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The Construction of Career Aspirations among Healthcare Support Workers: Beyond the Rational and the Mundane?

Introduction

The capacity of low status, low paid workers to secure meaningful career progression has long been viewed by researchers as problematic (Thomas, 1989; Appelbaum et al, 2003; Gautie and Schmitt, 2010). Arthur et al's (1989:9) widely adopted definition of a 'career' as the 'evolving sequence of a person's work experiences over time' is broad enough to allow the authors to claim that 'everyone who works has a career'. However, amongst those employed in low paid, low status roles, these work experiences have often been characterised as shallow and restricted (Charles and Grusky, 2004; Thompson, 2010), perhaps accounting for the limited attention paid to such workers in a careers literature mainly devoted to managerial and professional employees (Pringle and Mallon, 2003).

Presented as constrained by material and structural forces, the careers of traditional blue-collar factory and white-collar office workers have typically been characterised by truncated career pathways and a lack of the personal resources needed to pursue them (Thomas, 1989; Hebson, 2009; Atkinson, 2010). Indeed, these forces have not only been viewed as generating modest career aspirations amongst such workers, but a relative absence of ambition has, in turn, been regarded by some researchers as a 'remarkably rational' response by the employees themselves to the barriers they face in progressing their working lives (Chinoy, 1952:454; Pascalle et al, 2000).

Such an impoverished view of careers runs the risks of overlooking the employment of low paid workers in a wide range of industrial and organisational settings, likely to provide very different career opportunities. More questionably, to present modest aspirations as a rational response to the barriers faced is to flirt with a deterministic view of career ambitions amongst

low paid employees. It remains open to empirical inquiry whether such employees in some or all contexts have the cognitive capacity to move beyond the challenges they face and perceive their careers in more imaginative terms.

We explore this cognitive capacity amongst healthcare support workers (HSWs) in NHS England. In September 2018, there were over 150,000 HSWs comprising around fifteen percent of the NHS England workforce <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/nhs-workforce-statistics-december-2017>), and the development of career aspirations amongst these workers represents an intriguing case. As a low paid, low status group, HSWs face many of the structural and material challenges likely to ‘dampen-down’ career aspirations. However, working closely with nurses and in a sector with notionally well-developed career pathways, it is pertinent to consider whether their aspirations have become detached from rational consideration to assume a more ambitious form.

We present case study material to suggest that HSWs can indeed achieve cognitive distance from structural and material challenges to envisage imaginative career futures, particularly the ambition to become a registered nurse. A resilient nurse aspiration is, however, presented as a departure from rationality not least because the HSWs themselves recognise that this goal is unlikely to be realised. It is a finding mainly explained by the nature of HSWs workplace interactions, which normalise and encourage the ambition to become a nurse and lend this goal some intrinsic value.

The article comprises the following main parts: exploring the construction of career aspirations amongst low paid workers; contextualising the HSWs’ career aspirations; setting out our research questions, approach and methods; presenting the findings; and finally drawing out their implications.

1. The Construction of Career Aspirations amongst Low Paid Workers

The career options available to low paid workers have typically been presented as structurally constrained by the patterns of work organisation and job design in modern employment

settings. In manufacturing, Thomas (1989) has highlighted Fordist forms of work organisation as driving-out hierarchically differentiated work roles, in turn leading to flat grading structures which stifle 'blue collar' career development opportunities. Similarly, the design of much office and service work has been viewed as creating routine 'white collar' roles (Fraser, 2001) which foreshorten career pathways and lead Truss (1993) and Belt (2002) respectively to characterise secretarial and call centre work as a 'female ghetto'. Indeed, in their study of low paid roles in the service sector Berg and Frost (2005:663) note that, 'These are dead-end jobs with little or no chance of upward mobility.'

However, whether in the context of these constrains workers in low level, standard manufacturing and service jobs retain the cognitive capacity to construct career plans and ambitions remains more open to consideration. Much of the literature casts doubt on the development of this capacity. In a review of survey findings, Li et al (2002:621) note that employees from 'working class' backgrounds are far less likely to consider themselves as pursuing formal careers than those from the 'service class'. These results find support from classic studies on the work orientation of factory workers, particularly in the British and American car industry (Guest, 1954; Chinoy, 1955; Goldthorpe et al, 1968). This research highlights an absence of work-related ambition, even the shortest of steps to the foreman position, with these workers seeking to retain their secure jobs as a platform for pursuing family-centred aspirations. It is a picture replicated in Pollert's (1981: 91) seminal study of working class women employees in a Bristol tobacco factory, who 'come to see marriage and a family as their 'career''.

While conducted some years ago now, these studies have a contemporary resonance. Thus, research by Hebson (2009) reveals similarly weak career aspirations amongst 'working class' women relative to those held by their 'middle class' counterparts. Alongside the structural constraints imposed by work organisation, Hebson finds that working class women lack the

social and economic capital needed to construct and pursue ambitious career goals. It is a finding echoed in a later study by Hebson et al (2015), where the emphasis placed by female domiciliary care workers on the intrinsic benefits of their roles is framed as a compensation for the lack of resource to progress to more materially rewarding work roles.

A noteworthy, albeit understated, current of these and other studies is the presentation of limited career ambition as a considered response by low paid workers to the challenging organisational and socio-economic circumstances faced. In other words, the subjectively modest career aspirations of these workers are viewed as plausibly aligned with the objectively limited opportunities available to them. Pascalle et al (2000:65), for example, characterise the cautious approach to career progression found amongst female bank clerks as a ‘rational response’ to the difficulties confronted in advancing their working lives. In accounting for the limited work-related ambitions of American auto workers, Chinoy (1952:454) argued along similar lines:

The aspirations of these men are controlled by *a reasonably objective appraisal* of the opportunities available to them. Given the unreliable picture presented by the culture, they are *remarkably rational* in their selection of goals (emphasis added).

The characterisation of career ambitions amongst low paid manufacturing and service employees in standard, routinised work roles as not only modest but as such a reasoned reaction to their limited opportunities in a materially and structurally restrictive context, runs various risks. There is a danger of simplifying and universalising tangible constraints on the development of career aspirations amongst these workers, and then implying a deterministic relationship between working conditions and perceived career goals. While in a minority, Li et al’s (2002) analysis still identified a residual core of ‘working class’ employees who perceived themselves as developing work-related careers. Indeed, the importance of an

industrial setting to career ambitions is highlighted by Crompton and Harris' (1998) study revealing marked differences in home- and work- centred aspirations between women in two 'middle class' occupations: doctors and bankers. It is equally legitimate to ask whether such aspirations might similarly vary between 'working class' occupations. Low paid occupations are, after all, embedded in a variety of national, industrial and organisational contexts, with implications for work organisation, workforce management and particularly the development and availability of career pathways (Gautié and Schmitt, 2010).

More significantly, a deterministic approach risks compromising a nuanced theorisation of how low paid workers construct their career aspirations. Certainly, conceptualising the subjectively modest career goals of such workers as a rational mean-ends response to material and structural constraints accords with dominant theoretical models in the literature on careers. For example, individual rationality is central to 'fit' models viewing employees as systematically and self-consciously matching their capabilities to career opportunities with a view to maximising personal utility or return. (Mayrhofer, 2005). It is also essential to one of the most influential analytical frameworks on careers: social cognitive theory (SCTC) (Lent, Brown and Hackett, 1994). SCTC acknowledges the sensitivity of perceived career aspirations to a wide range of environmental factors interfacing with the exercise of employee agency. However, career goals are still viewed as emerging from the cognitive interplay and alignment between the employees' self-evaluation of their capabilities and expected outcomes.

This emphasis on means-end rationality should not detract from a wider literature highlighting the range of factors influencing worker orientation to their careers. For example, Rodrigues et al (2013:144) note that career orientations 'emerge *inter alia* from the interaction between self-identity, family relationships, social and cultural background, education, work experiences and labour market conditions.' It is a formulation which allows

for the possibility of career ambitions driven not only by a narrow and reasoned response to structural and material constraints, but also by an array of workplace practices, values and norms.

In the case of low paid workers, this capacity to develop work and life plans disconnected from a rational means-end assessment of their objective circumstances and, by implication, be driven by a wider range of normative or valuative considerations, is most strikingly illustrated in a study by Atkinson (2010:421) This study suggests that workers classified on socio-economic grounds as the ‘dominant’ and ‘dominated’, articulate their futures with similar precision and flamboyance. Where these two groups differ is in their capacity to execute these plans: in contrast to the ‘dominant, the ‘dominated’ lack the resources to meaningfully realise their futures, which consequently ‘fizzle out’. Such findings serve as a rebuke to the presentation of low paid workers as constructing limited work-related aspirations often rationally aligned with their limiting circumstances. However, Atkinson shows little interest in exploring why the ‘dominated’ develop plans disconnected from their ability to fulfil them, rather choosing to characterise such ambitions as a ‘false reflexivity’ indicative of a ‘mundane consciousness... masquerading without limits or history’.

Atkinson’s findings encourage a closer consideration of whether, in what circumstances and why such workers formulate and articulate ambitious and imaginative career goals, particularly within the context of their capacity to meaningfully pursue them.

2. Contextualising Healthcare Support Worker Careers

The healthcare support worker in NHS England represents an interesting choice for examining the cognitive alignment between career aspirations and circumstances. Positioned on the cusp of the registered nurse profession, ‘a reasonably objective’ appraisal of the career opportunities available to HSWs would suggest that they are heavily constrained.

Unregulated, with few, if any, minimum entry requirements and traditionally centred on the performance of relatively routine care tasks, the HSW role seems to provide an unlikely foundation for the development of elaborate career intentions, particularly movement to register nurse status. Those attracted to the role, mostly working-class women, are unlikely to have the formal qualifications (Cavendish, 2013; Clark and Thompson, 2015), or the social, economic and cultural capital needed to progress into the graduate nurse profession. Indeed, the challenges to career progression in the healthcare workforce, usually dependent on the acquisition of accredited competencies and qualifications, are reflected in the limited number of funded places for nursing training available to HSWs as highlighted by Cox et al (2008:361) in over a dozen NHS Trusts, and more generally in the strikingly low level of resource devoted by NHS England to support worker training. As the Chief Executive of Skills for Health has noted (House of Commons, 2013:15) ‘only three per cent of the NHS training budget is being spent on the 40 per cent of the workforce who are not healthcare professionals’.¹

However, working alongside registered nurse professionals, it is tempting to ask whether HSWs can move beyond a reasoned assessment of opportunities to develop more elevated career aspirations. Sensitive to various influences which might disconnect them from a rational approach to their career plans, there are various grounds for arguing that HSWs might develop such aspirations. First, NHS England is underpinned by formal employment relations practices which formally provide HSWs with a clear set of career pathways.

Introduced in early 2005, Agenda for Change (AfC) provides for a single, integrated NHS grading structure, including three pay bands (2 to 4) for HSWs (and other non-registered

¹ The 40% figure here represent all support worker in NHS England not only those supporting nurses.

staff), along which they can progress as unregistered workers, taking them to the threshold of the nursing profession.² Indeed one of the formal ‘success criteria’ included in the annex of Agenda for Change was ‘better career development’ (National Audit Office, 2009).

Second, HSW career aspirations have increasingly been tied to the nurse profession by policymakers and practitioners, particularly in discursive terms. Certainly, HSWs have been viewed with ambiguity by registered nurses. At times seen by the nurses as a welcome means of securing occupational closure, HSWs have also been associated with the perceived de-skilling of the profession, particularly in the context of organisational strategies designed to dilute skills mix (Daykin and Clarke, 2000; Clark, 2014). In recent years, however, the discursive embrace of HSWs by registered nurses has become more positive. The profession’s association, the Royal College of Nursing (RCN), now refers to HSWs as part of the ‘nursing family’ (RCN, 2004) and in 2011, for the first time, allowed HSWs to apply for full RCN membership.

Most pertinently, the College has increasingly presented the HSW role as a ‘natural’ stepping stone into registered nursing: ‘Instead of healthcare support workers being a separate career pathway, they will be integral to nursing and a significant number of registered nurses will begin their career via this pathway’ (RCN, 2010:6). Such progression has been further promoted by national policy makers keen to ‘widen participation into pre-registration nursing undergraduate courses’ for support workers (NHS, 2010:3). More directly influencing HSW career aspirations, NHS trusts as employers have also been keen to articulate career routes into the registered profession as a ‘grow-your-own’ solution to periodic nurse shortages (Malhotra, 2006).

² Band 1 is now rarely used in the NHS

The third, set of factors with the potential to draw HSWs away from a rational assessment of their career aspirations lies at the workplace level, and more specifically in the organisation of work and the kinds of interactions it generates. Nursing in acute care comprises a variety of tasks ranging from the relatively routine such as feeding and washing patients, to the more clinically complex including cannulation and catheterisation. The distribution of these tasks between registered nurse professionals and support workers is heavily dependent on institutional regulation at different levels of a healthcare system. In many developed countries this process is highly regulated and ordered (Gautie and Schmitt, 2010: 326). In NHS England this is less the case, with various weakness in workforce regulation. In part such weakness is apparent in the allocation of nursing tasks. Very few such tasks, beyond the administration of controlled drugs, remain the exclusive preserve of the registered nurse, and cannot legally be performed with the necessary training and locally approved protocols, by HSWs.

Regulatory weakness is further manifest in employment relations terms, with the link between pay banding and tasks performed remaining fragile. Whilst the AfC pay bands were originally rooted in the evaluation of generic national job descriptions, including those for support workers roles, responsibility for initially allocating workers to these bands and ensuring the ongoing alignment between tasks perform and pay banding remained with the local employer: the hospital trust (Cox et al, 2008; National Audit Office, 2009). With the uneven development of the HSW role across and even within trusts in NHS England (Clark, 2014), uncertainty has emerged as to how meaningfully pay bands continue regulate or reliably reflect the tasks performed (Thornley, 2007).

In combination, these weaknesses in regulation ensure a striking flexibility and fluidity in the distribution of tasks between HSWs and registered nurses. For the purposes of our discussion this points to the situated quality of the HSW role and encourage consideration of: the form

assumed by the role at the workplace level; to what degree it is seen by various stakeholders- nurses, patients and ward managers- to overlap with registered nursing; and, if so, whether this leads to a cognitive slippage with HSWs distancing themselves from or understating the significance of barriers faced in achieving nurse status.

3. Approach

3.1 Questions and Framework

Unambiguously a low status, low paid role, often attracting those with an apparently limited capacity to advance their careers, the HSW is also positioned on the borders of registered nursing, with clear formal pathways into the profession, a policy discourse which encourages movement along them, and a weak regulatory framework which permits the overlap between support and nurse roles. It is a scenario which generates our central research questions:

Do HSWs engage in a rational means-ends assessment of their apparently limiting material and structural conditions to develop modest and limited career aspirations?

Or are HSWs capable of constructing ambitious career aspirations detached from a reasoned means-end assessment of opportunities, and if so how and why?

Addressing these questions can be broken down into various elements, comprising our analytical framework:

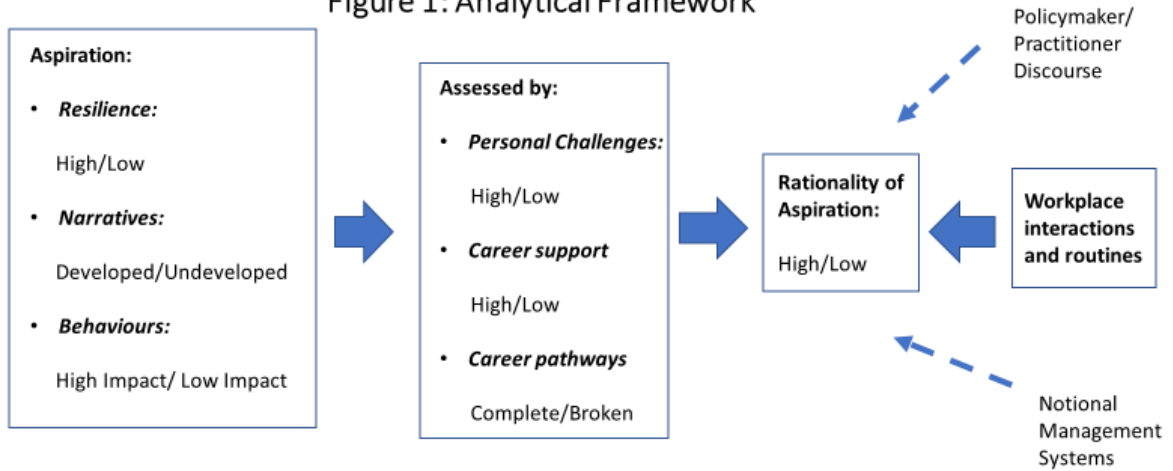
- ***Career aspirations:*** The first element centres on establishing HSW career aspirations, specifically whether they wish to become a registered nurse. The strength and authenticity of this ambition is assessed according to whether it: is a resilient, that is

longstanding, aspiration; connects to the HSW's life narrative; and impacts on current behaviour, for example, in the form of job crafting.

- ***Means-ends rationality:*** The second element relates to the rationality of the HSW's nurse aspiration, assessed in terms of whether the aspiration is objectively, but more significantly, subjectively perceived as realisable. Where the HSW can be under no illusion that their nurse aspiration is unrealisable, it is legitimate to view this aspiration as in tension with a rational assessment of options. In establishing the rationality of the HSWs nurse aspiration attention is given to: the personal challenges faced by the HSW in pursuing their ambitions (high/low); the functioning of current career pathways into registered nursing (broken/complete); and the level of organisational support available and provided to HSWs in pursuit of their career goals (high/low).
- ***Influences:*** The final element of the framework concentrates on how and why employees might develop a rational and, more particularly, a non-rational career aspiration. In the case of the HSW any explanation partly lies in acknowledging the potential influence of the managerial and nurse professional discourse and practice highlighted above. However, it also remains important to examine workplace interactions with various stakeholders- nurses, manger and patients: how they shape HSW perceptions of their role and whether they serve normalise a nurse career ambition.

These elements of the analysis are summarised in Figure 1 below.

Figure 1: Analytical Framework



3.2 Methods

In addressing the research questions and applying the analytical framework, we use data from a two-year project on the nature of the HSW role in an acute hospital setting. The fieldwork was conducted in four NHS case study hospital trusts in different locations - London, the south, midlands and the north- varying by size and structure: two were large multi-site teaching hospitals and two were smaller, single site, district general hospitals. In the original project, the cases were purposively selected to explore whether aspects of the HSW role were related to location and organisational form. In this article, less attention is given to variation by trust, although some of the findings are presented by case to highlight cross-cutting patterns.

As noted in Table 1 below, the case studies adopted a mixed methods approach, using two main research instruments. First interviews were conducted with a total of eighty-nine HSWs, evenly distributed across the four case trusts. Lasting on average forty-five minutes, the interviews were semi structured and transcribed. Over one hundred hospital managers, including ward managers (WM) and matrons (M) and nurses (RN), were also interviewed.

Second and following the interviews, all HSWs in the respective trusts were surveyed on a wide range of issues related to their roles. We received a total of almost 750 responses to the survey (an average of around half in each trust).

Table 1: Research Methods

	HCAs surveyed	HCAs interviewed	Managers Interviewed
Case 1	198 (53%)	21	27
Case 2	235 (53%)	15	16
Case 3	163 (42%)	23	30
Case 4	149 (60%)	20	32
Total	746 (51%)	89	105

Given the focus on career aspirations as a cognitive construct, the article principally draws on the qualitative HSW interview material. We are, after all, mainly concerned with how HSWs viewed and lent meaning to their careers, rather than with a more objective evaluation of the personal and socio-economic factors shaping career aspirations. At the same time, we do use other data sources on a selective basis to provide added support for the findings presented.

More specifically, various means were used to generate material on the main themes associated with our research questions: career aspirations; assessment of aspirations and influences. In establishing HSW *career aspirations*, we mainly drew on a survey question which asked HSWs how they *currently* saw their careers developing (Continuing in a support role/ Training as a registered nurse/ Training as another registered professional/Leaving healthcare/Other-please state) (2). In posing a survey question on whether HSWs had ambitions to become a registered nurse *on taking up* their present role (Yes/No/Do Not

Know), it was also possible to assess the resilience of the nurse aspiration. In interviews, HSWs were asked to recount how their post-secondary school lives had unfolded, providing an opportunity to evaluate whether the nurse aspiration had become embedded in their life narratives. To establish the strength and authenticity of the nurse aspiration, HSW, nurse and ward manager interview transcripts were reviewed to see whether aspiring to become a nurse impacted the HSW's current workplace behaviour. This might, for example, be reflected in the HSW pushing the boundaries of their role, extending their activities or taking on more technically complex tasks.

In exploring whether HSWs were *rationally assessing* their career opportunities, HSW interviewees were asked what personal challenges they faced in developing their working lives. Moreover, the survey required HSWs to specify their pay banding, with the distribution across the four bands: one might expect functioning pathways to be reflected in a degree of dispersal across pay bands 2 to 4. Managers were also asked about the funding and more general support available to HSW in progression their careers, particularly into registered nursing.

Finally, in examining *influences on aspirations*, HSW interviewees were asked to describe their roles and a 'typical' working day. From the transcripts we were able to explore the nature of interaction with key workplace actors - nurses, line managers and patients- and whether by implication they affected the construction of career aspirations.

The findings are presented in three parts related to the main research questions posed: HSW career aspirations; the assessment of career opportunities; and workplace influences on aspirations.

4. Findings

4.1 Career Aspirations

While most HSWs envisaged remaining in their current role, a significant core aspired to become a registered nurse. With limited variation between trusts, Table 2 below suggests that around half of the HSWs saw their future in the same role, but around a quarter were keen to train as a registered nurse. Clearly there was a degree of erosion in commitment to this aspiration. In Cases 1 (37.0%) and 4 (39.9%) well over a third of HSWs aspired to become nurses on *first taking-up their role*, while in Cases 2 (44.2%) and 3 (47.7%) the figure was close to half. Nonetheless with one in four seeking nurse status at the time of the survey, the nurse ambition amongst HSWs displayed considerable resilience.

Table 2: In the future what to you want to do? (%)

	Case 1	Case 2	Case 3	Case 4
	N=235	N=163	N=149	N=198
Continue in current job	62.1	45.2	47.7	51.5
Train to be RN (Aspired to be a nurse on first taking up HSW role)	17.9 (37.0)	25.2 (44.2)	29.5 (47.7)	24.7 (39.9)
Train to be other professional	4.7	8.0	2.7	10.1

Leave healthcare	3.8	4.9	7.4	4.5
Other	6.0	12.3	7.4	4.5
No answer	5.5	4.3	5.4	4.5
Total	100	100	100	100

Many HSWs sought to connect their nurse aspiration to a much broader *work and life narrative*. It is difficult to establish whether these narratives had been re-formulated in a *post hoc* manner to align with current aspirations, but certainly HSWs often presented their ambition to become a nurse as integral to their life and work histories. In presentational terms, this was achieved in various ways. In some instances, family connections to the nurse community were brought to the fore:

My mum's a (ward) Sister and I didn't really know, at the age of sixteen what I wanted to do, so she said why don't you join the bank as an HCA, so I did and I like it and I have done it ever since (London_HSW1).

In other cases, a link was made to a personal episode in the past, drawing the HSW into care work:

My husband became ill and I looked after him, he had terminal cancer. And there was an advertisement in a local paper advertising an open day to a care home and mum said to me why don't you go, because I'd looked after my husband (South_HSW18).

It was also common for HSWs to present their nurse aspiration as a re-connection to long standing ambitions:

I've always wanted to be a nurse from when I was young. But me being young, I wanted to go to work and earn some money and so I never went in to it (Midlands_HSW12).

The strength of the nurse aspiration was most tangibly reflected in its impact on *workplace behaviours*, with HSWs highlighting attempts to craft their role in signalling or preparing for a nurse future:

The obs(ervations) (taking vital signs) and stuff like that, I would really like to be able to do that because I've always wanted to do my nursing and stuff like that (North_HSW3).

More generally, a trust matron noted how the desire of experienced HSWs to develop their role led to them taking on registered nurse tasks:

Over the last ten years a lot of the healthcare assistants were quite experienced and wanted to expand their roles. They've actually taken-on tasks that the qualified nurses used to do. They do blood monitoring, blood pressure and observations (Midland_Manager3).

4.2 Assessing Career Opportunities

Despite the strength and authenticity of the HSW nurse aspiration, the study also found that a 'reasonable appraisal' of career opportunities is unlikely to have led to such a career goal. In short, the chances of an HSW realising their nurse aspiration were not only low but acknowledged as low by many of the HSWs with this career ambition. In part, the low chances of becoming a nurse were reflected in recognised *personal challenges*. The nurse aspiration amongst HSWs was always fragile and uncertain, helping to account for the

erosion of this ambition highlighted in Table 2 above. It was an uncertainty associated with a general lack of confidence amongst HSWs:

It (becoming a nurse) keeps popping in to my head and when I see them (nurses) all stressed out like that I think no, but then I think no, you can do that. I talk myself in and out of it, to be honest (North_HSW1)

HSWs were particularly daunted by the degree level programme required to become a nurse, unsurprising given that many had previously been let down by the formal education system:

It (nurse training) does sound good. I think oh yes, that would be quite nice to go and do that (nurse training), and I probably would like to do it and I probably would enjoy it, but the actual thought of doing it is a bit scary (London_HSW15).

In addition, HSWs, faced significant material challenges as they sought to advance their nurse ambition. Given their age and the length of the undergraduate nurse training, some HSWs felt that they had run out of time:

I'm too old (to be a nurse), I wouldn't bother now. I'm fifty-three this year so there's no way I would. If I'd started this job when I was twenty-five, it might have been different (London_HSW7).

More noteworthy were the socio-economic constraints faced by HSWs. The survey revealed that most HSWs were women (89%), with a partner (74%) and children (79%). Many carried the main responsibility for the household income: in two of the case trusts, around a third and in the other two, close to a half were the family's sole or main income earner. HSWs were consequently often unable to meet the financial costs associated with three years of (full time) nurse training, while domestic responsibilities squeezed study time and represented a further drain on energy and resource:

Ideally, I would have liked to have done my nursing but financially at the moment, because I'm the only wage earner and we've got a mortgage and two kids, I can't take that salary drop, which is a shame (Midland_HSW4).

While notionally the NHS provided a *career route* through Band 1 to 4, in practice HSWs were being managed by trusts in ways which effectively closed-down this pathway. Across all four case study trusts, HSWs were overwhelmingly located in a single grade: Band 2. As Table 3 below indicates in case trusts 3 and 4 around three quarters of the HSW survey respondents were to be found in Band 2, with the proportion even higher in the other case.

Table 5: HSWs by Pay Band

%	Case 1 (N=235)	Case 2 (N=162)	Case 3 (N=146)	Case 4 (N=195)
Band 1	0.4	1.9	1.4	1.5
Band 2	83.8	87.0	73.3	76.0
Band 3	15.4	10.5	25.3	21.5
Band 4	0.4	0.6	0.0	0.0
Total	100	100	100	100

This concentration of support workers at pay Band 2 reflected the incremental extension of the HSW role over the years in the trusts. Many Band 2 HSWs were performing clinical tasks well beyond the traditional auxiliary role, and which might have been expected to be undertaken by Band 3 HSWs:

We'd looked at up-skilling some [HSWs] to Band 3s but to be honest some of them do bloods and do ECGs now and the Trust still just pays them Band 2s. (North_Manager3).

There was a smattering of Band 3 HSWs in the case trusts, but the criteria for progression into these roles were unclear and unevenly applied even within the same trust:

In some ward areas if you've got your National Vocational Qualification Level 3 you will get a Band 3 whereas in other areas, you'd be doing a Band 3 role and you're still only on a Band 2 (London_Manager5)

Given financial pressures, trusts were reluctant to develop a more expensive Band 3 role, the cheaper option being to employ HSWs in extended Band 2 roles. The effect was to undermine progression to the Band 3 role as a meaningful career step. Indeed, with Band 4 posts close to non-existent (see Table 3 above), progression into a registered nurse role emerged as the remaining possibility for the Band 2 HSW, a significant leap in terms of the requisite qualifications, skills and knowledge:

Some of those we're recruiting in to Band 2 posts, in terms of their ability to actually grow and develop into some of those more senior roles where you would want to be starting to have some academic ability in terms of that transition. I don't think that is there at the moment (North_Matron1).

HSW chances of realising their nurse ambition were further reduced by the low level of *organisational support* for HSW training. In one of our trusts NVQ accredited training had almost come to a halt given resource pressures:

[NVQ training] was always on offer, and NVQ level 3, but recently we haven't had the resources to allow all of our support workers to access

it (South_Manager2).

In terms of nurse training, the most secure form of support, secondments, allowing the HSW to train as a nurse on their existing pay, and with training expenses covered by the trust, were in single figures in each of the trusts:

We've got eight fully funded (HSWs) on nurse training (London_Manager3).

The trust is not seconding people at the moment (Midlands_HSW8).

The number of part time nurse training places was even lower. Moreover, part time study allowed HSWs to continue in their jobs, but clearly at a reduced (part time) rate of pay. The only other option was full time study without any financial support and required the HSW to leave their job and bear their own training expenses.

HSWs were well-aware of these limited opportunities, highlighted in the following interview exchange:

HSW: I would like to do my (nurse) training because I think I'm confident enough now.

Interviewer: What are the chances of you becoming a nurse?

HSW: Probably zilch (Midlands_HSW9).

4.3 Workplace Interactions

With the nurse aspiration unlikely to have been based on a rational assessment of opportunities, we finally turn to the findings on why a significant core of HSWs chose to retain this career goal. A possible answer lies in the situated development of the nurse

aspiration, that is the workplace interactions which served to normalise progression to nurse status amongst HSWs. A number of interactions were influential in this respect.

First, *clinical service routines* embedded in the distribution of care tasks had led to an increasing overlap between HSW and nurse roles. In asking HSWs about the regularity with which they engaged in different healthcare activities, the survey revealed that over eighty percent of HSWs were daily performing blood monitoring and observations, tasks which a decade ago would have been a standard part of the registered nurse role.

As the tasks performed by HSWs and nurses increasingly overlapped, so the cognitive distance between the two roles narrowed:

It's (the HSW role) not much different; they (nurses) can do tablets, controlled drugs, IVs, which I cannot draw-up till I'm qualified nurse, but it's not much different at the moment (South_HSW7).

The only thing that I would not do, which is different from a Staff Nurse at present, is administrating drugs or taking catheters out. Everything else from care plans to documentation, I'm doing it (Midlands_HSW8).

Second, the cognitive slippage between HSW and nurse roles was reinforced by interactions with patients, who often viewed and addressed HSWs as 'nurses':

The patients just see us as nurses. I've never asked people whether they think we're different. When they call us, we're called 'nurse' by the patient (North_HSW8).

Indeed, some HSWs were prepared to cite the values of the registered nurse profession as a means of regulating their interactions with patients:

I do tend to distance myself; I don't like to get too involved (with patients). I mean sometimes you can get a bit too involved and I don't think that's *professional* (London_HSW6).

Third, despite the practical barriers to HSWs progression into nurse training, HSWs were still *actively encouraged* by key workplace stakeholders to follow a nurse career pathway. This was not invariably the case. There were instances where line managers resisted development opportunities:

I don't want healthcare assistants doing anything that is an extended role, purely and simply because I need to improve quality. HCAs are off doing observations, they're off doing bloods, they're off doing cannulation. At the moment that is not what I want my HCAs concentrating on (South_Matron2).

However, more generally HSWs were being nudged towards a registered nurse aspiration:

I've been asked (whether I want to do my nurse training) a couple of times and I also got asked it by the person who assessed me (South_HSW12).

People have asked me if I wanted to train as a nurse. I should know by now, but I really don't. (Midlands_HSW14).

Finally, *local routines* supported by nurse attitudes, reinforced the perceived workplace inclusion of HSWs within the 'nurse family'. The tensions between HSWs and nurses should not be understated, with HSWs sometimes intimidated by their registered nurse colleagues:

There were a couple of things we brought up (at a ward meeting) and sort of we got like shot down (London_HSW3),

In the main, however, HSWs were seen by nurses and ward managers as valued members of the ward team:

I see them as being there as part of the team to assist me and then together to give patients the full care that they need to ensure their stay is comfortable (Midlands_Manager5).

This inclusion was reflected in HSW attendance at and involvement in ward handover meetings: the opportunity at the end and beginning of each shift for staff to exchange details about the patients:

When I first started doing HCA work you were never there for a handover because that was the trained nurse's job; these days we're involved (London_HSW9).

5. Discussion and Conclusions

In general terms, the purpose of this article was to deepen our understanding of career progression amongst low paid workers, and in doing so add to a literature on careers often narrowly focused on managerial and professional employees. More specifically, the article sought to explore the construction of career aspirations amongst low paid workers, particularly in the context of challenging material and structural conditions. This construction process has often been viewed as not only problematic given patterns of work organisation limiting career pathways (Thomas, 1989; Truss, 1993; Berg and Frost, 2005), but as driven by a means-end rationality presenting the modest career ambitions typically held by low paid workers as a considered response to the barriers they faced in progressing such ambitions (Chinoy, 1952 and 1955; Pascalle et al, 2000).

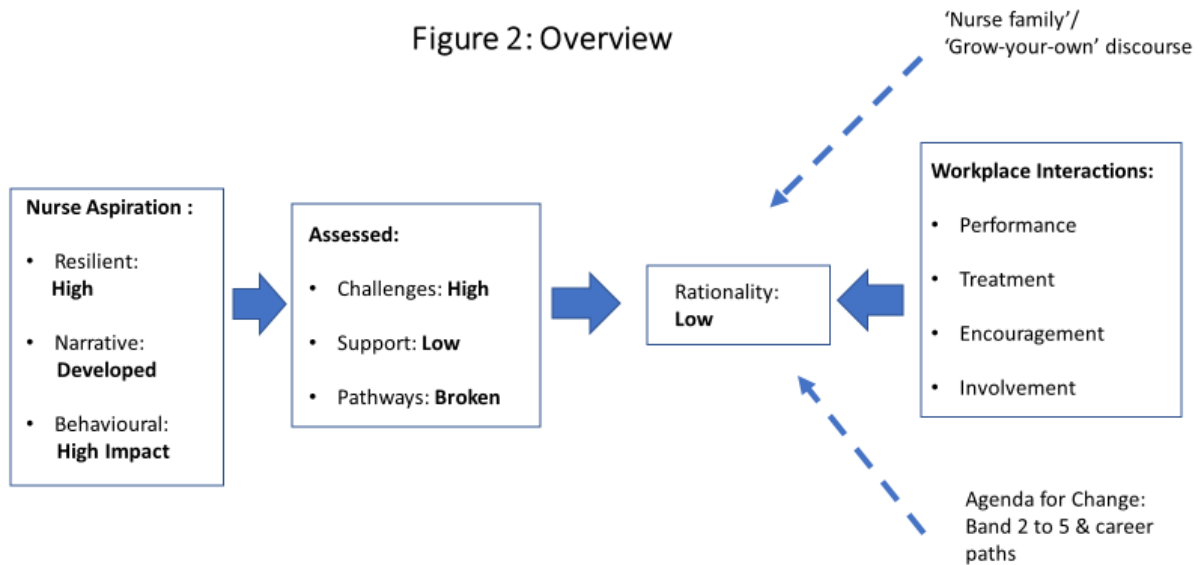
Our article was premised on the need for a more refined approach to the development of career ambitions amongst the low paid, influenced by contextual conditions- national, industrial and organisational- which might well shape the perception and conception of career opportunities in different ways. Indeed, we argued that the cognitive capacity of low paid workers to distance themselves from material and structural constraints and construct more

elaborate career ambitions, remained an empirical issue, sensitive to these different contextual circumstances.

The healthcare support worker in NHS England provided a worthy case to test the connection between context and the cognitive construction of career aspirations. An unregistered role, with no formal entry requirements, positioned at the bottom-end of the NHS grading structure, the role was unambiguously low paid and low status. However, on the borders of the nursing profession and working alongside registered nurses (Clark, 2014), it was pertinent to ask whether HSWs had become cognitively detached from their circumstances to adopt registered nursing as a career aspiration.

Findings from four case study hospital trusts, summarised in Figure 2 below, suggested that a significant core of HSWs had been able to construct an aspiration to become a nurse. The strength and authenticity of this aspiration was reflected in: the retention of this ambition over many years; its integration into personal life narratives; and its consequences for workplace behaviour in terms of signalling work intentions and job crafting. At the same time, there were strong grounds for arguing that this nurse aspiration was in tension with objective workplace conditions, which self-evidently mitigated against the realisation of it: the small number of available secondments or placements on part time nurse degrees and the corralling of HSWs into pay band 2, rendering the leap to band 5 nurse status a daunting one. There were HSWs in the respective trusts who had successfully become nurses, but their very scarcity was a testament to the difficulties faced in reaching this position. Indeed, the HSWs themselves often recognised the personal challenges faced- stretched finances, a lack of confidence, intense domestic pressures-suggesting their capability to hold an ambitious career objective, while simultaneously acknowledging its uncertainty.

Figure 2: Overview



These findings interface with and contribute to the limited extant literature on the career aspirations of low paid workers in a number of ways. Most obviously, HSWs had constructed ambitions which were far from the modesty typically associated with such workers. Mainly women, taking up the role without formal qualifications, at ‘best’ with work experiences limited to other ‘low skill’ work roles, HSWs aspired to move seamlessly into a graduate profession. Equally apparent, and as already implied, this aspiration was clearly disconnected from structural, material and personal constraints faced by HSWs, at odds with the ‘remarkably rational’ alignment which presented the modest career ambitions of workers in routine manufacturing and service roles, as plausibly aligned with the limited opportunities and resources available to them.

The declining proportion of HSWs holding a nurse ambition, in each of our trusts, did suggest a progressive self- awareness of the material barriers faced in realising this career goal. Indeed, a re-calibration of career aspirations amongst some HSWs provided support for Hebson’s (2009) findings on the ‘dampening down’ effects of limited personal resources on the development of career ambitions amongst working class employees. However, our

findings appeared to accord more with those presented by Atkinson (2010), in highlighting the capacity of many low paid workers to develop work-centred plans sharply disconnected from their circumstances. We would, nonetheless, argue that our study takes debate beyond Atkinson's work, particularly in seeking to understand how and why this disconnect might exist.

Atkinson makes very little attempt to explain the misalignment between aspirations and the resources to pursue them, amongst his 'dominated' workers. Rather Atkinson concentrates on why the elaborate ambitions of the 'dominated' are likely to remain unfulfilled, the answer lying in broadly conceived class constraints which deplete levels of social, economic and cultural capital. Our study focused more directly on seeking to explain the presence of this mean-end disconnect amongst HSWs, viewing it as deeply rooted in the context of healthcare delivery and management in NHS England. Attention was drawn to a pervasive discourse amongst policy makers, reinforced by established management systems providing career pathways laid out by Agenda for Change and encouraging HSWs movement along them. However, it was the workplace interactions and activities associated with the delivery of healthcare, which led to a significant blurring of the HSW and nurse roles, prompting cognitive slippage and the adoption of a nurse aspiration as an essential part of the HSW's workplace identity.

Many HSWs were: performing a wide range of nursing tasks; viewed by patients as nurses; and valued in this role by nurses and included in key routines. In such circumstances, pursuing registered nurse status became a taken-for-granted part of the HSWs' workplace persona. Certainly, a direct relationship between workplace interaction and activities, and the emergence of an unrealisable nurse aspiration needs to be treated with caution. The article is limited by the absence of many HSWs explicitly making this linkage. However, the very resilience of the nurse aspiration, particularly when set against the HSWs' appreciation of the

challenges faced in realising it, suggests the significance of the workplace environment in nurturing this goal.

In highlighting the situated emergence of HSW aspirations at the workplace, our study findings re-connect to a stream of research which stresses the variety of factors shaping career aspirations. Much recent attention has been concentrated on how these factors are rationally assessed by workers in an instrumental, utility maximising way, with the aim of ensuring a fit between personal capability and career choice (Lent, Brown and Hackett, 1994; Mayrhofer, 2005). Our study provides a reminder that career aspirations might equally be influenced by factors- workplace values, norms, practices and experiences- which drive the employee away from a narrow means-end rationality.

We would, however, argue that the alternative to this means-end rationality in the construction of career aspirations amongst the low paid worker is not, as suggested by Atkinson, (2010) a 'mundane consciousness... masquerading without limits or history'. Indeed, it is the limited attempt by Atkinson to consider why low paid workers might hold aspirations disconnected from their ability to realise them which perhaps accounts for this characterisation. Our study suggests that many HSWs were not only able to link their nurse aspirations to well-developed personal histories and previous work and life experiences, but more significantly to imbue their nurse aspiration with a degree of intrinsic value, rendering it far from 'mundane'. Thus, this aspiration was seen to: contribute towards confirming HSWs' workplace identity as a provider of nursing care; lend legitimacy to their performance of technical nursing tasks; add coherence and continuity to their life narratives; and connected them to the 'nursing family'. HSWs were not being duped or covertly seduced from a reasoned understanding of their career chances by their workplace immersion in nursing. They often appreciated the limits of their aspiration while still attaching meaning and value to it.

Indeed, these are findings which open-up for wider consideration the relationship between career aspirations and their means-end rationality. Our analytical framework has presented generic criteria for assessing the strength and authenticity of career aspirations, along with ways of evaluating their means-ends rationality, in a form which might be applied to other low paid and indeed higher paying work roles. In other instances, aspirations might well be aligned in a rational means- ends way. If, as with our HSWs, this is not the case, it encourages consideration of the broad and diverse range of normative and values-driven forces, emerging not least from iterative workplace interactions, which might well shape the construction of careers aspirations.

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