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Nurse Education in Practice (ISSN 1471-5953)

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#### Citation Details

##### **Citation for the version of the work held in 'OpenAIR@RGU':**

MACDUFF, C., STEPHEN, A. and TAYLOR, R., 2016. Decision precision or holistic heuristic?: Insights on on-site selection of student nurses and midwives. Available from *OpenAIR@RGU*. [online]. Available from: <http://openair.rgu.ac.uk>

##### **Citation for the publisher's version:**

MACDUFF, C., STEPHEN, A. and TAYLOR, R., 2016. Decision precision or holistic heuristic?: Insights on on-site selection of student nurses and midwives. *Nurse Education in Practice*, Vol. 16 (1), pp. 40-46.



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## **DECISION PRECISION OR HOLISTIC HEURISTIC?: INSIGHTS ON ON-SITE SELECTION OF STUDENT NURSES AND MIDWIVES**

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**Acknowledgements:** The authors would like to thank all the staff and students from the seven universities involved for their valued contributions to the study. This study was funded by NHS Education for Scotland. The views expressed in the paper are the authors alone.

## **Abstract**

Concerns about quality of care delivery in the UK have led to more scrutiny of criteria and methods for the selection of student nurses. However few substantive research studies of on-site selection processes exist. This study elicited and interpreted perspectives on interviewing processes and related decision making involved in on-site selection of student nurses and midwives. Individual and focus group interviews were undertaken with 36 lecturers, 5 clinical staff and 72 students from seven Scottish universities. Enquiry focused primarily on interviewing of candidates on-site. Qualitative content analysis was used as a primary strategy, followed by in-depth thematic analysis.

Students had very mixed experiences of interview processes. Staff typically took into account a range of candidate attributes that they valued in order to achieve holistic assessments. These included: interpersonal skills, team working, confidence, problem-solving, aptitude for caring, motivations, and commitment. Staff had mixed views of the validity and reliability of interview processes. A holistic heuristic for overall decision making predominated over belief in the precision of, and evidence base for, particular attribute measurement processes. While the development of measurement tools for particular attributes continues apace, tension between holism and precision is likely to persist within on-site selection procedures.

**Keywords:** selection of students; nursing and midwifery; on-site processes; interviewing

## **Highlights**

- Students' experiences of the selection interview process varied widely
- Selection staff's perceptions of the reliability and validity of processes varied widely
- Holistic considerations predominated for decision makers
- Universities should explain purposes and processes involved in on-site selection
- Insights about the realities of on-site selection should inform national policy considerations

## **INTRODUCTION**

The selection of suitable candidates for educational programmes that prepare health professionals for registration with their professional bodies continues to be a topic of much importance internationally. Practices for selection vary within and across countries and disciplines, with the question of who to select being bound up with questions about the what, why, how, where and when of selection (Taylor, Macduff and Stephen 2012). Since the millennium research studies in Israel (Ehrenfeld and Tabak 2000; Ziv et al 2008), Canada (Salvatori 2001), and Australia (Harris and Owen 2007; Wilson et al 2011) among others have variously examined criteria, methods and outcomes relating to the selection of candidates for medicine and/or for nursing.

Within nursing in the UK, the past ten years has seen an increasing number of research studies on selection, driven initially by concerns over student attrition (e.g. McLaughlin et al 2007). More recently commissioned reports into the quality of care being delivered in the NHS (e.g. Francis 2013; Keogh 2013) have raised questions about whether nursing is recruiting and preparing students with the right qualities and skills, particularly in regard to compassion. In turn this has generated more initiatives and related research around recruitment and selection. However the evidence base for most on-site selection processes (OSSPs) in terms of best practice for achieving outcomes remains weak in nature and scope (Taylor et al 2014).

This is particularly true in relation to the use of interviews in on-site student selection processes. As the Nursing and Midwifery Council (2011) require that

there is face-to-face contact with students prior to recruitment, individual and group interviews are extensively used in the UK. While this enables universities to fulfil these statutory requirements, the nature of these encounters and their subsequent influence on overall decision making remain somewhat of a mystery. Indeed there remain very few substantive research studies eliciting insights from faculty and students about the dynamics of selection processes as enacted at university sites. This paper reports qualitative research from a case study based evaluation of selection practices in Scotland conducted in 2012, with particular focus on the perceived validity and reliability of universities' interviewing.

## **BACKGROUND**

Within the context of the issues outlined above it is perhaps surprising that the most substantive qualitative study of interviewing processes that emerged from our search of the literature dates back 20 years. Writing in 1994, Land reports a study of the student selection experience in three British colleges where interviewing was at the heart of the on-site processes. Thirteen focus groups were carried out with a range of students at different levels of progression (1<sup>st</sup> to 3<sup>rd</sup> year), three focus groups were carried out with nurse teachers, and two focus groups were carried out with clinical managers involved in the selection interviews. This enabled a comparison of perspectives that yielded a range of notable issues.

Firstly a number of students reported being interviewed by several different institutions and learning to provide interviewers with the information that they wanted to hear. Secondly some female candidates with dependent family

circumstances reported being asked searching questions about availability, which clinical managers in turn defended as being reasonable and practical. These managers and the nurse teachers “agreed that it was their experience of interviewing that allowed them to make considered judgements of the candidates and without dissention they felt that intuition was an extremely important part of the experience” (Land 1994). Finally the way that candidates dressed and presented themselves for interview emerged as influencing final decisions in a number of cases. Based on these and other findings, Land called for selection methods to become much more systematic and much less subjective and intuitive. This would include the use of a range of objective and measurable criteria.

There is some evidence that in the ensuing 20 years UK nursing and midwifery has attempted to do just that. Firstly work has been ongoing to identify key agreed criteria that candidates should meet in terms of knowledge and understanding (e.g. Price 1999) and attributes and skills (e.g. Waugh et al 2014). Evaluation studies have researched the implementation of standardised interview assessment tools and any link to outcomes such as course progression (e.g. Donaldson et al 2010). Moreover there have been recent developments in the nature of on-site selection interviews. In some universities static individual or group formats are giving way to more dynamic processes such as Multiple Mini Interviews where candidates are tested on a range of cognitive and non-cognitive attributes (e.g. emotional intelligence) in a standardised way at a number of different testing stations (e.g. Perkins 2012). Finally many institutions have sought to involve service users and/or current students in their on-site selection processes.



As such there is evidence of progress which in turn can be used to help rebuff criticism of the inputs and outputs of UK nurse education. However, in the continued absence of a substantive qualitative study of what is going on across a number of institutions, there is a danger that rhetoric may run ahead of reality. Accordingly, 20 years on from Land's study, this paper will focus on interview processes and their influence on selection decisions as perceived by students, academic and clinical staff from Scottish Higher Education Institutions (HEIs) involved in the selection of nurses (and, in some cases, midwives).

## **DESIGN**

### **Aim and ambit**

The aim of the study was to elicit and interpret perspectives on interviewing processes and related decision making involved in on-site selection of student nurses and midwives. This qualitative enquiry was part of a larger case study of practice in Scotland which used mixed methods and is reported elsewhere (Taylor et al 2012 and 2014). Within the overall ambit of a sequential explanatory study (Ivankova et al 2006) this qualitative research was designed to follow on from the findings of initial surveys of the participating HEIs so that more in-depth understandings of perceptions of practice within and across these universities could be developed. The aim was not only to elicit what participants thought and felt but, if possible, why this was the case.

### **Participants**

Seven of the nine main universities involved in educating pre-registration nurses in Scotland took part. At the time five of these HEIs also provided pre-registration midwifery education. A designated link person at each HEI passed on information about the study to our target key stakeholder groups as part of a purposive sampling strategy. The inclusion criteria were: (i) role as admissions tutor (ii) academic staff with role in selection interviews (iii) member of clinical staff with role in selection interviews (iv) student nurse or midwife recruited in most recent intake. Details of participants in this part of the study are provided in Table 1.

## **Insert Table 1: Details of study participants**

### **Data collection**

As can be seen from Table 1, individual interviews were carried out with six admission tutors. Six focus groups were carried out involving a total of 30 lecturers and 5 clinical staff. At one site the intended focus group had to be undertaken as an individual interview due to circumstances on the day. A further 9 focus groups involved a total of 72 students. In addition to including midwifery students, there was representation from branches of nursing such as mental health, children and learning disability. This data collection took place from February to March 2012.

An interview guide was used for both the individual interviews and the focus groups, with minor customisation for each of the stakeholder groups. This was based around an analytic model of selection processes and outcomes (Figure 1) that had been devised in the first stage of this sequential enquiry. This core model was customised to reflect processes and aspects of outcome relevant to each individual HEI based primarily on previous findings from survey responses.

### **Insert Figure 1: Analytic model**

A copy of the model was given to participants to serve as a focus for discussion. The researchers used a semi-structured schedule in conjunction with this (Table 2)

### **Insert Table 2: Interview guide**

The individual interviews typically lasted between 45-90 minutes and the focus group interviews were also within these parameters. Audio recordings were made of all the interviews and they were transcribed in full.

### **Ethical considerations**

Ethical approvals were obtained from all the participating HEIs. The study undertook not to name individual participants or participating HEIs in reporting findings. Formal informed consent was obtained via the provision of information on the study and use of a written consent form.

### **Data analysis**

Primary and secondary data analysis approaches were employed in order to gain manageable and useful syntheses. The primary analysis approach firstly involved using qualitative content analysis (Bryman 2001) to extract key material from the interview transcripts relating to each HEI. Texts were extracted on the basis of both manifest and latent content (Graneheim and Lundman 2004) that yielded insight into the what, how and why of selection. This material was imported into

one data matrix for each HEI. The matrix collated key findings from admission tutors, lecturers and students in three separate columns. Each row in the matrix comprised a sub-topic of importance to the study, such as "rationale for OSSP". This approach to summarising and synthesising data essentially enables descriptive cross case analysis (Miles and Huberman, 1994) for each HEI. The main advantage was to make manifest convergences and divergences of perspectives on particular issues, capitalising on our consultations with different groups. One narrative summary was also produced for each HEI, incorporating use of key text from interviews.

A secondary analysis approach was then used in order to pull together findings across the individual HEIs in a different way. This thematic approach to analysing the primary material (matrices and narrative summaries) drew on processes from the "Framework Analysis" method (Ritchie et al 2003), principally: familiarisation with the data; identifying a thematic framework; and charting/mapping. This facilitated identification of major themes, sub themes and associated main categories (as exemplified in Table 3).

### **Validity and reliability/rigour**

The criteria of credibility, transferability, confirmability and dependability (Guba and Lincoln 1994) informed both the study design and its conduct. There was extensive use of triangulation to embed credibility. The core model used as a focus in the interviews was informed by previous survey findings, and further method triangulation was apparent in the use of both individual interviews and

focus groups. Triangulation of sources for data was a key strategy for achieving comprehensive understandings and, as described above, the use of data matrices in primary analysis made areas of convergence and divergence amongst stakeholder groups manifest. In turn the production of a matrix and a narrative account for each HEI enhanced dependability, contributing to a clear audit trail of data collection, analysis and synthesis. The use of participants own words in quotations in the text also contributes to the credibility of the findings allowing the reader to obtain a sense of the voice of these stakeholders and to make their own inferences about the potential transferability of the findings to other contemporary contexts where student nurse and midwife selection is taking place. Moreover, as will be seen, it also provides a basis for temporal comparisons with previous qualitative studies which feature similar stakeholder voices.

## **FINDINGS**

Secondary analyses yielded four main themes: adoption, adaptation; expectations and experiences; decision precision; and distal dynamics. The first of these themes reflects stakeholder perspectives on the external context and internal history relating to OSSPs in each HEI. The last reflects perceptions of more distal impacts. As this paper focuses on on-site enactment and interpretation, the above two themes are not reported here. Rather this paper focuses on key findings about interview dynamics and decision making on the OSSP day. Table 3 provides detail of the relevant themes, sub-themes and categories involved.

### **Insert Table 3: Relevant themes, sub themes and categories**

#### **Interview dynamics on the day**

Four of the seven universities used group interviews. Students were typically given a particular health-related scenario and/or related pictorial cue to elicit discussion around nursing. Their experiences of these were very varied:

*'In my group actually I thought that we should all kind of pass it because the dynamics were very good, it really was a teamwork approach. We had people in that interview that would not speak, they were just too shy and it wasn't sort of a competition in that room, it was like we were trying to help those people to speak up for themselves.'* (Student, Site 2)

*'It just felt like it was a feeding frenzy, it was just like it did almost feel like everyone was fighting for one position that was available.'* (Student, Site 1)

Some students reported attending the same university on different OSSP days  
Contrast was made between the two experiences:

*'When I came for my second interview it was exactly the same scenario and I kind of thought it was the same, or a part of the panel was the same people, I mean the interviewers, but because it was a bigger group the second time around, there was eight of us the dynamics were completely different in the group, it was an altogether completely different experience.'* (Student, Site 4)

Some students had experiences of attending other universities for OSSP days and described using experiences of OSSPs at one university to help them to prepare for others when they had applied to several. Candidates who favoured individual interviewing felt that in group interview experiences it was harder to express themselves, they were in a highly competitive situation, and did not see how suitable candidates could be selected:

*'I liked it being individual interviews rather than it being a group interview because you had more of a chance to ask questions you wanted or you felt like you personally were interviewed rather than the group interview.'* (Student, Site 5)

The MMI format for individual interview was also seen as challenging:

*'You were just getting into...we were just saying something and then this bell would go off and you had to get up and move!'*



(Student, Site 6)

### **Consideration of attributes**

Staff placed great importance on making correct decisions about whether or not candidates should be offered places on programmes. Interviewing staff identified a range of sought attributes:

*'What we were looking for within the potential students were key attributes: caring, compassion, articulate, teamwork...'* (Lecturer, Site 3; group interviewing)

It was striking that some staff saw group interviews as ideal for eliciting the first three attributes mentioned above, while other staff would make the same argument for the value of individual interviews. Irrespective of format, interview was seen as helping assess suitability for studying on a nursing course and for pursuing a career as a nurse.

*'I assess on quite a lot of their interpersonal skills, that's what's a biggie for me .....That gives me an idea of how they're actually going to function within a team, how they're going to be as a colleague, how they're going to do in group work etc. and whether they actually listen!'* (Lecturer, Site 1; group interviewing)

This would tend to suggest a higher personal weighting on such skills. Within the same team, however, different perspectives were elicited.

*'I don't think anything stands out as, you know, an absolute must, you know, it is a combination of how the applicant performs. It is only a snap*

*shot of that applicant's life, you know, and we do appreciate that nerves can play a part in it as well.'* (Admission tutor, Site 1)

Students saw the attributes being sought through group interview as relating mostly to personality and performance skills:

*It is not really looking at our knowledge because knowledge we are here to get it through the four years, it is looking at our teamwork, our personality, life experience all that kind of things* (Student nurse, Site 2)

*Problem solving skills, you know, take a scenario and try and find ways to make it work.'* (Student nurse, Site 1)

*'Anybody who's confident but not too overconfident or is it, I don't know, can work within the group without being bossy...'* (Student nurse, Site 1)

Indeed students often articulated a need to avoid being seen as too assertive or different:

*'...the majority of people who were in my interview ended up getting in. I think it was four out of my interview that got in. So it kind of seemed like they'd seen your personal statement so you're basically in, they're just making sure you're not like a weirdo or something.'* (Student nurse, Site 1)

To an extent this was mirrored in the discourse of selection staff when something explicitly or implicitly problematic was apprehended:

*'I had um...one a couple of weeks ago where a gentleman...I said why would you like to be a nurse? It just seemed like a good thing to do! So that raised an alarm bell.'* (Lecturer, Site 1)

*There is a system in place whereby if two stations highlight what we call a red flag sort of...the applicant might give you very good answers but if there's something unusual in their presentation, if they seem to be very cold in their communication, poor non verbal communication skills um... ..that would possibly prevent them from having an offer even though their score suggested that they were in the category to be made an offer.'* (Lecturer, Site 6)

Personal appearance could also trigger difficulties for staff:

*'This is where life gets difficult because we have different opinions about tattoos within the team.'* (Lecturer, Site 7)

*"We are looking at their dress sense as well, if we are looking down to another pair of filthy denims the colour of that bin over there..'* (Admissions tutor Site 5)

Experience of caring tended to be seen as useful by the HEIs but only one made it an explicit criteria. However broader exploration of candidates' motivations for applying for a programme, and their understanding of the role of a nurse or midwife was typically seen as important:

*'We're very much assessing their insight into the reality of the profession....'* (Lecturer, Site 1)

### **Interviewing team**

In most universities clinical interviewers had roles in OSSPs. Candidates generally appreciated the opportunity to meet practicing nurses and midwives.

However HEIs had difficulties in achieving a consistent core group of academic and clinical interviewing staff who were appropriately trained and experienced. Indeed most staff in focus groups talked of their preparation for interviewing as being informal. Some universities also included service users and carers on interviewing panels, particularly when recruiting students for mental health programmes. Involvement of these other parties was felt to enhance the validity of the elicitation and discussion process but there were a range of perspectives on how this ultimately affected decision making:

*And bring the users and carers and what have you...it just adds to the sort of richness of that but we are the experts.'* (Lecturer, Site 4)

*'I feel to not have a clinical person there I don't feel as confident in my decision- making. We do look at things in a slightly different way. I think you balanced each other because it's what the two are looking for.'* (Lecturer, Site 1)

*'We have clinicians who support us and we don't mark separately but afterwards we discuss the topic, what was said and how they felt and how we felt about it. Very rarely we disagree.'* (Lecturer, Site 7)

### **Making decisions**

Most of the universities scored candidates on paper for separate criteria (based on various attributes as above), and an accumulated score was calculated and/or overall grade awarded. Limitations to the objectiveness of assessment in practice were acknowledged.

*'We also have a rating on the front there as good, very good and excellent which is probably intuitive plus gathering all the other information, that would be a summary of how we felt. But again it is snapshotty, it is dependent on so many other factors but we do our best, we try and make it as similar, as objective as we can but we understand there's obviously subjectiveness in that (Lecturer, Site 7)*

Indeed HEI staff often talked about the adequacy or otherwise of evidence to inform their practice, and of reviewing and trying to improve systems:

*'I think it isn't valid but you know the stuff that has been done and stuff I've seen before when I did the benchmarking and stuff, the bottom line is they are not evidence based.'* (Lecturer, Site 3)

*'What we did this year is we took away the scoring system because we felt it was lacking some degree of objectivity and it was skewing it.'* (Lecturer, Site 3)

Nevertheless, only one of the institutions in the study had any formal psychometric evidence of the reliability of their grading system.

In most institutions interviewing staff described a selection decision formed by taking an overall view of the candidate's performance across all aspects of the OSSP day. Validity and reliability was seen as enhanced by gathering as much information as possible about candidates. Indeed one of the striking consistencies across universities was the widely shared belief that an holistic approach was integral to the ultimate validity of the selection process and final decision:

*'I think we take a holistic approach because you look at what's written on paper, but even those candidates who don't maybe do well at interview, you're not just saying well that's it, it's over..... you can take everything into account.'* (Lecturer, Site 7)

Across universities there was usually confidence in the abilities of school staff to lead decision-making effectively:

*'We're all sort of experts in our field, I think we shouldn't downplay that. I think we're more than capable of judging people's ability to care for the kind of people that we want to care for, you know.'* (Lecturer, Site 4)

*'I think if we went around the room there would be some consistency in what we would expect of a potential applicant but that wasn't explicit at all.'* (Lecturer, Site 3)

Indeed some selectors saw intuition as a natural part of the overall process:

*'I don't know, if you kinda go, you probably shouldn't go by your gut feeling as well, your intuition. You know, if you've been doing the job for so many years, you're quite in tune with people and people's behaviour and some things, you can kind of, I don't know, maybe you shouldn't go so much with intuition. But if you think, they're excellent and my gut feeling is that yes, you know, that's it you know.'* (Lecturer, Site 7)

This found resonance in one student's perspective:

*'I think that...maybe they don't tell you what they're looking for because they're not entirely sure! [Laughter] I don't mean that in a bad way, I*

*mean that in...that they take every application individually and assess everybody on their merits.'* (Student; Site 3)

The more structured design of the MMI format, with multiple stations and staff involved, was seen to offer checks and balances in this regard:

*'It feels like it's removed the... "God I really don't like you!" It's a way of making sure that you can't do that because you can only give your score for your little bit so unless you stand up at the end and go "let's just not have that student because they're awful"...you can't influence it in the same way whereas a two person interview you can really influence it.'* (Lecturer, Site 6)

Many students thought that the selection process they had undergone, and the interview at the heart of it, was valid and reliable. However, some were unsure about how they were being assessed, and for many there was lack of clarity about who was responsible for the decision and the mechanism in place to facilitate the decision.

Staff acknowledged that at times people get on programmes when perhaps they should not have. To use an analogy from statistics, these can be seen as the incorrectly identified or "false positive" cases relating to the specificity of selection as a screening procedure. Given that opinions varied about what constitutes a poor candidate this was perhaps unsurprising. For example, there was some disagreement about the necessity for nursing to be a first career choice when lecturers identified that nursing had not been their own initial chosen career.

## **DISCUSSION**

In the course of eliciting these findings it became clear that staff in Scottish HEIs were seeking to design processes, incorporate measures, and enact systematic OSSP procedures that would optimize fairness, equality and consistency. This can be seen as going some way to address Land's challenge from twenty years ago. However perceived lack of a robust evidence base was seen to hamper this, compounded by the range of underlying beliefs staff had about the what, why, who and how of selecting-in the "right" students and selecting-out the "wrong" ones. Generally speaking the student population recognised staff's good intent while often struggling to fully understand rationales, processes and the relationship to outcome decisions.

As has been seen, interviews were one of the key processes, but their reliability and validity was seldom fully evaluated. Given NMC requirement for face-to-face contact, extensive use of interviews was unsurprising but many staff expressed deeply felt need to engage in this way in order to get a rounded view of the candidate as a person spanning a range of attributes. This was found to be part of a holistic heuristic for overall decision making that predominated over belief in the precision of, and evidence base for, particular attribute measurement processes. Within this ambit it was interesting to hear echoes of many of the issues Land found in 1994 such as the persistence of intuition, staff belief in professional expertise for selection, and even candidates personal appearance. The latter issue can be seen as part of a latent regulatory aspect of the holistic assessment concerned with conformity to norms and keeping out



undesirables. It was significant that this surfaced both in staff and student accounts.

In some ways the holistic heuristic can be understood as providing both personal and professional reassurance that candidates have been thoroughly and fairly assessed. In turn this provides a kind of corporate reassurance on behalf of the institution that due process has been carried out and that manifestly unsuitable candidates, at least, have been de-selected/weeded out. Within the UK this speaks to the agendas of government, NMC and, increasingly, the press which are focussing on protection for the public and concerns for standards and compassion.

Recognition of multi-faceted agenda in the selection of students (O'Donnell 2011) and the need for multiple approaches (Straughair 2011) has encouraged research activity to evaluate particular OSSP approaches such as the MMI (Perkins et al 2012) Interestingly, since this research study was completed, there has been a nuanced shift in UK discourse about selection and recruitment of student nurses and midwives. The focus of this shift is embodied in Health Education England's (HEE 2014) values-based recruitment (VBR) strategy which requires institutions to recruit students, trainees and employees on the basis that their individual values and behaviours align with the NHS Constitution. In turn this has led to interest in particular tools supporting values-based selection such as the Cambridge Personal Styles Questionnaire (Admissions Testing Service 2014).

Within such a values-preoccupied policy context it seems even more important that selection processes are based on best evidence from empirical studies of the enactment of approaches and informed by perceptions from those at the front line, as in the current study.

The situation in the UK seems to contrast with a dearth of recent international research literature on selection processes and experiences in nursing and midwifery, making it hard to ascertain the extent to which many of the issues discussed above are a UK preoccupation. Ehrenfeld and Tabak's evaluation of interviewing from 2000 called for clearer criteria and standards but there is little evidence of further substantive international studies, especially multi-site studies involving student, staff and clinical staff perspectives.

### **Limitations**

The main limitation of this study is that it is based on perceptions alone rather than incorporating empirical observation of interactions. Moreover two of the nine universities involved in Scotland did not take part in the study. This slightly limits transferability of findings within Scotland and it is clearly not axiomatic that these will be similar to experiences in other countries.

## **CONCLUSION**

In the face of ongoing pressure to justify selection practices, there will be further emphasis on use of systematic on-site selection processes that incorporate validated attribute measurement tools to enable ostensible decision precision. However our reports from the front line suggest that such developments are likely to be operationalised in a context where selectors typically wish to view candidates in the round, incorporating formal and less formal considerations. As such commissioners, developers and users of attribute measurement tools should be cognisant of the wider OSSP dynamics that will inform decision making. Moreover, universities should seek to better explain to students the purposes and processes involved in these on-site selection events. Finally, further international research is needed into the realities of these encounters so that a more consistent consideration of selection practice in nursing and midwifery can be achieved.

## References

Admissions Testing Service, 2014. Cambridge Personal Styles Questionnaire. Available at: <http://www.admissionstesting.org/for-institutions/about-our-tests/behavioural-styles-assessment> Accessed 22/11/14.

Bryman, A., 2001. *Social research methods*. Oxford: Oxford University Press.

Donaldson, J.H., McCallum, J. and Lafferty, P., 2010. Can we predict successful completion of the common foundation programme at interview? *Nurse Education Today*, 30(649), 649-656.

Ehrenfeld, M. and Tabak, N., 2000. Value of admission interviews in selecting of undergraduate nursing students. *Journal of Nursing Management*, 8(2), 101-106.

Francis, R., 2013. Report of the mid-Staffordshire NHS Foundation Trust Public Inquiry, volumes 1-3. London: The Stationery Office.

Graneheim, U and Lundman, B, 2004. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today* 24, 105-112

Guba, E. and Lincoln, Y., 1994. *Fourth Generation Evaluation* Newbury Park: Sage.

Harris S and Owen C, 2007. Discerning quality: using the multiple mini-interview in student selection for the Australian National University Medical School. *Medical Education*;41:234-41.

Ivankova, N; Creswell, J and Stick, S, 2006. Using mixed-methods sequential explanatory design: from theory to practice. *Field Methods* 18 (1), 3-20.

Keogh, B., 2013. Review into the quality of care and treatment provided by 14 hospital Trusts in England: Overview report.

Land, L.M., 1994. The student nurse selection experience: a qualitative study. *Journal of Advanced Nursing*, 20(6), 1030-1037.

McLaughlin, K., Moutray, M. and Muldoon, O.T., 2007. The role of personality and self-efficacy in the selection and retention of successful nursing students: a longitudinal study. *Journal of Advanced Nursing*, 61(2), 211-221.

Miles, M. and Huberman, M., 1994. *Qualitative Data Analysis* Newbury Park: Sage.

Nursing and Midwifery Council, 2011. Good practice guidance for the selection of candidates to pre-registration nursing and midwifery programmes. London: NMC. Available from: <http://www.nmc-uk.org/Publications-/Circulars/Circulars-2008/> Accessed 31/10/14

O'Donnell H, 2011. Expectations and voluntary attrition in nursing students. *Nurse Education in Practice*. 11, 54-63.

Perkins, A., Burton, L., Dray, B., Elcock, K., 2012. Evaluation of a multiple mini interview protocol used as a selection tool for entry to an undergraduate nursing programme. *Nurse Education Today*, doi:10.1016/j.nedt.2012.04.023.

Price, S., 1999. The selection of students for children's nursing: the qualities expected of candidates. *Nurse Education Today*, 19, 227-238.

Ritchie, J.; Spencer, L. and O'Connor, W., 2003. Carrying out qualitative analysis. In J. Ritchie and J. Lewis (Eds) *Qualitative Research Practice: a guide for social science students and researchers*. London: Sage.

Salvatori, P., 2001. Reliability and validity of admissions tools used to select students for the health professions. *Advances in Health Sciences Education*, 6, 159-175.

Straughair C, 2011. Exploring compassion: implications for contemporary nursing. Part 2. *British Journal of Nursing*. 21(4), 239-244

Taylor, R., Macduff, C., Stephen, A.I, 2012. *Evaluation of face-to-face interviewing and related selection processes as reliable and valid selection tools for recruitment of student nurses and midwives*. NHS Education for Scotland.

Taylor, R., Macduff, C. and Stephen, A.I, 2014. A national study of selection processes for student nurses and midwives, *Nurse Education Today*, 34, 1155-1160

Waugh, A; Smith, D; Horsburgh, D and Gray, M, 2014. Towards a values-based person specification for recruitment of compassionate nursing and midwifery candidates: a study of registered and student nurses' and midwives' perceptions of prerequisite attributes and key skills. *Nurse Education Today* 34; 1190-1195

Wilson, A., Chur-Hansen, A., Marshall, A. and Air, T., 2011. Should nursing related work experience be a prerequisite for acceptance into a nursing programme? A study of students' reasons for withdrawing from undergraduate nursing at an Australian university. *Nurse Education Today*, 31, 460-460.

Ziv, A; Rubin, O; Moshinsky, A; Gafni, N; Kotler M; Dagan, Lichtenberg, D; Mekori, Y; and Mittelman M, 2008. A simulation-based assessment centre for evaluating the personal and interpersonal qualities of medical school candidates *Medical Education*;42; 991-998

**Table 1: Details of study participants**

<b>University</b>	<b>Individual interviews (n=6)</b>	<b>Focus groups (n=15)</b>	
		<i>Admission tutors</i>	<i>Lecturers and clinical staff</i>
1	1	One group of 8 (5 lecturers; 3 clinical staff)	One group of 10 (nursing). One group of 9 (midwifery)
2	0	0	One group of 4 (nursing)
3	1	One group of 7 lecturers	One group of 10 (nursing and midwifery)
4	1	One group of 6 lecturers	One group of 7 (nursing)
5	1	One individual interview (no others available)	One group of 11 (nursing)
6	1	One group of 8 (6 lecturers; 2 clinical staff)	One group of 7 (nursing)
7 (2 sites)	1	Two groups involving 5 lecturers in total	Two groups involving 14 students in total (midwifery)
<b>Total participants</b>	6 (3 males)	35 (6 males)	72 (9 males)



**Table 2: Interview guide**

<b>Guide for interviews</b>		
<i>We are interested in learning more about your experiences of on-site selection processes, particularly around interviews and their outcomes. First take some time to consider the summary model here.</i>		
<b>Individual interviews with admission tutors</b>	<b>Focus groups with academic and clinical staff</b>	<b>Focus groups with students</b>
<i>Explore context for/history of selection at HEI</i>	<i>Explore context for/history of selection at HEI</i>	<i>Explore any issues pre-on-site selection</i>
<i>Explore rationale for approach used and any preparation</i>	<i>Explore rationale for approach used and any preparation</i>	<i>Explore expectations and any preparation</i>
<i>Thinking of the elements in the summary model, how did/do the selection processes work in reality on the day? Tell me more about your experiences of the interview(s).</i>		
<i>How does the interview influence selection decisions on the day (proximal outcomes)?</i>	<i>How does the interview influence selection decisions on the day (proximal outcomes)?</i>	<i>How do you think the interview influenced the selection decision?</i>
<i>How valid/reliable/effective did/do you find it as a process? What are particular advantages/challenges?</i>		
<i>What, if any, impacts do the on-site selection processes have on future progression/retention (distal outcomes)?</i>		

**Table 3: Relevant themes, sub themes and categories**

<b>Theme</b>	<b>Sub theme</b>	<b>Main categories</b>
<b><i>Experiences</i></b>	Dynamics on the day	Group interviews
		Individual interviews
<b><i>Decision precision?</i></b>	Consideration of attributes	Interpersonal (communication, teamwork)
		Experience of caring
		Motivation
	Interviewing team	Shared interviewing
		Consistency
		Service users, clinical staff
	Making decisions	Grading systems
		Holism
		Other influencing factors
		Specificity/sensitivity

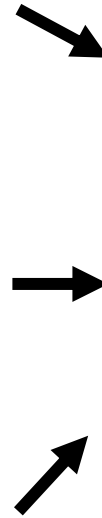
**Figure 1: Analytic model**

1 Discrete elements of OSSPs

- Consideration of academic qualifications
- Influence of prior enablement of self-selection (prior information; job/person specification; role requirements)
- Personal statements/  
Motivational assessment tools
- Essays
- Individual selection interview processes**
- Group interview processes (e.g. with scenarios)**
- Numeracy and/or literacy tests
- Involvement of range of people in selection: academic staff; clinical staff; service users; administration staff

2. Typical combinations

- Type 1  
*(to be populated through the data collection with HEIs)*
- Type 2
- Type 3



3. Proximal outcomes

- 1. Translation into recommendation (nature and strength of recommendation for each prospective student based on initial outcome of OSSP)**
- 2. Whether selected finally (mitigated by match to available places)**

4. Distally related outcomes

- Retention of students at key stages of programme (e.g. after placement 1)
- Indicators of progression difficulty (e.g. cause for concern)
- Satisfaction of students at key stages of programme (e.g. in regard to course and career choice)
- Other?