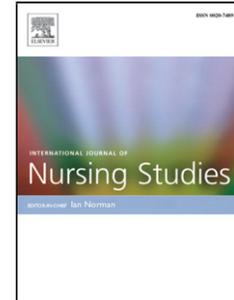


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Title: Spotlight on equality of employment opportunities: A qualitative study of job seeking experiences of graduating nurses and physiotherapists from black and minority ethnic backgrounds

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Title page:**Spotlight on equality of employment opportunities: a qualitative study of job seeking experiences of graduating nurses and physiotherapists from black and minority ethnic backgrounds****Authors:**

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ABSTRACT

Background: There is growing attention in the UK and internationally to the representation of black and minority ethnic groups in healthcare education and the workplace. Although the NHS workforce is very diverse, ethnic minorities are unevenly spread across occupations, and considerably underrepresented in senior positions. Previous research has highlighted that this inequality also exists at junior levels with newly qualified nurses from non-White/British ethnic groups being less likely to get a job at graduation than their White/British colleagues. Although there is better national data on the scale of inequalities in the healthcare workforce, there is a gap in our understanding about the experience of job seeking, and the factors that influence disadvantage in nursing and other professions such as physiotherapy.

Aim: This qualitative study seeks to fill that gap and explores the experience of student nurses (n=12) and physiotherapists (n=6) throughout their education and during the first 6-months post qualification to identify key experiences and milestones relating to successful employment particularly focusing on the perspectives from different ethnic groups.

Participants: Participants were purposively sampled from one university to ensure diversity in ethnic group, age and gender.

Methods: Using a phenomenological approach, in-depth semi-structured interviews were

conducted at course completion and 6 months later.

Results: Two main themes were identified. The **'proactive self'** (*'It's up to me'*) theme included perceptions of employment success being due to student proactivity and resilience; qualities valued by employers. The second theme described the need to **'fit in'** with organisational culture. Graduates described accommodating strategies where they modified aspects of their identity (clothing, cultural markers) to fit in. At one extreme, rather than fitting in, participants from minority ethnic backgrounds avoided applying to certain hospitals due to perceptions of discriminatory cultures, *'I wouldn't apply there 'cos you know, it's not really an ethnic hospital'*. In contrast, some participants recognised that other graduates (usually white) did not need to change and aspects of their identity brought unsolicited rewards *'if your face fits then the barriers are reduced'*.

Conclusions: The findings indicate that success in getting work is perceived as determined by individual factors, and fitting in is enabled by strategies adopted by the individual rather than the workplace. Demands for change are more acute for graduates from black and minority ethnic backgrounds. This is an issue for healthcare organisations seeking to be inclusive and challenges employers and educators to acknowledge inequalities and take action to address them.

Keywords: *ethnicity; employability; nurses; physiotherapists; job seeking activities; equality of employment*

INTRODUCTION

Racial equality remains a key global concern. Efforts to address race equality have not achieved what was hoped for. In the USA progress towards equality has been reported as “essentially halted” (Reeves, 2016) and in the UK as “patchy and stuttering” (Equality and Human Rights Commission, 2016, p. 5). The evidence of systemic inequalities and institutional disadvantage across education and health is not new and therefore the case for action is even more compelling. The context of national education and employment policy has a strong influence on inequality, for example, in the USA (National Advisory Council on Nurse Education and Practice, 2013), Canada (Vukic, 2012) and Europe (Demireva, 2009). Therefore, in this paper we focus on the UK health system within which the study was undertaken as an example of the complex interplay of factors that influence the experiences of new healthcare graduates. However, we contend that the challenges experienced in the UK will be very similar and have resonance internationally in developed world health care contexts.

There is growing and accumulative body of knowledge that even after controlling for a variety of factors such as social class, secondary education, students from Black and Minority Ethnic (BME) backgrounds significantly trail behind their white counterparts. They perform below the sector benchmark for degree attainment and are less successful in securing further employment and

graduate employment (Higher Education Funding Council for England (HEFCE), 2013 and 2015). Universities in the UK have been making significant progress towards a wider access to higher education that have given opportunities to a large number of individuals who have the aspiration and expectation of studying for a healthcare degree. With growing numbers of students entering higher education from variety of backgrounds, Thomas and Jones (2007) suggest that the disadvantage has shifted from 'admissions' to 'employment'. A study undertaken previously by the authors demonstrates that this may be the case in nursing. Our earlier research investigated the factors that influenced success in gaining a job for nurses at the point of graduation and demonstrated for the first time that ethnicity was a significant predictor for successful employment (Harris *et al.*, 2013; Marshall-Lucette and Chu, 2013). Furthermore, ethnicity was also a significant predictor of confidence and preparedness for job seeking. Newly qualified nurses from non-White/British ethnic groups were less likely to get a job and feel confident about and prepared for job seeking. However, the study did not address the reasons for the inequalities, which is why we undertook the exploratory study reported here. We wanted to better understand the social and personal conditions that influence how newly qualified nurses look for work as well as the barriers they may confront in doing so. We were keen to understand, not just nurses' job seeking behaviour, but to include other healthcare professional groups. We decided on physiotherapy because it is known to be less diverse than nursing and because when we began this study in 2013, employment prospects for physiotherapists in the UK had become increasingly challenging. This was due to economic downturn and also because numbers of students had almost doubled to meet workforce demand in the previous decade (Department of Health, 2000) with no increase in job opportunities. Indeed, the Higher Education Statistics Agency (2013) indicated 80% of physiotherapy graduates were in paid employment six months after graduating, where historically this had been more than 95%. Therefore an increased inequality was potentially created in this competitive environment.

As the study progressed, there were a number of factors influencing employment in the healthcare context. For instance in response to the Francis Inquiry (Francis, 2013), health care organisations in the UK have now increased nursing staffing levels, generally through greater spending on temporary staff (Lafond *et al.*, 2016). This may have offered more choice and opportunity of employment for new graduates. In addition, in 2015 the UK National Health Service (NHS)¹ Work Race Equality Standard (WRES) (Coghill, 2014; NHS England, 2015) was introduced to address concerns about widespread systematic discrimination experienced by black and minority ethnic staff in the UK (West *et al.*, 2011; Public World Ltd., 2016). This standard required organisations to demonstrate progress against a number of indicators of workforce equality e.g. percentage of BME

¹ The UK National Health Service (NHS) is a publicly funded national healthcare system for England, Scotland, Wales and Northern Ireland. It is funded primarily through taxation and available free at the point of delivery to UK residents.

staff in senior pay bands, relative likelihood of BME staff being appointed to posts following shortlisting compared to white staff. If we are to effect any change, it is important to use statistics to drive improvement in institutional practice. But statistics are not enough on their own and we need to increase our understanding of the job seeking experiences of new graduates from BME backgrounds, particularly as they navigate the pathway between universities and health service employers.

We searched Medline, Cinahl, Embase, PsycINFO for relevant literature exploring the equality of employment opportunities among newly qualified healthcare professionals using the following key terms: employment opportunities; employability; nurses; physiotherapists; healthcare professionals; ethnic minority; BME; experiences; job seeking; higher education. Other than our previous research with nursing graduates, we found no additional empirical work that addressed factors influencing employment opportunities of newly qualified health professionals. There was research that demonstrated applicants from ethnic minority backgrounds are disadvantaged in NHS staff recruitment (e.g. Cattle *et al.*, 2013, Public World Ltd., 2013, Jaques, 2013). In nursing specifically, despite a long history of recruiting nurses from overseas to contribute to the NHS workforce initially from Commonwealth countries in the 1950s and more recently from Europe, India, the Philippines and Sub-Saharan Africa in 2000s evidence of disadvantage and discrimination persists for internationally recruited nurses (Alexis *et al.*, 2007, Scammell and Olumide, 2012). While the experience of qualified nurses from ethnic minority groups recruited from overseas may be different from new graduate nurses from ethnic minority groups who undertook their education in the UK it does demonstrate long standing culture of inequality, disadvantage and lack of opportunity prevalent in the NHS and the limited impact of investment to promote equal opportunities in the labour market (Ross, 2013). The literature on physiotherapy focuses on pre-entry recruitment and selection and widening participation (Mason and Sparkes, 2002; Greenwood and Bithell, 2005; Hammond *et al.*, 2012) and some have demonstrated areas of inequality in attainment and success (Kell, 2006; Hammond, 2009; Naylor *et al.*, 2014; Williams *et al.*, 2015). In terms of graduate employment, Jones *et al.* (2010) found that students in their final year felt unprepared for employment and could not identify transferable skills required by potential employers but the influence of ethnicity was not explored.

The evidence suggests that despite the ongoing and significant shortages in health care and the nursing workforce (Royal College of Nursing 2015) and the success of universities in promoting widening participation and encouraging social mobility, newly qualified from black and minority ethnic groups may face barriers and discrimination in seeking employment. We argue that alongside the social justice issues this is a very worrying waste of talent. To contribute to understanding of these inequalities this research explores in depth the job seeking behaviour and experience of new graduates from professional courses in nursing and physiotherapy from a

higher education provider with a reputation for widening participation seeking jobs with employers from the local health economy in London. The aims of this study are to explore the experiences of newly qualified nurses and physiotherapists from recruitment to their course to up to six months post-qualification to identify factors, situations and people that influence their behaviours in preparing for and seeking their first job, and to identify if there are any variations related to ethnic background.

METHODS

A qualitative study approach was used with an interpretive dimension (Finlay, 2011), focusing on the participants' experiences and perspectives, in terms of their personal, individual meanings and influencing factors during that first job-seeking journey. Thus, adopting a Heideggerian (1889-1976) stance of interpretative phenomenology, which moves towards a contextual interpretation of understanding, from which meaning is derived (Finlay, 2011). Such an approach helped us in our attempt of unravelling the hidden meanings (Grbich, 2013) behind the participants' job seeking trajectory.

Study sample

Recently graduated nurses and physiotherapists were invited to participate in the study. They were all trained in a large London university with a strong record in widening participation. This university was formerly a polytechnic institution which was awarded university status through the UK Further and Higher Education Act 1992. We recognised that conducting the interviews prior to completion of all coursework might inhibit frank discussion as participants may believe participating in the study will influence their results, therefore graduates were only approached to interview once they had successfully completed their course and were eligible to register with the relevant professional regulatory and statutory body. Following a presentation about the study to all students, details from the records of students who indicated a willingness to be included as a participant were accessed to facilitate purposive sampling (Denzin and Lincoln, 1998) including participants from the main ethnic groups i.e. White British, White Other, Black African, Black Caribbean, Asian, and Mixed Other (Nursing Midwifery Council, 2012). Therefore graduates identified from some ethnic groups were approached a second time by a member of the project team who had more direct involvement with the cohorts (physiotherapy - JH or nursing - SML). Eighteen graduates (twelve nursing and six physiotherapy) agreed to participate. Details of the demographic characteristics of the sample are provided in Table 1. There were no volunteers from a Black Caribbean background. All physiotherapy and ten nursing graduates completed a degree course (with six of these undertaking an extra six months Diploma 'top-up' course to obtain a

degree) and two nursing participants completed a diploma². Other factors were also taken into consideration in the sample selection e.g. age, gender, branch of nursing (for nurses) and entry qualifications to ensure that sample was not over-represented by a particular group.

Data Collection method

The selected sample were contacted by email or phone according to their preference. They were given information about the study, including the role of the researchers, and the opportunity to ask questions. If they consented to participate, a semi-structured face-to-face interview was arranged in a private room in the university, or location convenient to the participant, following the completion of their course. The participants were invited to a further follow-up interview at between three and six months post-qualification / respective course completion. Follow-up interviews were conducted in a format and place that suited the participant, and several were conducted by audio or video call using internet technology. All participants continued in the study to follow-up. Each face-to-face interview lasted approximately 1 hour and follow up interviews were between 15-30 minutes. The study was approved by the university Faculty of Health, Social Care and Education Research Ethics Committee.

Face to face, audio recorded, semi-structured interviews were conducted by a female researcher (SML) from a 'Mixed other' background and experienced in qualitative research. Each interview used a biographical approach and participants were asked to talk about key events in their education from the time they decided to apply for nursing or physiotherapy until the day of the interview (Wengraf, 2001). A topic guide (Appendix 1) of key events was developed by the research team based on the known course plan for nursing and physiotherapy. Participants were prompted to consider key issues about preparation for employment e.g. when they received lectures/tutorials about career development, how they were supported and by whom, advice from clinical mentors/practice educators or academic staff about job application, invitations for clinical placements to consider returning to clinical settings after qualification, when did they start applying for jobs, did they seek any individual advice and their experience of job interviews. This biographical approach was selected to capture the diversity of life experiences and perspectives. The follow up semi-structured interview explored the graduates' experiences of the job seeking and transition into employment processes. All data was transcribed verbatim and field notes were used to assist in verification of data, and transcripts were not returned to participants.

Analytical strategy

² 2013 was the first all degree entry for nursing, so the students in this study are one of the last groups to be eligible to complete the Diploma in Nursing.

A dynamic, iterative Interpretive Phenomenological Analysis (IPA) process (Smith *et al.*, 1999) was adapted to structure the meanings emerging from the participants' narratives. IPA examines how people make sense of an experience that is meaningful and significant for them (Smith and Firth, 2011). This approach was considered necessary to address the employment opportunities within a specific timeframe and the understanding of important factors that had potentially influenced the participants' job seeking behaviours.

All the transcripts were read several times by one researcher (SML) and transcripts were divided amongst the other four researchers (ND, RH, JH and FR), with a mix of professional disciplines and genders and having some (JH, SML) or no direct involvement (RH, ND and FR) in teaching. An agreed process was followed by each researcher independently. This iterative process involved identifying significant data from the transcripts by highlighting words, phrases and/ or sentences, and coding them according to their potential relevance to the research aims (Miles and Huberman, 2013). Any identified similarities and recurrent texts found were organised and grouped into preliminary themes that were further translated as concepts and/ or constructs (Thorne, 2000), that best captured the meaning of the participants job seeking experiences. This inductive process was performed for individual participants including data from first and second interviews to ensure temporal aspects of the analysis were considered holistically. The next stage considered the participant transcripts together as a group of nurses and/or physiotherapists to consider similarities and differences. Following discussion and agreement, one of us (SML) compiled these into a working document of agreed codes and preliminary themes. Following several iterations through team discussion and revisiting the transcripts to verify, challenge and modify, the final themes were agreed.

RESULTS

The qualitative findings are presented against a background of data collected on number of jobs applied for and outcomes. In terms of job seeking, Table 2 illustrates the nursing and physiotherapy graduates self-report of the total number of jobs applied for and the number of times they were rejected prior to interview, or after, and whether they were offered a job and at what time post qualification. This provides a context for understanding the experiences of the new graduates.

Emerging from the data, are two major themes. The first theme "proactive self" relates to self-determination factors for job seeking behaviours, and a second theme "fitting into the culture" illustrates strategies required to facilitate the transition to employment.

Theme 1: The Proactive Self

The first theme emerging from the data, indicates that perceptions of success in getting a job are due to individual's proactivity and resilience. Although these factors were recognised as important, some participants felt isolated during this process. Elements of this theme will be further discussed below.

It's up to me

Participants largely talked about strategies that were about an internal locus of control "*It's up to me*" (02N, 05N, 03P) and that they did not wish to rely on others in preparing for, seeking and then in the interview. While the participants indicated their internal resource as the greatest, making use of other resources at point of graduation was also emphasised. For instance, the physiotherapy graduates relied more on a peer facebook network and suggested lecturers were still a helpful contact but recognised their peers were "*getting on with it*" (03P). In contrast, the nursing graduates used more face to face strategies, normally meeting in small groups to prepare for interview. However, both groups did not feel they should rely on family and friends for support because of the desire to be independent. Their view of making use of resources is very much up to them as one of the nurses indicated: "*It's all there, go and get it*" (01N). The emphasis is on internal, independent self: "*If I want something, I go and research it*" (03N).

In relation to this sub-theme of '*it's up to me*', most participants were aware of the support provided by the university course team, such as interview preparation. Many suggested that they were happy with what was offered, but with hindsight they did not see the value of the support at the time and wished they had made greater use of it. However there was a general sense that it was not the university's responsibility as one of the participants declared:

"Lecturers don't know exactly what goes on in the interview.... They (newly qualified healthcare professionals) need to have knowledge of what the interview is like" (10N).

Therefore to counter this, the participants suggested that clinicians in hospital trusts should do more to help with applying for and transition to a new job and give clearer expectations of clinical requirements.

Preparedness & self-directed

Some strategies were about preparation and being self-directed – leading to a sense that "*you had to figure it out for yourself*" (03P). For the physiotherapy participants, the wider picture of the reality of job seeking activities was influenced by what they perceived as the competitive job market with one participant suggesting: "*Don't put all your eggs in one basket*" (03P) and also another stating that there is "*not enough time to prepare a good Trust specific application*" (05P) because the job application deadline is rather short at times. Other examples of participant's reflections on preparation being self-directed include: "*If I ask, I then do it myself*" (03N). Another suggested:

"I had to go there... Just to get an idea of what they do so that I can get prepared for the job".... You wouldn't get a job unless you're proactive, yes, yes very proactive, you had to..." (12N).

The need for self-direction was reiterated overall, by the following examples of both nurses and physiotherapists: one needs to *"get on with it"* (05N), to *"figure it out"* (03P) and use *"buzzwords"* (04P) to make sure you get in there. There was also an increase of confidence by doing it independently, namely by themselves and for themselves. *"It's down to you"* (06N). Despite securing a job at his first interview, one of the nurse graduates illustrates the desire for preparedness by claiming: *"I wanted to go for more (interviews) to see what it's like"* (06N).

Bouncing back

The participants talked of several strategies which demonstrated a certain level of resilience. Despite reporting several interviews and rejections, a number of participants described how they bounced back and applied again and again. Importantly, this was not necessarily seen with resentment by the participants but part of the process. For example, of the nurse graduates asserted: *"When they said I didn't do well in the interview, then I just got some interview tips online which I have to pay for"* (08N). Similarly, a physiotherapy graduate pointed out *"despite set back, I never thought of giving up"* (02P) and another one described resilience as: *"It feels like I've to take one step back in order to go forward"* (06P) and another one advised *"Persevere, be patient, keep on working, trying"* (05P). There was also an instance where resilience was not only perceived while job seeking but was deemed a necessary quality throughout their course. A nurse participant stated that she *"wanted to quit"* (09N) due to a racist remark made by an employee on her clinical placement. She recalled what the employee said: *"I find it difficult to work with Africans.... Black people"* (09N) and discussed how this made her question whether she belonged in the profession. Nevertheless, she persisted and describes that she is glad she didn't quit as she managed to eventually find a job.

Isolation and inadequacy

Whilst the participants have internalised the concept of being self-directed, independent and proactive which may be perceived positively, such strategies didn't always come without risks. Isolation and loneliness were perceived feelings expressed by some of the participants during the period of job-seeking, applying and attending interviews. One participant reflected on this period: *"everyone just doing their own thing; just got on with things. You can't just be waiting for people to approach you"* (03P). Some participants also expressed feelings of inadequacy *"to join into the team"* (03P) particularly during their final year clinical placements. The participants did not identify this as a fault of the programme in preparing them adequately, but perceived this as an individual inadequacy. One participant, who entered the course directly from school, compared himself to other students who had prior experience of working in healthcare to highlight that he felt at a

disadvantage and was still in need of development at the point of graduation. He states he was "not ready" and goes on to say that he was:

"very lucky to get a band 4 (physiotherapy technician, not a qualified post), on rotation and gaining necessary experience along the way" (05P).

Theme 2: Fitting into the culture

The second theme that arises from the data is a perception that in order to get into a job, an individual must 'fit in' to the culture of the organisation. The organisation was perceived at a macro level (e.g. the NHS more broadly) through to a local level (e.g. hospital, department, ward or clinic). In response to this notion of the need to 'fit in', some participants describe avoidance or resistance strategies "don't apply there as won't get the job anyway" (12N) due to perceptions of discriminatory cultures. Alternatively, accommodating strategies were described "needing to modify self to fit in" (04N), which are different to the few situations where participants recognised that other students (usually white) did not need to change and that aspects of their identity brought unsolicited rewards 'if your face fits then the barriers are reduced' (04N). The following section discusses this theme based on the chronological order of events including the period of pre-job application, to the selection and interview process, and on starting work, mostly taken from the six month follow up data.

Pre-job application

There are some differences between physiotherapy and nursing graduates during the period prior to applying for jobs. Nurses were more likely to recognise *cultural wards, hospitals etc.* – where different cultural groups 'would not apply' for a job because one would not 'stand a chance, anyway'. These pre-conceived ideas about some wards, hospitals or departments are clearly expressed by the following participants from minority ethnic groups:

"...you have to struggle to get a job down there (a specialist area) for me I wouldn't even go there now because I know I won't be recruited anyway" (12N).

"When I was a student someone told me, I wouldn't apply there 'cos you know, it's not really an ethnic hospital, you wouldn't fit in after a little while" (05N).

Another participant states how she perceives healthcare practice and particularly nursing based on ethnic and cultural backgrounds:

"I think there are ethnic groups that work in specific nursing areas.....A lot of Filipino nurses in ICU; Irish nurses in emergency care; white British in sexual health; Indian nurses in outpatients..." (01N).

Others indicate how this might lead to barriers and strategies of only applying where it will be perceived more likely to fit in based on culture such as: "I think people do apply for jobs where they are more likely to fit in... That's where you start off" (05N) and a notion that it is important to apply:

“where there are more ethnic minority (groups) because we feel that is where we will be comfortable but also the issue of understanding. Irish nurses say the same thing. Culture before people... So it does bring a lot of barriers” (07N)

On the other hand, although the physiotherapy graduates recognised particular areas as being less understanding of certain ethnic groups, most described it was necessary to apply wherever they can with the hope that they might be successful and more likely to be able to deal with problem if it arose later. There was one exception, where one participant (06P) stated that they were unlikely to apply for work due to the NHS culture which was less accepting of Muslim cultures.

Job Interview

In terms of attempting to 'fit in' and be more accepted at the interview some of the participants talked of strategies where there was a need to consciously accommodate to the perceived bias. One of the nursing graduates had discussions with her husband about *“not wearing a headscarf to interviews’ and ‘not showing (her) passport”* (04N), because her Muslim culture and place of birth might lead to bias at interview. Since she was determined to secure a job this particular nurse went ahead with this decision despite of such an action leading to some discomfort for her, which was in contrast to feeling accepted during her studies.

Some participants from both groups of healthcare professionals spoke about having to be flexible and move away from familiar environments. This was generally seen as a necessary and unproblematic strategy: *“you should cast your net a bit wider, not just look for jobs in London”* (08N). Some participants also perceive these areas as more *“accepting of diversity”* (06P).

In contrast some participants, mostly from a 'white' self-declared background, described situations where they perceived they were treated favourably and there was less need to make any accommodation. They talked of situations where *‘If your face fits’*, the barriers are reduced. In one example, a student recalled being invited to apply for a job by a manager, despite the fact that she did not have the six months experience requested on the job description (01N). And another nursing participant describes how geographical recognition of her accent seemed to be a factor: *“...but this was different, we could really understand each other, may be just the culture that I’ve come to understand better”* (03N). The nurse here explained that she was from Surrey (a southern England county) but interviewed in Northern England by a manager who she assumed as white British from her own county and a white South African care lead.

Overall, although the interview process and practices were variable, this was not perceived as problematic by the participants interviewed. There is only one example, worth noting, in which a participant talks of an observation where all the nurses recruited were white, when previously they

had recognised that it had been predominantly black. She perceived this change was done in order to re-balance the ethnic mix “...the ward is kind of covered [sic] with Black people... Anyway, it was because maybe they are trying to balance (the ethnic mix)” (012N). Although not known whether this was an active strategy employed by the Hospital Trust, this was perceived by the participant “to make it more balanced” (012N).

Post-qualification: Starting work

The participants also talk of ethnicity and cultural challenges to ‘fitting in’ at the point of starting work. Predominantly the participants discussed difficulties their peers faced and strategies they had used to ‘fit in’, but regularly denied any problems for themselves. Again there are differences here. Among the physiotherapists interviewed, most struggled to identify that ethnicity was an issue at all and therefore almost always conceded it as “it might be”, “not in my case”, “not aware of it” (01P). The physiotherapy graduates commonly expressed surprise when asked whether ethnicity might have been an issue for them, and on one occasion the question had to be repeated three times before a response of uncertainty was given (03P). However, as previously discussed, one participant (06P) was an exception and identified incidents where she felt her Muslim background had specifically limited her ability to ‘fit in’.

Similarly most nurse graduates (white and BME groups) struggled to recognise ethnicity as issues for themselves, and they were more likely to perceive ethnicity as an issue for their peers or others: “it’s ongoing, can’t put my finger on it. It’s only when something is said and you reflect on it” (09N). One nurse participant observed that despite students being assessed as competent on placement, they may not be offered the same opportunity to apply for a job if they are from black ethnic backgrounds:

“there are even others [nurses of black ethnic backgrounds] who had placement on that ward, but they will not take her, even though they find her to be competent, they will not take her but they will take another person” (11N).

However, the participants point out that disadvantage might arise from other factors rather than ethnicity. They highlight aspects such as age and not speaking English as a first language might be more significant problems. For instance, participants who are younger (21 years old [03P]) or older (50yrs old [010N]) relate to the challenges they face in the workplace as a result of their age rather than ethnicity.

DISCUSSION

Although the sample in this study is small and from one institution the findings may illustrate a wider picture. For instance, most of the participants gained employment as nurses (8 out of 12) or physiotherapists (5 out of 6) at six months follow up and this broadly reflects national graduate employability data (HESA 2013). Although we have taken the qualitative data as a whole, we

recognise the sample is heterogeneous and caution should be taken to compare and contrast between ethnic groups. Furthermore we did not examine intersectionality between other factors such as social class, gender or previous educational backgrounds. Nevertheless the overlay of ethnicity increases complexity and the potential for disadvantage on the graduate experience of job seeking and the findings from this study help to shape future questions for research and design interventions to better support newly qualified staff into employment.

The literature on race and inequality is extensive and frequently contested. Three broad theoretical perspectives have been identified (Conyers, 2002): deficiency, bias and structural discrimination theories. Deficiency theories propose that racial inequalities are due to some deficiency within the ethnic groups themselves e.g. biological/hereditary, in group structure or cultural values/traits. Bias theories propose that racial inequalities result from the biases and prejudices, conscious or unconscious, held by the dominant ethnic group. Structural theories propose that racial inequality is explained by the structure of society e.g. social class, economic status and educational provision. These theoretical perspectives have been helpful in considering the themes identified in the findings and in the interpreting the findings in the wider context of what is known about race inequality. Furthermore, this structure facilitates our understanding of the implications of the findings to other international healthcare contexts.

The findings of the study do not reflect deficiency theories (Conyers, 2002). Although these new graduates talked of areas they needed to develop, they perceived these addressed individual needs rather than inadequacies that were as a result of group membership. Those who were successful in securing employment near to graduation presented proactive characteristics and self-direction. From an educator's perspective, a significant aim of undergraduate study is to develop independent learning, foster resilience and to develop self-efficacy (Zimmerman 2002). The downside of this is that in adopting independent strategies, some graduates may become isolated, particularly those without a wide network of support including family and friends or the luxury of having flexible access to resources. It is sometimes assumed that students from minority groups are more likely to engage in paid employment but research by Phillips et al. (2011) demonstrates that 90% of all students work during their course. However other research suggests students from BME backgrounds have lower levels of engagement with academic staff (Neves and Hilman, 2017) and are less likely to engage in wider university support and unpaid extracurricular activities (Burke and Hayton, 2011; Stuart et al., 2009), which reflects the responses of the participants in our study. Even when these activities are embedded within curricula, they are either not recognised or not prioritised.

Another interesting perspective is that the graduates perceive that employers/clinicians are primarily responsible for supporting the move into employment rather than tutors/ academic

colleagues. Derived from their experiences on clinical placements, graduates suggest clinicians will have a better understanding of the expectations for employment. This is in contrast to the current provision of support throughout these courses, where strategies to address graduate employability are focused on extra-curricular activities within the university to improve CV writing, interview preparation etc. In response to performance in league tables (e.g. DLHE), the focus has been largely on academic staff to address this. These findings further resonate with the research previously mentioned about lower levels of engagement in university support (such as careers services) and extracurricular activities amongst BME students. Perhaps universities should do more to make these services more inclusive. However, the findings of this study suggest that this may be futile as the participants are seeking 'hot' information from sources external to the university. Therefore employability information should be rebalanced, with greater involvement from healthcare providers.

The findings indicate that the process of fitting into the new organisational culture is not straightforward. Not only do new graduates need to satisfy all the requirements of getting into employment including varying job seeking and application strategies and preparing for interview as Whitehead (2001) and Pellico *et al.* (2009) suggest they also need to address how they will fit into the work culture they wish to enter. A small proportion of the participants in this study suggest that process of becoming a nurse or physiotherapist was a natural progression "*the culture that I've come to understand better*". However more prominently, was the finding that there was some dissonance between the participant's personal and professional identity during their education. This reflects the work by Costello (2005) who also found similar professional and personal identity conflict in law and social work. Similar to Costello (2005), some participants in our study learned to manage this, but in other situations this remained an emotional challenge.

At the point of graduation and moving into the workplace this dissonance seemed much more pronounced, and graduates were forced to consider how they 'accommodate' to be recognised within the healthcare context. Bias theories of racial inequality (Conyers, 2002) resonate here. The participants from minority backgrounds indicate a perceived bias exists against those who are not part of the dominant culture and they articulate active strategies to conform. For instance one participant discussed modifying aspects of their identity such as removing a headscarf, which had previously been acceptable under university regulations. Scammell & Olumide (2012) also found in their study of racism and mentor-student relationship that there were different aspects of life that had to be adjusted, notably, clothing, religion or speech as well as selective physical attributes. They conclude that aspects of professional practice become racialised, and the onus is on students/ newly qualified professionals to conform. The underlying motivations for the graduates participating in our study are not known, however it does not appear that they were seeking political or collective solutions to what they saw as problems and perhaps they should not be expected to.

Nevertheless, it does raise questions about what conditions would enable healthcare colleagues to challenge or resist these dominant cultures. In some cases the perceived biases led to deliberate choices to avoid applying to wards, trusts or to the NHS altogether, and in doing so, reducing their employment opportunities. Conversely, the participants did not perceive that there were any active strategies by employers to facilitate their inclusion. Thus, based on these findings, the transition from higher education to employment raises greater perceptions of discrimination for graduates from minority ethnic backgrounds and demands they adopt strategies to fit in and conform to the professional culture.

From a higher education perspective, Thomas and Jones (2007) also allude to the need to belong and fit in with the environment, in order to break into the mould and overcoming the stumbling blocks of 'getting-in'. Moreover, in Showunmi's (2012) sociological analysis of black British women and teenage girls difficulties in finding employment, explains this phenomenon when she reports of the girls' perceptions that in order to progress they must stay on the right side of white. By this she means black women report they must adopt mannerisms and approaches that are acceptable in white culture, while at the same time avoid attention. The findings from our study also demonstrate strategies graduates from BME backgrounds consider adopting to fit in, and reduce the potential for discrimination based on perceived bias.

While these findings highlight challenges for individuals from BME backgrounds, there is a striking issue of perceived ethnic and racial segregation in the healthcare workplace. Influenced by observations of previous clinical learning experiences, the newly qualified professionals in this study described ethnic segregated practices such as '*ethnic wards*'. This is not dissimilar to overseas nurses' first experiences of the NHS in the UK as found by Alexis *et al.* in 2007, and shows that the issue of racial and ethnic segregated practices persists. These examples might also be explained using structural theories of racial inequality (Conyers, 2002), where the healthcare systems and structures facilitate covert inequalities. As previously mentioned staff from BME backgrounds are more likely to experience discriminatory practices (NHS Equality and Diversity Council, 2016). While the WRES (NHS England, 2015) is a good start at redressing these inequalities in the NHS, some of the segregated practices, as identified in our study, may not be exposed by the standards. This is within a backdrop of issues of race and faith worldwide. Phillips (2016, p.2) highlights that while many western societies have become increasingly multicultural in the last 50 years, there has been little progression in approaches to integration of new ethno-cultural groups and fuels 'binary divisions' around those who are the default race and culture (e.g. white) and those who are not. DiAngelo (2011, p. 54) also explains that through privilege and status, white people are insulated from race-based stress, and that this comfort limits their ability to tolerate racial stress, exposing what she calls their 'white fragility'. It is from this stance that predominant white cultures such as the UK and USA remain color blind and find it so hard to talk

about racism (DiAngelo 2011). The findings from this study add to the growing body of literature that forces the need to speak out about the issues of institutional racism.

CONCLUSION AND RECOMMENDATIONS

The findings of this study challenge assumptions that employment opportunities operate on an even playing field. The contemporary, 21st century transition from education to work appears complex and personally challenging for newly qualified healthcare professionals. The findings suggest that newly qualified staff from BME backgrounds have to conform rather than the institution (in this case the health care organisation) being prepared to adapt to diversity. A strength of this study is in its unpacking of experiences, which are richly described, along the job seeking continuum and the analysis in relation to the ethnic diversity of the respondents at the point of transition from higher education to employment.

The findings have implications for universities, new graduates and particularly for health care employers. Success in securing that first job was perceived as determined by individual factors and a proactive self-directed approach. Educators and students may seek to develop the transferable skills identified by the new graduates in this study. However, strategies to fit-in were perceived to be adopted by the individual rather than the workplace. In addition, participants identified that support and preparation for employment was adequately provided by the university, but that they would have benefited more from clinicians/health care managers involvement. Although the UK government, via NHS/Health Education England, are equal partners in training of the next generation in clinical settings, this study highlights how there has been little joining up between universities and healthcare employers at the point of graduation. As it appears from this study, the individual new graduate is left to sink or swim. Therefore collaborative strategies between clinical practice and HE should be established to address various beliefs about 'fitting-in' that would enable inclusion in healthcare practice. This is even more crucial as changes in funding and student support will be introduced in England in the form of student loans for tuition fees for nursing and allied health professional education in 2017-18. It is anticipated this will affect recruitment and potentially emphasise the differential for students from BME backgrounds.

Finally, given the need to engage diverse communities to improve health outcomes, it is essential that employers take active steps to ensure the workforce is also diverse and inclusive. Therefore healthcare educators and employers need to be willing to critically examine the types of discriminatory cultures and practices identified in this study and place them in the 'spotlight' despite the discomfort this may bring. Further research should also explore perspectives of healthcare employers/managers in recruiting and employing newly qualified nurses, physiotherapists and other healthcare professionals.

Contributors

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Conflicts of interest: none

Contributions of the paper**What is already known about the topic?**

- Nursing graduates from BME backgrounds are less likely to secure employment.
- BME groups are unevenly represented across professions and grades in the healthcare workforce.
- Institutional discrimination in the healthcare workplace is acknowledged.

What this paper adds?

- Nursing and physiotherapy graduates from BME backgrounds are less likely to use the support and resources available for job-seeking and perceive success is up to them.
- New graduates perceive discriminatory and segregated cultures in healthcare practice.
- The transition to employment raises greater conflict for personal identity for nursing and physiotherapy graduates from BME backgrounds and demands they adopt strategies to conform and fit in.

Appendix 1 – Interview topic guide

Part 1 - Initial interview

1. Experiences prior to undertaking nursing/physio therapy course

- When first decided to be a nurse/physiotherapist?
- What / who influenced decision?
- Worked as a nursing care / physiotherapy assistant before that?
- Worked in a different job previously? If so, what? and why decided not to continue?
- Any prior knowledge of nursing/ physiotherapy speciality where wanted to work, when applied?
- Any career advice sought at this point?
- How easy was it to get a university place? Applied to several universities? When started applying for a university place?

2. Experiences at each stage of the course and influencing factors in preparation for applying that first job. (Students shown a copy of their relevant course plan, from beginning to end and events recorded accordingly)

- When started this course? Month? Year?
- Any periods of interrupted study? why? How that influenced studies?
- When first thought about what wanted first job to be? What prompted this thinking?
- When received lectures/tutorials about career development? Timing?
- Who gave support with job applications?
- Advice about job application: from clinical mentors/practice educators? academic staff? What was it? When received?
- Any invitations from clinical placements to consider returning to ward after qualification? What happened about this?
- Any clinical practice placements that inspired sending an application for a job?
- Any clinical practice placements that were off putting to apply for a job?

3. Job seeking plans and experiences after successful completion of the course

- Job applications:
 - If YES: How many? Any interviews? How these went? What questions asked? Who was on the interview panel? Duration? Any unexpected aspects, if so, what? Outcome? Any feedback?
 - If NOT, when planning to apply?
- In what area of practice have/are you planning to apply?

- What influenced decision of what jobs to apply for?
- How confident felt/feel about applying for that first job?
- How prepared felt/feel about:– searching for a job, applying for a job, writing a CV/personal statement, doing additional tests, attending the job interview.
- Career plan? Explore.

4. **Personal meaning of being a nurse/physiotherapist:** Did they change during the course? If so, how?

5. If you were to give **advice to newly qualified nurses /physiotherapists about seeking their first job** as a nurse/ physiotherapist, what would you tell them?

6. **Summary / conclusion (Seek permission to contact for follow up interview).**

- Anything participants wishes to add?
- Anything left out?

Part 2 - Interview 3-6 months follow up

1. Job seeking experiences since last interview

- If didn't have a job at last interview- explore issues from Initial interview: Section 3
- If did have a job at last interview - explore
 - How is the job going?
 - Expectations met?

2. Retrospective experiences of searching and applying for a job as a newly qualified nurse/ physiotherapist

Support/information from university?

- Throughout the course / in the last 3 months or so?
- What was most / least helpful?
- How the course should be developed to help preparing in getting that first job?

Support/information from clinical placements?

- Throughout the course / in the last 3 months or so?
- What was most / least helpful?
- How clinical placements should be developed to help preparing in getting that first job?

3. Any **career advice/support** with job applications? Explore.

4. Ethnicity prompts

- If ethnicity hasn't been mentioned in interview(s) ask if it has been an issue in their experience of job seeking.
- Or do they know of anyone, among peers/friends, where ethnicity might have been an issue?

5. Summary / conclusion

- Anything participant wishes to add?
- Anything left out?

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Table 1: Demographic characteristics of the purposive sample

		Nursing (n=12)	Physiotherapy (n=6)
Ethnicity	White British	2	0
	White Other	2	1
	Black African	5	2
	Black Caribbean	0	0
	Asian	1	2
	Mixed Other	2	1
Age	20-25	1	3
	26-30	1	1
	31-40	7	1
	41 & Over	3	1
Gender	Men	2	3
	Women	10	3
Highest Qualification prior to Entry	Degree	0	1
	A-Levels (or Equivalent)	1	2
	GCE / GCSEs	5	0
	Alternative (eg BTEC, Access, HNVQ etc)	6	3

Table 2: Job Seeking Activities of participants

	Ethnicity (self-declared)	No. of job applications	Rejected pre-interview (At shortlisting)	Rejected post-interview	Job offer post-interview	Job offer pre-graduation	Job offer post - graduation (<3/12 or <6/12)
Nursing graduates (N)							
01N	White British	2	0	0	2 (informal interviews only)	2	0
02N	White Other	2	1	0	1	0	1 (<3/12)
03N	White Other	4	2	1	1	0	1 (<6/12)
04N	Asian	5	0	4	1	0	1 (<6/12)
05N	Mixed Other	6	3	1	2	2	0
06N	Mixed Other	1	0	0	1 (informal interview only)	1	0
07N	Black African	4 (withdrew apps x2)	0	1	1	1	0
08N	Black African	3	2	0	1 (non-NHS)	0	1 (<3/12)
09 N	Black African	4	2	1	1	0	1 (<6/12)

10N	White British	11 (incl 1 Non-NHS)	8	2	1 (non-NHS)	0	1 (<6/12)
11N	Black African	3	0	0	3	1	1 (<3/12) & 1(<6/12)
12N	Black African	7 (withdrew app x 1)	3	2	1	0	1 (<3/12)
Physiotherapy graduates (P)							
01P	Mixed Other	9 (withdrew x 3)	3	2 (incl 1 informal interview)	1	0	1 (<6/12)
02P	White Other	4	1	1	2 (1 informal interview)	0	1 (<6/12)
03P	Black African	21 (withdrew x 1)	18	1 (informal interview)	1 (locum work)	0	1 (<6/12)
04P	Asian	12	10	1 (informal interview)	1 (locum work offered)	0	1 (<6/12)
05P	Black African	10	9	0	1 (locum work offered)	0	1 (<6/12)

06P	Asian	0 (Took a break during the course of this study & would apply for non-NHS job)					
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