

Varieties of ‘new normal’: Employment experiences among youth with and without disabilities during the reopening stages of the COVID-19 pandemic

Kristina Fuentes^{a,*}, Sharmigaa Ragunathan^a and Sally Lindsay^{a,b,c}

^a*Bloorview Research Institute, Holland Bloorview Kids Rehabilitation Hospital, Toronto, ON, Canada*

^b*Department of Occupational Science & Occupational Therapy, University of Toronto, Toronto, ON, Canada*

^c*Rehabilitation Sciences Institute, University of Toronto, Toronto, ON, Canada*

Received 7 January 2023

Accepted 11 April 2023

Abstract.

BACKGROUND: Working and volunteering in the reopening stages of the COVID-19 pandemic has looked different depending on the location, employment sector and nature of the job. Although researchers have begun exploring the impacts on adults, little is known about what the transition to a ‘new normal’ in the reopening stages has been like for youth, especially those with disabilities.

OBJECTIVE: To explore and compare the experiences and perspectives of youth with and without disabilities who were working, volunteering or seeking work during the re-opening stages of the COVID-19 pandemic in Canada.

METHODS: We used a qualitative design involving semi-structured interviews with 16 youth (seven with a disability, nine without), aged 15–29 (mean 22 years). Thematic analysis was used to analyze the data.

RESULTS: Five main themes were identified: (1) Mixed views on being onsite in the reopening stages; (2) Mixed views on remaining remote; (3) Hybrid model as the best of both worlds; (4) Mixed views on COVID-19 workplace safety in the reopening stages; and (5) Hopes, dreams and advice for the future. Apart from the first main theme, there were more similarities than differences between youth with and without disabilities.

CONCLUSION: Our study highlights that youth encountered various work and volunteer arrangements during the reopening stages of the pandemic, and the personal preferences for particular models depend largely on their employment sector. The areas of agreement among youth highlight some longer-term impacts of the pandemic shutdowns and point to the need for greater mental health and career supports.

Keywords: Canada, disabled persons, pandemics, youths, flexible workplace

1. Introduction

When the World Health Organization declared COVID-19 a global pandemic on March 11, 2020, governments took significant measures to curb the spread of infection, including implementing strict lockdowns, mandatory masking policies, and restrictions on gatherings [1, 2]. Since then, the trajectory

*Address for correspondence: Kristina Fuentes, PhD, Bloorview Research Institute, Holland Bloorview Kids Rehabilitation Hospital, 150 Kilgour Road, Toronto, M4G 1R8, ON, Canada. E-mails: kfuentesaiello@hollandbloorview.ca and kfuentesaiello@gmail.com

out of the pandemic has hardly been linear, as subsequent waves of COVID-19, caused by new variants, have prompted governments to reinstate restrictions at various points in time [3, 4]. Nonetheless, within the last year, many countries have undergone more stable and long-lasting re-openings, prompted in part by the increasing availability of vaccines and treatments for COVID-19 [5].

While the specific nature and timing of re-opening has looked different depending on the context, the pandemic has had transformative effects on the way we work and live, and many researchers argue that societies are operating under a 'new normal' [6–13]. In the context of employment, the idea of a 'new normal' is primarily linked with working from home or other remote work arrangements [8–10, 12, 14–16]. Yet many of the studies on the 'new normal' at work were conducted early in the pandemic, with researchers referring to the 'new normal' as a temporary pandemic arrangement [8, 9, 15] or invoking the term in the context of predicting what post-pandemic working arrangements would look like [17, 18]. While more recent studies on the 'new normal' world of work focus on the reopening stages of the pandemic [7, 10, 18], there is little research exploring the lived experiences, or documenting the perspectives, of workers themselves. This is especially true regarding youth. For example, the only qualitative research we are aware of asking youth about their experiences in the 'new normal' during the reopening (rather than lockdown) periods of the pandemic, focuses only on school settings [19].

The present study addresses this gap by focusing on youth (i.e., those between the ages of 15–30 [20]) with and without disabilities, who worked, volunteered, or looked for work in the reopening stages of the pandemic. Prior research focusing on the early stages of the pandemic found that youth, while arguably less vulnerable as a group to the risk of severe COVID-19 related illness, were greatly impacted in a variety of ways [21–25]. Reported impacts related to employment and volunteering included: lost job opportunities and security, altered career trajectories, and anxiety about their employment futures [22, 26–33]. Now that we have reached a point in which pandemic restrictions are eased or eliminated, it is important to explore whether and how employment and volunteering experiences have changed for youth, especially as it relates to youth with disabilities. Existing research shows that working-age people with disabilities were disproportionately affected in employment by pandemic policies in

earlier stages of the pandemic [34–39]. For example, people with disabilities were significantly more likely to lose their jobs than those without disabilities [35, 39], faced heightened financial insecurity and stress [38, 40], and required additional workplace accommodations (due to their increased vulnerability to COVID-19 related illness) that were not always granted [41]. Employment-related research focusing specifically on youth with disabilities in the earlier stages of the pandemic has been more limited, but some studies have found that youth with disabilities faced additional, disability-specific obstacles to finding employment [33] and employed youth (aged 20–21 years) with disabilities experienced greater psychological distress than their peers without disabilities [42]. Such disparities have been observed even in Ontario [33, 43], which has been somewhat of a leader within Canada in terms of employment accessibility policy, following the passage of the province's *Accessibility for Ontarians with Disabilities Act* (AODA), and specifically its Employment Standard, which requires all employers to meet specific accessibility and accommodation requirements [44].

While youth with and without disabilities faced employment-related challenges earlier in the pandemic [33–37, 42], we know less about how these populations have fared in the later stages as workplaces have reopened. Through interviews with youth who were working or looking for work in the reopening stages of the pandemic, we aimed to shed light on the lived experiences of young people in a relatively unexplored context. Furthermore, it is critical to understand whether youth with disabilities, who already faced disadvantages in employment prior to the pandemic [45], have been uniquely impacted by the reopening and loosening of restrictions. Using a qualitative comparison group allowed us to compare the perspectives of youth with and without disabilities [46].

Youth are often in a vulnerable stage of development and uncertainty [47], and just as the pandemic lockdowns had further disruptive impacts on many youth [21, 23, 48], especially those with disabilities [33, 49], it is important to consider the additionally disruptive late-pandemic stages [50]. This study can help inform employers and other decision-makers about youth's ideas and perspectives on the employment-related lessons of the pandemic, including what has worked well in the reopening stages and what changes are needed, to ensure that youth with and without disabilities have

greater opportunities to thrive and succeed in the 'new normal'.

2. Methods

2.1. Objective and design

This study was developed out of a larger study, which used a qualitative comparison design involving semi-structured interviews to understand the barriers to school and employment for youth with and without disabilities during the pandemic [33]. The previous phase of the study was conducted while most pandemic restrictions were still in place. With ethical approval, we conducted a new set of interviews during the reopening stages of the pandemic, enabling us to explore how youth with and without disabilities fared under the different context of societal reopening and loosened restrictions. For this phase of the study, we sought to address the following research question: what are youths' experiences and perspectives on employment and volunteering during the reopening stages of the COVID-19 pandemic, and how do these compare among youth with and without disabilities? A research ethics board at a pediatric rehabilitation hospital approved this study (#20-0129). We followed the Consolidated Criteria for Reporting Qualitative Research guidelines [51] (see Supplementary Table 1).

2.2. Recruitment

Recruitment for this phase of the study took place between April and September 2022. A purposive sampling strategy was used with the aim of having representation from youth with and without disabilities. We recruited through flyers, e-newsletters and social media posts, and we contacted participants from the previous phase of the study. The eligibility criteria were as follows: aged between 15 and 30 (in accordance with Statistics Canada's definition of youth) [20]; with a disability (using the World Health Organization's definition including impairments, activity limitations and participation restrictions) [52] or without a disability; and currently working or looking for work [33]. Interested participants were contacted to explain the study, confirm eligibility, and schedule an interview. Consent was obtained from each participant (via REDCap e-consent) prior to the interview. No participants dropped out of this study.

2.3. Data collection

All but one interview was held one-on-one, through video conference via Zoom ($n = 15$) or phone via Zoom ($n = 1$) between May and September 2022. Participants were given a choice between zoom video call and phone interviews in an effort to enhance equity, diversity and inclusion. Among the 15 who chose a video call, four chose to keep their cameras off during the interview. A female researcher with a background in sociology and experience in qualitative interviews conducted 13 interviews, another female researcher with a background in biomedical sciences conducted two interviews, and both researchers conducted one joint interview. The researchers did not have prior relationships with any of the participants they interviewed. Most participants were from Ontario, Canada, where the reopening of workplaces and loosening of other pandemic restrictions occurred in gradual stages in 2022, beginning on January 31 and ending on June 11 (when all remaining directives regarding masking and other restrictions were removed) [3, 53]. In contrast to earlier points in the pandemic, the reopening policies that were implemented in 2022 were not reversed, making the spring and summer of 2022 an opportune period to explore the experiences of youth amid the return to a 'new normal' at work.

A semi-structured interview guide (adapted from the previous phase of the study) was used for the interviews [33]. Questions asked about employment and volunteering experiences in the reopening stages of the COVID-19 pandemic, workplace health, safety and well-being, and hopes and advice for the future (See Supplementary File 1). Demographics (age, gender, disability status/type) were also collected. Duration of interviews ranged from 26 to 65 minutes (mean: 41 minutes). All interviews were audio recorded and transcribed verbatim using the Zoom transcription feature. Interview transcripts were independently reviewed and verified by two researchers for accuracy, and then anonymized.

2.4. Data analysis

We analyzed the data using thematic analysis, which is an appropriate method for gaining in-depth understandings of participants' experiences and perspectives [54–56], and for comparison across groups within the data set (i.e., those with a disability vs. those without) [46]. The flexibility of thematic analysis makes it a useful approach for those working

within an interpretivist framework, while aiming to meet criteria for trustworthiness, which is typically associated with post-positivist approaches [54, 55, 57]. All three authors with different vantage points (i.e., sociology, workplace accommodations, child disability, and clinical child psychology) conducted the data analysis.

As a first step in analysis, all three authors independently reviewed the same batch of transcripts and generated initial codes using an inductive, open coding approach. The first author collated the codes and developed a codebook, which was reviewed and agreed upon by all researchers. The same author then coded 50% of the transcripts in NVivo while iteratively revising the codebook as appropriate. The next step involved the second author independently coding the same group of transcripts, after which kappa scores were calculated to ensure adequate intercoder agreement [58]. The first author then re-coded all transcripts using the finalized codebook that was agreed to by all researchers. The next step involved identifying themes and subthemes from the codes, reviewing these themes, and defining and naming them [54, 55, 59]. We incorporated a comparative design into the approach, wherein after analyzing the full data set, we compared the themes between the groups with and without disabilities [46]. The first author led this process while consulting regularly with the other authors and working together to refine the themes. All authors approved of the final thematic framework prior to producing the report (the final phase of thematic analysis) [54, 59]. For purposes of readability and precision in the written findings, utterances such as “like” and “um” were removed from participant quotes (where it did not alter their meaning).

We employed multiple strategies to ensure trustworthiness and rigor in our research [54]. These included peer-debriefing throughout the data collection and analysis stages to enhance credibility [60]. We used thick description in our notes and our write-up (e.g., following the Consolidated Criteria for Reporting Qualitative Research guidelines to detail the methods used, and providing detailed descriptions of the themes, including a table of themes and example quotes) to ensure transferability [54, 60]. Dependability was achieved by using a consistent interview guide for all participants and keeping detailed notes about the setting, context and process of data collection and analysis. For confirmability, we frequently returned to the transcripts throughout the analysis to ensure the codes and emergent themes

were well grounded in the data [54, 55, 59]. We kept an audit trail documenting all key decisions, and the first author practiced reflexivity by continually examining her own biases and potential influence on the research, and discussing this with the team throughout the research process [56].

3. Results

3.1. *Sample characteristics*

Table 1 provides an overview of participant characteristics. Our sample consisted of 16 youth (12 women, 3 men, 1 non-binary) aged 15–29 (mean age 22). Seven of the 16 participants had a disability. Fourteen participants (5 with a disability, 9 without) worked and two participants (both with a disability) were unemployed and looking for work. Among those who were working, six youth (1 with a disability, 5 without) worked entirely onsite, two youth (1 with a disability, 1 without) worked entirely remotely and six youth (3 with a disability, 3 without) worked in a hybrid model.

Our analysis identified five main themes and 13 sub-themes pertaining to youth’s experiences and perspectives on working and volunteering in the reopening stages of the pandemic. Table 2 provides a list of themes, descriptions and example quotes.

3.2. *Mixed views on being onsite in the reopening stages of the pandemic*

Eleven youth (4/7 with a disability, 7/9 without) contributed to this theme, which showed the mixed views on being onsite for volunteering or working as businesses, schools and other organizations were reopening. Of the five main themes, this one had the starkest contrast in terms of contributions from youth with disabilities compared to youth without. Specifically, many more youth without disabilities than with disabilities contributed to the positive sub-themes.

3.2.1. *Job/volunteer type is best suited for onsite/in-person*

Seven youth (1/7 with a disability, 6/9 without) described the benefits of onsite and in-person work because of the nature of the job or volunteer position. Several of these youth worked in the childcare, education or healthcare sectors and they emphasized the importance of in-person interactions with students

Table 1
Participant characteristics

#	Age	Gender	Disability type	Employment status	Volunteer status	Employment sector	Work model (Remote, Hybrid, On-site)
1	24	Woman	Dyslexia, anxiety, depression	Employed	Volunteering	Marketing	Hybrid
2	29	Woman	Physical disability	Employed	Not currently volunteering	Government	Hybrid
3	18	Woman	Autism Spectrum Disorder	Unemployed, looking for work	Not currently volunteering	n/a	n/a
4	17	Woman	Attention Deficit Hyperactivity Disorder	Unemployed, looking for work	Not currently volunteering	n/a	n/a
5	26	Man	Physical disability	Employed	Unknown	Non-profit sector	Hybrid
6	18	Woman	Arthritis; learning disability (unspecified); mental illness (unspecified)	Employed (self-employed)	Volunteering	Childcare	On-site
7	25	Non-binary	Autism Spectrum Disorder; chronic illness (unspecified)	Employed (freelance)	Unknown	Manufacturing (human resources)	Remote
8	20	Woman	n/a	Employed	Not currently volunteering	Healthcare	Hybrid
9	26	Woman	n/a	Employed	Unknown	Childcare	On-site
10	22	Man	n/a	Employed	Unknown	Finance	Hybrid
11	20	Woman	n/a	Employed (part-time)	Looking for volunteer positions	Healthcare (administration)	On-site
12	26	Woman	n/a	Employed (full-time summer)	Unknown	Childcare, education	On-site
13	25	Woman	n/a	Employed (full-time summer)	Volunteering	Healthcare (dentistry)	On-site
14	27	Woman	n/a	Employed	Volunteering	Government	Remote
15	15	Woman	n/a	Employed (part-time)	Looking for volunteer positions	Fast food services	On-site
16	19	Man	n/a	Employed (full-time summer)	Looking for volunteer positions	Healthcare	Hybrid

Table 2
Themes and example quotes

Theme	Sub-theme	Description	Example
1. Mixed views on being onsite in the re-opening stages of the pandemic	a. Job/volunteer type is best suited for on-site, in-person	Statements regarding how the job or volunteer position is most effective or works better when done on-site and/or in-person.	"So I really like being in-person. And I think just the nature of the job... it would obviously have to be in-person." (#11, no disability)
	b. (Re-)Connecting in person with peers, colleagues and clients	Statements about the benefits of being onsite to communicate, collaborate and/or socialize with peers, colleagues and clients in re-opening stages of the pandemic. Includes statements from youth who worked fully onsite throughout the pandemic as well as those just recently returning on-site (or hoping to work on-site in future employment).	"I want to get out of the house because I've spent a lot of time at home. I'm a part-time student currently and I spend a lot of time at home. I go to school only for one course and I do my other course at home. So I would love to get out and go to a job that's preferably nearby." (#4, disability)
	c. Burnout	Statements about the negative mental health and physical health impacts of working on-site in the re-opening stages of the pandemic, resulting in burnout.	"I feel like the lifting of mask mandates in particular has made it a lot harder on hospital staff because it's increased the spread, which means it's increased our exposure and like us getting it as well, which means that there's a lot more people to cover and burnout is a lot higher and... so it's hard." (#8, no disability)
2. Mixed views on being remote in the re-opening stages of the pandemic	a. Comfort of working from home	Statements about the emotional and physical comfort associated with working or volunteering from home during the re-opening stages of the pandemic. Includes statements made by hybrid workers about the remote work component.	"I think honestly one of the biggest benefits of working remotely is I feel like I can be more myself. And I'm not restricted by having to dress a certain way or sit at a certain way in my chair. I can eat in a meeting if I turn off my camera or whatever. You know what I mean. Like there's a lot of ability to be more myself." (#7, disability)
	b. Convenience of online communication and collaboration	Statements about how online communication and collaboration has been convenient (easy, efficient, etc.) during the re-opening stages of the pandemic. Includes statements made by hybrid workers.	"Like I'm able to use Microsoft Teams and just be like "Oh can we hop on a quick call?" or like "Can you look at this for me?" "Do you need me to do anything else?". Like it's very like straightforward and I think it's very easy." (#1, disability)
	c. Inconvenience of online communication and collaboration	Statements about how online communication has been inconvenient (awkward, difficult to express oneself, etc.) during the re-opening stages of the pandemic. Includes statements made by hybrid workers.	"[B]ecause everything is scheduled, there's way less of those like impromptu conversations. So if you wanted if I needed assistance [or] something or like or whatever I needed to talk to someone, I have to book a meeting with them versus just like walking to their desk." (#10, no disability)

<p>3. Hybrid model as the best of both worlds</p>	<p>a. Avoiding social isolation (of remote-only model)</p>	<p>Statements about how hybrid work allows for some element of interaction, communication and socialization that is missing from working remotely. Includes statements that do not explicitly refer to the hybrid model by name, but are made in the context of discussing work that is not fully remote (or fully onsite). Statements about how the hybrid model provides a greater opportunity for work-life balance than working fully on-site. Includes statements that do not explicitly refer to the hybrid model by name.</p>	<p>"I think fully remote is also not ideal because it can take away that sort of social lab environment. Like right now I'm in a big lab and so it's nice to be able to see people in-person and talk to them on a daily basis which I wouldn't be able to do if I was doing this remotely. So hybrid would be good." (#13, no disability)</p> <p>"I love working from home on Mondays. I feel like it makes my weekend a lot less stressful because it's like I don't have to go anywhere Monday morning I can just kind of like be home and be in my space. It's also helpful because if I need to do like virtual doctor's appointments or call like Canada Revenue Agency or like places that are only open during business hours, working from home gives me a little bit of flexibility where it's a lot easier to call, whereas here like when I'm onsite if it's my lunch, I'm often still doing work or like people are asking me questions and I can't take the time to step away to do those things." (#8, no disability)</p>
<p>4. Mixed views on COVID-19 safety in the re-opening stages of the pandemic</p>	<p>a. (Cautious) optimism</p>	<p>Statements expressing optimism, including cautious optimism, about moving on (or being ready to move on) from COVID-19 safety precautions, living with COVID-19, and/or and not letting the pandemic dominate day-to-day decision making.</p>	<p>"COVID is going to be around for like a while. Like it's going to be around for a long time, so we kind of just have to like live with it. . . . And it really worked our restrictions, but also we came to a point where we can't stay in our houses forever and ever because that's just not good for anybody . . . Like we got to come to a point, you kind of just have to have the risks." (#6, disability)</p> <p>"Well I'm always just careful about it because . . . I feel like I have enough problems, I don't need more problems in my life . . ." (#2, disability)</p>
<p>5. Hopes, dreams and advice for work/volunteering in the 'new normal'</p>	<p>b. Ongoing vigilance</p> <p>a. Flexible workplace arrangements (especially hybrid) as a universal model</p>	<p>Statements reflecting continued concern about COVID-19 risks, emphasizing that the pandemic isn't over, and the need for continued mandates. Statements recommending or expressing the hope for flexible workplace arrangements that were instituted during the pandemic to become universal and/or permanent.</p>	<p>"So having that hybrid remote is definitely helpful and I think that's what I'd like to be in especially with being in school and like within like I'd like to be a parent in the future so I definitely know that having this hybrid remote option is definitely useful." (#1, disability)</p>
<p>b. More adapting and understanding employers</p>	<p>Statements providing advice or expressing hope for employers to learn lessons from the pandemic. Includes statements about the need/hope for employers to be more considerate and to listen to the needs of employees, including the accommodation needs of those with disabilities.</p>	<p>"[B]e patient with the people that work for you. . . . But also like be pa— genuinely patient with people and like communicate with your people you work with and be kind to them because they can be dealing with a ton at home on top of their job because the pandemic has caused a lot of that." (#6, disability)</p>	
<p>c. Greater clarity and security</p>	<p>Statements recommending or expressing the hope for greater job clarity and security in the return to a 'new normal'. Statements under this sub-theme should be either explicitly or implicitly connected to the pandemic (i.e., relating to the past two years).</p>	<p>"[R]ight when COVID was starting I had an internship . . . And that got cancelled unfortunately . . . So I guess hopes are that like stuff doesn't happen again because it's like kind of kind of a little bit stressful just trying to like find something last minute or like changing plan, like thankfully I didn't lose a place or anything. But like for the folks that did yeah that'd be pretty rough." (#10, no disability)</p>	

and clients. As a youth working in both the childcare and education sectors explained,

“[A] lot of work with kids is in-person. That’s just the nature of the job. Teaching works better in-person. I think everybody with a kid has realized that over the last few years” (#12-no disability). Another youth, a healthcare worker on a hybrid model, noted, “I do like seeing clients in-person a lot” (#8-no disability). The only youth with a disability to discuss this sub-theme, a self-employed childcare worker, explained that while she was happy to work with clients in-person again, she was frustrated that her hospital volunteer position was still virtual: “I’m hoping that I can go back in-person because especially for these advisory councils like I get to plan things for patients but not be there to deliver, like the one-on-one support to them like it’s so different” (#6-disability).

3.2.2. (Re-)connecting in-person with peers and colleagues

Interacting with others in-person was another benefit of working fully onsite highlighted by 1/7 youth with a disability and 6/9 without. For youth who had only recently returned onsite, they often contrasted their experience to earlier in the pandemic. For example, a student working a full-time, onsite summer research position explained:

“[I]t’s having a really positive effect on my learning . . . and also on my mental health . . . talking to people in-person rather than just being online every day at home. Being able to just be in a more social environment is also really nice.” (#13-no disability)

Participants who worked onsite during the lockdowns noticed that with the loosened restrictions, there were increased opportunities for socializing and in-person activities that were paused during earlier stages of the pandemic. For example, a youth working in the childcare and education sectors observed:

“We’ve been able to invite like experts or . . . artists or . . . professionals to come into the school to do different workshops with the children . . . it’s been something that I think that the kids and myself have missed out on during the pandemic and definitely something I’m happy to see happening.” (#12-no disability)

3.2.3. Burnout

Seven youth (2/7 with a disability, 5/9 without) described the experience of burnout, or concerns

about the risk of burnout, due to working onsite in the reopening stages of the pandemic, especially those working in fields considered essential during the pandemic, such as healthcare and childcare. For example, a youth working in healthcare shared: “working in-person during COVID is challenging...They’re extra things you need to think about while going about your daily life but also going about your work” (#12-no disability). A youth working remotely in human resources similarly described the extra effort needed when onsite when they were mandated to return to the office three days a week: “I know that for myself it’s very draining to go into the office and have to perform some sense of normality in the office . . . you have to dress a certain way” (#7-disability). This youth, who has Autism Spectrum Disorder, eventually received an accommodation to continue working remotely “because that was really stressful and like not a good time” (#7-disability). Some youth mentioned the extra work required of them as a result of working onsite during an ongoing pandemic when restrictions were loosened. For example, a youth working in the fast-food sector explained that when indoor dining was initially reinstated, “we had to take down everyone’s numbers and things for them to sit down, that was so tedious” (#15-no disability).

One youth, working in childcare, said workplace burnout was an issue as the pandemic wore on, but she offered an optimistic perspective: “So that’s something really awesome I thought that COVID kind of brought to the light, you know, it is important to take care of ourselves, especially in this field there’s a lot of burnout” (#9, no disability). However, another youth, a healthcare worker, commented on the seeming lack of genuine commitment to reducing burnout in her workplace: “I’d say they talk a lot about mental health and reducing burnout but the things that actually help doing that I feel like it’s not actually implemented.” (#8-no disability)

3.3. Mixed views on remaining remote in the reopening stages of the pandemic

The majority of youth (6/7 with a disability, 9/9 without) contributed to the second main theme, which involved mixed views on remote working. Each of the sub-themes identified in this main theme was evenly distributed among youth with and without disabilities.

3.3.1. Comfort of working from home

Ten youth (4/7 with a disability, 6/9 without), who worked entirely remotely or on a hybrid model, spoke about the comfort of continuing to work from home during the reopening stages of the pandemic. Several youth noted their enjoyment of the physical comforts of being at home, where they could do things like “wear my pajama pants” and “run off and have snacks from the fridge” during their workday (#2-disability). Youth with and without disabilities also highlighted the lack of commute. For example, one youth noted that “as I’ve worked remotely . . . any lowered productivity I have is saved in the extra time I’m working because I don’t have to commute” (#16-no disability). Another youth explained how not having to travel to work was important “especially for a person with a disability. For example, when it’s slippery outside, it’s hard to walk for me . . . , right?” (#5-disability). This youth noted, “I find myself more efficient and more motivated to do some of the work and not be bogged down by anything outside of that including like the weather for example, right?” (#5-disability).

3.3.2. Convenience of online communication and collaboration

Twelve youth (6/7 with a disability, 6/9 without) described the convenience of online communication and collaboration in the reopening stages of the pandemic. One youth explained that: “I really appreciate just being able to chat with people casually. It removes some of the formalities . . . of the workplace just being able to use chats” (#7-disability). Two youth (both with a disability) explicitly noted there might be a generational aspect to the comfort they felt with online communication and collaboration. As one of these youth explained, nearly three years into the pandemic, virtual collaboration was all they knew:

“I’ve never had an office of colleagues and we’re sharing opinions on the side of our desks, bouncing ideas off each other. I do bounce ideas off each other but I do it through a message, right? So for me I definitely prefer it and it’s a matter of . . . being I guess a part of the newer generation when it comes to this.” (#5, disability)

Some youth described the convenience of online communication during the reopening stages of the pandemic. For example, one youth remarked that she liked getting “fast results” from her job search because it was online and “because everything is kind

of online now it’s easier to get things done” (#15-no disability).

3.3.3. Inconvenience of online communication and collaboration

Nine youth (5/7 with a disability, 4/9 without) reported on the inconvenience of online communication and collaboration such as trying to make interpersonal connections with peers and colleagues. A common issue raised in this regard included the awkwardness of using platforms like Zoom. For example, one youth had this to say about their experience of having virtual meetings with peers for a volunteering position: “I actually found it kind of awkward. . . . it’s mostly the environment. Just talking online to people who you don’t know . . . it’s supposed to be like, buddy it’s really hard” (#3-disability). This same youth identified additional challenges with online communication that made it inconvenient: “I don’t really like on-screen interaction. . . . I like that there’s transcripts here, but a lot of the time, there aren’t transcripts with it. So it’s really hard to . . . follow sometimes” (#3-disability).

Often, youth discussed the inconvenience of online communication in the context of comparing it to in-person communication and collaboration. For example:

“[Y]es virtual is great, but getting to be with that person in-person and like, “Oh let’s go grab something to drink” or “let’s go grab some food or a bite to eat” or something like that, right. Having that opportunity to communicate outside of . . . the workplace is important. And it’s hard to do it virtually.” (#1-disability)

3.4. Hybrid model as the best of both worlds

Eleven youth (5/7 with a disability, 6/9 without) contributed to the theme that the hybrid model is the best of both worlds. Some statements directly reflected this main theme (e.g., “it’s a great balance between getting the in-person, like the social aspect, but also saving time” (#10-no disability)). Other statements focused on one (avoiding social isolation of the remote-only model) or the other (greater work-life balance than the onsite-only model) sub-theme.

3.4.1. Avoiding social isolation of the remote-only model

Eight youth (3/7 with a disability, 5/9 without) described the importance of a hybrid model for avoid-

ing the social isolation that came with remote work. A healthcare worker, who was on a hybrid model (working from home once a week), remarked: "I also like seeing co-workers . . . and it's not over Zoom so I feel like it's really nice to have the water cooler chat as they call it" (#8-no disability). A youth in a hybrid job shared an interesting observation about how working from home felt different now than it did earlier, at the height of the pandemic, when everything had been closed:

"[T]here's a more of a life . . . the remote work right now feels a lot less same-y than a bit at the beginning of the pandemic because we were remote working but . . . also still stuck to being around here, right? . . . It does feel a bit different or . . . more like uplifting to be able to do different things throughout the day." (#5-disability)

Some youth, who otherwise preferred remote work, reported the benefit of avoiding social isolation of remote-only work through a hybrid model. For example, one youth who had recently found a co-op placement noted that when she was thinking about what type of placement she wanted, she had leaned towards remote work, but "having some in-person was perfectly fine for me too because you also get to network" (#2-disability). Another youth in a fully remote position and who expressed a preference for working from home, nonetheless acknowledged that a hybrid model would be nice for socializing: "once every two weeks would be a good idea to meet up with everyone in the office" (#14-no disability).

3.4.2. *Greater work-life balance than onsite-only model*

Most of the youth with disabilities (5/7) and without (5/9) described how a hybrid model offered greater work-life balance than the onsite-only model. Several youth spoke about this in the context of flexibility; as one youth explained, "I do prefer a hybrid style because . . . I prefer to sort of have more flexibility in my work" (#13-no disability). Similarly, a graduate student who was also working full-time in a hybrid model shared, "I like the ability like in the sense where I have free range and free control of what I can do and the flexibility that I have with doing school and work" (#1-disability). Some youth also described how the hybrid model allowed them to complete non-work related tasks and schedule appointments. As one youth with a physical disability said, "I love the hybrid model . . . I like that there's a capacity to work virtually, especially when you

know I see . . . surgery in the future and then having to juggle that with like physiotherapy appointments" (#2-disability).

3.5. *Mixed views on COVID-19 workplace safety in the reopening stages of the pandemic*

All sixteen youth (7/7 with a disability, 9/9 without) contributed to the fourth theme, which involved mixed views and approaches to COVID-19 safety in the reopening stages of the pandemic. The two sub-themes were 'cautious optimism', and 'ongoing vigilance'. Some youth contributed to both sub-themes, especially if they considered both their own situation and the situation of others (e.g., vulnerable populations).

3.5.1. *(Cautious) optimism*

Eleven youth (5/7 with a disability, 6/9 without) provided an optimistic (or cautiously optimistic) outlook on COVID-19 safety in the context of reopening. The statements in this sub-theme reflected an element of feeling ready to move on from safety measures and precautions related to COVID-19, or at least not having these be at the forefront of their minds. The source of this optimism differed among participants, ranging from near-indifference to COVID-19 (e.g., "Honestly, if the news wouldn't talk about COVID as much as it does, it wouldn't really even come to mind" (#4-disability)) to feeling protected because of vaccines (e.g., "I'm fully vaccinated and my level of caution certainly declined" (#16-no disability)). Several youth mentioned feeling safe to work in-person since they went out, were socializing, and doing other activities in-person now.

Some youth described that their changed outlook on COVID-19 safety had only recently occurred, and they explicitly contrasted their current outlook and approach to that of earlier stages of the pandemic. For example, one youth noted: "in the past I've made employment decisions based on COVID and I don't think . . . that COVID will be as important of a factor in going forward if that makes sense" (#12-no disability). Similarly, a youth who worked onsite shared that they were "very comfortable" with it and explained that "at this point it's not something that I'm scared about or anything. Like two years ago back in summer 2020 yes I was very anxious. But at this point I'm not" (#13-no disability). A full-time student who was seeking summer employment, explained how her comfort level with in-person employment had changed from the previous year:

"[L]ast summer, [employers] would still want a lot of in-person stuff. So I don't think I applied to many at that time...But now it's more feasible to actually do that... it's at a point in the pandemic where it's safer, in my opinion, to work in-person." (#3-disability)

Many youth (with and without disabilities) who expressed optimism about being able to move on from constantly assessing the risk of COVID-19, did so in the context of describing a 'new normal'. A youth with a physical disability shared: "for me, I would think that a new normal would mean... you don't think about COVID-19 right?" (#5-disability). Similarly, another youth explained that:

"[A] new normal just means being able to... function, go through our daily lives without always having COVID on our mind, whether that's in a professional context, being able to attend you know professional development opportunities or you know, going to school. I think it's just being able to operate without always worrying about COVID or the particular consequences that exist because of COVID." (#16-no disability)

Interestingly, two youth (one with a disability and one without) suggested that the 'new normal', in terms of COVID-19 safety, really just meant a return to the old normal. For example, a youth shared, "honestly after two years, I think a lot of us are, well were, really tired with the mandates", and also said: "to me I don't see much of a new normal. Everything seems pretty much exactly the same as it was before COVID" (#7- disability).

3.5.2. Ongoing vigilance

Eleven youth (5/7 with a disability, 6/9 without) explained the importance of ongoing vigilance in relation to COVID-19. Many youth highlighted the importance of continued mask-wearing. One youth working in the education and childcare sectors explained: "[b]ecause I have my mask I feel like... it's kind of become my little security blanket" (#12-no disability). A youth in a hybrid model reported feeling comfortable without a mask when working onsite around her immediate team because "we are all vaccinated... but it's someone from a different team that I do not know, I don't think I'd be comfortable" (#1, disability). Some youth described how their ongoing vigilance was also related to concerns about the flu and other contagious illnesses. To illustrate:

"For me it's just a new way of approaching various situations. So even something like public transit, I think even with flu season, I think I will definitely be wearing a mask. I mean I'm still wearing a mask on public transit. I just for this foreseeable future, even though it's no longer mandatory, I just feel more comfortable doing that." (#11-no disability)

Notably, despite more than half of the youth in our sample acknowledging the ongoing risk of COVID-19, only one youth cited this as a reason for wanting to work hybrid or remotely: "I mean I did want some level of like, virtual was important to me because...I don't know about how everyone else feels but I take long-COVID seriously" (#2-disability).

Some youth who worked in healthcare settings emphasized the contrast between health and safety measures at their workplace and in other settings. As one youth working in a hospital observed, "when things were loosening up at school, it was not loosening up at work" (#11-no disability). Another youth, who worked in a hospital, expressed frustration that, "[p]eople don't care" about being careful anymore, and exclaimed, "the pandemic isn't over! And... some people are still kind of dealing with the impacts of COVID and working on preventing it or working with very vulnerable populations" (#8-no disability).

3.6. Hopes, dreams and advice for the future of work/volunteering in the 'new normal'

All sixteen youth (7/7 with a disability, 9/9 without) contributed to this theme, which involved youth's hopes, dreams and advice for the future.

3.6.1. Flexible work arrangements (especially hybrid) as a universal model

Twelve participants (5/7 with a disability, 7/9 without) highlighted the importance of having flexible work arrangements as a universal and permanent option. For one youth, "one of my biggest hopes is that we kind of continue being flexible with people, regardless of whether or not you have a formal accommodation" (#7-disability). Several others explained that flexible work arrangements should be offered universally rather than as an individual accommodation. For example, one youth shared, "everybody should be offered either an in-person or online option and not have one be more likely to get you a job than the other" (#12-no disability). Notably, one youth felt

the pandemic-era widespread opportunities for flexible work arrangements were already disappearing:

“[F]or... entry level jobs... you don't really have that benefit now that we're re-opening... and you get to see people but there are also less accommodations because now the accommodations that people were provided those were because everyone was affected and now only some people are affected so they're almost less available.” (#3-disability)

While this youth noted their personal preference for in-person, they also acknowledged that “online is more convenient. So... having an option would be nice” (#3-disability).

Most youth explicitly mentioned the value of the hybrid model and hoped or predicted that hybrid was “here to stay”, as one youth (#10-no disability) put it. Another youth acknowledged this may not be feasible in all cases: “people who are medical professionals that's not really something that they can do right? But for people who can we want to encourage that they are able to have a life after work” (#1-disability). Another youth, currently working onsite, shared, “I do hope that there's more opportunities to do work from home or remote. I really wish that things don't go fully back in-person again” (#13-no disability).

3.6.2. *More adapting and understanding employers*

A vast majority of youth (5/7 with disabilities, 8/9 without) highlighted the importance of employers becoming more adapting and understanding in the ‘new normal’. In some cases this was discussed in the context of mental health: “if a staff does feel they have to be away from work for a mental health reason I feel like they should be excused not questioned” (#9-no disability). Others spoke in more general terms, urging employers to “make sure you are nice to your employees and you are flexible or try to be flexible with their needs” (#15-no disability), and to “be patient with the people that work for you... There's so many things that people are dealing with that they weren't before the pandemic” (#6-disability). Some youth expressed frustration that employers had not seemed to learn any lessons from the pandemic. To illustrate, a youth working in healthcare stated, “not everyone has to burn themselves out all the time...I feel like employers don't really care anymore; they're like...pandemic's over so you can just kind of continue on, but it's very much not” (#8-no disability). Similarly, a youth shared this advice for employers:

“Survey your employees and actually do what they say. Because, for example, my employer that I'm working with right now we did a survey where we asked employees “Do you want to come back?”, “How many days do you want to come back?”, “What kind of flexibility do you want?”, you know, “What policies do you wish was enacted?”. And we did zero of it.” (#7-disability)

Relatedly, some youth discussed the importance of employers being cognizant of people's differing comfort levels when it comes to COVID-19. As one youth explained, “I would like employers to have... patience and understanding with employees knowing that not everyone is going to be ready to return to a new normal” (#12-no disability). Another youth urged employers to “assess their employees' level of comfort when it comes to [Personal Protective Equipment] and COVID protocols and restrictions or mandates” (#13-no disability).

3.6.3. *Greater clarity/certainty and security*

The majority of youth (6/7 with a disability, 7/9 without) described their hope for greater job security and certainty about their career and employment futures in the ‘new normal’. Several youth felt in limbo as a result of the pandemic, including a youth looking for employment who commented, “people would say they're in the same position as I am, that they would apply for 60 jobs and get one or two interviews. So it's probably related to the pandemic” (#4-disability). While youth, like this participant, observed that there seemed to be increased job opportunities following the reopening of businesses and other organizations, some were concerned about whether future COVID-19 waves would upend plans for volunteering or working. As one youth working in a summer student position recalled, their employment searches in the last two years were uniquely challenging, and “in previous summers... I've had positions cancelled because of COVID” (#16-no disability). This same youth, who was going back to full-time studies, struggled to find part-time work due to pandemic-related uncertainty:

“[O]ne discussion I had with a professor was about... an in-person position but it's right next to campus so I thought it would be easy. But... there's a mask mandate within their place of employment, but not... within the university campus. So they were concerned that me going from a place with no mask mandates into a

more sensitive setting, where . . . health and precautions are of the highest priority.” (#16-no disability).

Participants with and without disabilities expressed concern about career pathways being more uncertain now compared to pre-pandemic. One youth stated matter-of-factly, “[t]he concept of . . . having a linear way of getting your job is so out of my reality nowadays . . . that you just need to be in it for whatever your story is going to be now” (#5-disability).

4. Discussion

This study explored the experiences and perspectives of youth who worked, volunteered, or looked for work during the re-opening stages of the COVID-19 pandemic. Prior research shows that people with disabilities and youth (with and without disabilities) are among those most negatively impacted, career and otherwise, by pandemic-related shutdowns [21, 25, 31, 33, 37–39, 61–63]. As organizations and governments navigate strategies for re-opening and operating under a ‘new normal’, it is imperative that the needs and ideas of youth, with and without disabilities, do not get overlooked.

Among our sample, many youth who worked in the healthcare, childcare or education sectors worked entirely onsite during the reopening stages of the pandemic, and most reported the benefits of doing so, including the suitability of their job type for onsite work and their appreciation for being able to connect in-person with colleagues and/or clients on a daily basis. Most of these youth worked onsite throughout the pandemic; so they spoke from the perspective of workers who were not actually returning onsite, since they had never left (or had returned after a brief period of strict lockdown in the spring of 2020). Nonetheless, our findings demonstrated that these youth were impacted, both positively and negatively, by the societal reopening occurring around them. For example, they appreciated the renewed opportunities for onsite activities. Worryingly, however, many also spoke about the burnout caused by having to deal directly with the repercussions of re-opening and loosened restrictions (such as higher COVID-19 infection rates and greater transmission of influenza and other respiratory illnesses), as greater numbers of people gathered together again, often unmasked. Several youth working in the healthcare, childcare or

education sectors emphasized that these trends were a source of heightened stress and mental and physical exhaustion as they faced intensified workloads and sought to protect themselves and their clients or patients. Previous research describes the high risks of burnout among essential workers who worked onsite and face-to-face in the early stages of the pandemic [64–67], and the findings of this study highlight that this continues to be a relevant concern, even as we have seemingly passed the peak of the health crisis in this pandemic [68].

As with our findings regarding working onsite, youth offered a mixed assessment of working remotely during the reopening stages of the pandemic. Youth with and without disabilities appreciated the comfort and flexibility that continuing to work from home afforded them; this was consistent with research conducted in earlier phases of the pandemic, which reported similar perceived benefits among youth [61, 69] and broader working age populations, both with disabilities [70, 71] and without [10, 72], who had transitioned to remote work or volunteering as a result of stay-home orders. Notably, with the exception of one participant (with a disability), the youth in our study did not explicitly mention avoiding COVID-19 when describing the benefits of working from home in the reopening stages of the pandemic. This finding runs counter to some researchers’ predictions earlier in the pandemic, that the risks of COVID-19 infection would become a primary motivator for workers to seek to continue working from home, even when government or organizational policies no longer required it [73, 74]. Instead, most of our participants who wanted to continue working partly or fully from home appeared to be motivated entirely by non-COVID related considerations.

Much of the prior research on youth and adults working in the earlier stages of the pandemic focused on the impacts of remote-only work (necessitated by lockdowns) [75–77] and/or onsite-only work (as required in many of the fields deemed essential) [64, 66, 67, 78], but in our study, over a third of the participants worked in a hybrid model, and expected or hoped to remain so. Indeed, out of the three working arrangements explored in this study, the hybrid model was the only one that youth did not make negative statements about. While some researchers previously suggested that the debates over work in the post-pandemic landscape would be over whether to stay on a remote model or go back onsite [61, 75], the findings of this study indicate that such analysis overlooked

the possibility that for many, neither option would be desirable, and that a hybrid model would be preferable. Although more recent research has begun to explore the hybrid model [79, 80], these studies have not focused on youth. In our study, the popularity of the hybrid model was evident among youth both with and without disabilities. Indeed, youth in our sample expressed hope for hybrid work arrangements to become permanently and universally available (rather than arranged through individual accommodations), which lends support to earlier research suggesting that the pandemic could be a catalyst for advocating for universal design [81–83].

More than half of the youth in our study mentioned some element of optimism that the worst of the pandemic might be over, and many were ready to move on from strict COVID-19 health and safety protocols. Nearly as many youth with disabilities as without contributed to this sub-theme; the more notable contrast was between those who worked in the healthcare, education and childcare sectors (and worked with vulnerable populations and/or were more frequently exposed to COVID-19 and other easily transmissible infections), and those who did not. This trend was consistent with previous research showing heightened anxieties about COVID-19 experienced by workers in essential fields [66].

Youth with and without disabilities continue to feel some uncertainties and worry about how the pandemic might impact their short and long-term futures. Our findings shed further light on research conducted in earlier stages of the pandemic, which found that youth were concerned about their career and financial prospects because of COVID-19 [22, 28, 29, 33, 84]. It is notable that, even though many of the youth in our study reported that COVID-19 had become less central to their day-to-day lives, there were ongoing concerns about mental health in and beyond the workplace, which is consistent with earlier research findings that youth were particularly susceptible to increased anxiety and mental health concerns in the pandemic [21, 23, 27, 84]. Indeed, our study pointed to the need for identifying and offering supports for youth who may still be processing and struggling with the effects of the last few years. Even the most optimistic youth among our sample, those who felt the pandemic was behind them, expressed frustration with how their employment prospects continue to be impacted by the pandemic's aftermath. Schools and universities, as well as career service centers, should consider providing or expanding vocational and career planning services to assist youth who are

entering or have recently entered the labour market, and who may need additional support navigating the volatile and uncertain post-pandemic employment landscape. Finally, many youth in our study, both with and without disabilities, emphasized the importance of flexible work arrangements for their present and future jobs, and they also widely called for employers to listen to, and be more understanding towards, their employees. Despite some level of uncertainty about the future described by the participants in our study, they nonetheless had clear and strong ideas about what they felt was needed to make the 'new normal' world of work an improvement upon the old.

4.1. Limitations and future research

The results of this study should be interpreted within the context of some limitations. Firstly, our sample size was small with an uneven gender distribution. While these limitations lessen the generalizability of our findings, the proportion of participants with and without disabilities was relatively even. It is important to acknowledge that while our sample had representation from people working in all three of the work models that were prominent in the reopening stages of the pandemic (onsite, remote and hybrid), the distribution was uneven, with only two youth working fully remotely. Moreover, among those working onsite, only one youth had a disability. Future research should aim for a larger sample of youth with disabilities working in each of the work models, which could facilitate a more thorough and systematic comparison of these models. Additionally, the disability types represented in our sample were varied; while we did not compare differences among youth with disabilities, future research could explore how differences in disability types (e.g., visible vs. non-visible) might also result in different experiences and perspectives on working in the late stages of the pandemic. It is also worth noting that since our study focused on youth, many of them were relatively new to working and/or were in the early stages of their careers, and therefore their experiences and viewpoints may have partly reflected their adjusting to working life in general (and not just the reopening stages of the pandemic). Finally, this study was conducted over a period in which pandemic restrictions had just ended or were in the process of ending, so many workplaces were still in the midst of a transition to the 'new normal'. While this presented us with a timely opportunity to ask youth to share their own

hopes and advice for what working and volunteering in the 'new normal' could look like, it would be worth further exploring the experiences of youth once the transition period has passed, and the post-pandemic picture begins to look a bit clearer.

5. Conclusions

Our study explored and compared the experiences and perspectives of youth with and without disabilities who were working, volunteering, or looking for work in the reopening stages of the COVID-19 pandemic. The findings suggest that rather than one 'new normal' world of work and volunteering in the late stages of the pandemic, young people are experiencing a variety of 'new normal(s)'. The youth in our sample encountered different work arrangements, expressed mixed views on some of these (particularly, onsite and remote), and held varying perspectives on the role of COVID-19 safety in the workplace. While there were differences between youth with and without disabilities regarding the remote work model specifically, the more notable distinctions within the other themes were between those who were working in essential fields and those who were not. There were also some areas of commonality across our sample. Most youth emphasized the need for flexibility in work arrangements and the superiority of the hybrid model, wanted greater clarity about the future, and urged employers to become more understanding and adaptable in the wake of the pandemic experience.

Even though the end of the pandemic has not yet been declared, there are steps that employers and governments can take now to begin to address some of the challenges and issues raised by youth in this study. For example, employers could consider implementing, where feasible, a permanent hybrid model to attract and retain youth, including those with disabilities, who may have developed a preference for this model after the late-stage pandemic experience. At the same time, it may be necessary for governments to provide guidelines (if not legislation) for employers on post-pandemic working models to ensure that these are equitable and inclusive for people with disabilities. In Canada, the federal government has taken some steps to consider the specific needs of people with disabilities in its pandemic recovery initiatives (through disability-specific funding, for example) [85], but it is critical for youth with disabilities to be fully consulted on and engaged in the process of allocating funding and programs, since

their needs may be different from other working-age groups.

Ethical approval

Approval for this study was obtained from a research ethics board at a pediatric rehabilitation hospital (REB#20-0129).

Informed consent

Informed consent was obtained from all participants (using e-consent forms), in accordance with institutional guidelines, prior to their participation in the study.

Conflict of interest

The authors have no relevant financial or non-financial interests to disclose.

Acknowledgments

We acknowledge the land on which the University of Toronto operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

We would like to thank the participants who shared their experiences and perspectives as well as the staff, students and volunteers in the Transitions and Inclusive Environments lab for their support in this project.

Funding

This study was supported, in part, by the Canadian Institutes of Health Research-Social Sciences and Humanities Research Council (CIHR-SSHRC) Partnership Grant awarded to Sally Lindsay and the Kimel Family Opportunities Fund through the Holland Bloorview Kids Rehabilitation Hospital.

Author contributions

SL conceived the larger study, upon which this one was developed by KF. KF led data collection and analysis and drafted the whole manuscript; SR verified the transcripts for accuracy, assisted in the development of the codebook and thematic framework and provided critical review and revisions on manuscript drafts; SL oversaw the entirety of the project as KF's postdoctoral supervisor, reviewed transcripts, assisted in the development of the codebook and thematic framework and provided critical review and revisions on the manuscript drafts. All authors reviewed the manuscript, provided critical feedback and approved the final version of the manuscript.

Supplementary materials

The supplementary files are available from <https://dx.doi.org/10.3233/WOR-230011>.

References

- [1] Cucinotta D, Vanelli M. WHO declares COVID-19 a pandemic. *Acta Bio Medica: Atenei Parmensis*. 2020;91(1):157.
- [2] Dunford D, Dale B, Stylianou N, Lowther E, Ahmed M, de la Torre Arenas I. Coronavirus: The world in lockdown in maps and charts: BBC News; 2020. [Cited 2022 October 28]. Available from: <https://www.bbc.com/news/world-52103747>.
- [3] Institute for Health Information C. Canadian Data Set of COVID-19 interventions 2022. [Cited 2022 October 28]. Available from: <https://www.cihl.ca/en/canadian-data-set-of-covid-19-interventions>.
- [4] Prevention CfDca. CDC Museum COVID-19 Timeline 2022. [Cited 2022 December 6]. Available from: <https://www.cdc.gov/museum/timeline/covid19.html>.
- [5] Bebenek I, Bannister R, Dubinion J, Fortin M, Liu M, Motter AL, et al. COVID-19 therapeutics and vaccines: A race to save lives. *Toxicological Sciences*. 2022;185(2):119-27.
- [6] Franken E, Bentley T, Shafaei A, Farr-Wharton B, Onnis L-A, Omari M. Forced flexibility and remote working: Opportunities and challenges in the new normal. *Journal of Management & Organization*. 2021;27(6):1131-49.
- [7] Vyas L. "New normal" at work in a post-COVID world: Work-life balance and labor markets. *Policy & Society*. 2022;41(1):155-67.
- [8] Corpuz JCG. Adapting to the culture of 'new normal': An emerging response to COVID-19. *J Public Health*. 2021;43(2):e344-e5.
- [9] Delany K. What challenges will organisations face transitioning for the first time to the new normal of remote working? *Human Resource Development International*. 2022;25(5):642-50.
- [10] Ng PML, Lit KK, Cheung CTY. Remote work as a new normal? The technology-organization-environment (TOE) context. *Technology in Society*. 2022;70:102022.
- [11] Jesus TS, Landry MD, Jacobs K. A 'new normal' following COVID-19 and the economic crisis: Using systems thinking to identify challenges and opportunities in disability, telework, and rehabilitation. *Work*. 2020;67(1):37-46.
- [12] Carroll N, Conboy K. Normalising the "new normal": Changing tech-driven work practices under pandemic time pressure. *International Journal of Information Management*. 2020;55:102186.
- [13] Wei S, He Y, Zhou W, Popp J, Oláh J, Dabija DC, et al. Death reflection and employee work Behavior in the COVID-19 new normal time: The role of duty orientation and work orientation. *Sustainability*. 2021;13(20):1-16.
- [14] Plotnikof M, Utoft EH. The "new normal" of academia in pandemic times: Resisting toxicity through care. *Gend Work Organ*. 2022;29(4):1259-71.
- [15] Raišienė AG, Rapuano V, Dōry T, Varkulevičiūtė K. Does telework work? Gauging challenges of telecommuting to adapt to a "new normal". *Hum Technol*. 2021;17(2):126-44.
- [16] Vyas L, Butakhieo N. The impact of working from home during COVID-19 on work and life domains: An exploratory study on Hong Kong. *Policy Design and Practice*. 2021;4(1):59-76.
- [17] Barbour N, Menon N, Mannering F. A statistical assessment of work-from-home participation during different stages of the COVID-19 pandemic. *Transportation Research Interdisciplinary Perspectives*. 2021;11:100441.
- [18] Best SJ. The future of work: Remote work in the emerging new normal. *The Business & Management Review*. 2021;12(1):284-91.
- [19] Flynn N, Murray C, Forkan C, Kealy C. Coping with the 'new (ab)normal' in school: An EMA study of youth coping with the return to in-person education during the COVID-19 pandemic. *Irish Educational Studies*. 2022;ahead-of-print:1-19.
- [20] Garriguet D. Portrait of youth in Canada: Data report Chapter 1: Health of youth in Canada. Statistics Canada <https://www150statcan.gc.ca>. 2021(1).
- [21] Cardenas MC, Bustos SS, Chakraborty R. A 'parallel pandemic': The psychosocial burden of COVID-19 in children and adolescents. *Acta Paediatrica*. 2020;109(11):2187-8.
- [22] Jemini-Gashi L, Kadriu E. Exploring the career decision-making process during the COVID-19 pandemic: Opportunities and challenges for young people. *SAGE Open*. 2022;12(1):1-9.
- [23] Samji H, Wu J, Ladak A, Vossen C, Stewart E, Dove N, et al. Mental health impacts of the COVID-19 pandemic on children and youth – a systematic review. *Child and Adolescent Mental Health*. 2022;27(2):173-89.
- [24] Fisher H, Lambert H, Hickman M, Yardley L, Audrey S. Experiences of the coronavirus disease-19 (COVID-19) pandemic from the perspectives of young people: Rapid qualitative study. *Public Health Prac*. 2021;2:100162.
- [25] Chanchlani N, Buchanan F, Gill PJ. Addressing the indirect effects of COVID-19 on the health of children and young people. *Canadian Medical Association Journal*. 2020;192(32):E921-E7.
- [26] Achdut N, Refaeli T. Unemployment and psychological distress among young people during the COVID-19 Pandemic: Psychological resources and risk Factors. *International Journal of Environmental Research and Public Health*. 2020;17(19):1-21.

- [27] Parola A. Novel Coronavirus outbreak and career development: A narrative approach into the meaning for Italian university graduates. *Frontiers in Psychology*. 2020;11:2255.
- [28] Benaraba CMD, Bulaon NJB, Escosio SMD, Narvaez AHG, Suinan ANA, Roma MN. A Comparative analysis on the career perceptions of tourism management students before and during the COVID-19 pandemic. *The Journal of Hospitality, Leisure, Sport & Tourism Education*. 2022;30:100361.
- [29] Bjørknes R, Sandal GM, Mæland S, Haug E, Lehmann S. 'We are unlikely to return to the same world, and I do not want it to destroy my future.' Young people's worries through the outbreak of the COVID-19 pandemic. *Child & Family Social Work*. 2022;27(2):246-53.
- [30] Collins ME, Kuykendall S, Ramirez M, Spindle-Jackson A. COVID impacts on U.S. youth workforce system: Challenges and opportunities. *Journal of Education and Work*. 2022;35(5):470-84.
- [31] Green F, Henseke G, Schoon I. Perceived effects of the Covid-19 pandemic on educational progress and the learning of job skills: New evidence on young adults in the United Kingdom. *Journal of Education and Work*. 2022;35(5):485-501.
- [32] Howard F, Bennett A, Green B, Guerra P, Sousa S, Sofija E. 'It's turned me from a professional to a "bedroom DJ" once again': COVID-19 and new forms of inequality for young music-makers. *Young*. 2021;29(4):417-32.
- [33] Lindsay S, Ahmed H. School and employment-related barriers for youth and young adults with and without a disability during the COVID-19 pandemic in the greater Toronto area. *Adolescents*. 2021;1:442-60.
- [34] Chan F, Tansey TN, Iwanaga K, Bezyak J, Wehman P, Phillips BN, et al. Company characteristics, disability inclusion practices, and employment of people with disabilities in the post COVID-19 job economy: A cross sectional survey study. *Journal of Occupational Rehabilitation*. 2021;31(3):463-73.
- [35] Park J, Sung C, Fisher MH, Okyere C, Kammes RR. Psychosocial and vocational impacts of COVID-19 on people with and without disabilities. *Rehabilitation Psychology*. 2022;67:381-90.
- [36] Tomczak MT, Mpofu E, Hutson N. Remote work support needs of employees with Autism Spectrum Disorder in Poland: Perspectives of individuals with Autism and their coworkers. *Int J Environ Res Public Health*. 2022;19(17):1-13.
- [37] Wong J, Ezeife N, Kudla A, Crown D, Trierweiler R, Capraro P, et al. Employment consequences of COVID-19 for people with disabilities and employers. *J Occup Rehabil*. 2022;32:464-72.
- [38] Jesus TS, Bhattacharjya S, Papadimitriou C, Bogdanova Y, Bentley J, Arango-Lasprilla JC, et al. Lockdown-related disparities experienced by people with disabilities during the first wave of the COVID-19 pandemic: Scoping review with thematic analysis. *International Journal of Environmental Research and Public Health*. 2021;18(12). Available from: <http://dx.doi.org/10.3390/ijerph18126178>.
- [39] Maroto ML, Pettinicchio D, Lukk M. Working differently or not at all: COVID-19's effects on employment among people with disabilities and chronic health conditions. *Sociological Perspectives*. 2021;64(5):876-97.
- [40] Emerson E, Stancliffe R, Hutton C, Llewellyn G, King T, Totsika V, et al. The impact of disability on employment and financial security following the outbreak of the 2020 COVID-19 pandemic in the UK. *Journal of Public Health*. 2021;43(3):472-8.
- [41] Fuentes K, Lindsay S. Workplace accommodations during the COVID-19 pandemic: A scoping review of the impacts and implications for people with disabilities. *Work*. 2023;74(2):381-406.
- [42] Shields M, Spittal MJ, Dimov S, Kavanagh A, King TL. Employment and disability among young Australians and associations with psychological distress during the COVID-19 pandemic. *Social Science and Medicine*. 2022;19:101140.
- [43] Jetha A, Tucker LB, Chen C, Gignac MAM. Impact of the COVID-19 pandemic on the employment of Canadian young adults with rheumatic disease: Findings from a longitudinal survey. *Arthritis Care and Research*. 2021;73(8):1146-52.
- [44] Stewart JM, Schwartz S. Equal education, unequal jobs: College and university students with disabilities. *Relations Industrielles (Québec, Québec)*. 2018;73(2):369-94.
- [45] Lindsay S, Fuentes K, Tomas V, Hsu S. Ableism and workplace discrimination among youth and young adults with disabilities: A systematic review. *Journal of Occupational Rehabilitation*. 2022;33(1):20-36.
- [46] Lindsay S. Five approaches to a qualitative comparison groups in health research: A scoping review. *Qualitative Health Research*. 2019;29(3):455-68.
- [47] Berzin SC. Vulnerability in the transition to adulthood: Defining risk based on youth profiles. *Children and Youth Services Review*. 2010;32(4):487-95.
- [48] Hafstad GS, Sætren SS, Wentzel-Larsen T, Augusti E-M. Adolescents' symptoms of anxiety and depression before and during the Covid-19 outbreak – A prospective population-based study of teenagers in Norway. *The Lancet*. 2021;5:100093.
- [49] Tönsing KM, Dada S, Bastable K, Samuels A. Health information and education needs for youth with complex communication needs during the Covid-19 pandemic: Rehabilitation professionals' perspectives. *Disability and Rehabilitation*. 2022;1-10.
- [50] Broersma M, Swart J. Do novel routines stick after the pandemic? The formation of news habits during COVID-19. *Journalism Studies*. 2022;23(5-6):551-68.
- [51] Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349-57.
- [52] Organization WH. *International classification and functioning*. 2007.
- [53] Ontario Go. *Most Masking Requirements to be Lifted on June 11*. Ontario2022.
- [54] Nowell LS, Norris JM, White DE, Moules NJ. Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*. 2017;16(1):1-13.
- [55] Kiger ME, Varpio L. Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical Teacher*. 2020;42(8):846-54.
- [56] Braun V, Clarke V. Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*. 2019;11(4):589-97.
- [57] Bunniss S, Kelly DR. Research paradigms in medical education research. *Medical Education*. 2010;44(4):358-66.
- [58] O'Connor C, Joffe H. Intercoder reliability in qualitative research: Debates and practical guidelines. *International Journal of Qualitative Methods*. 2020;19:1609406919899220.

- [59] Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):77-101.
- [60] Tobin GA, Begley CM. Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*. 2004;48(4):388-96.
- [61] Bellotti L, Zaniboni S, Balducci C, Grote G. Rapid review on COVID-19, work-related aspects, and age differences. *International Journal of Environmental Research and Public Health*. 2021;18(10):5166.
- [62] D'Souza J, Biswas A, Gada P, Mangroliya J, Natarajan M. Barriers leading to increased disability in neurologically challenged populations during COVID-19 pandemic: A scoping review. *Disability and Rehabilitation*. 2022;4(24):7693-706.
- [63] Fisher A, Roberts A, McKinlay AR, Fancourt D, Burton A. The impact of the COVID-19 pandemic on mental health and well-being of people living with a long-term physical health condition: A qualitative study. *BMC Public Health*. 2021;21(1):1801.
- [64] Garfin DR, Djokovic L, Silver RC, Holman EA. Acute stress, worry, and impairment in health care and non-health care essential workers during the COVID-19 pandemic. *Psychological Trauma*. 2022;14(8):1304-13.
- [65] Quinones G, Barnes M, Berger E. Early childhood educators' solidarity and struggles for recognition. *Australasian Journal of Early Childhood*. 2021;46(4):296-308.
- [66] Soeker MS. Healthcare professionals' perceptions and experiences of the influence of the COVID-19 pandemic on their personal and work performance. *Work*. 2022;73:787-98.
- [67] Villamil AM, D'Enbeau S. Essential work in the U.S. during COVID-19: Navigating vulnerability-sustainability tensions. *Sustainability* [internet]. 2021;13(19):10665. Available from: <http://dx.doi.org/10.3390/su131910665>
- [68] Nations U. The end of the COVID-19 pandemic is in sight: WHO. New York, 2022.
- [69] Lindsay S, Ahmed H, Apostolopoulos D. Facilitators for coping with the COVID-19 pandemic: Online qualitative interviews comparing youth with and without disabilities. *Disability and Health Journal*. 2021;14(4):101113.
- [70] Adams C, Lobianco A, Moseley E, Fitzpatrick C. Understanding the impact of isolation due to COVID-19 on employment for Kentuckians with spinal cord injuries. *Journal of Vocational Rehabilitation*. 2021;54(1):43-9.
- [71] Okyere C, Fisher MH, Park J, Sung C, Kammes RR. The impacts and experiences of COVID-19 on employment for individuals with disabilities. *Journal of Rehabilitation*. 2021;87(1):25-32.
- [72] Lachance EL. COVID-19 and its impact on volunteering: Moving towards virtual volunteering. *Leisure Sciences*. 2021;43(1-2):104-10.
- [73] Shaw WS, Main CJ, Findley PA, Collie A, Kristman VL, Gross DP. Opening the workplace after COVID-19: What lessons can be learned from return-to-work research? *Journal of Occupational Rehabilitation*. 2020;30(3):299-302.
- [74] Yuan Z, Ye Z, Zhong M. Plug back into work, safely: Job reattachment, leader safety commitment, and job engagement in the COVID-19 pandemic. *Journal of Applied Psychology*. 2021;106(1):62-70.
- [75] Birimoglu Okuyan C, Begem MA. Working from home during the COVID-19 pandemic, its effects on health, and recommendations: The pandemic and beyond. *Perspectives in Psychiatric Care*. 2021;58(1):173-9.
- [76] Galanti T, Guidetti G, Mazzei E, Zappalà S, Toscano F. Work from home during the COVID-19 outbreak: The impact on employees' remote work productivity, engagement, and stress. *Journal of Occupational and Environmental Medicine*. 2021;63(7):e426-32.
- [77] van Zoonen W, Sivunen A, Blomqvist K, Olsson T, Roppinen A, Henttonen K, et al. Factors influencing adjustment to remote work: Employees' initial responses to the covid-19 pandemic. *International Journal of Environmental Research and Public Health*. 2021;18(13):6966.
- [78] White P. Exploring remote and onsite employees' preferred appreciation languages prior to COVID-19 and during COVID-19. *Strategic HR Review*. 2021;20(4):130-6.
- [79] Vinueza-Cabezas A, Gabriel O-T, Unda-López A, Paz C, Hidalgo-Andrade P. A comparison of working conditions and workers' perceptions among on-site, telework, and hybrid workers in Ecuador during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*. 2022;19(21):14337.
- [80] Wontorczyk A, Roźnowski B. Remote, hybrid, and on-site work during the SARS-CoV-2 pandemic and the consequences for stress and work engagement. *International Journal of Environmental Research and Public Health*. 2022;19(4):2400.
- [81] Morris F. Prospects for employment of persons with disabilities in the post-covid-19 era in developing countries. *Disability and Society*. 2021;38:267-86.
- [82] Schur LA, Ameri M, Kruse D. Telework after COVID: A "silver lining" for workers with disabilities? *Journal of Occupational Rehabilitation*. 2020;30(4):521-36.
- [83] Sheppard-Jones K, Goldstein P, Leslie M, Singleton P, Gooden C, Rumrill P, et al. Reframing workplace inclusion through the lens of universal design: Considerations for vocational rehabilitation professionals in the wake of COVID-19. *Journal of Vocational Rehabilitation*. 2021;54(1):71-9.
- [84] Mares G, Cojocariu V-M, Cîrțiță-Buzoianu C. Making career decisions in the context of the COVID-19 pandemic. An analysis of disadvantaged student groups. *Postmodern Openings*. 2021;12(1):328-46.
- [85] Canada Go. Government of Canada helps employees create accessible and inclusive workplaces for employees with disabilities 2021. Available from: <https://www.canada.ca/en/employment-social-development/news/2021/03/ccrw.html>.