

Title: Behavioural interviewing as part of values based recruitment (VBR) for postgraduate community nursing programmes.

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Abstract:

The widespread implementation of values based recruitment (VBR) has been indicated as a priority in both health settings and the recruitment of students within Higher Education Institutes (HEI's). This opportunity prompts organisations to evaluate recruitment processes, and essentially the values, behaviours and attitudes of applicants. VBR begins at the point of advertisement, but for the purpose of this paper, the selection process will be the focus. There is an expectation that organisations will move away from 'conventional' interview panel questions which explore hypothesised responses to a scenario (situational interviewing), in favour of behavioural interviewing. This paper explores the process of behavioural interviewing as part of VBR for post graduate community nurse programmes within a University. The University has implemented a three staged approach to selection including an unseen presentation, a group work exercise and an interview panel (behavioural interview techniques), for each candidate successfully shortlisted. This paper shares the practice of the selection process of candidates in a bid to understand the outcomes of VBR.

165 words

Key Words:

Values Based Recruitment, VBR, behavioural interviewing, attitudes and beliefs

Summary of key points:

- VBR should now be embedded in recruitment processes of the NHS and Higher Educational Institutes for vocational healthcare courses
- Behavioural interviewing, as opposed to situational interviewing, can be successful in eliciting 'real' behavioural responses to life scenarios and examine values and beliefs in the selection process
- Organisations should be clear as to the values and behaviours expected during the selection process and shape questions; using a range of methods during selection can be beneficial
- Training should be provided in VBR to support interview panels in the selection process
- The outcome measures of VBR could further be determined in organisations to support future recruitment processes and to develop a level of self-awareness in the existing workforce in developing professional values and beliefs aligned to the ideals of the NHS Constitution.

Introduction

Values Based Recruitment (VBR) has been rehearsed in the private sector for a number of years, yet within the National Health Service (NHS) this concept is relatively recent in widespread practice (Health Education England (HEE) 2014a, 2014b). Although seen more prevalently within the recruitment of medical graduates, VBR remains under researched within the context of health care professional recruitment (Patterson et al, 2013; HEE 2014a). In response to serious case reviews into poor standards of care (Francis 2013a; 2013b), a key recommendation was made for the NHS to implement robust recruitment strategies based on inherent values, attitudes, behaviours and a commitment to care; thus making sure that the right people, with the right values are in the right roles (King's Fund, 2013). From April 2015 there is an expectation that NHS employing organisations and Higher Educational Institutes (HEI's) align recruitment strategies to the National Core Requirements (HEE, 2014b). The requirements explicitly determine the 4 key stages of recruitment: preparation, attraction, screening and selection and post selection, all vital stages in the appointment of an employee. For the purpose of this paper, selection will be the primary focus in relation to postgraduate specialist practice community nursing programmes (health visiting, school nursing, district nursing and community children's nursing).

A move toward values based recruitment

VBR training has been rolled out across key personnel involved with recruitment within the NHS; this too is taking place in Higher Education Institutes (HEI's) in ensuring the right students are appointed into vocational training programmes. It could be questioned if the expectation of 'values' differ when entering into a two - three year pre-qualifying educational programme (pre-qualifying nursing programmes for example) opposed to recruitment of the supposed 'finished article' for post graduate vocational courses. Pre-qualifying courses involve a greater time frame to 'shape' the values of students, therefore recruitment processes for pre-qualifying nursing programmes seek potential rather than professional values expected of a qualified nurse. The assessment of 'potential' is pertinent; however, in reality no-one can foresee the outcome at the end of a training programme.

A general concern of recruitment is that the interview process can be easy to navigate; provision of the 'right' answers may be adequate to gain entry to the most vulnerable people in society. Independence preparation and completion of an application form and development of personal statements cannot be guaranteed. This places a great deal of responsibility on an interview panel to recruit the right person in a limited timeframe. 'Coaching' is recognised (HEE, 2014b) as part of candidate preparation, and may not always lead to 'real' responses to hypothesised scenarios; additionally self-reporting in the context of 'situational interviewing' can portray the candidate in the best light, and ascertain a 'fake' response (Klassen et al 2014). Situational interviews (where a fictional/hypothetical scenario is presented) may be argued as an opportunity to hypothesise the right answer (one may not practice as one preaches). However, Petrova, Dale and Fulford (2006) recognise that individuals are not always aware of their own values in order to 'hide' their judgements or prejudices, thus will unconsciously be reflected in their decision making. However *actual* decision making could be overlooked when hypothesising a scenario. Situational interviewing has been considered a valuable element of the selection process (along with other strategies) (Patterson et al 2012; Patterson et al 2013; Klassen et al 2014). In the case of post graduate teaching (dental medicine and medical profession selection processes), computerised situational judgement tests are used as *one* shortlisting measure before a face to face interview; high levels of user and selector satisfaction rates have been reported (Patterson et al 2012; Patterson 2013; Klassen et al 2014). Computerised situational judgement tests are costly to implement. However, it is certain that the cost (financial and human) of not having a robust recruitment system in place can be detrimental (Bowers and Kleiner, 2005; Francis 2013a; 2013b).

Behavioural interviewing

Structured interviews remain a vital part of the recommended selection process; developing pre-determined questions that are mapped to values and consistently scored ensures structure, parity and fairness between interviews (HEE 2014b). Interview questions can vary from situational (hypothesised) or behavioural (Barclay, 2001). Asking the candidate questions surrounding how they *have* behaved in life situations is important (behavioural interviewing); probing (information

gathering) into the responses further can ascertain *actual* values based practice (Bowers and Kleiner, 2005; HEE, 2014b). It is suggested that behavioural interviewing can reduce the potential for ‘faking’ responses by assessing the knowledge base of the candidate in relaying their actual performance (Bowers and Kleiner, 2005; Klassen et al 2014). The recognition of values based practice can offer strength to the identification of characteristics or detrimental values that can be seen to affect professional decision making (Petrova, Dale and Fulford, 2006). It is important therefore that the interviewer is knowledgeable about the behaviours expected to both elicit desirable values, behaviour, knowledge and practice and those considered undesirable (unprofessional and unsafe) (Barclay, 2001). However, the identification of detrimental values in the workforce appears to occur only when professionals are ‘exposed’ in conflict to the status quo or service expectation, and may go unnoticed easily if not at odds or stimulated (Petrova, Dale and Fulford, 2006). It is important to recognise that the VBR process cannot predict the future and can only examine what is presented at the point of the interview. Patterson et al (2012) and Patterson et al (2013) suggest there is a correlation between performance in the selection process using a range of tools and eventual outcome of selection (including computerised situational judgement tests and structured interviews). Therefore it is useful to consider the measure of successful appointment in the evaluation of VBR, whether this be greater productivity, academic achievement, greater recognition of positive behaviour, reduced incidents of performance management, conflict and complaints, and/ or retention of appointed positions.

The ‘right’ people in the ‘right’ roles

To ensure that the ‘right’ people are appointed ‘right’ roles, it is also important to question the ‘values’ sought in the recruitment process. The NHS constitution provides 6 key areas for consideration (figure 1), acknowledging that the process of recruitment starts at the point of advertisement, it can be difficult to see where these values fit in terms of wording of the advert, through to shortlisting. The difference in application content and personal statements varies in any recruitment process, thus one asks whether there should be more transparency in what is expected from candidates in terms of demonstrating values. Francis (2013a) highlights the need for organisations to be explicit about their values, this should be clear in the recruitment material presented to candidates. The development of a

person specification should therefore be aligned to the agreed organisational values; this provides essential mapping criteria for shortlisting and interview scoring (HEE, 2014c).

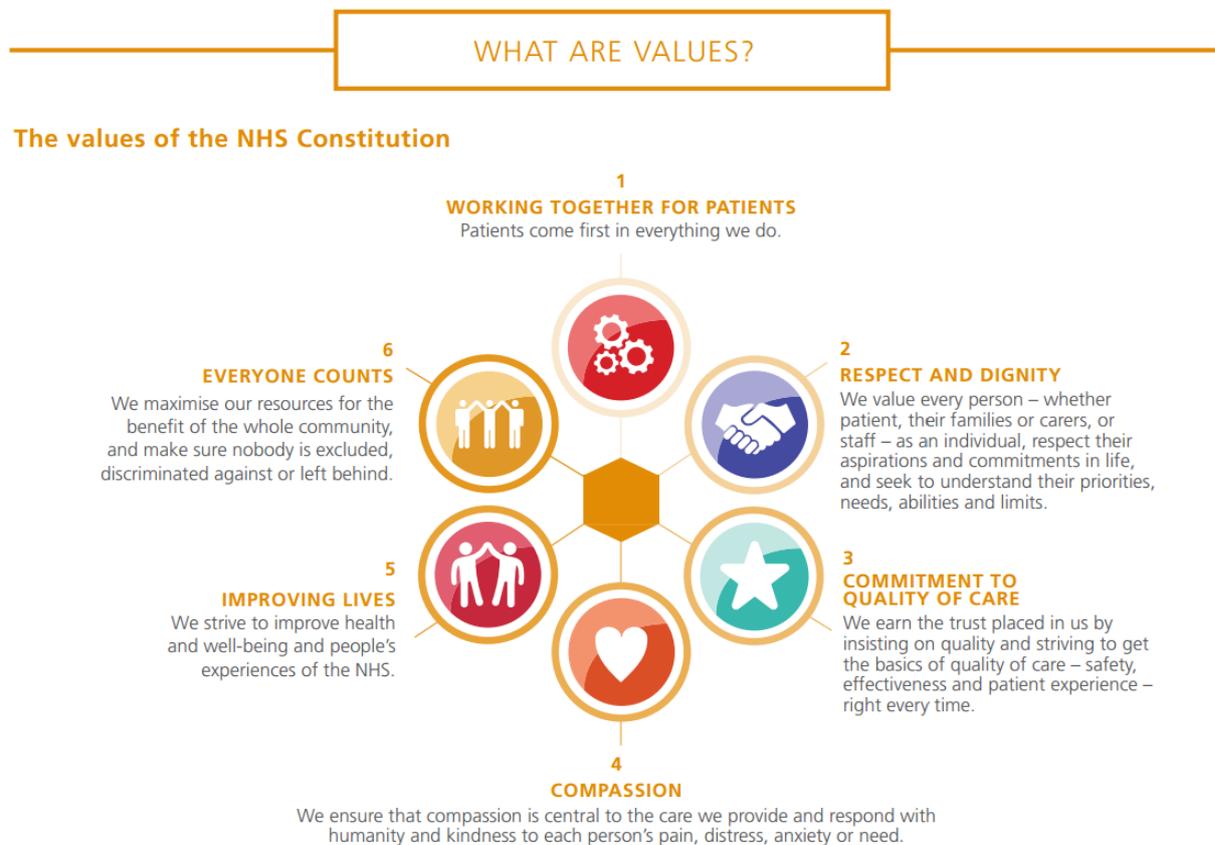


Figure 1: Health Education England (page 18, 2014a)

In reality, the interview process can often be concise and relatively short compared to the enormity of the actual task of appointment to a role, particularly when only using one method of selection.

Interview panels for programmes of study may ask questions very much related to the role of the *qualified practitioner* (not the novice) in the construct of questions; experience suggests that little time can be taken in the planning of the 'right' question for the 'right result'; or even what is universally agreed to be 'acceptable' behaviour, values and attitudes between the selectors.

Implementation of VBR and Aim

In light of an expectation to embed VBR in recruitment practice, the University has piloted a revised recruitment process which embraces the themes of VBR. The selection process of candidates involves behavioural interviewing, aligning to the NHS Constitution Values; an unseen presentation; and a

group work exercise. Each element is scored, aligned to the NHS Constitution Values. The aim of which is to review candidates from a range of perspectives considering experience, 'actual' practice responses, knowledge and the ability to work with others. Throughout all processes the panel will observe behaviour, attitude, professional knowledge and skill, judgements and prejudices, and body language. Despite being under observation, it is surprising how the recruitment process identifies undesirable behaviour and inconsistencies in how one behaves and what the candidate relays verbally. Taking a critical view of the interview day in using a range of processes in the selection of candidates takes time and is resource heavy (HEE, 2014b), time indeed that recruiters feel is precious and may feel is unnecessary. However arguably this is time well spent in the long term for patient safety, cost effectiveness, effective team working and efficacy of healthcare services (Bowers and Kleiner, 2005).

The recognised shift to behavioural interviewing requires some consideration in developing questions which ask the candidate to recall a former experience, exposing values and behaviours. An example of the start of many of the initiating questions would be '*can you share an example where you...?*'. Further probing of this response can then elicit (what is perceived to be) a real answer in terms of their response. Probing offers candidates to elaborate further of their offered experience; one may ask '*could you tell me a little bit more about that?*' or '*what did you do next?*'. The value of this approach could be that any life situation is used as an example, not purely related to the candidates experience in the NHS or suchlike. In this vein one would assume that the candidate's attributes are not only 'ring-fenced' for work situations. Francis (2013b) exposes the culture within NHS Trusts of a tolerance to poor professional attitudes, bullying and denial; findings many would be able to identify with in the NHS. It is no-longer acceptable to separate poor professional attitudes and values from the quality of patient care, one directly affects the other. It is pertinent to argue that it is not acceptable to excuse the behaviour of colleagues in team situations with '*...but they are nice to patients*', '*...that's just the way they are*'. These anecdotal examples highlight the need to exhibit values in everything 'we' do as nurses (Francis, 2013b).

Although one may question if behavioural interviewing may also create fictional answers, it can be seen that candidates appear to recall their role in a scenario, by further probing, it is possible to trace the actions taken and reflect on this episode, allowing for learning to be relayed despite the outcome at the time. This approach has seen a range of responses both revealing safe care complicit with appropriate reflection of the situation, alternatively, examples including unsafe care with a lack of insight as to the candidate's professional accountability in the incident, even in retrospect. On occasion candidates are thrown by the question and have no example to give; probing is often required to explore life situations, assisting candidates in considering other examples to share outside of the work perimeter.

Candidates have appeared surprised at the examination (probing) of an event, yet this process has given immense insight into a candidate's real response to a situation, and how they may or may respond again; indicating self-awareness of their role in a situation. One criticism raised by panel members in relation to probing is the parity of experience for each candidate, whilst the starting point is equal (in the same stimulus question), the probing may vary according to the candidate's shared experience. Fairness in selection is an issue which is both important for the applicant and organisationally for the recruiters (Gilliland, 1993). It is important that parity and equity is applied for each candidate, that the starting point is the same. However taking an individual approach to the responses is also important in eliciting the 'real' response, thus probing is accepted practice to explore the answers given (HEE, 2014b). It can also be argued that probing gives the candidates the best possible chance to demonstrate (safe) practice. One must consider the point of the exercise; probing questions are not to trick the candidate but to explore their response to a real scenario and explore the values and attributes displayed or reflected upon *after* the event. The results are interesting and explore prejudice, equality and attitudinal constructs. When attitudes are embedded, the candidates appear to be unaware of their viewpoint as possibly controversial; a lack of emotional intelligence surrounding their views is evident at this point. Therefore it could be argued that parity of interview experience is hard to achieve and indeed not the actual purpose when trying to unpick the individual characteristics that are unique to one candidate.

The questions that are asked as part of a structured interview panel are of great importance, time should be taken to review what the proposed outcome of the interview questions should reveal about the candidate. Community Practice Teachers are collaborated with throughout the academic year in the development of questions aligned to the NHS Constitution Values. Anecdotally it can be seen that the value of knowledge and skill of the candidate has been placed higher than attributes and behaviours displayed previously at the point of interview. The tangible facts and skills presented at interview are relatively easy to rate, collect, and capture. HEE (2014c) recognise the complex relationship entwined in values and behaviours with personality, motivation and ability; summarising that personality affects behaviour most naturally, whilst values affect choices to behave in a certain way. During the Health Visitor Implementation Plan (Department of Health, 2011) the London Deanery interview panels were asked to specifically recognise personal attributes, attitude, behaviour and values displayed at interview. Although a candidate may answer all questions ‘correctly’ additionally weight is placed on a question about the most important aspect, their likability, values, conduct and attitude in the interview. At the time this appeared to be a new feature of the selection process to panel members.

Presentation

The second element of the selection day involves the creation and delivery of a short presentation on the day of the interview. Importantly, this is an unseen presentation. This decision has been made to explore depth of knowledge surrounding the new role they are applying for, not as a memory test, but to explore insight and knowledge and commitment to preparation for further study. The theories of deep and surface approaches to learning (Jarvis, 2002) indicate that a surface approach concentrates on achieving the task, yet a deeper level enables the demonstration of meaning and linking ideas. It would be expected that a level of insight about the new role was displayed at the point of interview, to elicit the commitment of the candidate to the recruitment process, career development and ability to articulate the values of the field of practice. Interestingly, other than examining a contemporary insight of the question topic, the language and judgements of the candidates are exposed. For example

terms such as *'people like them'*, *'that group'*, and sweeping collective statements expose societal judgements, despite being observed, these values are unconsciously displayed. Inappropriate sense of humour, professional conduct, attitude, and perceptions of others can be inferred in this exercise.

Group work

The final element of the interview day explores a perceived change of scene in the proceedings, by asking the students to relax, and working in a group to plan a children's party, leaving party or celebration event. Pleasingly this exercise appears to explore attitudes and stereotyping toward culture, religion, groups of people, and self-management in a group exercise; empathy, prejudice and judgment of their peers and importantly their body language is observed. It can be a fine balance between a need to show their skill and knowledge and take over the exercise in what is observed to be an interpretation of 'leadership'. The idea and inspiration from this exercise came from a leadership and management task in an in-class session, despite the fact that the students knew they were being observed and assigned 'personality type' labels (based on theoretical concepts), the students relaxed and were exhibiting behaviour that was clearly in breach of the professional attitudes and behaviours that had been identified as desirable and effective for team working. One example is of a candidate whose unseen presentation was about reducing childhood obesity and explored cultural values in relation to this; then in the group exercise determined that *'all children like sausage rolls and cake'* and they should appear on the menu at a children's birthday party. This response lacks insight into cultural diversity, and failed to follow through on the perceived professional ideologies of a public health nurse in reducing childhood obesity.

The measure of VBR and recommendations

While greater research is invariably required to support interview processes, focus should be placed on the measure of success of recruitment strategies. For HEI's, retention of students and attainment of educational performance is measureable. However the qualitative evidence of classroom conduct (with colleagues and professionals), professional progression in practice, values and judgements displayed in practice and university provide a valuable insight into the students selected. It is

recognised that an interview process is not a predictor, cannot expose all attitudes, behaviours and beliefs; yet greater emphasis on the selection process has to be positive in terms of moving toward the 'right' people for the 'right' roles. In terms of the continued commitment to shaping values, the community nursing programmes are piloting a professional attitudes scale this academic year. The scale uses a range of prompting questions in relation to conduct with colleagues, families and clients, ranging from communication skills to conduct with colleagues, to judgemental behaviour. The student will self-score, along with their CPT mid-semester, and again at the end. The purpose is to provide the opening to a conversation into the less tangible values, beliefs, conduct that align to the NHS Constitution. The prompting questions were developed with the CPT's in light of some of the complex behavioural issues that have arisen and prove difficult to identify, address and measure. The self-assessment may align with the assessment of the CPT (using the scale); alternatively a disparity in the assessment may occur, leading to greater exploration of the areas of concern. In this instance recognising actions in order to develop the student's awareness and conduct will be developed. Whilst an evaluation of the work undertaken will take some time to collate locally, it feels pertinent to share current working practice. It may be dangerous to assume that all qualified nurses have the values and attributes one may associate with high quality care and effective team working in the NHS. Therefore one would suggest that the continued assessment of values and attitudes is fundamental in the assessment and shaping of students, and indeed subsequently staff in performance reviews. What is concerning is that there are NHS employees responsible for the delivery of high quality care that may not have the right values (Francis 2013a, 2013b; King's Fund, 2013). Indeed, one questions if values are reviewed at personal development reviews (PDR's) and in clinical supervision sessions routinely. Anecdotally, personal conduct and attitude appear difficult to manage and address within the NHS culture, although there have been positive moves toward a 'no tolerance culture'. Working with professionals in recognising their own values appears a pertinent recommendation within the current workforce. Developing strategies to support the shaping of professional values would be valuable in addition to developing recruitment and education approaches.

In conclusion

Whilst VBR appears to be a commitment of the NHS, HEE and HEI's, it is important to ensure that training is offered to those at all stages of the interview process to ensure parity across organisations. Behavioural interviewing appears to be useful in the exploration of personal attitudes and beliefs leading to the demonstration of professional behaviours. Parity of the candidate experience is important, yet probing into candidate responses is recognised as a method of exploring the behaviour and self-awareness of candidates. The measure of success of VBR processes requires further research and exploration within the literature. However at this early stage it can be seen that retention in postgraduate community nursing courses has improved, along with academic attainment and a reduction in access to academic study skills services. Most importantly, colleagues have seen a shift in attitude within both the university and in the placement settings in attitude, professional conduct and professional ability. While testimonials provide a real insight into some of the behavioural change to the cohort, capturing this measure of success requires further development.

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