Persistent passion: Implications for policy and practice in widening access and success in healthcare education

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Context

It is widely agreed that to meet the health needs of a diverse national population a broadly representative – and therefore diverse - healthcare workforce is required. In England the diversity of the current workforce is not representative of the general population that it serves (HEE, 2014, p11), and this may have profound consequences for the National Health Service (NHS) (Kendall-Raynor, 2008) and for the nation's health. For example, the Department of Health (2010) argued that social and cultural diversity in the nursing profession improves patient safety and service design, as well has having benefits for the health workforce. Furthermore, there are demographic and political changes in the UK and globally that create recruitment challenges for healthcare professions now, and in the future (see for example Delucas, 2014 and Jinks et al, 2014). Consequently, Health Education England (HEE), the national body responsible for the training and education of the current and future healthcare workforce, has developed a widening participation (WP) strategy, aiming to increase the recruitment of students from diverse backgrounds:

> This strategy sets out how we will drive widening participation using our workforce and education commissioning leverage and strategic partnership working. This is with the intention of ensuring an approach where the NHS workforce is more representative of the communities it seeks to serve and where development and progression is based upon a person's merit, ability and

> motivation and not their social background or the privilege, extent and effectiveness of their social networks. (HEE, 2014, p3)

It should be recognised however that WP is not just about increasing the number of people from under-represented groups accessing entry level roles within the NHS. Rather it is about increasing the diversity of students enrolling in higher education courses leading to graduate level professional qualifications across the breadth of the healthcare sector, and ensuring they are successful within higher education (HE) and in their careers in the health and social care sectors (cf. Harris et al 2013). This mirrors policy priorities of the current UK Conservative government, and previous governments for the last twenty years, which aim to promote social mobility for disadvantaged groups through access to, and more recently, success within higher education (see BIS 2014). This is also reflected in the current UK government's commitment to social mobility, which is integrated into the Higher Education and Research Bill (2017), and the related guidance provided to the Minister of State for Universities by the Social Mobility Advisory Group (Universities UK 2016).

Much of the literature on diversity in the health sector focuses on ethnicity (see for example Kline 2014) rather than a broader conceptualisation of under-representation and disadvantage. In the higher education sector the focus of WP has been primarily, but not exclusively, on participation by people from lower socio-economic groups, in particular those located in geographical areas with low rates of participation in HE (based on analysis called POLAR – participation of local areas – with a focus on the two lowest participating quintiles, HEFCE 2005). Individual students however may experience multiple barriers, as their characteristics and circumstances transcend a single category, and intersect with other aspects of disadvantage. Student diversity can incorporate difference across a number of dimensions: previous education, personal

disposition, current circumstances and cultural heritage, summarised with examples in Table 1 attached.

We arguethat to meet the health needs of the nation it is necessary to ensure that healthcare professionals are recruited from across all these dimensions of diversity, and facilitated to be successful in higher education and their careers. These beliefs underpin this paper.

This article draws on a qualitative research study to explore how students from non-traditional groups – identifying many of the characteristics in Table 1 - experienced gaining access to and being successful in NHS-funded higher education courses, qualifying them to progress to professional employment in the healthcare sector. It did not focus on a specific widening participation characteristics (i.e. not just ethnicity, disability, age or socio-economic status).

Existing knowledge and approaches to widening participation (access and success) in healthcare programmes

Before turning to the study which is the focus of this paper it is useful to provide a brief state of the art review of the literature about widening participation in healthcare programme, incorporating both access and success in higher education. Kaehne et al (2014) undertook a literature review of 'approaches and impact of interventions to facilitate widening participation in healthcare programmes'. The search only identified a small number of studies (23) about widening participation in healthcare programmes, and these publications were mainly reporting on small scale, isolated research projects. The evidence reviewed predominantly focused on raising awareness about healthcare programmes by providing further information, and overcoming academic barriers through changing admissions processes or alternative entry routes. The studies on retention and success clustered around the academic experience, particularly

overcoming academic challenges, and also student support issues. An overview of findings is presented below, and updated where possible with more recent literature. More recently colleagues have undertaken a review of the literature about widening participation in nurse education (Heaslip et al, unpublished); this review identified ten empirical studies, and similar themes emerged in relation to both access and success.

Research on improving access to healthcare programmes includes a concern about the academic barriers to participation, and thus consideration of alternative entry pathways (e.g. Brimble et al. 2015, Glasper 2010, Rhodes-Martin and Munro, 2010, O'Driscoll et al., 2009, Watson 2005). A related strand of research considers how contextual admissions processes – which take into account the individual or school level context in which qualifications were achieved – contribute to improving access to HE by students with lower entry qualifications (e.g. Allison, 2013, Hammond et al 2011/12). Other studies focus on raising awareness of healthcare programmes (e.g. Cuthill and Jansen 2013) and providing increased information about healthcare programmes (Greenwood et al 2007).

A number of published studies focus on academic challenges – and associated interventions. For example, O'Brien et al (2009) identified academic challenges experienced by mature students on nurse education programmes, and other papers examined strategies to develop the academic skills of students transitioning into nursing and healthcare programmes (e.g. Gopee and Deane 2013, Griffiths and Nicolls 2010, McKendry 2012/2013,). McKendry looked at the development of academic skills to support the transition of nursing students, while Griffiths and Nicholls and Gopee and Deane both examined the development of writing skills amongst health and social care students in single institutions. Duckworth (2013) probed access to and ease with linguistic capital as an enabler in transitions from Further Education to the fieldof health

care.Other studies focused more broadly on support services, not just academic development. For example, Hampshire et al (2012/13) considered health students' experiences of institutional support services across eight sites, and Ooms et al (2013) examined the usefulness of student support mechanisms for diverse student groups in two universities.

What this brief review indicates is that the focus of the majority of the research on widening participation in healthcare education in general and nursing education in particular is on a deficit view of (potential) students, in particular they are characterised as lacking suitable academic skills to gain entry to higher education and to be successful once in HE, and in need of alternative pathways and additional support. Thus, the dominant discourse is of diversity as a problem due to student deficits, rather than viewing diversity as resource (Lawrence 2001) or a definite strength (Thomas 2002). The former approach of seeking students to adapt to fit a traditional higher education can be understood as the 'academic strand of the access discourse' (Jones and Thomas 2005), which ascribes non-participation to a lack of expectations or 'low aspirations' (HEFCE, 2004), which is fixed by raising aspirations, especially amongst 'gifted and talented' potential entrants (Jones and Thomas 2005). This discourse may be extended to the 'utilitarian approach' (Williams 1997), which views non-traditional students as not just lacking aspirations, but also academic qualifications and skills – thus conceptualising diversity as a double deficit (Jones and Thomas 2005). This way of understanding the issues results in an emphasis on interventions and additional support to enable students to participate in an unreformed higher education, and progress into the graduate labour market. This is can be contrasted with a 'transformative approach' which does not view diversity as a problem, or position students as lacking aspirations,

information or academic preparation, but rather sees the opportunity for institutional change and benefit to be afforded by greater student diversity (Jones and Thomas 2005).

Indeed, within the literature there are a small number of studies that draw attention not to what these students lack, but rather to the commitment and resilience of 'non-traditional' groups in higher education, and how their strong desire and motivation to be a healthcare professional assists them to overcome challenges (e.g. Boyd and McKendry 2012, Kiernan et al 2015, McKendry et al 2014). For example, Boyd and McKendry note how the desire to be a nurse motivated some students to enter their courses and motivated them when they thought about leaving:

> In both phases of the research, several students spoke not only of the importance of nursing as an aspiration in choosing their area of study/ profession, but also of the pivotal role it played in maintaining momentum and motivation when they had considered withdrawal. For many students, their commitment to the course and academic achievement was based on a love of caring, and a desire to become a registered nurse. (Boyd and McKendry 2012, p69)

A similar finding is presented by Kiernan et al (2015) in the context of student nurses who care for dependants:

> Within the study population it is clear that no matter what obstacle is put in their way they appear determined to succeed. It is argued that the participants of this study had a strong and favourable view of nursing and a belief that being a nurse would be a good thing.(Kiernan et al 2015, p1089)

These findings are important because significant numbers of students consider leaving higher education: Thomas (2012) found that between 33% and 42% students consider

withdrawing from higher education (p12), and perhaps as many as 44% consider leaving nursing programmes (RCN 2008). The RCN survey also found that:

> Of those who had considered leaving, 85% reported that the reason they stayed was that they wanted to finish their course – demonstrating their commitment to continue their nursing career despite financial and other problems. (RCN 2008, p3)

In another study McKendry et al (2014) report the value of the nurse identity in motivating students, and point to how this can be used positively to improve student retention and success by developing professional belonging:

The projected future identity of nurse (sic) was used as a motivator, particularly during times of difficulty or doubt. Activities aimed at fostering a sense of professional belonging could thus be an important strategy for institutions. (McKendry et al 2014, p875)

Indeed, cross-disciplinary research about improving student retention and success has identified the importance of developing students' engagement and belonging (Thomas 2012), through institutional strategies (ibid and Thomas 2002).

The study reported in this paper builds on these findings about the strengths of diverse students – rather than their shortcomings or deficits. It finds that the students from diverse backgrounds bring with them a strong passion to be healthcare professionals – and this is a huge strength which inspires students to overcome entry hurdles, and sustains them through the many challenges they experience on their journey to becoming qualified healthcare professionals, and ultimately contribute to the strength, diversity and service of the NHS. This asset however is not harnessed to help

widen access, improve student success and promote progression and retention within the health and social care sectors – and thus fails to deliver the potential transformation to higher education provision, the health sector workforce and patient care. The challenge is to overturn the dominant discourse of the deficit associated with diversity, and to explore how this passion can be used positively for the benefit of students, higher education providers and the NHS.

About the study

The aim of the study was to investigate the experiences of students with diversity characteristics in accessing and succeeding in NHS-funded higher education programmes (excluding medical education), and identifying the enabling and challenging factors during their journey. The study employed a mixed methods research strategy (Thomas et al forthcoming), but this paper focuses exclusively on the qualitative research undertaken with current students and recent graduates from these programmes. Qualitative research is particularly well suited to explore individual experiences, and to deepen understanding of the issues under consideration. In this study student-peer-researchers were recruited, trained and supported to undertake the interviews with existing students and recent graduates from NHS-funded courses.

Working with partner HE providers ten student-peer-researchers were recruited, each of whom had a health-related study background and the majority of whom were studying or had studied an NHS-funded course. A one -day training programme was organised, which explored their experiences of being healthcare students, discussed the purpose of the research, co-created the interview schedule, practised interviewing and provided feedback, reflected on challenging ethical scenarios and addressed practicalities of undertaking the interviews. Student peer-researchers aim to capitalise

on their close experience of contemporary higher education and progression in the health care disciplines; they are situated in the context under investigation and their perspectives, accounts and experiences can be seen to be integral to gaining an understanding of the factors within higher education that enable or inhibit students to be successful and progress well. There are also sound practical reasons for enlisting students as peer-researchers – being of similar age, and passing through comparable institutional settings – respondents are more likely to be frank and open when discussing their experiences with peers than they might be when questioned by an 'outsider.' At a more general level, involving students in research of this nature is one way of developing a better understanding of higher education provision and how to develop it. It is also worth acknowledging that there are compelling arguments for encouraging students to undertake research (see e.g. Jenkins and Healey 2009); such activity facilitates students to grasp the nature of knowledge itself (how it is produced, managed, disseminated and consumed, etc.), strengthens writing skills, develops organisational abilities and can provide invaluable experience for those wishing to study at post-graduate level. Thus, as co-producers of knowledge, students move from passive research subjects to a more empowered position through the process itself.

The student-peer researchers were supported by a member of the research team, and a member of staff within their HE providers who played key roles in relation to facilitating access to potential interviewees and safeguarding student-peer-researchers. Institutions contacted students and recent graduates to invite them to participate in an interview. It was not specified which diversity characteristics people should exhibit to be included in the study (reflecting the HEE WP strategy), but rather potential research participants were asked to self-identify if they felt they were eligible to be involved in the study. Ethical approval was gained, and all interviewees were informed of their

rights, including their right to withdraw at any point during the research process, and we agreed not to name or identify individuals in the reporting of this study, including feedback to participating institutions. The semi-structured interviews lasted between approximately 30 and 40 minutes, and were mostly conducted face to face. In some instances, they were conducted by phone, due to the location of the interviewee (particularly students and graduates who lived a significant distance from the HE institution). In addition, interviewees were asked to complete a background survey to provide demographic details to inform our understanding of the issues.

The interviews were all digitally recorded and transcribed. The analysis was conducted by the research team: a sample of transcripts was read and themes were identified, informed by a grounded-theory approach (Miles et al. 2014). A coding meeting discussed the emerging themes and a coding framework was agreed. This was then used in conjunction with qualitative analysis software, and all the transcripts were coded up by two members of the research team. Emergent additional codes were added during this process as new themes emerged (and searched for in materials already coded). Theme-based reports were then generated, and the interview extracts were read to develop sub-themes and deeper understanding of the experiences, enablers and challenges in relation to entering HE, being academically and professionally successful and completing the course, and progressing into employment. This paper focuses on access and success in HE, but not progression into employment.

Summary details of interview participants

In total 70 interviews were conducted; 44 interviews were conducted with students, 7 were with graduates, and 19 unknown, from twelve higher education providers. The interviewees came from a range of healthcare disciplines, but the largest number were from adult nursing (30%) and midwifery (18.6%). The interviewees exhibited a range of

characteristics associated with diversity as presented in Table 1 and discussed above. All interviewees exhibited at least one 'diversity' characteristic, with the majority disclosing several. The characteristics of the interviewees as a group are summarised here.

- **Gender**: Of those who stated a gender 18% identified as male and 82% identified as female (N=61).
- **Age**: 91.8% who provided details were aged over 21 so classified as 'mature students (N=61); nearly 80% were aged between 22 and 40 years.
- **Disability**: The majority (80%) did not have a disability, while the remaining 20% identified a range of disabilities, including a 6.7% who had combined disabilities, 3.3% with dyslexia and 3.3% identifying mental health issues (N=60).
- **Ethnicity**: The majority (75.8%) of interviewees who provided information identified themselves as White British (N=62).
- **Income**: More than 70% said that their annual family income was £25,000 or less, and a further 25% said it was between £25,001 - 42,620 (N=61).
- **First in family**: 45.8% were the first person in their family to participate in higher education (N=59).
- **State school**: 85.0% attended a state school (N=60).
- **Living with partner and/or children**: More than half (52.5%) lived with their partner and/or children (N=59), which was assumed to mean that they had a range of other responsibilities.
- **Dependent children**: 25.7% said they had dependent children (N=62).

This paper focuses on a recurring theme about how 'passion' drove research participants to enter and succeed in higher education and beyond – and how it can be used to transform access and success in higher education – and deliver diversity to the health and social care sectors. We have termed this 'persistent passion', as it was nurtured and sustained over significant periods of time.

Persistent passion drives access and supports success

> *I chose adult nursing because it is what I want to do. It's just a pure passion. I believe you should do something you enjoy in life, whatever that may be, and this is what I choose to do, and this makes me happy.*(Fiona, Nursing)

As the summary details of the research participants demonstrate, the majority of the interviewees had not simply progressed from school to higher education as a 'rite of passage' as more traditional and privileged students do, nor had they drifted in to their local institution without having made a decision as a result of a lack of alternative options (Quinn et al 2005). Rather almost all research participants were mature students, nearly half were the first in their family to attend HE, and more than half were living with a partner and/or children. In other words, the majority had made a significant decision to enter a healthcare profession via a higher education pathway, often giving up jobs and making other sacrifices to follow the path towards becoming a particular health professional:

> *I've relocated to a different area of the UK, I have left my job, which I loved, I left a fantastic lifestyle, I'm in my early 30s and I'm a student, I have no money, no social life. I've given up everything really to come and do this.***(**Yvette, Midwifery)

The interviewees revealed that entering higher education to study an NHS-funded course was frequently underpinned by a strong desire and commitment to become a health professional, as the comment from Kate at the start of this section

implies. Many of the students started with a clear commitment and passion for a specific healthcare professional role, and this motivated them to participate in higher education.

> *I want to be a midwife, and this is what you do to be a midwife so there aren't any other options. No way around it. It is just a degree, whereas you used to be able to do either a degree or a diploma. It's the job that made me decide to do the course.* (Alison, Midwifery)

Zoe however connects the passion more intimately to her own identity and happiness at a difficult time in her life:

> *I got to the point, when my husband left, I thought, 'Right, this is my time, now, to do something for me,' so I ploughed a lot into it, you know, to get this qualification so I can carry on and be a nurse.* (Zoe, Nursing)

Often the passion is ignited by a personal or professional experience. For example, both Isla and Liam had worked previously in a health care setting, which had ignited both of their passions. Isla saw that a nursing degree provided the route pursue her passion and develop her career via an HE qualification:

> *I've been working at the hospital for about three years as a health care assistant, and I just knew that I wanted to do my nursing. This was the way to progress my career.* (Isla, Nursing)

Liam reflected that his experience of working in healthcare had sparked his passion to pursue nursing. A passion for caring could also inform male participants' decisions to enter the health sector, indicating that caring and passion can motivate both genders to participate in higher education healthcare programmes:

> *I worked on a young dementia unit for a little while, a long time ago… That was what made me want to do nursing in the beginning.* (Liam, Nursing)

Lorna had come into contact with healthcare professionals, through a personal life event rather than through employment or similar encounter, but this also drove her to pursue a career in a health through HE:

> *When I had my first child I had a fantastic midwife and she was my inspiration to do it. I thought, 'What a lovely job to have.' So, that's what I did. I pursued it, I wanted to do it and I did everything I could to get the qualifications for uni. I got a bee in my bonnet and went for it.* (Lorna, Midwifery)

Similarly, a student with a long-term health condition explained how this motivated her to pursue an HE qualification with a view to a career in physiotherapy and a desire to help others:

> *Partly because of my own health, what I've been through and the interest I have because of that. I've actually had an interest in it all my life. My arthritis actually has improved, so now I'm actually able to help others and have a better understanding of what patients go through. I feel like I can help.* (Nahleejah, Physiotherapy)

While students had a strong desire to participate in healthcare programmes, they also encountered challenges and perceived barriers to entry – which will undoubtedly have proved too much for many. But for those with 'persistent passion' there is evidence of strong commitment and resourcefulness to overcome these difficulties, which our analysis categorised as academic ability, financial concerns and practical issues.The process of moving from wanting to be a health professional to entering HE was often influenced and supported by family, and sometimes friends (as Kiernan et al 2015 found too).

Once in higher education, many of the interviewees reported challenges that threatened or impinged upon their success, which is to be expected, because, as discussed above, around 40% of students consider leaving HE. Broadly these 'threats to success' can be summarised as challenges created by finance, academic learning and assessment, professional placements and other responsibilities and personal circumstances. However, across the interviews, students and graduates explained how their strong desire to be a particular healthcare professional sustained them and enabled them to overcome all of these difficulties.

For some interviewees the motivation to become a healthcare professional is purely about the work and the patients, and expressed by this student:

> *I think once you've been on placement and experienced the amazing work that midwives do, that does it for you. That becomes your determination. To provide that life-changing experience for somebody in as positive a way as possible.* (Alison, Midwifery)

However, Alison qualifies this statement to some extent, explaining that if you do not have a strong desire for your professional role you will find it difficult to undertake all that is required of you and continue your course to completion:

> *You have to be stubborn with yourself and make sure that you know you really want this. So I think if you're questioning your career choice that would make you lose the ability to continue. The women are really the people that make you carry on. That feeling of being somebody's support.* (Alison, Midwifery)

A similar desire to be a nurse is expressed by another interviewee, who despite challenges is continuing her studies:

> *I think it was just a desire to be a nurse and get on in life. That's what kept me motivated and kept me going. Sometimes it is so much easier to think, 'What on Earth am I doing? You know, it's just so hard.' I've had upsets and personality clashes, and sometimes I don't understand why people act like they do, but you just carry on. Well, I try to carry on.* (Myrtle, Nursing)

A student with disabilities explained how this makes it more difficult for her to study, but because she wants to undertake the course and become a healthcare professional she will find a way around the problems she encounters.

> *No, I can't just give up, but maybe work around it. For instance, if I can't reach a deadline for whatever reason, extend it, mitigate the circumstances, work around it. It might hold me back but I eventually go, because it is what I want to do. I will eventually get there, in the end.* (Nahleejah, Physiotherapy).

For other interviewees it was less altruistic, but perhaps the desire to become a graduate, and crucially to be a registered healthcare professional and be in a position to earn an income:

> *To know that I will be able to one day have an income again, work three days a week and not have to study on my days off. Being qualified is the only thing that's getting me through. I'm not enjoying this process at all, I just want to qualify. (*Yvette, Midwifery)

Implications for policy and practice

Interviewees were asked: "How would you increase the participation and success of people from a diverse or a non-traditional background into healthcare education and employment?" This elicited a range of responses about how higher education providers could increase participation from 'people like me'. Suggestions included more marketing and information to overcome concerns about finance and academic ability, and to promote the value of a diversity to the NHS workforce, and the provision of alternative entry routes for those who lack the relevant academic entry qualifications. But crucially these suggestions were prefaced by the importance of reaching potential students who have an existing or latent interest in - and passion for - being a healthcare professional. Thus, widening access interventions ought to explicitly tap into and develop existing desire and commitment, and nurture passion. This may for example involve reaching people who have experience in the health and social care sector, either personally or professionally:

> *Outreach, going out to organisations or going out to specific areas where the population is poor in terms of uptake of universities, wanting to get people to come to the university to have a look at what they can do, pushing that out into different areas, going into care homes, going into hospitals, setting up stalls, promoting university and dispelling myths in the workplace, really.* (Adam, Nursing)

Alternatively, the aim of outreach interventions should be, as Lorna said, to 'give people the bug for it', by helping people to develop the passion for working in the health and social care sector. For example, Mary suggested providing more opportunities to experience the health and social care sector:

> *I would also create more work experience opportunities or taster days for young people or whoever wants to do it. (*Mary, Midwifery)

Thus, in summary, widening access interventions should seek to tap into existing passion and give people the bug for working in the health and social care sectors, whilst also nurturing this passion by overcoming fears and challenges through the provision of more information about issues such as finance and alternative entry routes, and supporting potential students to move towards realising their passion:

> *Even if it's not quite a straightforward plan, let them work towards what their ultimate goal is. Support them, be there for them when they need help and advice because if you feel lost, you can get to a point where you feel so lost, you don't even know how to ask for help.* (Summer, Speech and Language Therapy)

The aim should be to reach those with a desire to be a healthcare professional, and provide opportunities and encouragement to experience healthcare practice before embarking on a demanding course and lifestyle change. This however is challenging, especially for young students (i.e. under the age of eighteen) due to the requirement for Disclosure and Barring Service (DBS) checks designed to identify people unsuitable for certain types of work, including working with children and vulnerable adults. Formal experience in a care setting before entering training was recommended in the Francis Report (2013), a public inquiry into serious failures in care at the Mid-Staffordshire NHS Foundation Trust; however, it was not implemented across the board due to these and challenges. This study however suggests that employers and higher education providers should look again at how they can provide opportunities for potential students

to gain real-world experience, as well as how they can reach those who already have a personal or professional connection with the health and social care sector – this will both ignite passion and reinforce the determination of students to overcome the challenges they may well encounter.

In terms of success in higher education, interviewees were clear that the course was challenging in terms of financial issues, academic requirements, the placement experiences and the practicalities of getting through all of this juggling finance, study deadlines, placement travelling and shifts, childcare and other responsibilities and personal circumstances. Through the discussion of their experiences and success a number of factors that helped students from diverse backgrounds to be successful in higher education were identified: the importance of their desire and determination to become a particular healthcare professional and the associated benefits, personal determination, self-belief and wanting to prove 'doubters' wrong or not wanting to let people down, and the positive benefits for their families, and support from the institution. Family, friends and peers were named as important in terms of the emotional support and practical assistance they offered in overcoming many of the challenges and low spots encountered. In terms of institutional support, academic staff was the group within the institution that were most often commented upon – as these are the ones students would have most frequent contact with (see also Kiernan et al 2015). Thus, while the literature places emphasis on the provision of support to overcome academic challenges and other problem encountered, students tended to draw on individuals and groups more explicitly located within their experience: themselves, their friends and families and their teaching staff. This links to research about student retention and success in a wide range of disciplines (Thomas 2012) which identifies the importance of the passion (an HE experience that is relevant to current interests and

future goals); individual capacity to persist and succeed (developing knowledge, confidence and identity as a successful HE learner); and support from peers and staff (through supportive peer relations and meaningful interaction between staff and students). Thus, like Kiernan et al (2015) the prescription is not for special measures for non-traditional students to overcome their so-called deficits, but rather: "Basic common sense and good management of [nursing] courses will help ensure that this motivated group of people achieve their goals with minimum hardship or difficulties" (p1089).

The study reported here has demonstrated that these students have persistent passion that needs to be harnessed to enable them to both access HE and to be successful within HE by drawing on their personal qualities, and the support of families, friends and teaching staff. And, we argue, this passion and commitment will be a significant asset to the NHS or other health and social care organisations they work for. Although how these students and graduates are recruited, retained and promoted in the workplace is beyond the scope of this paper, the interviewees were, on the whole optimistic that their diversity would either serve them well in the workplace, or at least not create any additional barriers to success. This presents another context in which the 'persistent passion' of newly qualified healthcare professional needs to be recognised, validated and nurtured – rather than ignored, exploited and eroded. This is vital in recognising that a significant avenue to greater economic rewards and social mobility, making it of vital importance to those groups on the bottom of the socioeconomic ladder of society (Abuu-Saad).

References

Abu-Saad I. (2016) 'Access to higher education and its socio-economic impact among Bedouin Arabs in Southern Israel', International Journal of Educational Research, 76: 96–103

Allison D. G. (2013) Innovative Practice. Putting Undergraduate Admissions into Context: A Case Study. *Widening Participation and Lifelong Learning,* 15**,** 77-82.

Cuthill M. & Jansen D. (2013) Initial results from a longitudinal impact study focusing on a higher education 'widening participation' program in Australia. *Widening Participation and Lifelong Learning,* 15**,** 7-21.

Delucas AC (2014) Foreign Nurse recruitment: global risk. *Nursing Ethics* 21(1): 76-85. doi: 10.1177/0969733013486798

Department for Business, Innovation and Skills (2014) *National Strategy for access and student success in higher education*. London: Department for Business, Innovation and Skills.

Department of Health (2010) *Widening participation in pre-registration nursing programmes*. http://tinyurl.com/gvv5u9b

Duckworth, V. (2013) Learning Trajectories, Violence and Empowerment amongst Adult Basic Skills Learners. Oxon: Routledge.

Glasper A. (2010) Widening participation in pre-registration nursing. *British Journal of Nursing,* 19**,** 924-925.

Gopee, N, & Deane, M 2013, 'Strategies for successful academic writing — Institutional and non-institutional support for students', *Nurse Education Today*, 33, pp. 1624-1631.

Greenwood N., May S., Lissouba P. & Bithell C. (2007) Widening participation: accessing careers in the allied health professions. *International Journal of Therapy and Rehabilitation,* 14**,** 494-501.

Hammond J. A., Lewis K., White H. & Bowman D. (2011/2012) Adjusting the academy: developing an adjusted entrance criteria scheme in a specialist healthcare and bioscience higher education institution. *Widening Participation and Lifelong Learning,* 13**,** 45-59.

Hamshire C., Willgoss T. & Wibberley C. (2012/2013) Mind the gaps – Health Professions students' views of support systems. *Widening Participation and Lifelong Learning*, 14**,** 108-12

Harris, R, Ooms, A, Grant, R, Marshall-Lucette, S, Chu, C, Sayer, J, & Burke, L 2013, 'Equality of employment opportunities for nurses at the point of qualification: An exploratory study', *International Journal Of Nursing Studies*, 50, pp. 303-313.

Health Education England (HEE) (2014) Widening Participation it matters! Our strategy and initial action plan. London: HEE

Heaslip, V., Board, M., Duckworth, V. and Thomas, L. (unpublished) *Widening participation in nurse education*: An integrative literature review. Bournemouth: Bournemouth University

Higher Education Funding Council for England (HEFCE) 2005 *Young Participation in Higher Education*. Bristol: HEFCE, available from http://webarchive.nationalarchives.gov.uk/20100202100434/http:/www.hefce.ac.uk/pubs/hefce/2005/05_03/.

Jenkins, A. and Healey, M. (2009) Developing the student as a researcher through the curriculum, in Rust, C. (ed) *Improving student learning through the curriculum*.

Jones, R. and Thomas, L. (2005) The 2003 UK Government Higher Education White Paper: A critical assessment of its implications for the access and widening participation agenda, Journal of Education Policy, 20 (5), pp.615-630.

Oxford: Oxford Centre for Staff and Learning Development, Oxford Brookes University

Jinks AM, Richardson K, Jones C, Kirton JA (2014) Issues concerning recruitment, retention and attrition of student nurses in the 1950/60s: A comparative study. *Nurse Educ Pract* 14(6): 641-47. doi: 10.1016/j. nepr.2014.07.002

Kaehne A, Madden M,Thomas L, Brown J, Roe B (2014) Literature Review on approaches and impact of interventions to facilitate widening participation in healthcare programmes. Health Education North West, EPRC, Edge Hill University. http://tinyurl.com/jldlxtu

Kendall-Raynor, P. (2008) Failing to act on equality could destroy us, warns NHS chief, *Nursing Standard*, October 29, vol 23 no 8,p 11

Kiernan, M, Proud, C, & Jackson, S 2015, 'The juggling act: Do student nurses who care for dependants need an adapted course? An applied policy research study', *Nurse Education Today*, 35, pp. 1085-1090.

Kline, R. (2014) *The "snowy white peaks" of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England*. Hendon: Middlesex University

McKendry S, Wright M, Stevenson K (2014) Why here and why stay? Students' voices on the retention strategies of a widening participation university. *Nurse Education Today* 34(5): 872–7. doi: 10.1016/j.nedt.2013.09.009

Miles, M., Huberman, M. and Saldana, J. (2014) *Qualitative Data Analysis: A Methods Sourcebook*. London, Sage. Third edition.

O'Driscoll M. F., Smith P. A. & Magnusson C. M. (2009) Evaluation of a part-time adult diploma nursing programme -- 'tailor-made' provision? *Nurse Education Today,* 29**,** 208-216.

Rhodes-Martin S. & Munro W. (2010) Literacy and numeracy for pre-registration nursing programmes: An innovative way to widen access to nursing programmes for students without formal qualifications by enabling them to give evidence of their literacy and numeracy skills. *Nurse Education Today,* 30**,** 321-326.

Royal College of Nursing (2008) *Nursing our future. An RCN study into the challenges facing today's nursing students in the UK.* London: RCN

Thomas, L. (2017) What Works: supporting student success: strategies for institutional changehttps://www.heacademy.ac.uk/knowledge-hub/supporting-student-success-strategies-institutional-change

Thomas, L. (2012) *Building student engagement and belonging at a time of change in higher education*. London: Paul Hamlyn Foundation

Thomas, L., Lander, V., Duckworth, V., Allan, D., Kaehne, A., Birken, G., Moreton, R. and Rodríguez-Cuadrado, S. (forthcoming) *NHS funded healthcare education programmes: Building the evidence for supporting widening participation*: Final Report. London: HEE

Universities UK (2016) *Working in partnership: enabling social mobility in higher education – the final report of the Social Mobility Advisory Group*. London: Universities UK http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/working-in-partnership-enabling-social-mobility-in-higher-education.aspx

Watson J. (2005) Supporting Success in Diverse Student Populations. *British Journal of Occupational Therapy*, 68**,** 34-38.