

The Impact of COVID-19 on the Transition of Newly Qualified Physiotherapists from University to Employment: A Qualitative Study

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Abstract

The COVID-19 pandemic significantly impacted university physiotherapy curriculum delivery in the United Kingdom (UK) from 2019 to 2021. Teaching predominantly moved online, with fewer opportunities for practical work. Clinical placements often needed to be re-organised and students' peer support networks were disrupted. Physiotherapists entering the workforce during the pandemic were equipped with theoretical and clinical skills gained via different means to those qualifying pre-pandemic. Hence, this study aimed to explore the experiences of newly qualified physiotherapists who transitioned from student to staff during the COVID-19 pandemic. Ten participants were recruited and interviewed between May and June 2022 using a topic guide that was developed in collaboration with a research advisory group. Thematic analysis identified seven themes, highlighting the reflections of physiotherapists on both the positive experiences of transitioning into the workplace during the COVID-19 pandemic, as well as its challenges.

Keywords: COVID-19, Employment, Physiotherapy, Workplace

Introduction

In March 2020, the United Kingdom (UK) went into lockdown due to the COVID-19 pandemic. Health systems were put under significant pressure, impacting on their ability to deliver essential services effectively (WHO, 2020). Every working sector, including education, faced significant disruptions (Tandon, 2020).

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University programmes with a strong clinical or practical component, including physiotherapy, faced significant challenges due to closing of physical university spaces. Physiotherapy courses usually include a blend of practical, hands-on and theoretical teaching, seminars and placements. Group work is an integral part of most curriculums. However, the lockdown required courses to move online, with teaching predominantly undertaken via an online communications platform such as MS Teams or Zoom (Chesterton et al., 2021). Practical classes were replaced either with additional theoretical or clinical reasoning sessions, video demonstrations, or (depending on the restrictions at that point in time) limited skills training in the classroom. Some clinical placements were cancelled; others were delivered in flexible ways, like virtual placements. To adapt, the governing body for allied health professions, the Health and Care Professions Council (HCPC) reduced the number of compulsory clinical hours from 1000 hours to 800, allowing physiotherapists to graduate with less practice experience than in previous years.

The transition from pre-registration training into the workforce can be challenging. Duchester (2009), suggested a three-stage transition process – realisation of the lack of preparedness, perception of professional roles and stability and comfort. Kenny et al. (2021) supported this, by suggesting that the stages have further identified difficulties in coping with being an autonomous practitioner while applying clinical knowledge and skills (McEvoy et al., 2020). Specifically for the pandemic, Chesterton et al. (2022) attributed these challenges to changes in teaching during the pandemic. Ultimately, feelings of stress and anxiety (Stoikov et al., 2022) have risen amongst new graduates, impacting their confidence as clinicians. Nevertheless, due to the sudden appearance of the virus, its impact on the transition process to the workplace remains limited. These experiences could provide important insights to inform future support and training.

Aim

The aim of this research was to explore the experiences of newly qualified physiotherapists who transitioned from student into the workplace during the COVID-19 pandemic.

Methods

Design

A qualitative study using semi-structured interviews was undertaken. This was an appropriate design as the experiences and perceptions of newly qualified physiotherapists were sought. A topic guide based on the Theoretical Domains Framework (Atkins et al., 2017) was developed in collaboration with the co-authors and a research advisory group consisting of newly qualified physiotherapists, academics and clinical physiotherapists. The topic guide was designed to explore both successes and challenges related to university curriculum delivery, job searching, and the first 3-6 months of working as a qualified physiotherapist. There was flexibility in the topic guide to allow respondents to share the experiences that they felt to be most important.

Participant recruitment

Recruitment was undertaken via social media (Instagram, Twitter (X)) and advertised on the Chartered Society of Physiotherapy's Student Forum. Snowball sampling was encouraged, whereby clinicians and academics disseminated the information to their colleagues. Inclusion criteria were newly qualified physiotherapists who had graduated during the COVID-19 pandemic academic years (2019-20 and 2020-21) and were currently practising in the United Kingdom (UK). Physiotherapists were excluded if they had not yet begun employment or were not working in a physiotherapy role. Interested physiotherapists contacted the researcher by email, who confirmed eligibility for inclusion and then sent them an information sheet and consent form. Once the consent form had been returned to the researcher, online interviews were arranged at a mutually agreeable time to both the researcher and participant.

Data Collection

Interviews were undertaken by the primary researcher between May and June 2022. A pilot interview was observed by the project supervisor, who confirmed that the style of questioning was appropriate. Feedback from both participant and supervisor was used to amend the topic guide. At the beginning of each interview, a summary of the study was given, and consent was reiterated by asking participants to answer 'yes' to each section of the consent form. Interviews were undertaken using Microsoft Teams, using the audio and video recording function and automatic transcription. Interviews followed the structure from the finalised topic guide, with time allowed for clarification and elaboration of responses as appropriate. If participants appeared distressed by any of the topics raised, they were invited to move on to a different question or pause/stop the interview. As appropriate, signposting to the National Health Service (NHS) staff wellbeing service was advised. At the end of each interview, participants were invited to add any additional comments before the researcher thanked the participant for their time and ended the call.

All interviews were conducted by the primary researcher, who was a newly qualified physiotherapist without post-qualifying NHS experience. This may have allowed respondents to feel at ease and not judged, since they were being interviewed by a peer. To avoid potential interviewer bias, the researcher reflected on their own university experiences and acknowledged their feelings towards aspects of curriculum design and delivery, as well as perceptions of preparedness for clinical practice. Having acknowledged their own opinions, the primary researcher made efforts not to ask leading questions, to maintain objectivity throughout and to adopt a position of neutrality. Field notes were also taken, providing richer contextual data (Phillippi et al., 2017) and to encourage researcher reflexivity (Tsai et al., 2016).

Data Analysis

Braun & Clarke's (2006) six-phase framework was used to analyse the data. Firstly, transcripts were downloaded from Microsoft Teams and compared verbatim with the recording to ensure accuracy. Edits were made where appropriate. Next, transcripts were imported into NVivo 2020 and were read line-by-line before being coded. To reduce coder bias, two randomly selected transcripts, along with original interview recordings and their corresponding codes were reviewed independently by the co-investigators. Once the codes were agreed upon, themes and sub-themes were identified and defined. Finally, a thematic map was constructed (Figure 1). Participant quotes were selected to illustrate the relevant themes.

Results

Ten participants (five men and five women) took part in the study (Table 1). They had completed their undergraduate or pre-registration postgraduate physiotherapy programme from one of six different universities. Current workplaces ranged across five different areas in the UK, with the half (n=5) working in London. Most (n=7) were rotational staff (spending a few months in different clinical specialties), although some (n=3) had static posts (employed to one specific unit of specialty). The median (range) timeframe between course completion and beginning work was four (0.25 to 12) months.

Table 1:

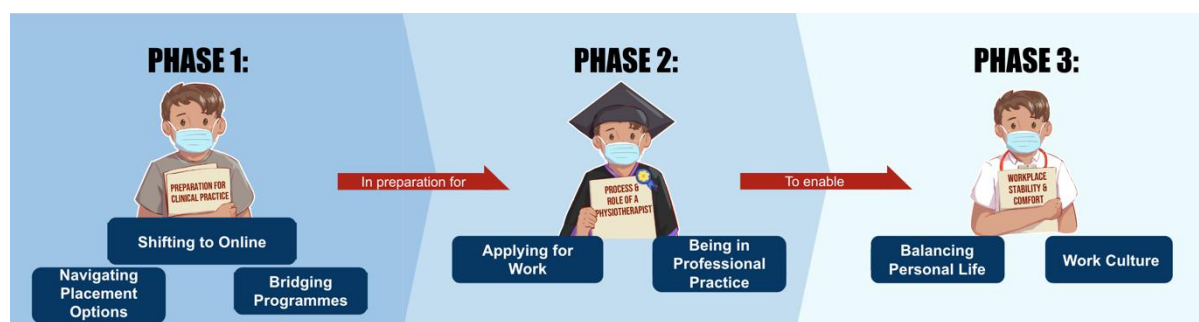
Participant demographics

| Demographic | Categories | Total number (%) |
|--|------------------------|------------------|
| Gender | Male | 5 |
| | Female | 5 |
| Curriculum and Teaching | BSc (Hons) | 8 |
| | MSc (pre-registration) | 2 |
| University region | London | 4 |
| | Midlands | 3 |
| | North East | 1 |
| | South East | 2 |
| Year of graduation | 2020 | 6 |
| | 2021 | 4 |
| Current place of work | Cambridge | 1 |
| | London | 5 |
| | Oxford | 2 |
| | Warwick | 1 |
| | North Wales | 1 |
| Type of work | Rotational | 7 |
| | Static | 3 |
| Duration before starting work (months) | 0 to 3 | 4 |
| | >3 to 6 | 4 |
| | >6 to 9 | 1 |
| | >9 to 12 | 1 |

Seven themes were identified from the interviews ([Figure 1](#)). These fell within the broad categories of university life, job application, and the workplace.

Figure 1:

Thematic map



Themes one to three explored the first stage of the transition process. Graduates reflected on how prepared they felt for clinical practice while also considering the impact the pandemic had on their final year at university.

Theme 1: Shifting to Online

All participants were initially apprehensive of the shift from the classroom to online learning and assessments, using Microsoft Teams for online teaching and university portals for course material, pre-recorded lectures, and assignments. Whilst a necessity to keep courses running, the challenges of online learning included reduced hands-on and specialist clinical teaching, impacting on confidence. Nevertheless, participants appreciated the volume of course materials that were made available as it allowed students to study at their own pace and refer to content prior to relevant placements. Participant 1 reflected on this, “The option to replay...if there were ever a topic that we needed to revise, we could still go back and check the timeline and figure out what needed more clarification”. As online teaching continued, participants became more confident in using technology. This benefitted participants in the workplace as they felt able to navigate hospital equipment and systems: “I feel more competent using the software to allow me to join and help others as well...it’s been a much smoother transition...the development of a new skill” (Participant 4).

However, being online meant that students’ cameras could be turned off and microphones muted, with participants reporting losing concentration during classes. The convenience of online learning was balanced against the disruption to daily schedules, lowering self-discipline and accountability. Some participants mentioned that they found learning in isolation challenging due to the lack of peer discussion and interaction; lowering motivation, enthusiasm, and clarification on concepts covered during lectures. Participant 6 described one challenge of online learning: “You tend to switch off easier when you’re online...you can roll out of bed, 10 seconds later you are online and ready to go”, with Participant 1 identifying would-be missed opportunities: “If it were an in-person lecture, we usually have a Q&A at the end...and the relevant questions were ones I wouldn’t have known to ask but appreciated having the knowledge on.”

Hands-on skills development was limited. Case studies for clinical reasoning around appropriate assessment and treatment options were provided while practical skills were undertaken by academics in physiotherapy practical rooms, with students as online observers. The physiotherapy practical rooms were not available for practice and participants mentioned losing this key aspect of their training, including feedback from Participant 7:

Not having practical sessions...didn’t give me any practical confidence because I didn’t feel like I was going to know what to do when I walked onto a ward. It didn’t prepare me for how things would be in COVID.

Participants felt that programmes sometimes lacked structure. Unclear communication regarding teaching and assessment criteria confused students, making completing assessments and learning more challenging. Though some tried to adapt by organising online study sessions and practicing skills within their “house bubble” (where small groups of physiotherapy students were living together and so were able to practice skills with each other), these alternatives did not effectively replace hands-on classroom sessions. These contributed to the sense of unpreparedness for beginning work, highlighted by Participant 2, “It was a bit scrambled...there was a lot of random teaching” and Participant 10, “So everything was done in bubbles...it was in my own comfort zone, but at the same time, there was an element of laziness with it, you don’t participate as much as you should, really”.

Theme 2: Navigating Placement Options

There were perceived opportunities and challenges when completing a placement during the pandemic. Due to the disruptions faced by the healthcare system, some students were provided with virtual placements. This required a steep learning curve, with participants adapting their hands-on assessments

and treatments to the remote environment. Nevertheless, participants felt that the virtual environment enabled them to hone their listening skills and increased the efficiency of their appointments, as identified by Participant 6: “That’s the biggest thing that you can possibly gain, if you’ve got good listening skills you are reading between the lines, active listening and that kind of thing...you are halfway with that person”.

Others were able to volunteer as therapy assistants in hospitals prior to graduating, enabling them to meet their clinical hours whilst contributing to the workforce. Communication skills were adapted whilst participants were wearing personal protective equipment, which was found to be challenging, particularly by Participant 5: “Us wearing face masks for [patients] was very difficult and actually I’ve got to adapt how I talk to them and pick up on the nonverbal as well as the verbal cues”.

Most of the participants were unable to complete one or more core placements (musculoskeletal, cardio-respiratory, neurology). This was due to placement availability and the implementation of virtual placements. This limited the application and development of general clinical or speciality-specific skills at an in-patient setting. This affected their confidence when applying for clinical posts as they felt that they were not sufficiently prepared for the interview or working on specialised wards. Participants reported difficulty in fulfilling their 800-hour clinical placement requirement, resulting in courses being extended due to summer placements; delaying Health and Care Professional Council (HCPC) professional registration and job applications. Both Participants 4 and 8 identified, respectively, additional support that they felt they needed: “My practice and skill set is lacking in that area, I wasn’t given that extra four weeks to refine my clinical reasoning...so I’m needing more support than potentially I would have had, had I had that placement”, and “I had to do an extra one (placement) to make up some time...it was done over the phone or through screens...I don’t think it made much benefit in the long run apart from some smaller skills”.

Theme 3: Bridging Programmes

Bridging programmes were additional classes focusing on a variety of topics, from interviews to specialist areas. These were organised by universities once formal teaching and assessments had ended. Those who experienced these programmes felt that they helped in navigating niche specialities, job applications, and general hospital skills, which could be used when applying for their first post, as highlighted by Participant 1: “We had a couple of masterclasses at the very end of third year, which were more niche specialties. So that helped a lot before I went to work”. Those who did not have this opportunity felt that support was unavailable to supplement the lost theoretical/practical skills or any subsequent job specific training, contributing to the feeling of being unprepared: “No not at all (availability of bridging programmes). I suppose they may have developed something further down the line, but because COVID was so new, the university had other things to kind of worry about” (Participant 9).

Themes four and five explored the next stage of the transition process, where graduates began to understand that process of starting clinical practice as a physiotherapist and role the profession had in the multidisciplinary team.

Theme 4: Applying for Work

The job application and employment process remained similar to before the pandemic. The ‘Trac jobs’ employment portal was used when submitting applications, while static positions were provided by external agencies. Participant 3 made reference to the platform: “Nowadays everything is done through the system called Trac...so preparing your personal statement, cover letters”. The only difference was the use of online interviews due to heightened infection control policies. Participants mentioned that intermittent internet connectivity issues added to the stress of undertaking interviews. Although online interviews were convenient, some interactions were more challenging, particularly when trying to gauge reactions and create rapport with the panel members: “Really difficult to kind of get an impression of how

they were responding to what I was saying...it didn't work out so initially I was really disheartened and found that quite difficult to deal with" (Participant 5).

There was a perception amongst some participants that interviewers appeared to emphasise their lack of clinical experience. Several participants mentioned feeling that they were marked down on their core speciality knowledge when getting feedback from employers, with Participant 9 sharing "Applied for seven (Trusts), in the first five or six, I fell down on lack of respiratory knowledge, which was a direct result of not having that experience because of COVID". Participants had the perception that some Trusts did not give credit for virtual placements, since patients were not seen in person: "So obviously jobs expecting those kind of things (specialist experience) from you isn't the most ideal...we were struggling in terms of what places to get jobs in and not having that experience because of university" (Participant 3). This finding was supportive of the feelings of unpreparedness in the second theme.

Theme 5: Being in Professional Practice

Participants spoke positively about the development of their clinical leadership and hospital administration skills once they qualified as band 5 physiotherapists. One participant was asked to lead a team that assisted in turning patients into a prone position, comprising of staff from various departments during the pandemic. The leadership roles ensured teams functioned effectively. The experience of leading others and willingness to try benefitted participants, upskilling them clinically and professionally, as highlighted by Participant 4, "Leading you know four other people that have come from different parts of the hospital. I felt it upskilled me of how you present yourself as a 21-year-old". Another participant felt comfortable in taking greater responsibility in the team, regularly representing the ward therapy team during senior meetings: "We called it clinician on the day, where you go to the medical meetings with the consultants. I was delegating work and it's usually done by people double my age...I took it in my stride it was ok" (Participant 2). These experiences showed participants the role and importance of their profession, renewing their sense of purpose.

As newly qualified physiotherapists, the often-changing guidelines, shortage of staff, higher acuity of patients, and lesser clinical experience were sources of stress amongst some participants, including Participant 7, who shared "First day as a physiotherapist, it was not good. I felt like a student and we were short staffed. Suddenly you had to make clinical decisions and make discharge plans, it freaked me out". Furthermore, due to the clinical need at that point in time, participants were expected to be autonomous after starting their post. They had a shorter time to develop their skills, needing to learn quickly to aid their teams:

I didn't ever anticipate such a big (clinical) responsibility. Learning all these new systems quickly that haven't been in place for very long within the team dynamics was difficult. I walked in on my first day and I was routed around every 30 minutes...there wasn't enough space and you had to just start (learn) all over again. (Participant 6)

Some participants worked with a greater number of patients who died than they were expecting, impacting their mental health, with Participant 4 emphasising, "Coming out of our sheds of PPE, taking half an hour, sometimes forty-five minutes...it was incredible, people were regularly unwell and dying". Due to staff shortages, some on-the-job training and skill development sessions were cancelled. This meant that specialist skills were not developed, making participants feel underprepared for their role:

There were loads of changes that you needed to keep up with, and as a physio, it was not something we weren't warned about in university. PPE and visiting were the biggest ones because we had to be in close contact with family to give regular updates. Visiting and managing patient expectations, those times were really challenging. (Participant 3)

Themes six and seven explored the final stage of the transition process, and how the pandemic impacted the process of finding stability and comfort as a newly qualified physiotherapist.

Theme 6: Work Culture

Participants all spoke highly of the pastoral and supervisory support from team members at their first job. During the pandemic, supervising or senior physiotherapists used frequent breaks to debrief and check on participants. If further help was required, time was found for supervision, with signposting to hospital-based mental health services if necessary. This created a culture where participants felt informed, well supported and appreciated:

Doffing all our PPE and taking half an hour to just rest and debrief...The moral and emotional support that my team members gave me at that time was incredible and nothing like I would have got had the pandemic not happened. You could speak to people one-on-one, or in a group setting. Counselling sessions were set up if you wanted to attend. (Participant 4)

They took it upon themselves to give me the necessary trainings that I needed on the ward. I do supervisions regularly and have my competencies. I think the hospital is very good for making sure I am not left behind. (Participant 10)

Due to the hospitals being in flux, with fewer opportunities for social interaction, colleagues relied on each other, using interaction at work to make up for relative isolation outside of it. This helped ease participants into working life, making them feel welcome, valued and part of a family, as indicated by Participant 8, "I've had quite a stressful ward for my first job. The band 6, she's really helped me through it all. She helped talk through things with me. I found it really quite helpful", and Participant 7:

Speaking to my seniors and other colleagues about their experience and actually understanding that I'm not the only one who feels like this. Saying that I just graduated so I fully admit that I lacked in some core aspects, I needed help.

Theme 7: Balancing Personal Life

Some participants faced personal challenges outside of work which impacted their ability to work effectively. They commented that the reduced social interaction and activities during lockdown led to less joy and feelings of loneliness outside of work, affecting their mental health, which were stressed by Participant 4, "Shared house with four other people, two of which didn't really speak to me, it wasn't even like we could meet up with people, so you know, I did have depressive episodes during that time" and by Participant 10, "I am an introvert. So during lockdown, I wouldn't leave my apartment for a week straight. Although I like my own space, I couldn't go out or meet with friends, I noticed a big difference".

Some participants had to move cities to work, while one was also an international student with fewer contacts in the UK:

I'm an international student so I didn't have a fall back plan after university. If I wanted to work here I was going to have to find a job. I didn't want to rely on my parents. Rent, money, a new place and jobs were all massive issues...I was juggling about 70 (work) hours a week to make up. (Participant 1)

Being further from friends and family, these negative feelings were amplified. One participant mentioned distancing themselves from their family as they did not want loved ones to know they were experiencing difficulty personally and at work, as shared by Participant 9, "I didn't enjoy calling home and speaking to my parents. I'm not a good liar and I couldn't tell them I was happy and doing well (at work)".

Discussion

This study aimed to understand the experiences of newly qualified physiotherapists transitioning from their final year of university to the workplace during the pandemic. Interviews identified both opportunities and challenges throughout the transition process. Similar to Stoikov et al.'s (2022) study, participants did not follow an explicit structure to start their clinical career on graduation. Rather, it was

based on what previous cohorts of physiotherapists had done. The main difference was the expectation to be autonomous immediately after beginning work and the shorter time given to adapt to teams and clinical work. Although the experiences followed Duchester's (2009) transition phases, the speed it was lived through was accelerated. This follows Montagna et al.'s (2021) study, which suggested that the service need of the health system during the pandemic reduced the time allotted to newly qualified healthcare professionals to adapt to new working environments. This ultimately developed feelings of being overwhelmed, lacking confidence and isolation.

During the first phase of the transition process, participants felt less prepared for professional practice. Relating it to the lack of clinical and practical experience prior to graduating, participants were particularly concerned with loss of hands-on practical time during their final year of training. This was understandable, given that physiotherapy is a practical profession and some techniques can only be learnt through touch and physical contact. In a previous study, using focus groups to explore online learning during COVID-19, participants felt that the value of in-person classroom teaching for practical skills could not be underestimated (Ng et al., 2021). Not only does this enable students to gain manual skills, it also helps to facilitate peer learning and support that is often difficult to achieve online (Tan et al., 2021).

It is unclear, from the current study, whether the perceived reduced practical skills translated to lower levels of competence when transitioning to the workplace. Inevitably, any practical skills that could not be taught in universities during COVID-19 would need to be addressed by supervising clinicians in the workplace. This could have increased the burden of teaching on clinicians at a time when resources were already stretched. Continued close communication between universities and hospitals would help to ensure that universities were prioritising the most clinically important aspects of practical skill development and employers were aware of any potential skills gap.

Regarding curriculum and teaching, online learning is not a novel concept in physiotherapy education. It was used successfully as part of blended and flipped learning pedagogy pre-pandemic (Macznik et al., 2015). The key difference during COVID-19 was that learning was almost entirely online, rather than being a mix of classroom and e-learning. Literature has reported students' satisfaction with online learning as well as test results when compared to classroom teaching (Roe et al., 2019). In general, satisfaction was good, given online learnings' offering of self-paced learning and recorded lectures (Alexander et al., 2019).

In the current study, students appreciated the flexible working but cited challenges including classroom management, student behaviour, and motivation. This is also reflected in other studies. Hammarlund et al. (2015) reported that though course content was readily available on virtual platforms, the magnitude and depth of understanding required was challenging. Since programmes predominantly used group work instead of lectures, students found it challenging to gain clarity on questions they had. Tajane (2021) supports these results, further suggesting that due to less timely feedback and more comfortable home environments, students' active learning and interaction decreases, impacting their understanding of syllabi. As universities continue to adjust to new models of learning, it is important to prepare students for the expectations of online curriculum in advance, so that they can make the most of these learning opportunities.

The availability of bridging programmes seemed to have benefitted some participants. These varied between universities to include either specialty clinical areas, such as paediatrics, or professional skills such as job applications or interview techniques. Some universities provided such skills as part of their core final year curriculum. Those who took part in bridging programmes reported confidence in understanding the job application and interview process, while also having increased speciality-specific knowledge. This response could stem from the availability of peer support, mentorship, and variety of resources available (Rush et al., 2013). Given these positive responses, universities could consider incorporating or maintaining this programme and its professional skills development as part of their final year programme, supporting and easing students in their transition to professional practice.

In phase two of the transition process, through job applications and professional experience, participants began to understand the process of becoming a registered and autonomous physiotherapist. Online

interviews were a novel and challenging experience for some. For most, the online interview was their first job interview. However, being online made some participants feel disconnected from the interviewers, increasing their stress and anxiety. Nevertheless, since 2020, engaging with others online has become the norm for many situations (including socialising, healthcare clinics and workplace meetings). As a result, future cohorts of physiotherapy students may feel more comfortable with online interviews and recognise the benefits in terms of travel time and convenience. Key considerations for employers would be to ensure that online interviews are conducted in a way that makes them accessible and equitable. Accessibility and proficiency with technology, varied interview environments and reduction in non-verbal cues can persist amongst interviewees. Hence, considering adaptations like additional time, protocols for disengagement, rapport building and pre- and post-interview briefs can be utilised to aid this process. Such efforts show consideration for the mode of interview and people with disabilities, including neurodiversity.

In the final phase of the transition process, results suggested how impact from the pandemic at work had knock-on effects that impacted the mental and emotional stability of participants. Commencing work was challenging for most participants, particularly given the uncertainties of working in healthcare during the COVID-19 pandemic (in terms of staff deployment, assessment of clinical risks and distancing restrictions). For some, this allowed them to make the most of new experiences including leading a team. Others found it difficult to cope with the underlying stress of working with a particularly unwell population. Despite this, most participants felt well supported in their workplace, undertaking an appropriate level of training and opportunities to engage with a range of well-being services. Literature suggests a high prevalence of 'moral injury' (psychological distress) amongst frontline staff during the pandemic (Greenberg et al., 2020). This may continue to impact newly qualified physiotherapists, as well as their more experienced colleagues in the future. As such, continued open communication, mentorship, and availability of well-being services will enable healthcare settings to look to after their staff and allow them to flourish.

Strengths and Limitations

This study allowed newly qualified physiotherapists to share their experiences of being taught during the COVID-19 pandemic and also of entering the workforce during this time. The authors acknowledge that this was a time of considerable uncertainty and trial-and-error, whereby staff and students (both within higher education and healthcare settings) needed to be flexible and adapt to the progression of the pandemic. It is important that newly qualified physiotherapists have a voice in the ongoing reflection of successes and challenges of the pandemic so that they can be prepared for future uncertainties.

There was a risk of selection bias in the recruitment process, due to the self-selected nature of participants. As a result, there may have been a tendency for those who volunteered for the study to have extreme views (either positive or negative) that they wanted to share. This study's results may not be an accurate representation of the experiences of other AHPs during the pandemic (Jager et al., 2017). There may also have been some level of recall bias since the experiences of final year curriculum and the job application processes may have taken place up to two years previously.

Future Research

Although all participants successfully transitioned to the workplace through different support networks and adaptations, this was not without its challenges. Future research could compare these challenges to experiences and qualitative studies pre-pandemic, identifying similarities and differences. A follow up study that explores the long-term impacts of the pandemic on working life could be conducted too. Finally, research could explore this topic from the view point of other stakeholders including university tutors, practice educators, and patients to offer further insights into the experiences of living through the COVID-19 pandemic.

Conclusion and Implications of Physiotherapy Practice

The COVID-19 pandemic required both universities and healthcare institutions to adapt. Changes in curriculum design and delivery, placements and the workplace impacted on final year graduates transitioning into the workplace. There were both positive and negative consequences of these changes, which need to be understood so that this cohort can continue to be supported into the future. Close collaboration between universities and healthcare providers would ensure that both can facilitate those as they begin their physiotherapy careers.

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Ethical approval

The study was approved by UCL's research ethics and data protection committees, Project ID: 22855/001, data protection number: Z6364106/2022/05/02 social research.

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