



## Joining the workforce during the COVID-19 pandemic: views of Allied Health Profession students

Porter-Armstrong, A., Daly Lynn, J., Turtle, B., Abercrombie, W., McLean, A., Martin, S., & Stinson, M. (2021). Joining the workforce during the COVID-19 pandemic: views of Allied Health Profession students. *Journal of Interprofessional Care*, 1-9. Advance online publication. <https://doi.org/10.1080/13561820.2021.1976122>

[Link to publication record in Ulster University Research Portal](#)

**Published in:**  
Journal of Interprofessional Care

**Publication Status:**  
Published online: 28/09/2021

**DOI:**  
[10.1080/13561820.2021.1976122](https://doi.org/10.1080/13561820.2021.1976122)

**Document Version**  
Author Accepted version

**General rights**  
Copyright for the publications made accessible via Ulster University's Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

**Take down policy**  
The Research Portal is Ulster University's institutional repository that provides access to Ulster's research outputs. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact [pure-support@ulster.ac.uk](mailto:pure-support@ulster.ac.uk).

1 **Title:** Joining the workforce during the COVID-19 pandemic: views of Allied Health  
2 Profession students.

3

4 **Authors:**

5 Alison Porter-Armstrong, Senior Lecturer in Rehabilitation Sciences, School of  
6 Health Sciences, Institute of Nursing and Health Research. Ulster University, Shore  
7 Road, Newtownabbey. BT37 0QB.

8

9 Jean Daly-Lynn, Lecturer in Psychology, School of Health Sciences, Ulster  
10 University, Newtownabbey, UK, BT37 0QB.

11

12 Beverley Turtle, Research Associate, Institute of Nursing and Health Research,  
13 School of Health Sciences, Ulster University, Newtownabbey, UK, BT37 0QB.

14

15 Warren Abercrombie, Institute of Nursing and Health Research, School of Health  
16 Sciences, Ulster University, Newtownabbey, UK, BT37 0QB.

17

18 Aislinn McLean, Occupational Therapist, Institute of Nursing and Health Research,  
19 School of Health Sciences, Ulster University, Newtownabbey, UK, BT37 0QB.

20

21 Suzanne Martin, Professor of Occupational Therapy, Institute of Nursing and Health  
22 Research, School of Health Sciences, Ulster University, Newtownabbey, UK, BT37  
23 0QB.

24

25

26 May Stinson, Lecturer in Occupational Therapy, Institute of Nursing and Health  
27 Research, School of Health Sciences, Ulster University, Newtownabbey, UK, BT37  
28 0QB.

29  
30 **Running Title:** Allied health students and COVID-19

31 **Keywords:** Students, Allied Health Professionals, Pandemics, Preparedness.

32

33 **Corresponding author:**

34 Dr B. Turtle, Institute of Nursing and Health Research, School of Health Sciences,  
35 Ulster University, Co Antrim, BT37 0QB. Northern Ireland.

36 Email: [b.turtle1@ulster.ac.uk](mailto:b.turtle1@ulster.ac.uk)

37

38

39

**40 Abstract**

41 The onset of the Covid-19 pandemic placed great pressures on universities to  
42 ensure final year health care students completed their studies earlier than planned in  
43 order to join the National Health Service workforce. This study aimed to explore the  
44 anticipations and support needs of final year allied health profession students  
45 transitioning to practice during a pandemic. Final year university students across  
46 seven healthcare disciplines were asked to complete an online survey. Demographic  
47 data were analysed by descriptive statistics and responses to open questions were  
48 explored using content analysis. Sixty participants completed the survey. Content  
49 analysis regarding students' anticipations, fears and support needs identified the  
50 following themes: professional identity and growth; opportunities for improvement;  
51 preparedness for transition from university to the workplace, the workplace  
52 environment; Covid-19; support from lecturers; daily support within the workplace  
53 and innovative methods of support. Although, the transition from student to  
54 practitioner continues to be a stressful period, only a minority of participants reported  
55 Covid-19 as an explicit stressor. However, as the effects of Covid-19 continue to  
56 evolve in the United Kingdom, universities and healthcare trusts must ensure  
57 adequate supports are in place for recent graduates navigating this transition during  
58 a healthcare crisis.

59 **Key words:** Students, Allied Health Professionals, Pandemics, Preparedness.

## 60 **Introduction**

61 In response to the Covid-19 pandemic, hundreds of students from allied health  
62 professional (AHP) backgrounds were to be deployed into the National Health  
63 Service (NHS) as part of the Department of Health's (DOH) strategic planning.  
64 Emergency legislation was ratified enabling the Health and Care Professions Council  
65 (HCPC), the independent regulator for AHP's in the United Kingdom (UK), to  
66 establish a temporary register to facilitate early student entry into the Health and  
67 Social Care (HSC) workforce in advance of academic conferment of professional  
68 qualifications [1].

69 The expectation that students would transition to posts earlier than anticipated was  
70 accompanied by a concern of varying levels of preparedness for this deployment into  
71 a service that had dramatically changed as a response to managing Covid-19. The  
72 challenge to university educators was to swiftly identify how to support this transition  
73 into the professional workforce at a time of unprecedented change and increased  
74 pressure.

75 It is accepted in the literature that both education and health service institutions have  
76 a responsibility to support healthcare professionals as they move from student to  
77 staff positions in the NHS [2]. This type of support commonly includes preparatory  
78 education on transition, structured orientation and mentoring programmes. However,  
79 during a pandemic, realising these aspects can be challenging, as the NHS and its  
80 staff are under immense pressure to deal with immediate and life-threatening events.  
81 This provides an opportunity to explore student anticipations and fears when  
82 confronted with transitioning into the NHS workforce during a pandemic and to  
83 determine perceived support needs at this juncture.

## 84 **Background**

85 To date the vast majority of research identified on supporting transition pertains to  
86 the nursing profession and very limited research exists on AHP transition. However,  
87 the research that has emerged presents self-evident difficulties in implementation of  
88 findings during a pandemic. Clements et al. [3] found that newly qualified midwives  
89 required supernumerary time to ease into clinical areas and use of study days to  
90 connect with peers. Support from colleagues, managers and educators was highly  
91 valued by new practitioners although workloads impacted upon availability of such  
92 support. Similarly, Doody et al. [4] found that successful transition of nursing  
93 students to the work force depended upon nurturing and supportive work  
94 environments that reduced stress and enhanced confidence. Peer–support was also  
95 identified as a key element in transition [4]. Further, issues seen increasingly during  
96 a pandemic, such as dealing with patient deaths and uncertainties in new situations,  
97 were highlighted as particular challenges by students in practice [5]. The totality of  
98 this evidence-based landscape alongside the findings of a recent study of AHPs that  
99 mentoring in these specific professional groups has traditionally lacked psychosocial  
100 support [6] helped drive the current study.

## 101 **Study Aims**

102 The purpose of this study was to conduct a cross sectional survey with final year  
103 AHP students awaiting deployment into clinical practice. The aims were:

- 104 1. To explore the anticipations and fears of final year Allied Health Profession  
105 university students joining the workforce during a national pandemic

106

107 2. To determine the perceived support needs of the Allied Health Profession  
108 students on joining the workplace during a national pandemic

## 109 **Methods**

### 110 **Research Design**

111 A cross sectional survey for distribution to all final year students across seven Allied  
112 Health cohorts within the School of Health Sciences at Ulster University, was co-  
113 designed with four final year occupational therapy students. Their expertise in the  
114 lived experience of students, in conjunction with researchers, strengthened the  
115 student-centred design of the study, and ensured validity of outcomes through  
116 reviewing questions for relevance to target population [7]. The core research team  
117 were based within the Occupational Therapy department and recruited Occupational  
118 Therapy students in the first instance, with one student partner undertaking their  
119 clinical occupational therapy research placement with the project. Contact was made  
120 to course directors within the School, however, further recruitment of students  
121 partners from other AHP disciplines was unsuccessful.

122 The survey questions were based on the literature (Melman et al., 2016; Naylor et  
123 al., 2016; Edwards et al. 2019) and co-produced with the student partners, who were  
124 dedicated to supporting the study throughout their deployment. A partnership  
125 approach through involvement of those students directly impacted was used, in  
126 recognition of how co-production can be used to enhance the overall quality and  
127 impact of the research findings, especially during the early stages of healthcare  
128 research development (Voorbery et al. 2015). Involvement in topic identification,  
129 question formulation, prioritisation and distribution may also alleviate potential biases  
130 from the researchers and stakeholders involved, and therefore strengthen the

131 reliability of results [8]. An initial brainstorming meeting was held with the student  
132 partners using a video conferencing platform to help formalise the questions, which  
133 were later circulated via email in a word document. The student partners submitted  
134 feedback on the phrasing and relevance of the questions. A final version of the  
135 survey was circulated for approval prior to submission to the ethics committee.

136 The final survey consisted of three closed demographic questions and nine open  
137 ended questions, covering topics regarding student anticipations and fears about  
138 joining the workforce; perceived support needs from lecturers during transition;  
139 perceived support needs from colleagues/supervisors within the workplace; and  
140 potential innovative methods of support (see Appendix A). The survey was open  
141 from the 19<sup>th</sup> to the 26<sup>th</sup> of May 2020, with an email reminder at the midpoint and the  
142 day before the survey closed. This timeline for delivery of the survey was defined by  
143 the student partners during co-production sessions. Student partners decided a short  
144 burst of three emails (opening survey, reminder mid-point and closing) would  
145 motivate students to complete the survey during a time of immense pressure where  
146 they were completing final exams and either on or moving onto the Temporary  
147 register as part of the emergency response to Covid-19. Ethical approval was  
148 obtained from the Institute of Nursing and Health Research, Ulster University,  
149 Research Governance Filter Committee.

## 150 **Participants and recruitment**

151 The School of Health Sciences administrator sent an email invitation to final year  
152 students (n=226). The students were registered on the following programmes;  
153 Healthcare Science, Physiotherapy, Podiatry, Occupational Therapy, Diagnostic  
154 Radiography and Imaging, Radiotherapy and Oncology, and Speech and Language  
155 Therapy. The email included background information about the study and a hyperlink



156 taking the potential participant straight to the information sheet and consent form on  
157 the software platform Qualtrics [<http://qualtrics.com>]. On completion of the consent  
158 form, students proceeded to complete the survey.

### 159 **Data Analysis**

160 The data was downloaded from the online platform into an Excel spread sheet.  
161 Closed questions were analysed using descriptive statistics. Content analysis was  
162 used to analyse the open-ended items using inductive reasoning, suitable for the  
163 analysis of large amounts of textual data [9]. This process involved familiarisation  
164 with the data, followed by the categorisation and coding of the text. The research  
165 team (APA, JDL, MS, BT and WA), including one final year occupational therapy  
166 student (AMcL), undertook the analysis collaboratively and regularly met to compare  
167 their coding and discuss the emerging themes.

### 168 **Findings**

169 A total of 226 surveys were distributed, and sixty students (51 females; 9 males)  
170 returned completed surveys, with a response rate of 26.5%. The majority of  
171 participants were within the age range 18-24 years (78%; n=47), 10% were aged 25-  
172 34, 10% were aged 35-44 and one was between 45-54 years.

173 Content analysis of the open questions regarding students' anticipations, fears and  
174 perceived support needs led to the emergence of several themes, each of which is  
175 outlined in Figure 1 and described below.

176 **[insert Figure 1]**

177 **Students' anticipations of joining the workforce**

178 When asked what they were looking forward to about going into the workplace, 58  
179 participants responded, and anticipations covered two themes; 'Professional identity  
180 and growth' and 'Opportunities for improvement'.

### 181 ***Theme 1: Professional identity and growth***

182 Developing a professional identity was a key feature of participant responses.

183 Thirteen participants (22%) indicated that they were looking forward to '*joining the*  
184 *workforce*' (P16) '*beginning my career*' (P45) and '*being a qualified clinician*' (P21).

185 One respondent was looking forward to putting on his/her '*Band 5 uniform*' (P19).

186 Although new challenges were anticipated by n=7 respondents, they were looking  
187 forward to establishing their '*own caseload*' (P38), '*delivering high quality patient*

188 *centred care*' (P37), and '*experiencing new learning environments*' (P8). Other

189 aspects students anticipated were working as part of a team (n=8; 13%), being able  
190 to practice independently (n=7; 11.66%) and establishing a routine (n=3; 5%).

191 Some students felt prepared to implement the skills they had learned through hard

192 work during their degree programme (n=13; 22%) and looked forward to developing

193 new skills and experience to broaden their knowledge (n=12; 20%). One participant

194 summarised the anticipation as follows; '*finally to be able to put my skills I've learned*

195 *over the past 3 years into practice*' (P53), while another stated, '*I feel ready to take*

196 *this next step and to learn and progress further whilst working*' (P25).

### 197 ***Theme 2: Opportunities for improvement***

198 A key feature highlighted by 17% (n=10) was improving their financial situation as a

199 result of paid work and establishing a '*stable income*' (P28). Additionally, '*helping*

200 *others*' (P16) and '*improving the lives of the service users*' (P55) were anticipated

201 positively by 18.33% (n=11) of respondents. Three students (5%) viewed Covid-19

202 as an opportunity for them to join the workforce early, '*being able to help in a*  
203 *meaningful way*' (P53).

#### 204 **Students' fears of joining the workforce**

205 Of the 60 participants, the majority (n=53; 88.4%) reported fears about joining the  
206 workforce (Fig. 2), whilst 11.6% (n=4) reported having no fears and 6.6% (n=3)  
207 provided a non-response.

#### 208 ***Theme 1: Preparedness for transition from university to the workplace***

209 The transition process caused anxiety for 53.3% (n=32) of respondents. Five  
210 participants (8.3%) were fearful of the shift from university to the workplace, as they  
211 anticipated "*leaving the safety net of university and having to go out*" on their own  
212 (P20), whilst facing the prospect of becoming "*isolated from other students*" (P56).

213 The recruitment process caused anxiety for 6.6% (n=4), with concerns raised  
214 regarding interview preparation and the possibility of "*not getting a permanent job*"  
215 (P3). Receiving extra responsibilities was a worry for 5% (n=3).

216 Eight participants (13.3%) reported fears relating to their limited clinical practice,  
217 "*especially if it's an area I have no placement experience in*" (P10). One participant  
218 relayed fears of "*not having adequate skills to be a valuable asset to the NHS*"  
219 (P14), whilst another described the anticipation of "*feeling like more of a hinderance*  
220 *than a help*" (P22).

221 Some student anxieties appear compounded by feelings of unpreparedness, as  
222 highlighted by 11.6% (n=7) of participants. One participant conveyed fears of "*not*  
223 *being prepared for being in the workforce*" (P55), whilst another similarly reported  
224 "*not feeling like I'm ready*" (P20). These concerns may consequently reduce student

225 confidence, as 11.6% (n=7) highlighted a lack of “*confidence in my abilities*” (P14)  
226 and 5% (n=3) were fearful of making mistakes.

## 227 ***Theme 2: The support environment within the workplace***

228 Fears relating to the support environment within the workplace were frequently  
229 reported. Twenty-eight participants (46.6%) expressed concerns about receiving  
230 insufficient support, high expectations from colleagues, and having feelings of not  
231 belonging.

232 Receiving insufficient support was a concern for 23.3% (n=14) of participants, and  
233 many expressed anxiety about “*being rushed through induction training if there are*  
234 *staff shortages*” (P37). Whilst others reported worries that they “*won’t be given time*  
235 *to adjust to the new role*” (P10). Further student anxieties centred around their  
236 colleagues’ ability to provide sufficient supervision.

237 “*I also worry my colleagues will be so busy/stressed that supervision may happen*  
238 *less than is ideal and that questions that I might have will be seen as a nuisance*”  
239 (P4).

240 High expectations from colleagues was a worry for 11.6% (n=7), with one participant  
241 capturing a recurring sentiment: “*I’m worried I will be expected to know everything*  
242 *and slot in seamlessly*” (P24). Similarly, another student (P28) described being  
243 anxious about increased “*stress and managing expectations*”.

244 Seven participants (11.6%) reported concerns regarding their sense of belonging  
245 within the workplace. Fears were centred around “*not fitting in to the team in which*  
246 *I’m placed*” (P10), and “*clashing with work colleagues*” (P54).

## 247 ***Theme 3: Covid-19***

248 Twelve (20%) participants raised concerns directly relating to the uncertainty and  
249 safety issues surrounding Covid-19. The unknown complexities of Covid-19 was  
250 anxiety provoking for 16.6% (n=10), with fears about “*starting my career during a*  
251 *pandemic*” (P16), anticipated “*changes to practice* (P19) and “*having to adapt to new*  
252 *protocols*” (P46) being of particular concern. Surprisingly, only 3.3% (n=2) had fears  
253 for personal safety due to Covid-19.

254 **[insert Figure 2]**

## 255 **Perceived support needs**

### 256 ***Theme 1: Support from lecturers during transition into employment***

257 The majority of respondents (n=50) felt they would benefit from support from their  
258 lecturers when making the transition into employment. Interestingly, only three out of  
259 60 students cited Covid-19 as a specific area for support, desiring more information  
260 on ‘*what to expect going into the work force at this time*’ (P19) and the impact of  
261 Covid-19 on maintaining their professional identity. The majority of responses (n=47)  
262 were grouped under three key areas; (i) employment support, (ii) advocacy and  
263 supervision; (iii) learning materials.

#### 264 ***(i) Employment support***

265 Some students believed support from lecturers would be valuable in providing  
266 information on job opportunities, the application and interview processes (n=6; 10%)  
267 and on initial expectations within the workplace (n=4; 7%), for example, providing  
268 guidance on ‘*starting our professional journey and how to handle a new fast paced*  
269 *environment*’ (P20).

#### 270 ***(ii) Advocacy and supervision***

271 Advice, reassurance, advocacy, mentorship, and supervision were cited by a  
272 considerable number of students (n=23; 38%) as key aspects of support from their  
273 lecturers, including '*access to support for any queries or concerns*' (P25), and  
274 providing '*some sort of accountability with our managers to assure that we are*  
275 *getting regular or at least semi-regular supervision or an allocated mentor/buddy if*  
276 *this isn't possible*' (P6).

277 Six participants stated that the availability of the university lecturers would be  
278 required, while three participants suggested that just knowing there was a named  
279 individual who could be contacted would be sufficient. Suggestions on mechanisms  
280 by which the university could provide such support included a weekly class online  
281 call, a weekly supervision telephone call with a lecturer, or an academic staff drop-in  
282 at the clinical setting.

### 283 ***(iii) Learning materials***

284 Three students stated that continued access to their online undergraduate university  
285 learning materials would be helpful in moving forward and transitioning into  
286 employment.

287

### 288 ***Theme 2: Daily support within the workplace***

289 The need for formal 'induction' was reported by five participants, to provide  
290 information on '*how the team is run, assessments, procedures etc*' (P19) and give  
291 demonstrations of each '*new task I am asked to carry out*' (P10).

292 The need for daily support within the workplace was identified by 43 of the 60  
293 respondents. Having a point of contact was considered important (n=34), to  
294 '*communicate any questions or queries*' (P14), '*get advice*' (P5) and for

295 'reassurance' (P26). Reference was made to Covid-19 by two participants, in relation  
296 to being provided with information on up to date personal protective equipment  
297 (PPE) requirements and being made aware of action plans should a second wave  
298 occur. Participants mostly spoke of this daily contact as being an individual within the  
299 Trust, in a supervisory or mentorship role.

300 Further exploration of what students considered as the benefits of supervision  
301 showed that the most useful aspect was receiving feedback on their performance  
302 (n=21; 38%), that is, having the '*chance to speak about what's going well and what*  
303 *needs focused on*' (P16). Others felt that supervision was helpful for general advice  
304 and support (n=5; 9%), with some valuing the opportunity to discuss complex cases  
305 (n=4; 7%), ask questions (n=4; 7%) and set goals alongside their supervisor (n=4;  
306 7%).

### 307 ***Theme 3: Innovative methods of support***

308 Some innovative methods of support within the workplace were suggested by the  
309 participants, including the use of (i) a message board and (ii) an online App.

#### 310 ***(i) Support via a message board***

311 An alternative method of support was proposed by one participant who stated that a  
312 message board or forum to bring their queries would be beneficial because they  
313 were '*conscious of asking colleagues too many questions when they'll be incredibly*  
314 *busy*' (P6).

#### 315 ***(ii) Support online via an App***

316 When asked about potentially receiving support online via an App, 49 out of the 60  
317 students responded. Twenty-five students suggested an App would be useful for  
318 accessing practice resources on a wide range of topics including client conditions,  
319 and profession-specific assessment and treatment options. Four participants made

320 specific reference to an App providing links to *'useful videos for assessment or*  
321 *treatment techniques'* (P54).

322 The use of an App to facilitate discussion via a question and answer feature was  
323 suggested by 11 participants, providing opportunity to *'contact others with queries or*  
324 *see responses to other people's queries, like a discussion board'* (P10); some  
325 students (n=3) stated that they would like to be able to *'ask a question that will be*  
326 *answered by a professional'* (P13), while some specified peer discussion (n=3). The  
327 ability to *'have a private question box for support'* (P9) was also mentioned. Others  
328 felt an App could be a useful means to *'share helpful tips'* (P23) or *'an idea that*  
329 *helped me that day'* (P20), akin to a *'thought for the day'* (P13). Being able to share  
330 personal experiences of entering the workforce via an App was also considered as a  
331 useful support (n=3).

332 Two participants made specific reference to the provision of guides to help manage  
333 stress and stressful situations, and the use of an app for signposting (n=5) to  
334 *'relevant support services'* (P7). Provision of a contact list was suggested by eight  
335 participants, including contact details for University staff, Trust staff and support  
336 services, while a news section was suggested by six participants, including details  
337 *'on upcoming courses and training events'* (P14).

### 338 **Discussion**

339 Covid-19 poses a unique challenge for final year allied health students, as  
340 individuals navigate the already stressful experience of beginning work in the NHS  
341 during a major health crisis. The aim of this survey was to capture the viewpoints of  
342 healthcare students graduating early in preparation to join the pandemic workforce.  
343 This survey found that most participants reported fears about joining the workforce,  
344 which were predominantly related to inadequate support in the work environment.



345 However, only a minority related their fears to the uncertainty of Covid-19 and most  
346 notably, only two participants raised concerns for personal safety. The survey also  
347 allowed students to position how they could best be supported by the university and  
348 the workplace. Suggestions were predominantly related to having a named person to  
349 provide mentorship with ongoing support from the university to provide employment  
350 support, advocacy and provision of learning materials.

351 Education marks an integral step in the development of professional identity which  
352 continues throughout an individual's career [10]. Tryssenaar and Perkins [11]  
353 explored the experiences of students transitioning to practice among occupational  
354 therapists and physiotherapists. Through the use of reflective journals completed by  
355 participants in their final year of placement and first year of practice, four stages  
356 were identified: transition, euphoria and angst, reality of practice and adaptation.

357 Indicative of the initial stages described by Tryssenaar and Perkins [11], participants  
358 in the current study were looking forward to beginning practice and using those skills  
359 developed over the course of their undergraduate education. Similarly, radiography  
360 final year students reported formalising their professional identity as important,  
361 marking a new stage in the development of their professional identity as a qualified  
362 member of staff [12].

363 Although some participants in the current study were positive about beginning work,  
364 the majority of participants reported fears about what lay ahead. The transition from  
365 student to healthcare professional has been identified as a stressful period across  
366 professions [11] [13, 14]. In the current study, worries related to moving from the  
367 relative security of undergraduate education to uncertain employment, unfamiliar  
368 work environments and increased responsibility in their professional positions. Some  
369 participants reported concerns about their competency to begin practice. This feeling

370 of inadequacy was also demonstrated in the study by Hodgetts et al. [15] where  
371 those students nearing graduation reported concerns about their practical skills and  
372 applicability in real-life work environments. Furthermore, recently graduated  
373 occupational therapists and physiotherapists have reported marked disparities  
374 between their experiences of clinical practice during their practice placements and in  
375 the real work environment [16, 17]. Programmes to ease this transition have been  
376 developed for allied health professionals [14] [18]. A web-based programme  
377 developed in the UK was found to be useful for the development of clinical skills and  
378 confidence of recent graduates [18]. However, these programmes are not  
379 implemented as standard, which raises concerns for how current students will  
380 manage in the midst of a pandemic.

381 Overall, participant worries predominantly related to receiving adequate support in  
382 the workplace. Supervision is an integral aspect of a student's training, whereby  
383 practice educators facilitate the development of students' clinical skills,  
384 supplemented by the observation, evaluation and provision of student feedback [17].  
385 However, as students move to a qualified role, supervision often occurs less often,  
386 with expectations of increased independent working [17]. In recognition of the  
387 importance for support and feedback in healthcare [19], participants reported the  
388 importance of a named contact to provide mentorship and feedback in the  
389 workplace. The ability to speak with mentors about clinical cases and receive  
390 feedback has been noted as an integral aspect in the development of competent  
391 therapists [11]. Nie et al. [20] reported increased psychological distress of healthcare  
392 care workers during the current pandemic, notably that of nurses working on the  
393 frontline. As the pandemic continues and health environments undergo rapid  
394 changes in response to Covid-19, healthcare trusts must put in place psychosocial

395 supports available to all staff. In addition, universities must ensure their duty of care  
396 extends to allied health students embarking on practice placements and starting their  
397 professional careers in the midst of a pandemic.

398 Additional strategies reported by participants to ease this process included increased  
399 support from the university. As universities move to online teaching, students and  
400 recent graduates are restricted in how that support can be received. Strategies  
401 reported by participants included the use of online message boards which could  
402 provide peer support. Social support has been linked to increased resilience [21], a  
403 necessary attribute with the increased anxiety students face resulting from the  
404 current pandemic, with a recent study linking social support to reduced anxiety  
405 during the Covid-19 outbreak in China [22]. The current study has suggested online  
406 support could be provided by an app as well as provide profession-specific  
407 educational resources.

408 Universities across the UK switched to online teaching in March 2020, some practice  
409 placements were cancelled, and eligible final year allied health students were placed  
410 on the HCPC temporary register to begin practice. Interestingly, a minority of  
411 participants reported the uncertainty caused by Covid-19 as a reason for fear, with  
412 only two participants raising concerns for personal safety. Participant responses  
413 were captured as part of a survey and, as such, the reasons for this could not be  
414 explored further.

415 However, these findings are aligned with those reported by Courtier et al. [23], who  
416 analysed the expectations of eleven radiography students transitioning to practice  
417 during the Covid-19 pandemic. Courtier et al. [23] found that most participants did  
418 not consider Covid-19 to pose a significant issue, and any concerns Covid-19 may  
419 pose to their health or that of their family members were not reported. Participants in

420 both cohorts were of a comparable age (18-24 years) which could account for the  
421 similarities in findings, with relatively low risk factors to personal safety found for  
422 individuals in this age group [24]. The Covid-19 pandemic appears to have simply  
423 added another complexity to student anxieties regarding transition, rather than  
424 become the sole focus of their concerns.

#### 425 **Limitations**

426 The study sample size was small and only considered the views of allied health  
427 students in one university, and as such may not be representative of students across  
428 the UK and beyond. Furthermore, the allied health profession courses to which  
429 participants' belonged were not captured and thus the distribution of responses  
430 across professions was unknown. The response rate for the study was low at 26.5%,  
431 with the survey open to responses for seven days. However, online survey rates are  
432 notoriously low among higher education students, with studies reporting response  
433 rates less than 20% (Van Mol 2017). A national online survey which examined the  
434 impact of the COVID-19 pandemic on final year medical students, estimated a  
435 response rate of 5.9%, with surveys distributed across 33 Medical schools in the UK  
436 (Choi et al. 2020). Saleh and Bista (2017) reported that graduate students were less  
437 likely to respond to surveys distributed toward the end of the school year, which was  
438 a factor in the current study. While the response rate is likely reflective of the rapidly  
439 changing landscape for students at this time, keeping the survey open for a longer  
440 period of time may lead to an increased response rate.

#### 441 **Recommendations for future research**

442 This study indicated that the transition from student to practitioner continues to  
443 invoke anxiety and create uncertainty. Allied health departments should prioritise  
444 induction programmes for recently graduated therapists and negotiate opportunities

445 for feedback and supervision. This study provides a snapshot of student viewpoints  
446 on the cusp of graduation and can help inform education programmes and support  
447 mechanisms to prepare students for beginning work during a pandemic.  
448 Future research is warranted using interviews or focus groups to provide in-depth  
449 exploration of student viewpoints on Covid-19 as they progress into practice and to  
450 identify in detail how they can best be supported in their transition to qualified  
451 healthcare workers during a global pandemic. This study did not capture the  
452 concerns of students who were unable to begin practice, or finish practice  
453 placements, due to the increased risk for themselves and/or family members. Future  
454 study of this group is essential to allow universities and healthcare trusts to best  
455 meet their education and work needs.

## 456 **Conclusion**

457 This is the first published study to consider the viewpoints of a group of allied health  
458 profession students as they progress to practice during a pandemic in the UK.  
459 Findings suggest that students continue to raise concerns about this transition and if  
460 they will receive adequate support and supervision in the workplace. However, while  
461 these concerns were not explicitly related to the Covid-19 outbreak, until there is an  
462 effective, readily available vaccination with widespread uptake, universities and  
463 workplaces must work to ensure they support individuals to safely engage with their  
464 education and practice.

465

## 466 **Key findings:**

- 467 • The transition into employment from university is an unsettling time for  
468 healthcare students.

- 469       • Students have fears about receiving adequate support in the workplace,  
470           however, only a minority related these to the uncertainty of Covid-19 and  
471           personal safety.
- 472       • Universities and healthcare trusts must continue to ensure measures are in  
473           place to support staff inductions, including during a time when Covid-19 has  
474           placed immense pressure on the National Health Service.

475

476   **What the study has added:**

477   This study provides insight into the views of allied health students preparing to  
478   graduate as the COVID-19 health crisis brought unprecedented change to  
479   healthcare trusts and universities.

480

481

482 **References**

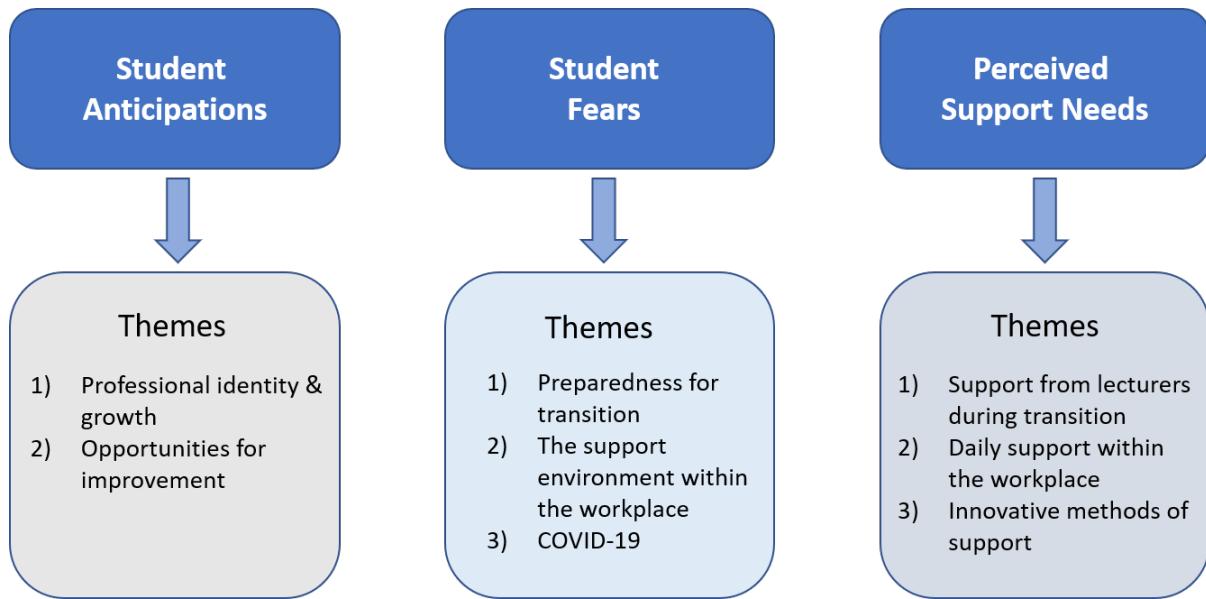
- 483 1. COVID 19 our approach to temporary registration. Available at :  
484 [https://www.hcpc-uk.org/covid-19/temporary-register/covid-19-our-approach-](https://www.hcpc-uk.org/covid-19/temporary-register/covid-19-our-approach-to-temporary-registration/)  
485 [to-temporary-registration/](https://www.hcpc-uk.org/covid-19/temporary-register/covid-19-our-approach-to-temporary-registration/). Accessed August 14, 2020.
- 486 2. Duchscher JB. A process of becoming: The stages of new nursing graduate  
487 professional role transition. *J Contin Educ Nurs* 2008; **39**: 441–50.
- 488 3. Clements V, Fenwick J, Davis D. Core elements of transition support  
489 programs: The experiences of newly qualified Australian midwives. *Sex*  
490 *Reprod Healthc* 2012; **3**: 155–62.
- 491 4. Doody O, Tuohy D, Deasy C. Final-year student nurses' perceptions of role  
492 transition. *Br J Nurs* 2012; **21**: 684–8.
- 493 5. Gidman J, McIntosh A, Melling K, et al. Student perceptions of support in  
494 practice. *Nurse Educ Pract* 2011; **11**: 351–5.
- 495 6. Coppin R, Fisher G. Professional association group mentoring for allied health  
496 professionals. *Qual Res Org Manag Int J*. 2016; **11**: 2–21.
- 497 7. Liabo K, Stewart R. Involvement in research without compromising research  
498 quality. *J Health Serv Res Policy* 2012; **17**: 248–51.
- 499 8. Tembo D, Morrow E, Worswick L, et al. Is Co-production Just a Pipe Dream  
500 for Applied Health Research Commissioning? An Exploratory Literature  
501 Review. *Frontiers in Sociology* 2019;**4**:50.
- 502 9. Elo S, Kyngäs H. The qualitative content analysis process. *J Adv Nurs* 2008;  
503 **62**: 107–15.
- 504 10. Johnson M, Cowin LS, Wilson I, et al. Professional identity and nursing:  
505 Contemporary theoretical developments and future research challenges. *Int*  
506 *Nurs Rev* 2012; **59**: 562–9.

- 507 11. Tryssenaar J, Perkins J. From student to therapist: Exploring the first year of  
508 practice. *Am J Occup Ther* 2001; **55**: 19–27.
- 509 12. Naylor S, Ferris C, Burton M. Exploring the transition from student to  
510 practitioner in diagnostic radiography. *Radiography* 2016; **22**: 131–6.
- 511 13. Harvey-Lloyd JM, Morris J, Stew G. Being a newly qualified diagnostic  
512 radiographer: Learning to fly in the face of reality. *Radiography* 2019; **25**: e63–  
513 7.
- 514 14. Smith RA, Pilling S. Allied health graduate program - Supporting the transition  
515 from student to professional in an interdisciplinary program. *J Interprof Care*  
516 2007; **21**: 265–76.
- 517 15. Hodgetts S, Hollis V, Triska O, et al. Occupational therapy students' and  
518 graduates' satisfaction with professional education and preparedness for  
519 practice. *Can J Occup Ther* 2007; **74**: 148–60.
- 520 16. Morley M. An Evaluation of a Preceptorship Programme for Newly Qualified  
521 Occupational Therapists. *Br J Occup Ther* 2009; **72**: 384–92.
- 522 17. Stoikov S, Maxwell L, Butler J, et al. The transition from physiotherapy student  
523 to new graduate: are they prepared? *Physiother Theory Pract* 2020.
- 524 18. Banks P, Roxburgh M, Kane H, et al. Flying Start NHS™: easing the transition  
525 from student to registered health professional. *J Clin Nurs* 2011; **20**: 3567–76.
- 526 19. Cantillon P, Sargeant J. Giving feedback in clinical settings. *BMJ* 2008; **337**:  
527 1292–4.
- 528 20. Nie A, Su X, Zhang S, et al. Psychological impact of COVID-19 outbreak on  
529 frontline nurses: A cross-sectional survey study. *J Clin Nurs* 2020; **29**: 4217–  
530 26.



- 531 21. Thompson G, McBride RB, Hosford CC, et al. Resilience Among Medical  
532 Students: The Role of Coping Style and Social Support. *Teach Learn Med*  
533 2016; **28**: 174–82.
- 534 22. Cao W, Fang Z, Hou G, et al. The psychological impact of the COVID-19  
535 epidemic on college students in China. *Psychiatry Res* 2020; **287**: 112934.
- 536 23. Courtier N, Brown P, Mundy L, et al. Expectations of therapeutic radiography  
537 students in Wales about transitioning to practice during the Covid-19 pandemic  
538 as registrants on the HCPC temporary register. *Radiography* 2020.
- 539 24. Verity R, Okell LC, Dorigatti I, et al. Estimates of the severity of coronavirus  
540 disease 2019: a model-based analysis. *Lancet Infect Dis* 2020; **20**: 669–77.
- 541
- 542 Edwards, D., Carrier, J. and Hawker, C., 2019. Effectiveness of strategies and interventions aiming to  
543 assist the transition from student to newly qualified nurse: an update systematic review protocol. *JBI*  
544 *Evidence Synthesis*, 17(2), pp.157-163.
- 545
- 546
- 547 Voorberg, W.H., Bekkers, V.J. and Tummers, L.G., 2015. A systematic review of co-creation and co-  
548 production: Embarking on the social innovation journey. *Public management review*, 17(9), pp.1333-  
549 1357.

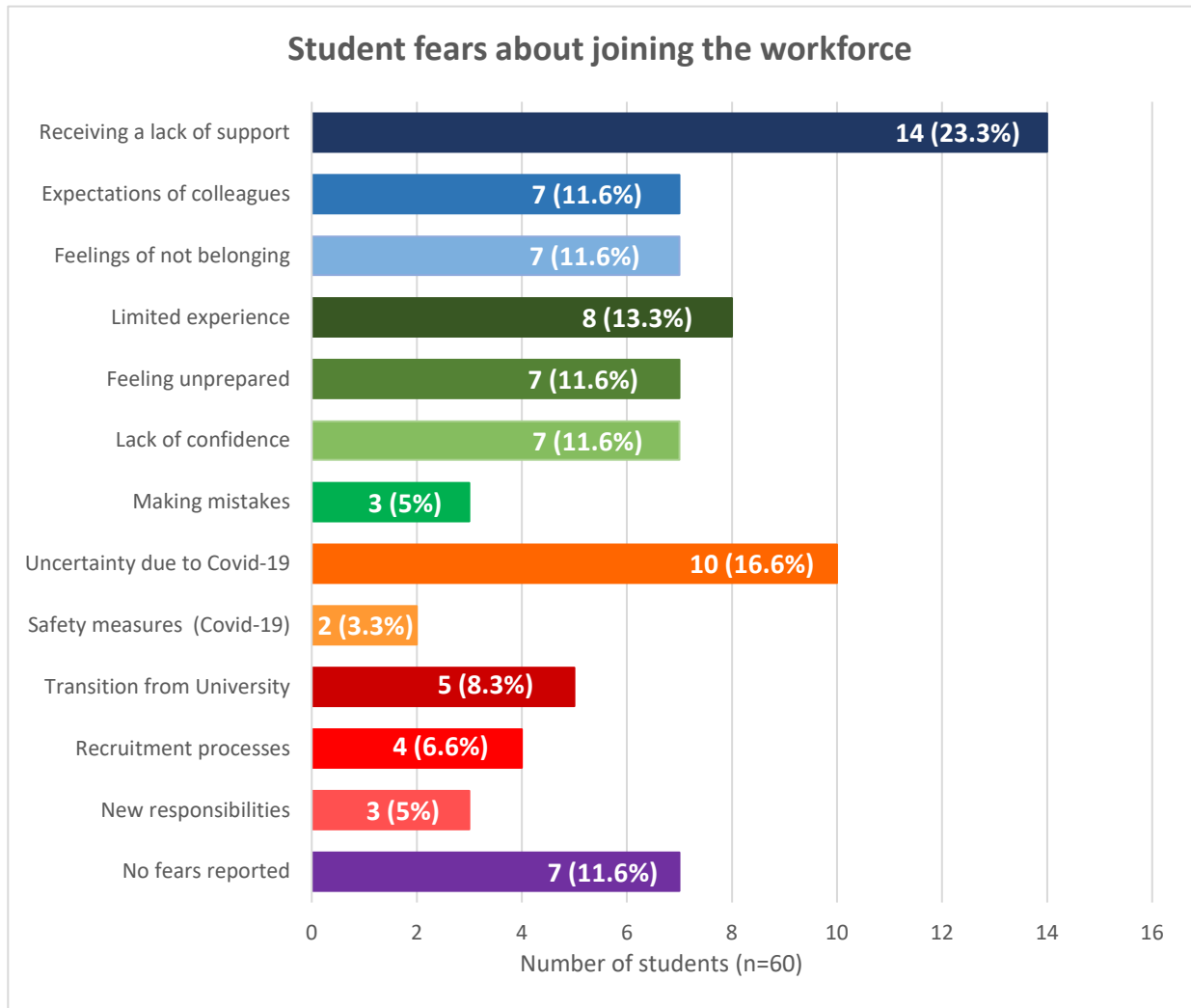
550 Figure 1.



551

552 Figure 2.

553



554

555

556

557

558

559

560

561

562

563 **Figure captions**

564 Figure 1. Themes identified during content analysis

565 Figure 2. Student fears of joining the workforce

566

567

568

569

570

571

572

573

574

575

576

577

578

579

580

581

582

583

584