, deprivation quintile, living arrangements, children in household, highest qualification level, contract type, furlough, wage precarity, ability to work from home, job skill level, general health, mental well-being and limiting pre-existing conditions.

Supplemental Digital Content 4: Bivariate and multivariate analyses of employment changes considered
Table 1. Percentage of respondents considering each employment change, across socio-economic factors, employment conditions and health status. Proportions are weighted against the Welsh population for gender, age and Welsh Index of Multiple Deprivation.

	Retrain for different job	Upskill for promotion	Secure permanent contract	Compress working hours	Go part-time	Become self-emp. / freelance	Retire	No change considered
Gender								
Male N = 203	24.5	23.3	12.8	5.3	8.9	8.8	10.6	38.9
Female N = 383	24.4	20.1	8.0	7.0	12.4	8.4	7.0	44.5
p value	.98	.34	.06	.39	.17	.84	.13	.17
Age Group								
18-29 Years N = 42	29.0	32.1	7.2	5.8	9.5	9.5	0.0	39.1
30-39 Years N = 111	25.8	35.9	20.3	3.9	6.2	16.4	0.8	31.3
40-49 Years N = 148	35.0	22.5	8.3	8.3	10.8	6.7	0.0	41.7
50-59 Years N = 190	16.8	4.6	8.4	6.1	14.6	5.3	22.1	49.6
60-64 Years N = 88	10.0	3.4	3.4	10.2	13.6	1.7	32.2	54.2
p value	**.001**	**< .001**	**.001**	.46	.23	**.003**	**< .001**	**.01**
Deprivation Quintile								
WIMD 1 (most deprived) N = 111	31.4	16.1	5.1	2.5	11.9	2.5	5.1	45.8
WIMD 2 N = 142	26.7	21.4	5.2	5.2	12.9	7.8	8.6	44.8
WIMD 3 N = 91	14.6	30.1	22.8	8.2	9.8	9.0	10.6	36.1
WIMD 4 N = 110	23.9	20.5	9.3	8.5	5.1	17.8	7.6	41.5
WIMD 5 (least deprived) N = 135	26.4	19.3	8.3	6.4	13.8	4.6	11.8	41.3
p value	**.04**	.10	**< .001**	.30	.22	**< .001**	.41	.58
Living arrangements								
Live alone N = 115	35.0	22.8	12.2	7.3	8.1	8.9	6.5	39.8
Live with others N = 472	21.9	21.4	9.2	5.9	11.4	8.5	9.4	42.9
p value	**.003**	.75	.32	.57	.30	.89	.31	.54
Children in household								
Children N = 207	24.5	23.4	10.2	4.6	11.7	8.2	3.6	42.3
No children N = 382	24.5	20.7	10.4	7.2	10.1	8.8	11.4	41.9
p value	.98	.46	.94	.21	.55	.80	**.002**	.91
Contract type								
Permanent N = 460	24.5	21.7	1.8	6.1	10.4	7.4	8.8	47.2
Fixed term N = 34	11.1	35.2	57.4	3.7	13.0	9.3	3.7	20.0
Atypical N = 24	52.6	30.0	20.0	5.3	15.8	10.5	21.1	21.1
Self-employed / Freelance N = 57	25.5	7.1	29.1	10.7	5.5	12.7	8.9	32.1
p value	**.004**	**.004**	**< .001**	.47	.49	.56	.15	**<.001**
Furloughed								
Yes N = 113	32.8	24.2	10.9	8.6	12.5	16.4	8.6	32.0
No	22.2	20.8	10.2	5.8	10.0	6.2	8.6	45.0

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N = 471

p value	**.01**	.41	.81	.25	.41	**<.001**	.99	**.01**
Wage precariousness								
Low N = 150	18.9	20.3	6.3	6.3	8.2	4.4	8.9	48.7
Moderate N = 196	23.4	22.3	9.0	5.9	12.8	12.2	6.4	39.4
High N = 147	35.3	28.7	15.2	6.7	9.3	8.7	8.0	34.0
p value	**.003**	.19	**.03**	.95	.35	**.04**	.68	**.03**
General health								
Good N = 430	23.8	21.8	10.2	6.8	10.0	8.6	6.6	44.2
Not good N = 157	27.0	21.3	10.7	5.0	12.8	8.5	15.6	34.8
p value	.45	.90	.86	.44	.35	.97	**.001**	.05
Mental wellbeing								
Low N = 78	26.0	25.0	27.0	10.0	9.1	16.0	6.1	39.4
Average N = 505	24.1	20.7	6.3	5.4	11.1	7.1	9.4	42.5
p value	.68	.34	**<.001**	.09	.56	**.004**	.29	.57
Limiting pre-existing condition								
Yes N = 129	21.7	14.8	7.0	4.3	8.7	11.3	13.0	47.0
No N = 432	24.3	24.0	11.6	5.7	10.7	6.1	7.7	41.6
p value	.57	**.03**	.15	.58	.54	.06	.07	.30

Significant Chi^2 or Fisher's exact associations are highlighted in bold.

Table 2. Multivariate logistic regression models identifying independent predictors of considering each employment change.

	Retrain for different job	Upskill for promotion	Secure permanent contract	Compress working hours	Go part-time	Become self-emp. / freelance	Retire	No change considered
Gender								
Male	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
Female	0.88	0.57	0.67	1.37	1.66	0.62	0.75	1.36
	[0.48-1.59]	[0.30-1.08]	[0.21-2.15]	[0.51-3.68]	[0.66-4.19]	[0.23-1.71]	[0.26-2.16]	[0.83-2.22]
	p = .66	p = .09	p = .50	p = .53	p = .28	p = .36	p = .59	p = .22
Age Group								
18-29 Years	0.86	**2.95**	0.39	0.41	0.58	1.72		0.55
	[0.33-2.22]	**[1.13-7.71]**	[0.05-2.89]	[0.04-3.72]	[0.10-3.25]	[0.32-9.26]	NA	[0.22-1.38]
	p = .76	**p = .03**	p = .36	p = .42	p = .53	p = .53		p = 0.20
30-39 Years	0.92	1.40	1.18	0.50	0.64	**3.79**		0.68
	[0.46-1.84]	[0.68-2.85]	[0.30-4.60]	[0.12-2.16]	[0.20-2.01]	**[1.12-12.86]**	NA	[0.36-1.28]
	p = .82	p = .36	p = .81	p = .35	p = .44	**p = .03**		p = .23
40-49 Years	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
50-59 Years	**0.28**	**0.20**	**0.66**	1.07	1.47	0.78		**1.92**
	[0.13-0.62]	**[0.07-0.54]**	**[0.14-3.05]**	[0.32-3.55]	[0.52-4.15]	[0.19-3.18]	NA	**[1.03-3.60]**
	p = .002	**p = .002**	**p = .60**	p = .91	p = .47	p = .73		**p = .04**
60-64 Years	**0.09**	**0.11**	0.54	1.46	1.62			1.76
	[0.03-0.31]	**[0.02-0.55]**	[0.07-4.05]	[0.37-5.69]	[0.46-5.70]	NA	NA	[0.81-3.82]
	p < .001	**p = .007**	p = .55	p = .59	p = .45			p = .15
Deprivation Quintile								
WIMD 1 (most deprived)	0.64	0.78	2.57	0.66	1.05	0.41	1.06	1.09
	[0.28-1.42]	[0.31-1.95]	[0.43-15.45]	[0.15-2.89]	[0.36-3.08]	[0.08-1.95]	[0.22-4.98]	[0.55-2.15]
	p = .27	p = .59	p = .30	p = .58	p = .93	p = .26	p = .95	p = .81
WIMD 2	**0.45**	0.63	3.17	0.89	1.18	0.50	1.19	1.46
	[0.21-0.96]	[0.27-1.44]	[0.58-17.34]	[0.28-2.87]	[0.46-3.04]	[0.11-2.20]	[0.33-4.27]	[0.79-2.72]
	p = .04	p = .27	p = .18	p = .85	p = .74	p = .36	p = .79	p = .23
WIMD 3	**0.31**	0.46	2.84	1.68	0.39	1.21	0.90	1.54
	[0.13-0.78]	[0.17-1.28]	[0.52-15.65]	[0.51-5.50]	[0.10-1.56]	[0.29-5.09]	[0.19-4.27]	[0.77-3.08]
	p = .01	p = .14	p = .23	p = .39	p = .18	p = .80	p = .90	p = .22
WIMD 4	0.52	0.90	1.39	0.33	0.53	1.47	0.53	1.12
	[0.22-1.20]	[0.36-2.29]	[0.23-8.48]	[0.06-1.73]	[0.16-1.71]	[0.38-5.61]	[0.13-2.20]	[0.57-2.22]
	p = .13	p = .83	p = .72	p = .19	p = .29	p = .58	p = .38	p = .75
WIMD 5 (least deprived)	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
Living arrangements								
Live alone	1.15	1.31	1.22	1.92	1.00	0.48	0.32	1.70
	[0.55-2.42]	[0.57-3.01]	[0.29-5.05]	[0.68-5.42]	[0.39-2.55]	[0.11-2.08]	[0.09-1.09]	[0.94-3.04]
	p = .71	p = .52	p = .79	p = .22	p = .99	p = .33	p = .07	p = .08
Live with others	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
Children in household								
Children	0.73	0.90	0.86	0.79	0.77	0.79	0.23	**1.77**
	[0.37-1.45]	[0.42-1.92]	[0.23-3.23]	[0.24-2.60]	[0.30-2.00]	[0.25-2.48]	[0.05-1.04]	**[1.01-3.12]**
	p = .37	p = .78	p = .82	p = .70	p = .59	p = .69	p = .06	**p = .048**
No children	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
Contract type								
Permanent	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
Fixed term	0.60	0.31	**32.93**	0.78	1.56	0.92	7.28	0.64
	[0.19-1.92]	[0.08-1.21]	**[7.96-136.3]**	[0.09-6.73]	[0.37-6.47]	[0.15-5.68]	[0.62-84.94]	[0.24-1.74]
	p = .39	p = .09	**p < .001**	p = .82	p = .54	p = .93	p = .11	p = .38
Atypical	2.06	1.20	5.84		1.74	1.62	**19.75**	0.44
	[0.58-7.30]	[0.26-5.60]	[0.83-40.95]	NA	[0.28-10.64]	[0.17-15.47]	**[1.79-218.4]**	[0.12-1.59]
	p = .26	p = .82	p = .08		p = .55	p = .68	**p = .02**	p = .21
Self-employed /Freelance	2.26	0.08	**17.05**	0.67	0.26	2.84	0.81	0.64
	[0.90-5.69]	[0.01-0.79]	**[3.97-73.34]**	[0.12-3.57]	[0.03-2.22]	[0.62-13.03]	[0.16-4.09]	[0.29-1.42]
	p = .08	p = .03	**p < .001**	p = .63	p = .22	p = .18	p = .80	p = .27
Furloughed								
Yes	**2.34**	0.79	**3.82**	**2.91**	0.86	**4.64**	0.86	**0.47**
	[1.22-4.49]	[0.36-1.74	**[1.20-12.18]**	**[1.03-8.18]**	[0.30-2.46]	**[1.71-12.53]**	[0.20-3.70]	**[0.26-0.85]**
	p = .01	p = .55	**p = .02**	**p = .04**	p = .78	**p = .003**	p = .83	**p = .01**

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No	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
Wage precariousness								
Low	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
Moderate	1.08 [0.53-2.21] p = .83	1.60 [0.76-3.36] p = .21	0.71 [0.18-2.83] p = .63	0.60 [0.20-1.77] p = .36	1.40 [0.57-3.46] p = .47	0.46 [0.13-1.61] p = .22	1.12 [0.35-3.56] p = .85	0.89 [0.52-1.53] p = .67
High	**2.25** **[1.02-4.94]** **p = .04**	1.72 [0.71-4.20] p = .23	0.71 [0.15-3.31] p = .66	0.96 [0.28-3.28] p = .95	1.83 [0.64-5.21] p = .26	1.10 [0.26-4.60] p = .90	3.31 [0.92-11.91] p = .07	**0.47** **[0.25-0.88]** **p = .02**
General health								
Good	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
Not good	1.11 [0.55-2.23] p = .77	0.95 [0.44-2.05] p = .90	0.72 [0.18-2.83] p = .63	0.85 [0.24-2.98] p = .80	0.93 [0.34-2.49] p = .88	0.44 [0.12-1.53] p = .19	**6.17** **[1.29-29.52]** **p = .02**	0.87 [0.48-1.57] p = .64
Mental wellbeing								
Low	1.53 [0.69-3.36] p = .29	0.55 [0.20-1.54] p = .26	**5.49** **[1.32-22.81]** **p = .02**	1.74 [0.46-6.60] p = .42	1.94 [0.69-5.49] p = .21	2.58 [0.75-8.85] p = .13	0.30 [0.05-1.69] p = .17	1.04 [0.52-2.11] p = .90
Average	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
Limiting pre-existing condition								
Yes	0.87 [0.42-1.77] p = .69	1.06 [0.49-2.33] p = .88	2.41 [0.64-9.02] p = .19	1.04 [0.32-3.42] p = .95	1.31 [0.51-3.36] p = .57	**4.00** **[1.35-11.84]** **p = .01**	1.92 [0.48-7.66] p = .36	0.72 [0.40-1.28] p = .26
No	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference

Note: Odds ratios adjusted for: gender, age, deprivation quintile, living arrangements, children in household, highest qualification level, contract type, furlough, wage precarity, ability to work from home, job skill level, general health, mental well-being and limiting pre-existing conditions.