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COVID-19's Effect on the Employment Status of Health Care Workers

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BACKGROUND

Contents

The COVID-19 pandemic has had a dynamic effect on the health workforce. Throughout the pandemic, as COVID-19 cases have come in waves, the workload of health care workers in emergency rooms and intensive care units (ICUs) have also fluctuated, at times resulting in overwhelmed workers and many hours of overtime.[1,2] Paradoxically, to prevent the spread of COVID-19, health systems temporarily stopped routine and non-emergency health services, particularly at the start of the pandemic. This reduced demand for health services contributed to the loss of 1.4 million jobs, or approximately 10% of the health workforce, as health systems mitigated financial losses.[3-5] Many health care jobs returned with greater use of telehealth services, improved infection control, and resumption of some in-person routine services, but uncertainty remains about how subsequent COVID-19 waves and the vaccine roll out will affect the demand for health care workers.[6,7] This uncertainty has raised questions about the eligibility of health care workers to access state unemployment benefits and other emergency financial protections through the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020, the American Rescue Plan Act of 2021, and other pending federal and state legislation.[8,9] Determining what financial protections are available to health care workers requires an understanding of various work statuses.

Every type of health care setting has adjusted its employment arrangements in response to COVID-19.[10-12] Urban primary care clinics, rural and small independent hospitals, specialist groups, government hospitals, and multi-state health systems all laid off workers or cut wages, hours, or benefits at some point during the pandemic.[10,11] According to Becker's Hospital Review, 266 hospitals across the U.S. furloughed medical staff early in the pandemic.[10] By August 2020, at least 26 of these hospitals had started to bring furloughed workers back as nonemergency procedures and routine medical appointments resumed.[7] These employment fluctuations have affected workers from nonclinical and administrative staff to specialist physicians, lab technicians, operating room personnel, and nurses. In contrast, in areas where COVID-19 had surged, health care facilities addressed worker shortages by redeploying current staff, hiring temporary providers, recruiting recently retired health care workers, and expediting student transition into practice.[13-15]

Redeployment, furlough, and layoff are among the terms used to describe various work statuses. Some terms are related and overlapping, potentially causing confusion for employees, media, policymakers, and researchers who may be interested in tracking health care employment trends throughout the pandemic. In this report, we define the range of work statuses that one can hold and identify areas where overlap in terms may create confusion. We describe how work status relates to employees' wages and/or benefits as well as eligibility for unemployment benefits. We examine how self-employed health care workers

and those not currently in the labor force fit into ongoing employment discussions during the COVID-19 pandemic. In closing, we discuss the potential long-term impacts of the COVID-19 pandemic on employment in the health care industry.

METHODS

We orient our report according to three broad categories of work status: 1) employed, 2) unemployed, and 3) not in the labor force. We further describe subgroups of workers within these broad categories, focusing on terms frequently used to describe the health care labor force during the COVID-19 pandemic. We present work status definitions provided by the U.S. Bureau of Labor Statistics (BLS).[16-18] To define each term and how it relates to eligibility for unemployment benefits, we draw from a review of published and grey literature using PubMed, Internet search engines, and organization websites.

U.S. Federal Coronavirus Relief Acts

Three sets of coronavirus relief payments, which are not tied to employment status, had been issued by the federal government as of April 2021. Eligibility for the first two payments was based on 2018 or 2019 tax returns and the third payment was based on 2019 or 2020 tax returns.[9] The Internal Revenue Service (IRS) issued payments automatically by check, direct deposit, or a pre-paid Economic Impact Payment Card.[9] Those who are not required to file taxes because of low earnings entered their information into an IRS Web portal.[9]

- In **March 2020** the CARES Act provided up to $1,200 per adult whose income was less than $99,000 (or $198,000 for joint filers) and $500 per child under 17 years old – or up to $3,400 for a family of four.[19]
- In **December 2020** the Coronavirus Response and Relief Supplemental Appropriations Act authorized payments of up to $600 per adult earning up to $75,000 annually and $600 for each qualifying child under age 17.[19] The amount of the stimulus benefit phased out for those earning over $75,000 and was zero for those earning more than $99,000 annually.[20] Qualifying families of four could receive up to $2,400. For example, a married couple filing jointly for up to $150,000 with two children under age 17 received $2,400.
- In **March 2021** the American Rescue Plan Act authorized $1,400 per adult earning up to $75,000 and $1,400 to each qualifying dependent.[21] The payments decrease to zero for single filers earning $80,000 annually and for married couples earning $160,000.[22] Over 13 million adult dependents who did not qualify for the first two stimulus packages, including college students and dependent older adult relatives, are entitled to receive money as part of the household total.[21] Approximately 85% of U.S. households qualify for a payment.[23]

WORK STATUS DEFINITIONS

Employed Person

An employed person is defined by BLS as being at least 15 or 16 years of age who worked one or more hours during a reference week as a paid or self-employed worker.[17,18] The minimum age and reference period may vary across BLS surveys.[18] Employed persons include those who are temporarily absent from work in a paid or unpaid capacity for reasons including vacation, illness, maternity or paternity leave, job training, or family or personal reasons.[18] The maximum time frame for absences can vary. Volunteer work for religious, charitable and other organizations is not considered employment by BLS.[18]

Employed Person: Redeployment

Being redeployed is a subcategory of being employed (**Table 1**). While not a term officially defined by BLS, redeployment is a staffing strategy that involves reassigning positions, including a change of work duties, work unit and/or geographic location, and often occurs as a result of program elimination or reorganization.[31] Health care worker redeployments in response to the pandemic, however, have typically occurred in COVID-19 hotspots in which hospital emergency rooms and ICUs have been overstretched by severely ill patients while services in other units such as operating rooms and preventive medicine clinics have been reduced or stopped.[13-15] In these situations, health care workers have shifted from their established assignments to fill gaps and provide care for patients in other settings. For example, pediatricians have shifted to treating critically ill adults; operating room nurses have redeployed to ICUs or to COVID-19 testing; orthopedic surgeons, urologists, and dermatologists have transitioned to caring for COVID-19 patients or to triaging those with symptoms; and oral surgeons have provided care for ICU patients on ventilators.[13-15]

While income adjustments are specific to each organization, redeployed workers usually retain their regular rate of pay, benefits, and standing within the organization.[13,32] Redeployments may allow providers who are on patient volume-related contracts to continue working and retain some or all of their normal income as patient volumes fall.[33,34] Emergency credentialing provisions by states have given health care facilities some flexibility to facilitate needed redeployments during the pandemic.[34,35]

Unemployed Person

BLS defines an unemployed person as someone who is at least 15 or 16 years of age and not currently working but is available to work and has searched for a job in the prior four weeks or is waiting to be recalled to a job from which they have been laid off.[18]

Unemployed: Permanent Layoff

The BLS defines a permanent layoff as an involuntary, employer-initiated end to a worker's employment.[18] Permanent layoffs result in the former worker's loss of regular salary, health care, and other benefits.[36,37]

Unemployment Benefits

Permanently laid-off workers are eligible to apply for unemployment insurance benefits through their state. On average these benefits replace half of a worker's salary.[38-40] The amount of unemployment compensation depends on a number of factors such as the employee's prior earnings and the minimum and maximum benefit amount allowed by the employee's state.[41] Each state uses its own formula to calculate benefits. For example, Illinois replaces 47% of an applicant's income and uses the two highest paid quarters of the base period. (In most states, the base period is the earliest four of the last five complete calendar quarters the employee worked before becoming unemployed.[41]) Thus, if an employee earned a total of $20,000 in those two quarters, that amount would be multiplied by 0.47, then divided by 26 to determine a weekly benefit amount of $361.54.

Benefits Available for Self-Employed and Other Health Care Workers

Most health care workers are salaried employees of established facilities, such as hospitals, long-term care facilities, medical clinics, or federal, state, or local governments.[24] Tracking self-employed health care workers, such as solo medical providers, partners in unincorporated dental practices, or independently contracted physical therapists, is challenging because these workers may not be included in data used in analyses of health care sector employment such as the Occupational Employment and Wage Statistics collected by the Bureau of Labor Statistics.[24, 25]

The Pandemic Unemployment Assistance (PUA) program (described further on Page 4) has temporarily expanded unemployment insurance for workers who are not ordinarily eligible for state unemployment benefits. This group includes self-employed workers, contractors, part-time workers, gig workers, and students who had job offers rescinded due to COVID-19.[26-28] Because PUA is state administrated, eligibility criteria may differ by state.[26,27,29,30]

Before the COVID-19 pandemic, states offered an average of 26 weeks of unemployment benefits, ranging from 12 weeks (North Carolina) to 28 weeks (Montana).[38,39] The CARES Act created three new programs, described below, which temporarily expand state-based unemployment benefits.[42] Each program is 100% federally funded, but administered by individual states, so eligibility may differ slightly by state.[26,27,29]

- **The Federal Pandemic Unemployment Compensation (FPUC)** program, which expired in July 2020, increased the amount of unemployment benefits by $600 per week in addition to the amount allotted by state programs.[29] FPUC was reauthorized and modified through the Continued Assistance for Unemployed Workers Act (CAUWA) to provide $300 per week for up to 10 weeks between December 26, 2020 and March 14, 2021.[43-45] FPUC was typically available to anyone eligible for at least $1 of state unemployment benefits.[26] The FPUC did not require showing that an individual's unemployment was related to COVID-19.[29]
- **The Pandemic Emergency Unemployment Compensation (PEUC)** program provided up to 13 additional weeks of unemployment benefits to people who exhausted all other state unemployment benefits.[26,39] The PEUC amount was typically equal to the amount of the person's state unemployment benefits. PEUC expired in December 2020, but was extended for 11 additional weeks (24 weeks total) through CAUWA until March 14, 2021.[39,43,46] PEUC benefits were

generally available to people who were totally unemployed and those who were partially employed and receiving partial unemployment benefits.[26] Eligibility criteria typically required that an applicant be able and available to work, and actively seeking work, except in cases where the person could not look for work due to the COVID-19 pandemic (e.g., illness, quarantine, or movement restriction).[26] Some states waived the requirement that the applicant actively seek work.[29]

- **The Pandemic Unemployment Assistance (PUA)** program provided up to 39 weeks of unemployment benefits to some workers who are usually not eligible for state unemployment insurance, including part-time workers, self-employed workers, and independent contractors.[26,27] To qualify, applicants needed to be able and available to work, and be unemployed or partially unemployed as a result of the COVID-19 pandemic.[26] For example, some people were unable to work because they or a member of their family were diagnosed with COVID-19, their child was unable to attend school as a result of the pandemic, or the person's place of employment closed as a direct result of COVID-19.[26,27] Each state calculated PUA benefit amounts differently. At minimum, PUA benefits were equal to one-half of the average weekly unemployment benefit in the worker's state.[27,28] The PUA program expired in December 2020, but was extended until March 14, 2021 to provide an additional 11 weeks (50 weeks total) of unemployment benefits.[46]

If eligible, unemployed workers could receive FPUC, PEUC, and PUA benefits simultaneously.[26] During the COVID-19 pandemic some employers have also offered severance and extended health care benefits for laid-off workers, but this has been on a case-by-case basis.[37] Permanently laid-off workers are eligible for Consolidated Omnibus Budget Reconciliation Act (COBRA) extensions, which allows former employees to continue health insurance coverage at their former employers' group rates for 18 to 36 months after their job ends.[48]

Unemployed: Temporary Layoff or Furlough

The BLS defines a temporary layoff as an involuntary, employer-initiated-period of unemployment due to "slack work or business conditions".[16,18] A term often used interchangeably with temporary layoff is 'furlough'.[16,49] In this report, 'furlough' and 'temporary layoff' are used interchangeably, which is reflective of their use in media and human resources communications.

The duration of furloughs varies widely and may be for a set time period or open-ended.[17,42,50] Furloughed workers generally expect to be recalled back to work within the next six months or have been given a date to return.[17] The allowed duration depends on employer, state, and local regulations, and other factors including collective bargaining agreements for unionized employees.[42] Furloughed workers are usually, but not always, unpaid.[37,42,51]

During the onset of the COVID-19 pandemic, many hospitals furloughed workers to offset revenue losses with the intention of re-employing many of them when conditions improved.[7,11] Furloughing, rather than permanent layoffs, allows the employer to re-employ the same workers without the need to recruit, hire, and onboard a new set of employees. Furloughed workers typically return to the same job position and income as before their temporary layoff.[37,42,51]

In some scenarios, furloughs can mean a reduction, rather than a complete cessation, of available work hours. For example, some furloughed employees may be required to take unpaid leave one day per week or one full week per month.[50] Labor surveys may classify these individuals as employed rather than unemployed, but then capture reasons for any difference in the usual hours worked versus actual hours worked.

Are Those who Quit or are Fired Eligible for COVID-Related Benefits?

Under normal circumstances, workers who are fired for cause, quit, or have turned down available work are typically not eligible for unemployment benefits. Under the CARES Act, however, some exceptions may be made in a narrow set of circumstances directly related to the pandemic. For example, a person who was diagnosed with COVID-19 and recovered, but suffered injuries so consequential that they cannot perform their job may still be eligible for unemployment benefits.[47]

Table 1: Summary of typical benefits, employment status, and access to unemployment claims for redeployed, permanently laid off, and furloughed workers

	Typical Employment Status		
	Redeployed	**Permanent Lay Off**	**Furlough**
Considered an employee of the organization	Yes	No	Yes
Permanent change	Unlikely	Yes	Unlikely
Access to employer-sponsored health insurance, if available	Yes	No, usually COBRA eligible[a]	Yes, usually
Access to employer-sponsored health insurance during COVID-19 pandemic	Yes	Sometimes	Yes, usually
Severance benefits during COVID-19 pandemic	Not applicable	Sometimes	Not applicable
Allowed to contribute to retirement plans or flexible spending accounts	Yes	No	No
Allowed to work for another employer	No	Yes	No
Eligible to apply for unemployment benefits	Not applicable	Yes	Sometimes
Access to unemployment benefits during COVID-19 pandemic[b]	Not applicable	Yes	Sometimes

a. Consolidated Omnibus Budget Reconciliation Act (COBRA) extensions of health benefits are available to those who worked at organizations with 20 or more employees, had job-sponsored coverage before being laid off, and whose organization remains in business.
b. Most states are widening eligibility for COVID-related benefits, but eligibility varies by state. Eligibility may depend on state requirements such as a minimum amount of time worked, wages earned during the employment period, and other program requirements.
Data sources: Bureau of Labor Statistics, Concepts and Definitions; U.S. Department of Labor, State Unemployment Insurance Benefits; Cornell Law School, Unemployment Compensation; University of Washington Human Resources, Layoffs and Reductions; National Law Review; National Employment Law Project.

Unemployment Benefits

Because employment regulations are a combination of federal and state law and organization-specific arrangements that determine which employees are eligible for unemployment insurance benefits, the amount they receive, and the period of time that benefits are available,[44,51,52] it is difficult to provide an across-the-board summary of benefits available to furloughed workers. Each state administers its own unemployment insurance program, and thus benefits available to furloughed workers differ depending on the state where the employee is furloughed and the worker's specific arrangement with their employer (e.g., union vs. non-union).[44,50] For example, some states allow furloughed employees to work part-time and receive unemployment benefits simultaneously, while other states do not.[50] Before the COVID-19 pandemic, some (but not all) states allowed furloughed workers to collect unemployment.[42,52] During the pandemic, furloughed workers were typically eligible for FPUC, PUA, and PEUC benefits.[27,29,53] Employees who were partially furloughed (working less than regularly scheduled hours) generally had access to PUA and FPUC benefits, but not to PEUC benefits, although these benefits differed by state.[29]

Employers usually provide employer-based benefits such as health care for furloughed workers, though the benefits provided vary. Employers are not required to provide or guarantee benefits.[37,50,54] Because furloughed employees are not earning a regular paycheck, they cannot contribute (or contribute at their fully employed level) to employer-sponsored savings accounts such as 401(k) plans or health savings accounts.[54,55] For furloughed workers who do not retain medical coverage, COBRA benefits are available including medical, prescription, dental, and vision plans, health reimbursement arrangements, and flexible spending accounts.[54]

Not in the Labor Force

The BLS classifies people above a certain age threshold (typically over 16 years of age) who are employed or unemployed as being in the labor force.[16,18,56] Those who are not in the labor force (also referred to as being out of the labor force) include those who are not actively seeking work due to disability, home or school responsibilities, and retirement.[17] Although most of those not in the labor force are not available for work, a relatively small yet important subset is available for and wants to work.[57] This group is likely to be a labor pool from which health care workers could be recruited to fill gaps during the pandemic and recovery. Official unemployment rates exclude those not in the labor force, but BLS also tracks and reports

alternative unemployment rates that include the three groups below.[58]

1. ***Marginally Attached Workers*** are not working and not looking for work yet indicate that they want and are available for a job when presented with the opportunity. This group includes, for example, those who are in school, have family responsibilities, or have transportation issues.[59] People in this category have looked for work sometime in the past 12 months, but not in a reference period (e.g., four weeks in BLS surveys).[18,60]
2. ***Discouraged Workers*** are a subset of marginally attached workers. Discouraged workers want and are available to work and have searched for work sometime in the past 12 months, but the key difference is that these workers are not currently looking because they believe there are no jobs available or there are none for which they would qualify.[18] For example, BLS has noted that some unemployed older adults who are not yet ready to retire may not have the skills needed in the current labor market.[61]
3. ***Underemployed or Underutilized Workers*** are people who are working part-time, but want and are available to work full-time (i.e., an "involuntary" part-timer), or are overqualified and have education, experience, or skills beyond their job requirements.[60,62] Recent graduates, older workers, and people of color are most likely to find themselves underemployed or underutilized, including during the pandemic.[62,63]

Unemployment Benefits

Because people outside of the labor force are classified as neither employed nor unemployed, they typically do not qualify for unemployment benefits. The CARES Act has given states flexibility in defining unemployment benefits and determining whether the worker is actively seeking work.[39,45,47] Claimants who have exhausted their unemployment benefits or who are not eligible for regular state unemployment insurance may be able to receive federal unemployment assistance, such as PUA, if they are unemployed as a direct result of the pandemic.[45]

Displaced or Dislocated Workers

Displaced workers, also known as dislocated workers, are 20 years of age and over who have lost or left jobs because their plant or company closed or moved, there was insufficient work, or their position or shift was eliminated.[18] BLS tracks displaced workers who have had job tenure of three years before losing their jobs, and the general trend has been re-employment of the majority of these workers.[64]

To prevent workers from long-term unemployment or exiting the labor force, the U.S. Department of Labor has provided grants over time to workforce investment boards to provide training to this group of individuals, including during this pandemic. For example, Federal Dislocated Worker Grants have provided recipients, such as the Florida Department of Economic Opportunity and the California Department of Employment Development, with funds to train workers and create jobs including home services for homebound individuals, health screening, and intake at medical and satellite quarantine facilities.[65] In addition the CARES Act set aside $345 million for Disaster Recovery Dislocated Workers Grants (DWG).[66] States have used these funds to train workers for health care jobs in a variety of ways. Virginia has been retraining dislocated hospitality workers for positions in emergency rooms including admissions, medical assisting, and certified nursing assistants. New Mexico has been using DWG funds to train dislocated workers for COVID-19 contact tracing and other public health responses.[66]

Unemployment Benefits

In general, dislocated and displaced workers are eligible for state unemployment benefits.[67,68] Displaced workers whose place of employment closed as a result of COVID-19 may also be eligible for PUA benefits.[47]

DISCUSSION AND FUTURE CONSIDERATIONS

As the COVID-19 pandemic continues, Americans, including health care workers, are increasingly likely to exhaust their unemployment benefits and be at risk of joining the ranks of the long-term unemployed or dropping out of the labor force altogether through early retirement. Understanding the available labor pool is critical for improving health care delivery, strengthening the health workforce, and tracking the availability of health care workers from which to fill gaps during the pandemic and recovery.

One ongoing challenge of identifying and targeting those seeking work and defining the potential labor pool is the availability of detailed unemployment data, which are typically reported publicly by occupation groupings rather than by specific occupations and is further complicated due to processing delays and fraudulent activity during the pandemic.[74] Further, without a universal data system and central workforce planning body to identify which workers are unemployed or have available time for work, redeployment of workers across care settings is difficult. Among marginally attached workers, there may be an opportunity to reskill displaced workers, including those within the health care sector, into high-demand health care jobs, particularly in long-term care and COVID-19 vaccination roll outs.

Widespread vaccination will presumably (and hopefully) slow down or curb the pandemic and bring a return to pre-pandemic levels of health care operations.[75] As of early May 2021, 255 million COVID-19 vaccine doses had been administered in the United States.[76] All U.S. adults became eligible for vaccination on April 19, 2021.[77] Efforts to expand the pool of health workers authorized to prescribe, dispense, and administer COVID-19 vaccines are underway. These strategies include authorizing professionals who are not typically vaccinators such as dentists, veterinarians, and emergency medical technicians to administer COVID-19 vaccines.[78,79] Other strategies include

COVID-19 Risk and Employment

Some health care workers have chosen not to work due to fear of contracting COVID-19 or bringing the virus home to family members. These concerns may be fueled by a lack of personal protective equipment (PPE) and the inability to socially distance while at work, among other risk factors.[69] In addition, frontline health care workers have a high risk of infection. A disproportionate number have become severely ill, died, or been removed from the labor pool to quarantine.[70]

Legal protections and benefits for health care workers who have chosen not to work due to COVID-19 differ for union vs. non-union workers.[69,71] Unionized employees may have chosen not to work either as part of a striking cohort or solo if they can present objective evidence that they are exposed to abnormally dangerous working conditions.[69] Employers may temporarily, but not permanently, replace unionized health care employees who have voluntarily left work during COVID-19. Non-unionized employees may be protected by the National Labor Relations Act if the employee makes a case that his or her working conditions are unsafe for all employees. Employers cannot fire or discipline non-unionized health care employees for refusing to work due to COVID-19 concerns but may temporarily, and in some cases permanently, lay off the employee.[69,72] Non-unionized employees who choose not to work are not eligible for unemployment benefits in most states.[69]

The Role of Federal Protections for Workers who Have Voluntarily Left Work

In addition to health care workers who have voluntarily left work, some have requested extended leaves of absence under laws such as the Family and Medical Leave Act, the Pregnancy Discrimination Act, and the Age Discrimination in Employment Act.[69] The Families First Coronavirus Response Act (FFCRA) guarantees eligible workers up to 80 hours of paid leave for a health issue arising from coronavirus; however, the FFCRA exempts most employers of emergency responders and health care workers from this requirement.[69,73] While most health care employers offer accrued paid sick leave to their workers the employer can, for example, chose not to provide paid leave to care for a sick family member or a child whose school or childcare provider is not available, but to provide paid sick leave for the employee's own COVID-19 illness.[69]

allowing nurses, physicians, and pharmacists with expired or inactive licenses to participate in vaccination efforts.[80,81]

Vaccine hesitancy may be a potential barrier to widespread vaccination, including among health care workers. Although health care workers have had priority access to COVID-19 vaccines, a Kaiser Family Foundation survey conducted in February/March 2021 found that slightly less than half of frontline health care workers had not yet been vaccinated in part due to concerns about vaccine safety and efficacy as well as a lack of trust in government.[82] It is not yet known whether vaccine refusal will have a negative effect on employment of the health workforce and whether people may not be able or allowed to work if they are not vaccinated.[83]

Limitations

As noted previously, employment regulations are a complex combination of federal law, state law, local regulations, and organization-specific arrangements such as collective bargaining agreements. These factors determine who is eligible for unemployment insurance benefits, the amount they receive, and the period of time that benefits are available. The federally funded COVID-19 relief programs (PUA, FPUC, etc.) add another layer of complexity in determining benefits that may be available during the pandemic. Although this report provides a broad overview of typical, but evolving, scenarios and the benefits potentially available within each work status, workers are faced with an extraordinary number of possible scenarios for unemployment benefits, or lack thereof, depending on their unique circumstances.

Future Considerations

The health care sector has typically been resilient during economic downturns, but historical trends have been driven by economic events rather than a health crisis, which makes predictions about how and when the health care sector will make a full recovery difficult.[90,91] Experts anticipate that many health care jobs will come back as patients return for deferred preventive and elective care.[92] After recovery, reskilling and attracting health care workers may be particularly critical: COVID-19 has led some to fear, rather than seek, a job in health care.[93] Frontline health care workers face particular risk of burnout.[94,95] Research suggests that since the pandemic began, a quarter to half of health care workers have considered quitting their job, retiring early, or leaving the health profession altogether.[95,96]

Why Lost Revenue and Increased Expenses May Translate to Job Losses

The American Hospital Association estimates that total losses for the nation's hospitals and health systems in 2020 will be over $323.1 billion.[84] Coupled with revenue losses, medical facilities have incurred higher operating costs during the pandemic, such as increased COVID-19 testing of staff and patients, decreased efficiency during procedures, and enhanced sterilization processes.[85] This financial "double whammy" of higher costs and revenue shortfalls has been offset by furloughs and layoffs or cutting salaries, hours, and retirement benefits.[10-12]

Multiple factors contribute to the economic fallout from COVID-19 and help explain why more than a million health care jobs have been lost during a global pandemic, including the following.

- Patients are foregoing preventive and primary care, specialty services, and emergency department visits out of concern of contracting coronavirus, concerns about adding strain to the medical system, or stay-at-home orders, resulting in the loss of a steady revenue stream for health care organizations.[5,86]
- Elective and non-emergency surgeries and procedures have been canceled or delayed to preserve hospital and clinic capacity for potential COVID-19 surges.[5,87] Orthopedic procedures can account for up to 80% of hospital revenue, while infectious disease and intensive respiratory illnesses are less profitable.[88]
- Fewer elective surgeries reduced demand for post-operative rehabilitative care in skilled nursing facilities. Post-surgery "rehab" is an important revenue source for these facilities.[89]
- Unprecedented demand for certain medical equipment, pharmaceuticals, and PPE has resulted in disrupted supply chains and increased costs for facilities to treat COVID-19 patients,[5] resulting in fewer dollars with which to pay employees.

New technologies developed during the pandemic may impact health care employment in the long term.[97,98] The COVID-19 pandemic has spurred the development of innovations from robotic room disinfectant devices to artificial intelligence to predict hospitals' consumption of oxygen supplies.[97,98] Telemedicine may be the most likely permanent change. Telemedicine visits have been found to be 20% shorter than in-person visits, involve fewer cancellations and no shows, are more likely to start and end on time, and enable multiple providers, including specialists, to meet with the patient during a single visit.[6,99,100]

The pandemic has influenced health care's use of new technologies, skills needed of the workforce, and perceptions of health care work. This will affect who enters the field in the future and the settings in which they work. As described in this brief, language describing employment status and associated benefits can be complex, and people's experiences with employment (and unemployment, furloughs, etc.) during this crisis could further influence their career choices. The effects of the new normal for health care delivery, and the role of associated employment benefits, will need continued monitoring in order to recognize their impact on health care employment.

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