From Social Relationships to Social Support: Facilitating workshops to enhance widening participation students' sense of belonging at medical school

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Abstract Medical students from underrepresented or widening participation (WP) backgrounds often feel isolated and lack a sense of belonging in Higher Education (HE) and medical school. Frequently, they have competing demands on their time, which can result in fewer opportunities to meet peers from similar backgrounds. In a previous article, we demonstrated how workshops facilitated by staff and WP graduates helped to increase current WP medical students' self-efficacy and sense of belonging. This paper expands on previous findings by exploring the impact of these peer relationships on participants' Social Support.

Focus groups were held with 15 participants who had attended the workshops. The focus group transcripts were iteratively coded and analysed using inductive thematic analysis. A secondary deductive analysis was then undertaken using a theoretical framework adapted from Williams *et al.*'s (2004) composite definition of Social Support.

Eight key themes pertaining to the nature and benefits of the peer relationships were identified within two primary Social Support Theory categories of social relationships and supportive resources. An additional theme of intimate resources, denoting the authentic sharing of personal experiences and concerns with others, was instrumental for both categories. Intimate resources and the themes within the Social Support categories build upon each other to create a sense of belonging.

The inclusive environment of the workshops supported the creation and strengthening of relationships between medical students and graduates from underrepresented backgrounds. Our participants found that the accessible and reciprocal relationships they formed with these relatable peers and role models enhanced their sense of belonging through providing a unique combination of resources and emotional support.

Key words Widening Participation; Social Support; Sense of Belonging; Medical Students

Introduction

Students from underrepresented or widening participation (WP) backgrounds often feel isolated and lack a sense of belonging to Higher Education (HE) and to medical school (Krstić *et al*., 2021; Olaniyan, 2021; Hays, 2017). Many have competing demands on their time, such as caring responsibilities or the need to work part-time (Covarrubias *et al*., 2019; Anane and Curtis, 2022), meaning they may have fewer opportunities to meet and forge relationships with peers from similar backgrounds.

There is limited evidence on the impact of developing Social Support structures among WP students by facilitating engagement with relatable peers and role models. Exploring such peer engagement through a lens of Social Support may offer valuable insights into the benefits of supporting students' sense of belonging in this way.

Social Support

Social Support is a 'multidimensional concept' with numerous and varied definitions (Lourel *et al*., 2013, p.2), none of which adequately summarise its meaning in a manner which allows it to be broadly applied. However, definitions from various contexts converge on the idea that Social Support relates to support received from those around you. The concept itself is not a new one; social support is present in the Darwinian notion of humans as 'social animals' (Darwin *et al*., 1871) and is an integral component of Maslow's hierarchy of needs (Maslow, 1943). Both profess interaction and socialisation as essential for humans to flourish, with further research indicating that a lack, or abrupt removal, of these can be highly distressing (Kleiman *et al*., 2012; Durkheim, 1952). A recent study by McLean *et al.* (2023) investigated the relationship between first-year university students' perceived social support and perceived stress, and found that students who reported higher levels of social support tended to report lower stress levels, highlighting the impact of Social Support on mental health and emotional wellbeing in university students. In medicine, Fahrenkopf *et al.* (2008) identified links between emotional distress and occurrences of

clinical errors among doctors, emphasising the need for maximum support for those who will be in a position of caring responsibility.

A recent systematic review of literature pertaining to Social Support in HE with a focus on 'underrepresented' students categorised those students primarily by race, ethnicity and immigration status (Mishra, 2020).This indicates a relative lack of literature on Social Support for students whose underrepresented characteristic is that they are from a low socio-economic background. Support, social or otherwise, will take different forms depending on the specific needs of those at whom it's directed, and so attention must be paid to the contexts of Social Support research.

A study of underrepresented students in Scottish HE, the participants for which were 'non-traditional adult student[s]', found that relationships with peers and staff were significant in providing both academic and pastoral support (Field and Morgan-Klein, 2012, p4). 'Peers' in this study referred to fellow underrepresented students from a range of backgrounds; findings indicated that students felt the most beneficial support came from peers who had similar lived experience to them, such as being part of the same ethnic group. Studies have shown a positive correlation between medical students' sense of wellbeing and their identity development through group membership, highlighting the importance of these relationships and the benefits of their further exploration (Lovell, 2015; McNeill *et al*., 2014; Weaver *et al*., 2011).

Rowland (2015) undertook research exploring the experiences of WP students at the University of Southampton medical school. He found that relationships with students in later academic years were particularly valued as they provided practical benefits such as guidance and advice, as well as emotional support in terms of confidence building and motivation.

These studies reinforce the importance of peers, especially those from a similar background, in establishing a strong sense of belonging and wellbeing in HE and in medicine. However, there is little evidence demonstrating what can be done to support the creation and strengthening of peer and near-peer relationships between WP medical students. This research aims to explore the impact of facilitating relationships with relatable peers and role

models for WP medical students through workshops. It uses the lens of Social Support to provide a deeper understanding of the different ways in which these relationships can support belonging.

Sense of belonging

The aim of WP in HE is to increase the number of students from underrepresented groups, e.g., those from lower socio-economic backgrounds, in accessing, participating in and succeeding in HE (Curtis and Smith, 2020). Despite the drive to increase representation for these groups, HE and medicine remain predominantly middle-class environments (Medical Schools Council, 2019).

Bourdieu states that students from low socioeconomic backgrounds must adapt to an unfamiliar social system to be successful at university (Bourdieu, 2017), a process which may require a shift in their identity (Lucey *et al.*, 2003). It is, therefore, no surprise that students from more disadvantaged backgrounds frequently report feeling out of place in medical school (Rickett and Morris, 2020; Brosnan *et al.*, 2016; Beagan, 2005). A sense of belonging is positively associated with wellbeing, continuation and awarding in HE (Thomson *et al.*, 2022; Walton and Cohen, 2011; Hausmann *et al.*, 2007). It is therefore important to understand the role that institutions can play in improving their students' sense of belonging, for example, by providing safe, welcoming spaces in which near-peer connections, empathy and Social Support can be forged.

A sense of belonging may relate to whether someone considers themselves to fit in socially, whether they feel they are where they are 'supposed to be' in terms of their professional identity, or whether they feel deserving of their position. This ambiguity lends itself to a lack of clarity, making it difficult to identify and commit to a definition. For example, having a sense of belonging is frequently used alongside, and often interchangeably, with feeling included. However, these terms are not synonymous, and although a person can be included without feeling like they belong, it is much less likely that they will feel they belong if they are not included; being included thus facilitates the possibility of belonging (Williams *et al*., 2004).

Strayhorn's definition of belonging includes explicit reference to Social Support, and is used within the context of HE, making it particularly appropriate to this research. He claims that,

> '… sense of belonging refers to students' perceived Social Support on campus, a feeling or sensation of connectedness, and the experience of mattering or feeling cared about, accepted, respected, valued by, and important to the campus community or others on campus such as faculty, staff, and peers' (Strayhorn, 2018, p4).

An enhanced sense of belonging has been identified as an outcome of the workshops explored in this study. In the previous evaluation (Mozley *et al.*, 2020), the researchers employed a mixed methods research design using surveys completed by participants immediately after the workshops and six months later. They found a moderate improvement in participants' self-efficacy, that is, 'the confidence to carry out the courses of action necessary to accomplish desired goals' (Klassen and Klassen, 2018, p76), which persisted over time. Thematic analysis of free-text survey questions indicated that the increase was associated with opportunities to interact with relatable peers and graduates. Exposure to and insights from relatable role models in the profession were highly valued by the students, all of whom were on a WP programme, and helped to normalise some of the 'hidden' sociocultural practices of the medical community. The same workshops are the focus of this research, which expands on previous findings by drawing on focus group data with workshop participants to further explore how aspects of Social Support were facilitated by the workshops.

Methods

Institutional context

Widening participation (WP) initiatives take various forms dependent on several factors, including the students' backgrounds and the context. In Medicine, an established method of widening participation is through Gateway programmes (Dueñas *et al*., 2021; Gibson Smith *et al*., 2021; Curtis and Smith, 2020), which provide an additional year at the start of the medical degree during which students are supported in their transition to HE. These programmes support students from backgrounds that do not traditionally yield medical students,

predominantly those from low socioeconomic backgrounds, to enrol in and succeed at medical school (Curtis *et al*., 2014b, 2014a; Garlick and Brown, 2008).

In 2002, the University of Southampton became the second university in the UK to offer a six-year Gateway to Medicine programme called BM6. To be accepted onto the BM6 course, applicants must meet several criteria aimed at identifying students from low socioeconomic backgrounds and other underrepresented groups.

Around 30 BM6 students enter the programme each year, working exclusively together in 'Year 0' with a small delivery team of four staff. Year 0 focuses on teaching key concepts such as basic sciences applied to medicine, healthcare and professionalism to prepare students for studying medicine. After successfully completing exams, students progress into BM6 Year 1, where they begin to study alongside the standard entry cohort of around 200 students, called BM5, for the remainder of the traditional five-year programme. Retention and success levels are very good for BM6 students; however, an awarding gap compared to traditional entry medical students does persist (Curtis and Smith, 2020).

Study context

The data in this study were obtained from focus groups conducted to evaluate a series of 'Life Skills' workshops designed for medical students from WP backgrounds (year 3, 4 and 5 students enrolled on BM6). These two-hour workshops were delivered fortnightly from October to December. While the workshop series ran over multiple years, the data presented here were drawn from a single cohort of students who attended during one academic year. In this year, 39 students attended at least one workshop, with 28 students attending three or more. Each workshop had between 28 and 34 students.

The workshops included themed sessions on:

- inclusivity and cultural identity
- communication and having difficult conversations
- managing difficult personal circumstances/managing stress
- preparation for working in the clinical environment and

- building confidence and professional identity.

Workshop activities were undertaken in small groups and facilitated by faculty staff and BM6 graduates working in the medical profession. Each of the five workshops followed a similar structure; in the first hour, students were provided with, and invited to engage with, a theoretical basis for the session's topic. The second hour comprised small group discussions around the topic introduced in the first half, led by clinicians and BM6 graduates.

Mozley *et al.* (2020) provide a detailed description and an evaluation of these workshops. Analysis of participants' written evaluations revealed how the workshops helped to enhance participants' self-efficacy and sense of belonging in the medical school. 'Learning from the experiences of others', 'relatable role models', and perceptions of shared feelings and experiences within a minority group context were identified as key to the development of self-efficacy and increased sense of belonging. This indicated a need for further exploration of the value of social interactions during the workshops.

Population and sampling

All students who attended the workshops were asked to complete pre- and post-workshop questionnaires (Mozley *et al*., 2020) and subsequently participate in focus groups, which all took place within two weeks of the final workshop. These focus group data are analysed in this paper.

Ethical approval for the study was granted by the university ethics committee (approval number 30294).

Data collection and analysis

A focus group framework was developed to explore issues identified through the workshop questionnaires.

These were divided into:

- 'process' questions
- focussing on the practicalities of the workshops
- 'personal development'
- 'workshop' questions exploring students' experiences in the workshops.

The focus groups were led by a PhD student (RB) who didn't have any direct involvement in the participants' education at the time, though had been a medical student in the past. All three focus group sessions lasted for approximately 60 minutes and were audio-recorded and transcribed with participants' consent, and anonymised

Two researchers coded the first transcript separately; these were then discussed with the research group, and a coding framework was developed. The framework was then applied to the 2nd and 3rd transcripts by two different group members. Appropriate theoretical frameworks were researched and discussed by the research group, and Social Support was found to closely align with the existing coding framework. The codes were mapped to Williams *et al.*'s composite definition of Social Support, and a deductive framework was derived from this (see Table 1) (Williams *et al*., 2004).

All research group members then completed an additional round of deductive coding to confirm that the codes aligned with this framework. All transcripts were then imported into NVivo, and codes were applied electronically, thus completing a third coding iteration to maximise reliability and support analysis.

Conceptual framework

The conceptual framework for Social Support used in this study derives from a composite definition established by Williams *et al.* (2004), which they developed following difficulties with finding a contextually relevant definition of Social Support for their research. To address this issue, they conducted a review of existing definitions and used these to create a composite definition of Social Support, which could be applied to multiple contexts, arguing that each research context requires a uniquely appropriate definition. This literature-based composite definition informed the conceptual framework applied to the data in this study, shown in Table 1.

Two facets of this composite definition were identified within the data; these were '*social relationships*' and '*supportive resources'.*

Codes pertaining to *social relationships* relate to the nature of the relationships in question, particularly their *structure*, *strength*

and *type*; their levels of *reciprocity, accessibility* and *reliability*; and how the relationships are *used*.

Codes relating to *supportive resources* are predicated on the existence of these *social relationships*. *Supportive resources* can be split into two distinct categories — '*emotional resources'* and '*instrumental resources'*.

- *Emotional resources* may come in the form of short- or long-term *emotional support*, feelings of *validation* or *inclusion*, *coherence support,* and the sharing of experiences, referred to as *intimate resources*.
- *Instrumental resources* may come in more tangible forms, such as *goods*, *money* or *tools*, or abstract yet practical resources such as *time*, *skill* or *cognitive guidance*.

Table 1: Coding framework used for deductive analysis, derived from Williams *et al.*'s (2004) composite definition of Social Support

Category	Subcategory	Characteristics	Description
SOCIAL RELATIONSHIPS	Structure		*…of relationships*
	Strength		
	Type		
	Conditions	*Reciprocity*	*Whether a relationship is supportive depends on these conditions.*
		Accessibility	
		Reliability	
	Use		*Whether a relationship is supportive depends on how it is used.*
SUPPORTIVE RESOURCES	Emotional resources	*Emotional support*	*May sustain an individual in the short or long term.*
		Coherence support (sense of coherence)	*Overt or covert information resulting in confidence in an individual's preparation for a life event or transition.* ***Comprehensibility*** *– life's challenges can be seen in a clear, structured manner.* ***Manageability*** *– the resources to cope with life's challenges are seen to be available.* ***Meaningfulness*** *– the motivation to cope with life's resources are seen to be present* (Antonovsky, 1987).
		Validation	*May result in an individual feeling that someone believes in them.*
		Inclusion	*May result in a sense of belonging*

		Intimate resources	*Sharing of oneself*
	Instrumental resources	*Material resources*	*Goods*
			Money
			Tools
		Skill/labour resources	*Support with specific tasks*
		Time resources	*When one provides accompaniment, companionship or extended care*
		Cognitive guidance	*Direct or indirect. 'The provision of information or advice'*(Hirsch, 1980). *(Usually overt, but may be covert in the case of social comparison.)*

Critical Reflections

In undertaking this piece of research, much time was spent on defining broad, complex concepts such as 'sense of belonging' and 'Social Support'. An array of literature exists for both of these concepts, yet identifying definitions which aligned with our vision for this paper proved difficult. Strayhorn's (2018) definition of 'sense of belonging' was ultimately agreed upon, but a distinct definition for 'Social Support' remained elusive, as none were sufficiently broad enough to encompass the interwoven nature of the support described in the data. Williams *et al.*'s (2004) composite definition of Social Support, while somewhat unwieldy at 458 words, was the only definition deemed flexible enough to enable a working framework to be developed.

Despite the suitability of this composite definition, the elements of Social Support described within it still shared enough overlap that they could not be clearly demarcated once applied to the data. When creating and applying the framework, it became clear that in order to authentically represent the data, the framework would have to be further adapted so that the elements within it sat on a continuum, as seen in Figure 1. The complexity of this process highlights the potential dangers of deductive analysis – that data can be manipulated to fit a framework or theory – and

the importance of returning to the data to ensure that the developed framework is appropriate.

Results

Participants

15 students attended the focus groups out of a possible 39 who had attended at least one workshop; demographic information of all focus group participants can be seen in Table 2.

Table 2: Demographics of the focus group participants

	Variable	Total Participants N (%)
Sex	Female	11 (73.3)
	Male	4 (26.7)
Year of medical school	3	7 (46.7)
	4	5 (33.3)
	5	2 (13.3)
	Undisclosed	1 (6.7)
First in Family (FiF)	Yes	12 (80)
	No	0 (0)
	Undisclosed	3 (20)
Ethnicity (self-identified)	Black	3 (20)
	White	3 (20)
	Asian	8 (53.3)
	Mixed	1 (6.7)
	Undisclosed	0 (0)

Themes

Eight key themes aligning with the Social Support framework derived from Williams *et al.*'s (2004) definition were identified in the focus group transcripts (see Figure 1). These eight themes sit within the two primary Social Support categories of *social relationships*, which refers to the existing bond between BM6 students and *supportive resources,* which are those resources provided by the workshop.

It was often difficult to categorise an utterance as definitively fitting within a distinct theme, so a schematic diagram (Figure 1) was designed that depicted the eight themes as being on gradients within the two main categories. Each of the themes feeds into the next.

The additional theme of *intimate resources*, which refers to the sharing of one's personal experiences and concerns with others,

was determined as being pivotal for both *social relationships* and *supportive resources* and their themes*. Intimate resources* is, therefore, situated between the two categories. When combined with *intimate resources*, the themes within the categories of *social relationships* and *social resources* build upon each other, leading to an individual establishing a sense of belonging.

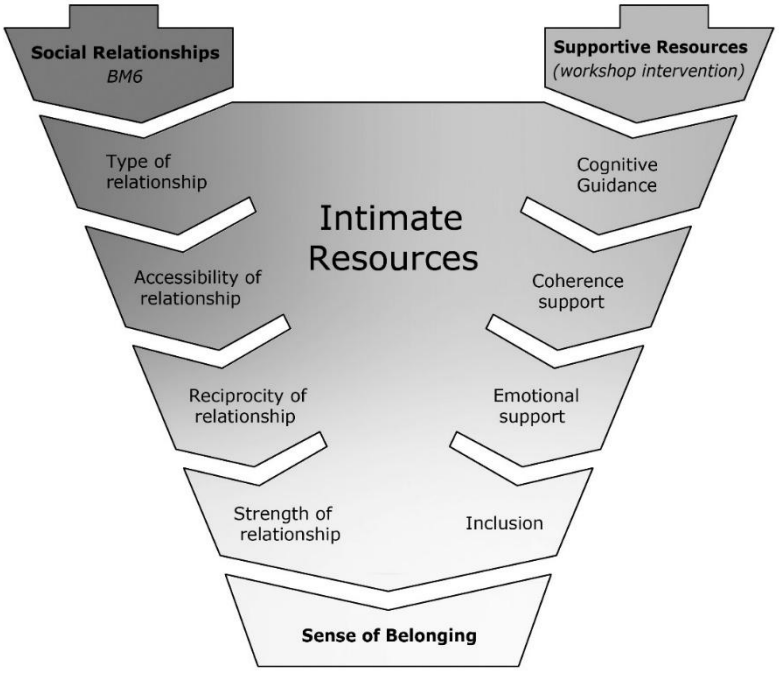

Figure 1: Pictorial Representation of the interrelation of themes

The themes within the category of *social relationships* will be explored first, followed by those within *supportive resources*; an effort will be made to explain how each theme links to its neighbours. The theme of *intimate resources* will be considered last, by which point its centrality will be clear.

Social Relationships

Themes within this category pertain to the existing relationships between BM6 students.

Type of relationship

Participants were very clear that the relationship between BM6 students is very different from that between BM5 (standard-

entry) and BM6 (WP) students. These differences contributed to some social detachment. One participant insists that she is not 'actively avoiding BM5s' but that she has an easier relationship with her BM6 peers and finds them easier to converse with about 'politics, culture, whatever it is'. Other participants share this sentiment, with one describing how she feels 'comfortable' around fellow BM6s and 'awkward' around BM5s.

Accessibility

This familiar relationship between BM6 students has clear practical benefits, with one student giving an example of when 'you're on placement, and you're completely stuck and don't know who to go to, you see a fellow BM6, and you know you can straight away approach them, as opposed to a random person in your year'. This indicates that BM6 students may be more comfortable asking for help or support from each other than they would be from a non-BM6 student. Her use of the word 'can' implies that she feels as though non-BM6 students cannot be approached in this way. It is also telling that she refers to someone in her year as 'random', given that they've been in the same cohort for at least two years by this point. While we cannot know what experience or evidence this statement is based on, the barrier between the cohorts implied in her language provides further evidence of the importance of the relationship between BM6 students.

Reciprocity

BM6 students recognise the benefits of the bond between them and show a willingness to reciprocate the support they have received. One participant spoke on behalf of the group, suggesting that 'all of us […] recognise the fact that without the BM6, we may not have been able to do anything. So, therefore, like, you feel like you want to support something that's done for the BM6.' While the BM6 graduates who delivered the sessions were not approached as part of this study, this statement from a current BM6 student may provide some insight into graduates' motivations for volunteering to contribute to the workshops.

Strength of relationship

BM6 students acknowledge the comfort provided by their relationship with each other and have previously referred to the

BM6 cohort as being like a 'family' (Mozley, 2023), indicating the 'sense of togetherness' experienced by the students. This is often attributed to the realisation that they've 'been through similar sorts of experiences', resulting in a greater sense of belonging for the students. This bond means that BM6 students are more comfortable confiding in each other than they would be with other students, particularly more nuanced issues like 'social burdens that […] no one else can understand'.

Supportive Resources

Themes within this category refer to resources provided by and within the workshops, namely the information provided in the first half of each workshop and the discussion which followed in the second half.

Cognitive guidance

Cognitive guidance refers to the utility of the information or resources provided in the workshops. For example, when discussing placements with peers in later years, students appreciated information that provided insight into what they would 'be doing in six months' time or a year's time'. For the most part, examples of cognitive guidance in the data refer to the content of the workshops.

Coherence support

Coherence support refers to a positive emotional state, such as feeling reassured, which has occurred as a result of cognitive guidance.

One participant particularly praises how the workshops facilitated interaction with BM6 graduates working in the profession, providing a novel opportunity for her to 'talk to other doctors outside their workplace'. She described that this gave her 'that extra bit of confidence that, you know what, I can talk to them about professional things as well.' This is designated as an example of coherence support as it explicitly relates to the participant's confidence, in that following these conversations, she now feels that important aspects of the transition to the workplace are manageable.

Emotional support

Some of the emotional support outcomes reflect the aims of the workshops, such as students generally feeling "a little bit more confident", but students also reported that they developed a shared understanding with their peers. One student stated that 'mainly I just feel like I'm not the only one that feels the way I do, and that other people do, and that's, like, the main thing that I got out of it, that it's not just me that feels sort of, you know, negative about it sometimes'. Other participants added to this, describing dealing with negative feeling as 'very tough, until you, like, tell your friend and they're like 'Oh no, I had the same experience!''. This realisation that others experienced similar negative feelings contributed towards the students feeling more connected to one another, leading to a greater sense of belonging.

Inclusion

When asked specifically about their sense of belonging, one participant responded that the workshops were instrumental in helping him develop his sense of belonging and that this was achieved by reassuring him 'that you're going to fit into medicine how you are. Not that you're going to be moulded and changed and shed off all the bad bits'. This shows his acknowledgment and acceptance of his own uniqueness, which leads to a greater feeling of inclusion.

Intimate resources

The theme of *intimate resources* is situated in the centre of our schematic, as it both causes the types of relationships and resources explored above and occurs as a result of them, with one participant stating that the 'workshop empowers you to start talking and, like, seeking help'. Few of the outcomes of the workshops (intended or otherwise) could have been achieved without the attendees' willingness to share their own experiences, opinions, and more personal thoughts and feelings. The realisation that other students shared similar feelings of not belonging or not being capable was acknowledged by almost all participants. However, learning that these feelings of uncertainty also affected successful graduates had the most meaningful impact for many participants, with one admitting that 'it's quite comforting to still hear that people […] some of the more senior

BM6 doctors were like, 'Sometimes I feel that I don't know what I'm doing, or I don't belong here''. Another participant expressed a similar sentiment, claiming that 'having the graduates just be so honest about their own kind of weaknesses or their beliefs about themselves, kind of brought me down to earth as well', going on to add that it made her realise that she 'can still be a great doctor'.

Summary

As our data shows, BM6 students can feel different from their peers on the BM5 programme, often due to the lived experiences that make them eligible for the BM6 programme. The perceived differences between them and their BM5 peers can result in awkwardness and social distance from their traditional peers, who represent an unfamiliar social system (Bourdieu, 2017), while their shared experiences facilitate strong social relationships with each other.

In this research, we used the lens of Social Support to illuminate and magnify (Bordage, 2009) the social, emotional and cognitive impacts of facilitating relationships between current WP medical students and with WP medical graduates through workshops. In terms of *social relationships*, there is a clear bond between BM6 students, which allows reciprocal practical and emotional support among members of the cohort. *Supportive resources* provided in the workshops comprise an array of support mechanisms, from the workshop materials, which improved students' self-confidence, to the sense of inclusion and belonging fostered through interactions with peers and relatable role models.

Discussion

Overview

The focus group data show that the workshops facilitated the development of social relationships into highly valuable Social Support through a combination of the resources provided, the discussions these prompted, and the participants' and facilitators' willingness to engage. The most prominent aspects of the workshops discussed in the focus groups were the role of the graduate facilitators and the open, honest discussions with peers. Therefore, it is the nurturing of these relationships, as indicated

by the data, which is key to facilitating an increased sense of belonging in the students. The following discussion will briefly explore student-to-student relationships, student-to-graduate relationships and a sense of belonging in more detail and with reference to relevant literature.

Peer Support among WP Students

The central element of the schematic shown in Figure 1 is *intimate resources*, which can be defined as students' willingness to share; this willingness is made possible partly by the pre-existing social relationships which BM6 students share but also by the safe space which is provided through the context of the workshops. As found by Woolf *et al.* (2012) when researching the social networks of Y2 medical students at UCL, students tended to create social groups with those who shared key demographic characteristics with them, such as sex or ethnic group (Woolf *et al.,* 2012). While the reasons behind this homophily have not been determined, the shared background of attendees and facilitators of the workshops will likely have influenced students' willingness to share.

In instances where students were discussing something potentially sensitive which required them to be vulnerable, such as expressing feelings of low confidence, their general stance was positive; the value of holding these conversations and sharing these experiences seemed to outweigh the potential discomfort felt through their disclosure. Students seemed to feel a sense of relief in realising the ubiquity of these negative emotions and experiences, resulting in an even greater willingness to share. This cycle helps to build and strengthen relationships and creates a sense of community where those sharing their experiences feel that they belong or 'fit in' (Reay *et al*., 2010). This sense of community creates an environment in which relatable role models' contributions are welcomed and valued.

Relatable Role Models for WP Students

A common feature of WP students is that they are often the first in their family (FiF) to attend HE. Once enrolled at university, FiF students can be faced with a lack of transparency about the 'rules of the game' of university life, of 'not having access to the reservoir of knowledge subsumed through lived and generational

university experience' (O'Shea *et al*., 2017, p. 47). Exposure to relatable role models to provide advice and support is, therefore, of great benefit to students who are less familiar with the culture of HE, and this is clearly evidenced by participants' positive response to graduate involvement.

It is one thing to appreciate that your peers share your insecurities, but to realise that they are also shared by successful members of the medical profession lends an additional, and much needed, level of reassurance that they are common, and are not barriers to success and progression, particularly as graduates shared strategies and tips for overcoming challenges. The similarities which students perceive between themselves and these role models further reinforce this sense of security and belonging, corroborating findings by McNeill, Kerr and Mavor (2014). Role models from a similar background tend to be more effective in improving student attainment and sense of identity (Zirkel, 2002); for students from WP backgrounds, these relationships are harder to come by in settings such as medical school and, therefore, need to be facilitated and nurtured by the institution.

Promoting WP students' sense of belonging

Interventions such as the one explored here that are aimed specifically at those from WP backgrounds mean that, hopefully, students will reap the benefits of an increased sense of belonging without feeling the need to conform to any expected norms. The aim is to increase a sense of belonging without threatening students' uniqueness; attempts to increase inclusion through standardisation can contribute to a 'deficit discourse' whereby students are considered lacking, a conceptualisation which advocates of the WP agenda are increasingly moving away from (McKay and Devlin, 2016). This balance has been met with these workshops, as evidenced by one participant's comment that for him, one of the key outcomes of the workshops was the acceptance that 'you're going to fit into medicine how you are'.

Frost and Regehr (2013) discuss the standardisation to which medical students are expected to adhere, the resultant juxtaposing discourses of diversity, and the impact this has on their identity formation as both an individual and a professional. In reassuring students that they are not alone in their feelings of

inadequacy and isolation, their concerns are acknowledged and validated whilst also being mitigated. Enabling interactions between WP students and relatable role models is key to this; it provides students with the opportunity to see beyond their current status and envision a future where their background has not prevented them from achieving their goals.

Discussion Summary

Particularly in a competitive environment such as medical school, opening up to others can be challenging. Students who already perceive themselves as not fitting in will be particularly wary of making themselves vulnerable and thus perpetuating the notion that they do not belong. As is seen in this study, the sharing of *intimate resources* is instrumental in developing a sense of belonging. Therefore, it is the responsibility of staff to provide *supportive resources* that will enable and facilitate students to build upon their *social relationships* with one another. Once these three facets of Social Support are present, this study has shown that WP students' sense of inclusion and belonging will improve.

Limitations

As discussed in the Critical Reflections section above, deductive analysis requires assumptions to be made about the data and what concepts are expected to be found (Azungah, 2018); this approach can lead to unconscious manipulation of data to fit expectations. We wanted to use a theoretical framework for this study, and so to avoid the pitfalls of deductive analysis, we did an initial round of inductive coding and used the results from this to inform our choice of theory.

The data for this study were taken from a single cohort of students who attended the workshops in one year. We will use the findings to inform facilitation of further workshops on the assumption that the experiences of the study participants are generalisable to future cohorts.

Conclusion

The findings of this study offer helpful insights into the benefits of facilitated interactions, with a positive impact being shown

from the accessible and reciprocal relationships formed with relatable peers and role models. These relationships, as well as the existing social relationships between attendees and other supportive resources provided, allowed an inclusive workshop environment to be created, enabling participants to develop a greater sense of belonging. Supporting medical students from underrepresented groups to increase their sense of belonging is critical for widening participation in medical schools and, by extension, diversifying the workforce to enhance healthcare provision for all.

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