

# Exploring the ‘Values Journey’ of Healthcare Students Recruited Using Values-Based Approaches: a multi-professional cohort study

*Dr Alison Callwood*

**RCN International Research Conference,  
*Oxford, April 2017***

# Background

- ‘Developing and evaluating multiple mini interviews (MMIs) in Student Midwife Selection’: PhD thesis
- National Values Based Recruitment Programme (Department of Health, 2014)
- Values Based Recruitment (VBR) is the process of recruiting and selecting individuals for caring professions on the basis that their values align with the NHS Constitution (DoH, 2013)
- Central premise for VBR is that ‘values influence behaviour’ but...

# Values Attrition

- Other factors affect behaviour e.g. past experiences, skills set, knowledge, motivation, other external influences
- Organisational pressures can impact on individuals' ability to sustain values might previously have aspired to (Paley, 2014)
- 'Abandonment of values' where student nurses ideals crushed or compromised by structural and organisational constraints (Maben et al, 2009)
- Increase in cynicism and decline in idealism recognised part of students journey through medical school (Stratta et al, 2016).

# ‘Values Journey’

- Role modelling and ensuring personal congruence with institutional mission statements attempted to mitigate against organisational pressures
- Concerns remain about potential erosion of values with increased exposure to clinical practice environment
- Conceptualisation of a ‘values journey’

# Research Question?

How do healthcare students describe their ‘values journey’ once exposed to the clinical practice environment having been selected using values-based approaches?

# Multiple Mini Interviews (MMIs)

- Widely employed across healthcare student selection processes
- Candidates respond to questions relating to a specific scenario at a 'station' and then move onto the next station in a timed circuit. Example model: 7, 4 minute stations with 1 interviewer and 1 minute between (Rees et al, 2016)
- Each station scenario is designed to assess pre-defined personal attributes

# What is the Utility of MMIs?

- Reliability: consistently positive with 30 out of 32 cohorts reporting reliability coefficients  $>0.6$
- Predictive validity: emerging evidence (in-course and end of programme written and practice assessments)
- Acceptable from interviewer, candidate perspectives
- Feasible (output from 20 institutions)

(Knorr and Hissbach, 2014, Rees et al, 2016)

- **What does this study add?**

# Blue-Printing Process

## Generic attributes:

- Communication skills
- Compassion, empathy

## Station specific attributes:

- Honesty and integrity
- Respect for difference and diversity
- Awareness of the role of the midwife
- Intellectual curiosity
- Advocacy
- Respect for privacy and dignity
- Initiative and problem solving, team working



# Scenario Example

## Initiative, problem solving and team work

You have been training for over a year to enter a race to ascend Mount Kilimanjaro. You begin the climb with your fellow competitors, all focused on being the first to reach the summit. Part way up one of the climbers falls critically ill with altitude sickness whilst two others develop diarrhoea and vomiting.

# Scenario Example: *continued*

Concerns are raised about the rest of the climbers becoming ill, however one of your party decides he has trained for so long to achieve his dream that he goes on ahead alone. You and two others are the only members of the party feeling fit and well.

**How would you respond to this situation and why?**

# Station assessment

A standardized assessment pro forma accompanied each station to maximize inter-rater reliability

Examples:

- Ability to appreciate a range of perspectives when complex issues may cloud judgement
- Can articulate an understanding of the potential conflict between emotion and logic
- Self-assurance with grace

# Station assessment

- Candidate responses were rated on a scale (7 point) from ‘unsatisfactory’ to ‘excellent’
- The sum of the station scores generated an overall score for each candidate
- Proponents argue: the aggregate of multiple observations represents a more accurate assessment of an individual’s attributes; the potential effect of chance and examiner bias is diluted (Eva et al, 2004)

# Study Aim

To explore how students, selected using MMIs describe adjustment to their values following exposure to the clinical practice environment

# Study Design and Setting

- Multidisciplinary longitudinal cohort study at one Higher Education Institution (HEI) in the UK
- End of Year One findings presented from September 2016 cohorts adult, child and mental health nursing and midwifery students
- Six focus groups conducted in June and October 2016

# Sample n= 42

Focus group	Students	Total	Date
1	3 Mental Health	3	07.06.17
2	7 Child, 1 Adult	8	
3	3 Adult, 1 Child, 3 Mental Health	7	
4	3 Mental Health, 4 Adult	7	
5	Midwifery	8	05.10.17
6		9	

# Analysis

- Focus groups audio recorded and transcribed verbatim
- Data checking
- Nvivo
- Data extraction using hybrid approach (Fereday and Muir-Cochrane, 2006)
  - Codebook using *a priori* codes from focus group questions
  - Inductive data-driven 'open' to unexpected insights data (Boyatzis, 1998)



# Findings: Stage 1

## Codebook themes:

- Expression of pre-course values
- Changes in understanding of pre-course values
- Influences on values and therefore clinical practice
- Understanding of phrasing ‘values journey’
- Influence of clinical practice on personal values
- Organisational influences or conflicts with personal values

# Findings: Stage 1

## Synthesised themes:

- Communication integral to the role
- Integrity and courage... ‘sticking to your values in order to be trustworthy’
- Being non-judgemental towards patients/ patients’ situations
- Wanting to make a difference
- Treating people with respect and dignity
- Compassion and empathy... ‘being able to put yourself in their shoes’

# Findings: Stage 2

Three principle themes emerged:

- The **courage** it takes to use your values
- The **reality** of your values in practice
- **Self-reflection** on values

## Findings: Stage 2

### The courage it takes to use your values

**Courage was a prevalent theme mainly expressed as ‘needing to stick to your principles and values’**

*“I think courage is a major one for me...I knew that you would be in a situation where you would feel like a swan.. like really overwhelmed but externally you need to show that you are ok”*

*“I have had HCAs say (to me) ‘well you are too kind to the patients’ and ‘you’ll learn’ and comments like that and I think ‘well, you know what? I wont learn because this is me and this is exactly what I bring to this role and this is exactly why I want to be a nurse...”*

## Findings: Stage 2

**The courage it takes to use your values...** all student groups were particularly concerned with the potential repercussions of demonstrating courage through voicing a value that contradicted care

*“...you don’t want to compromise the relationship (with the mentor) and at the end of the day they’re with you for a period of time. If it was anything really bad obviously you wouldn’t (not report it further) but... as long as its not putting the woman at risk you’re just thinking “ok that’s not right” but you just smile and nod...”*

## Findings: Stage 2

### The reality of your values in practice

*“So I think core values like dignity... they’re not compromised but I think maybe the added extras that you might be able to do for people when the wards a bit quieter sometimes can’t happen...”*

*“You wish you had that little bit more time to show that little bit more interest in them... I think the major thing that is sometimes the ward activity doesn’t give you the opportunity to show you care much...”*

# Findings: Stage 2

## The reality of your values in practice

- The values supported by the University were considered the gold standard
- After a period of time in clinical practice there was a culture that excused poor values in the face of high activity that permeated throughout the organisational hierarchy

*“I felt in the first year I was kind of like focusing on being compassionate... I think going into my 2<sup>nd</sup> year I think my priority will be being competent because we are focusing on things like emergencies more...”*

# Findings: Stage 2

## Self-reflection on values

*“I have found through being on placement how easy it can be to judge somebody but to judge them without realising you’re doing it...”*



# Findings: Stage 2

## Self-reflection on values

*“A lot of the time when you do lose your compassion it’s a defence mechanism against working in a very highly stressed, you know, unenjoyable environment... would you rather go home crying every night because you are having to leave these poor people ... or could you say ‘sod this, I am going to look after my mental health and if no-one else is going to care, I’m not going to either”*

# Limitations and Study Rigour

- Contextual influences of single HEI perspective acknowledged
- Year One data
- Third party researchers conducted focus groups to avoid conflict of interest with PI
- Data checking of transcriptions by 2<sup>nd</sup> independent researcher

# Conclusions/Key Points

- Healthcare students regardless of discipline reported changes and/or challenges to their values from the commencement of their programme to the end of Year 1
- Pressures of clinical activity on the ability to maintain values in practice were evident
- Organisational culture impacted on all student groups; students were aware of this but the influence was pervasive
- Courage appears to be an important personal characteristic

# Conclusions/key points

- The impact of witnessing poor demonstration of values in practice resulted in students using resilience techniques to protect their own emotions
- Students voiced a general acceptance of the ‘status quo’, they considered it to be ‘unchangeable’ and that part in it was inevitable
- The notion that Year 1 students are apparently so quickly disenchanted with the reality of maintaining their values whilst caring for patients in the NHS is not easy to hear

# Ongoing Research

- Longitudinal study ongoing
- PhD student
- Education and in-programme support and interventions

**Thank you to those who voluntarily supported this research. Thank you for listening**

**For further information please contact  
[a.callwood@surrey.ac.uk](mailto:a.callwood@surrey.ac.uk)**

# References

- Boyatzis, R. (1998) Transforming qualitative information: thematic analysis and code development. California: Sage Publications
- Department of Health (2014) National values based recruitment programme available at: <https://www.hee.nhs.uk/our-work/attracting-recruiting/values-based-recruitment>.
- Fereday, J., Muir-Cochrane, E. (2006) Demonstrating rigor using thematic analysis: a hybrid approach of inductive and deductive coding and theme development. International Journal of Qualitative Methods, 5(1) 80-90
- Francis, R. (2013) Report of the Mid-Staffordshire NHS Foundation Trust Public Enquiry. London: The Stationary Office
- Maben, J. Cornwell, J., Sweeney, K. (2009) In praise of compassion. Journal of Research in Nursing, 15 (1): 9-13
- Paley, J. (2014) Cognition and the compassion deficit: the social psychology of helping behavior in nursing. Nursing Psychologist, 15: 274-287
- Stratta, E., Riding, D., Baker, P. (2016) Ethical erosion in newly qualified doctors: perceptions of empathy decline. International Journal of Medical Education 7: 286-292