



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

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

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

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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

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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 19th to the 26th 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.

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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.

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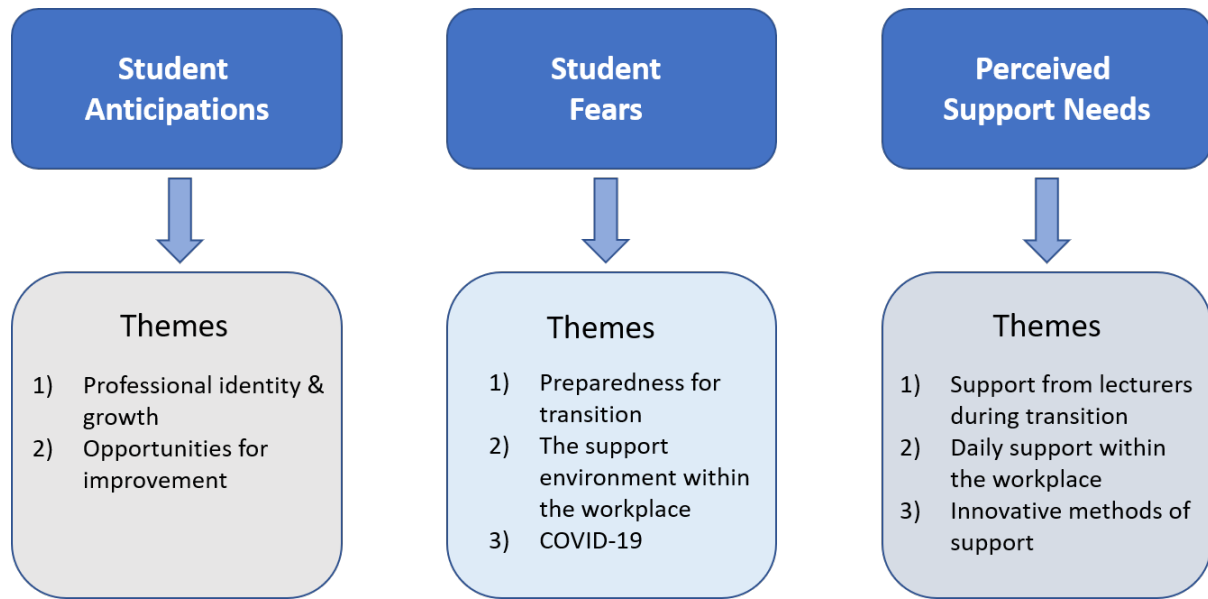
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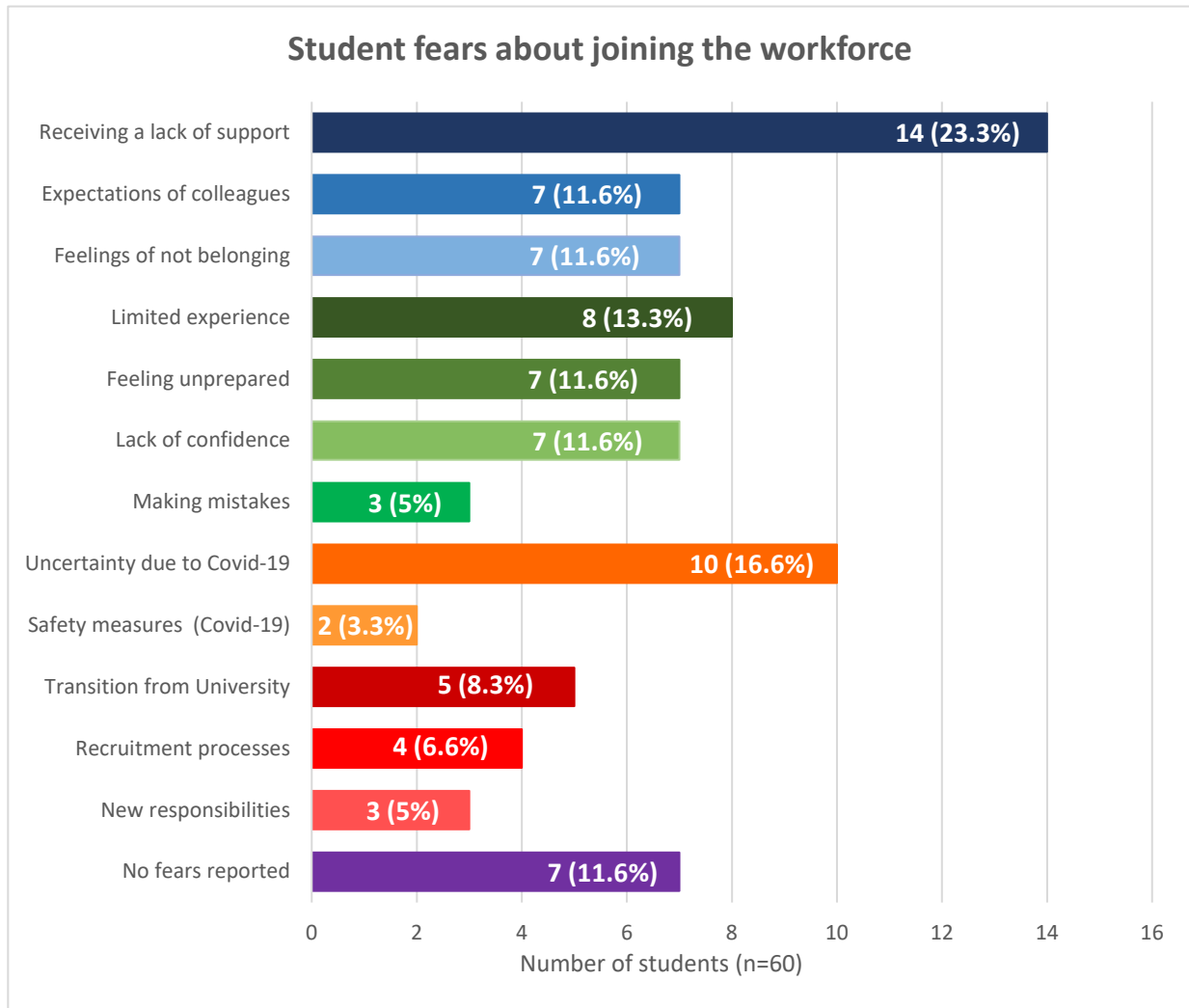
550 Figure 1.



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552 Figure 2.

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563 **Figure captions**

564 Figure 1. Themes identified during content analysis

565 Figure 2. Student fears of joining the workforce

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