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[Strap] Feature

[heading] Leading better care: improving quality of the NHS workforce through values and competency-based selection methods

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Abstract

Robust selection processes are essential to ensure the best and most appropriate candidates for nursing, midwifery and allied health professional (NMAHP) positions are appointed, and subsequently positively affect patient care. This article reports a study that explored the experiences of an NHS board in Scotland that has implemented values and competency-based interview (VCBI) methods for NMAHPs. Results suggest that using values and competency-based interviews could have a positive effect on the quality of the NMAHP workforce, and therefore on patient care. This

method of selection could be used in other practice areas in health care, and refinement of the resource should focus on supporting interview panels to develop their VCBI skills and experience.

Keywords: health professionals, staff selection methods, values and competencies, care and compassion

### **Background and literature review**

High quality patient care is delivered by health professionals with caring and compassionate values (King's Fund 2013), and over the years these values have remained relatively unchanged (Table 1) (Yancey 1997, Ersoy and Altun 1998, Hall 1996). This is supported by more recent studies, which also highlight dignity and respect as important professional values (Gallagher 2004), and suggest adding altruism and emotional intelligence to selection criteria (Rankin 2013, Smith et al 2013).

Clinical competency is a common component of interviews for nursing, midwifery and allied health professionals (NMAHPs), however research suggests that their selection and appointment often lacks assessment of personal attributes (Highhouse 2008, Burke et al 2014), and their professionalism or behaviour (Newton et al 2014).

Therefore, the approach to the selection of candidates may be reflected in complaints from patients which are often based on the absence of empathy, compassion, manners, patience and non-verbal communication (Parliamentary and Health Service Ombudsman 2011). This is supported by the report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry (Francis 2013) which highlighted that poor quality care was delivered by staff who lacked the values and competencies that govern the NHS. Appointing appropriate individuals who can positively affect patients' experiences (Cerinus and Shannon 2014), and who possess a strong commitment to the health service, is therefore essential.

**Table 1: Values identified in modern health care**

Values	Associated personal qualities
Human dignity	Kindness, respect, honesty
	Trust, promise keeping, empathy
Justice	Morality, courage, objectivity
	Upholding moral and legal principles

Truth	Knowledge, realism, curiosity, rationality  Inquisitiveness, responsibility, self-confidence
Aesthetics	Imagination, appreciation  Sensitivity, creativity
Freedom	Self-direction, self-discipline  Independence, capacity for choice
Altruism	Commitment, compassion, generosity  Perseverance, benevolence, sympathy
Equality	Fairness, equal rights  Equal privileges, equal status

Individuals' commitment to organisations is governed by a number of factors: their belief in and acceptance of the organisation's values; a willingness to exert effort on the organisation's behalf; and a desire to remain in the profession (Gutierrez et al 2012). Recent government department policies highlight this importance. For example, the Scottish government's 2020 Vision (2013) aims to ensure the NHS workforce in Scotland has the values, professionalism and clinical competencies needed to be 'amongst the best in the world'.

And in England, from April 2015, there has been a mandated requirement for higher education institutions to adopt values-based recruitment (Health Education England 2014). This development recognises the need to establish values at the earliest opportunity when recruiting within the caring professions, in order to support excellence in patient care. Values-based selection in higher education is under development in Scotland, while in NHS recruitment in England it is still only a recommendation.

### **Study context**

Staff selection was identified as an area requiring development through the local Leading Better Care (LBC) programme, a collaboration between a health board area in Scotland, NHS Lanarkshire,

and the University of the West of Scotland (UWS) (McGuire and Ray 2014). Exploratory work in NMAHP selection processes identified limitations, including a lack of consistency and clarity in interview preparation and questioning. Further, the lack of a robust scoring system made it challenging to assess interview candidates against organisational values (Cerinus and Shannon 2014). Values and attributes are considered an indicator of individuals' future behaviours (Gangani et al 2006), and HR research has found that selection processes which evaluate people's skills, knowledge and behaviours reflect their competency to perform effectively (Patterson et al 2007).

Based on the findings from this exploratory work, local selection of NMAHPs was revised so that a values and competency-based method could be used, which is a more rigorous and robust process that helps select the 'best candidate'. NMAHPs are now guided by a locally designed core competency framework (Table 2), against which they are assessed during the selection process (NHS Lanarkshire 2013a).

To succeed in values and competency-based interviews (VCBIs), candidates are required to provide examples, from their past experience, of each competency in their applications and interviews, which is considered the 'best predictor of future behaviour being past behaviour' (Gangani et al 2006). This contrasts with the prospective questioning used previously, when candidates were often asked to respond to possible future scenarios. Senior staff involved in selection were given training to prepare them to effectively conduct VCBIs.

**Table 2: Competency framework overview: core competencies expected as an NMAHP employee of NHS Lanarkshire**

All band levels	Competency 1	Care and compassion
	Competency 2	Technical/role-specific skills
	Competency 3	Communication
	Competency 4	Person and people development
	Competency 5	Health, safety and security
	Competency 6	Service development
	Competency 7	Quality
	Competency 8	Equality and diversity

Band 6 and above	Competency 9	Setting direction - intellectual flexibility
	Competency 10	Setting direction - drive for results
	Competency 11	Personal qualities - self belief
	Competency 12	Personal qualities - drive for improvement
	Competency 13	Personal qualities - personal integrity
	Competency 14	Delivering the service - leading change through people
	Competency 15	Delivery the service - effective and strategic influencing
	Competency 16	Technical/role-specific skills

The overall aim of the study was to explore panel members' and interviewees' experience of using VCBI, and to assess the resource's potential for supporting the appointment of the most appropriate (values-based) candidates. NHS leaders and managers could gain insight from this study and, through reflection, further inform their own selection methods.

## Study

An exploratory study was designed to gather participants', both staff and candidates, experiences of using VCBI. A purposive sampling method was chosen, and data were collected from focus groups, interviews and questionnaires.

**Data collection from staff** Staff experiences of the implementation of VCBI were gathered through focus groups and semi-structured interviews. Participants included HR staff, a VCBI training provider, and senior NHS leaders who had either been an interview panel chair, or interview panel member, for NMAHP selections in the past year. Participants were identified from the VCBI staff training sessions and contacted by email. HR staff who had been involved in implementing VCBI were identified through an existing working group.

Three focus groups were conducted, one with HR staff and two with NHS senior leaders. One semi-structured interview was also conducted with the VCBI training provider to gain insight from that perspective. Focus groups and interviews lasted for between 45 and 60 minutes. The aim was to

support discussions about participants' experience of using VCBI, and they were also asked to reflect on the benefits and challenges of the resource, and suggest strategies for future development. A university researcher led each focus group and conducted the interviews.

**Data collection from interview candidates** An anonymous, paper questionnaire was used to gather candidates' experiences immediately following their interview. They filled this in in a private area away from the interview room and before knowing the outcome of the interview. A university researcher invited candidates to complete the questionnaire, and reassured them that their responses were anonymous, confidential and would not be shared with the interview panel, or affect the outcome.

The questions were designed to give an insight into whether the VCBI enabled candidates to demonstrate their values, skills and knowledge, the difficulty of responding to VCBI questions, how they prepared for the VCBI interview and how they might prepare differently in future, and suggestions on how the approach could be improved.

**Analysis** Focus groups and individual interviews were transcribed and analysed using a systematic thematic analysis framework (Colaizzi 1978), and candidates' responses from the questionnaires were analysed for both quantitative and qualitative data. Findings were discussed within the research team to develop recommendations for future practice.

**Ethical approval** The study was categorised as a service evaluation and supported by NHS Lanarkshire research and development department. Standard ethical principles were followed, incorporating participant information, gaining informed consent and protecting data in line with Data Protection Act 1995, 1998.

## **Findings**

21 participants provided insight on the use of VCBI, which included eight HR staff, 12 NHS senior leaders and one VCBI training provider. Four themes with sub-themes were identified (Table 3). Coding of the data was carried out by two researchers independently, and themes were agreed jointly. Both researchers derived a similar number of themes and sub-themes, which demonstrates rigour and reliability.

**Table 3: Themes and sub-themes identified from focus groups and interviews**

Theme A	Theme B	Theme C	Theme D
Benefits of using VCBI	Challenges of using VCBI	Limitations of using VCBI	Future refinement of VCBI
Higher quality of candidates at application stage	Designing VCBI questions	Candidates lack of awareness of VCBI	Ongoing staff training and development
Identification of strong candidates at interview stage	Experience of interview panel	Provision of VCBI guidance of candidates	Post interview reflection by interview panel
Improved overall quality of interviews	Increased time investment	Absence of a line manager on an interview panel	Presence of vacant post's Line Manager on panel
Empowered panel members	Non attendance by candidates	Use of trained panel members	Forum for interview panel members to share VCBI questions
Selection of 'best-fit' candidate	Guiding struggling candidates		Long term follow up

#### **Theme A: benefits of using VCBI**

All participants perceived VCBI as a positive change to the selection process, and the specific benefits identified are discussed below.

**A.1 Higher quality of candidates at the application stage** Candidates were required to provide examples of their values and competencies in the application form. This enabled the selection panel to identify candidates who had prepared their application in relation to VCB selection, and to identify individuals with the relevant experience. This led to a higher quality of candidates progressing to the interview stage. One participant made the following comment, which refers to the overall improvement noted: 'The way we were doing the selection process before wasn't satisfactory in terms of who we were getting in the door.'

**A.2 Identification of strong candidates at interview stage** Participants' perceived the system enabled them to identify strong candidates. VCBI took around 25 to 30 minutes longer than the previous interview format, which gave more time to ask focused questions about candidates' past experience, values and competencies relevant to the job, and to elaborate on specific points. Participants also perceived the quality and depth of candidates' responses were a more accurate measure of their personal values and attributes.



One participant said: 'I've interviewed band 4,5,6 and 7, and I think it gives you a much better feeling for the person. It gives you a better idea of their character, which is hard to hide in a VCBI. I don't think you get that in a more traditional interview.'

The participants agreed that providing real-life examples from work and/or their life experiences helped evaluate individuals' characters by identifying those who had prepared for a VCBI, and those who responded confidently with 'I did...' rather than 'we did...'.

They also perceived that candidates' future conduct could relate to how they responded to challenging situations in the past. One noted: 'The answers you get from staff predict how they'll perform in the future. You're learning (about them) from their past experiences.'

**A.3 Improved overall quality of interviews** Using probes, (for example 'can you explain your actions and the result a little further?') to focus on certain questions and answers improved the quality of the interviews, and participants recognised that asking candidates to discuss real-life situations prevented their responses from stagnating. One of the participants said: 'At times (with the previous interview format) I've been shocked at some of the questions that were being asked and not getting to the core of what's meant to be happening.'

**A.4 Empowered panel members** Interview panel members felt empowered to appoint, or not appoint, candidates based on their VCBI. The panel members had received training which reinforced good interview techniques and the VCBI scoring system. For example, one participant described the following: 'At a recent interview our panel chair said "The first thing I'd be looking for is their clinical skills so that they can hit the ground running", but clinical skills are something that can be taught, so at the end of the interview we actually employed someone who didn't necessarily have all the clinical skills (at that time) but they had the qualities, care and compassion that we were looking for. Another candidate had the clinical skills but not the right caring attitude... we wouldn't have picked that way before.'

**A.5 Selection of the 'best-fit' candidate** Participants felt that the scoring system consistently identified the best candidates. Discussion among the interview panel, after scoring, supported selection of the person who was perceived as the best-fit for the job. During the focus groups this led to discussion about the importance of having team leaders and/or line managers on the interview panel.

NHS senior leaders stressed the importance of selecting individuals with the right attributes to perform well in their team. They also discussed the complexity of human relationships, highlighting the need to consider 'character' in relation to how this could positively affect specific teams.

## **Theme B: Challenges of using VCBI**

Although VCBI were viewed positively by all participants, they identified five challenges, which are discussed below.

**B.1 Designing VCBI questions** Interview panel members found it difficult to design questions which captured all of the qualities required for the post. One said: ‘...personally that’s what I find the most challenging... finding the right questions... As the interview goes on you have your set questions and you’d just love to change them but you need to be consistent and fair.’

Some panel chairs shared strategies to improve the choice of questions, which included meeting with the interview panel beforehand to collectively choose suitable questions, reading questions aloud to determine if they could be understood by candidates, and selecting panel members to ask specific questions. For example, one commented: ‘I used to choose the questions (as the chair) and discuss with the panel. But what we do now is meet half an hour earlier and choose the questions together which is much better as it makes us all familiar with the questions.’

It was also considered important to ask questions that matched the competencies required for the post.

**B.2 Experience of interview panel** Effective delivery of the VCBI relied on the interview panel members’ experience. Panel members identified challenges, as they gained experience, for example: ‘I found I was stilted at first. I very much stuck to my questions. I found it different to what I was used to.’

The role of the panel chair was considered particularly important in ensuring that interviews focused on values and competencies. Their skills in encouraging candidates to use personal scenarios, and guiding discussions about their ‘individual’ contributions to those scenarios, were considered integral to the overall quality of the interview. One participant said: ‘You need to be a very good interviewer to pull the behaviours out to get a demonstration to say “you’re a great communicator”. Because often at an interview you (panel chair) might reflect back and say “I didn’t even ask them that question, how can I score this?” You need to be very good at interviewing to pull that behaviour out.’

HR participants described how they encouraged the interview panel to reflect and evaluate their own performance, within the panel member guidelines, at the end of interviews. The purpose of reflection was to provide opportunities for skill development, particularly on interview questions and style. Some panel chairs found the exercise helpful. An HR participant said: ‘If somebody could

sit in and give them (the interview panel) feedback. We (HR) try to encourage that in the panel chair's guide... they are encouraged to sit back and reflect at the end of the interview... and to hone their skills better.'

**B.3 Preparation time required for the interview** Adequate preparation was highlighted by HR participants as the main component of an efficient interview process, however the time this could take was reported as a challenge. Time allocated by HR for interviews is 45 minutes across all band levels. Some participants said this resulted in significant time away from their clinical areas, and that time allocation should vary with the level of post or band.

This was contested by some panel chairs, who argued that staff in band 2 onwards are all 'frontline', suggesting that significant time should be invested in ensuring staff at all levels have the required values and competencies. One participant noted that 'the timing is a challenge. If you're doing band 5 and 6s, you need about 45 minutes. But actually if you're doing a band lower than that you'll need less....', while another commented: 'Bands 2, 3 and 4 are our frontline staff. These are the people that are the face of the NHS. Patients meet them as soon as they come into hospital, so it is so important that these staff are well chosen.'

**B.4 Non-attendance by candidates** Candidates who fail to attend for interviews caused significant gaps in the schedule, and there was frustration about the ineffective use of time when this happened. Several participants suggested that HR should consider ways of managing applications from candidates who had not attended two previous interviews, and argued that this could be perceived as a measure of their values: 'We've written to HR and asked them to not invite them to interview again if they have missed an interview twice.'

**B.5 Guiding struggling candidates** Participants reported that some candidates struggled with the VCBI format. But reassuring them, and providing guidance and prompts about what was expected, helped them relax and perform to a higher standard: 'I'd say some candidates struggle with it. I tend to say "take a minute, give yourself time to think of a really, really good example".'

Equality and diversity were identified as the most challenging questions for candidates to answer, and some panel chairs chose to ask these towards the end, to avoid interviews starting poorly. One person said: 'Candidates seem to struggle with equality and diversity-based questions', while another added: 'I tend to move equality and diversity to the end because people find it difficult.'

## **Theme C: Limitations of using VCBI**

Although the overall experience of using VCBI was positive, participants highlighted some limitations.

**C.1 Candidates' lack of awareness of VCBI** Some candidates appeared to lack awareness and understanding of what was required to succeed at a VCBI, and many failed to describe specific examples of their values and competencies at the application stage. This meant that many applicants did not give enough information to be selected for interview. Candidates also appeared to be unprepared for VCBI questions during their interview, and some required guidance on how to respond.

This issue was particularly noticeable among recent graduates. Participants from the senior leaders focus groups discussed how they tried to resolve this problem by delivering information sessions to health professional students. However, it was noted that these 'interview skills' training sessions were not compulsory. One participant said: 'On the back of that I've gone out to meet the final year students and say "There's nothing in this application that lets me know who you are. Put things in (your application), all your voluntary stuff, all your previous work experience, put it in...".'

**C.2 Provision of VCBI guidance to candidates** HR staff said candidates were provided with guidance in their application pack, which is an online link with an interview letter, and were informed at the start of their interview that the panel would use a VCBI format. However, some candidates remained unclear or unaware of what was expected. It was suggested that guidance could perhaps be signposted more effectively, and emphasise the importance of preparation.

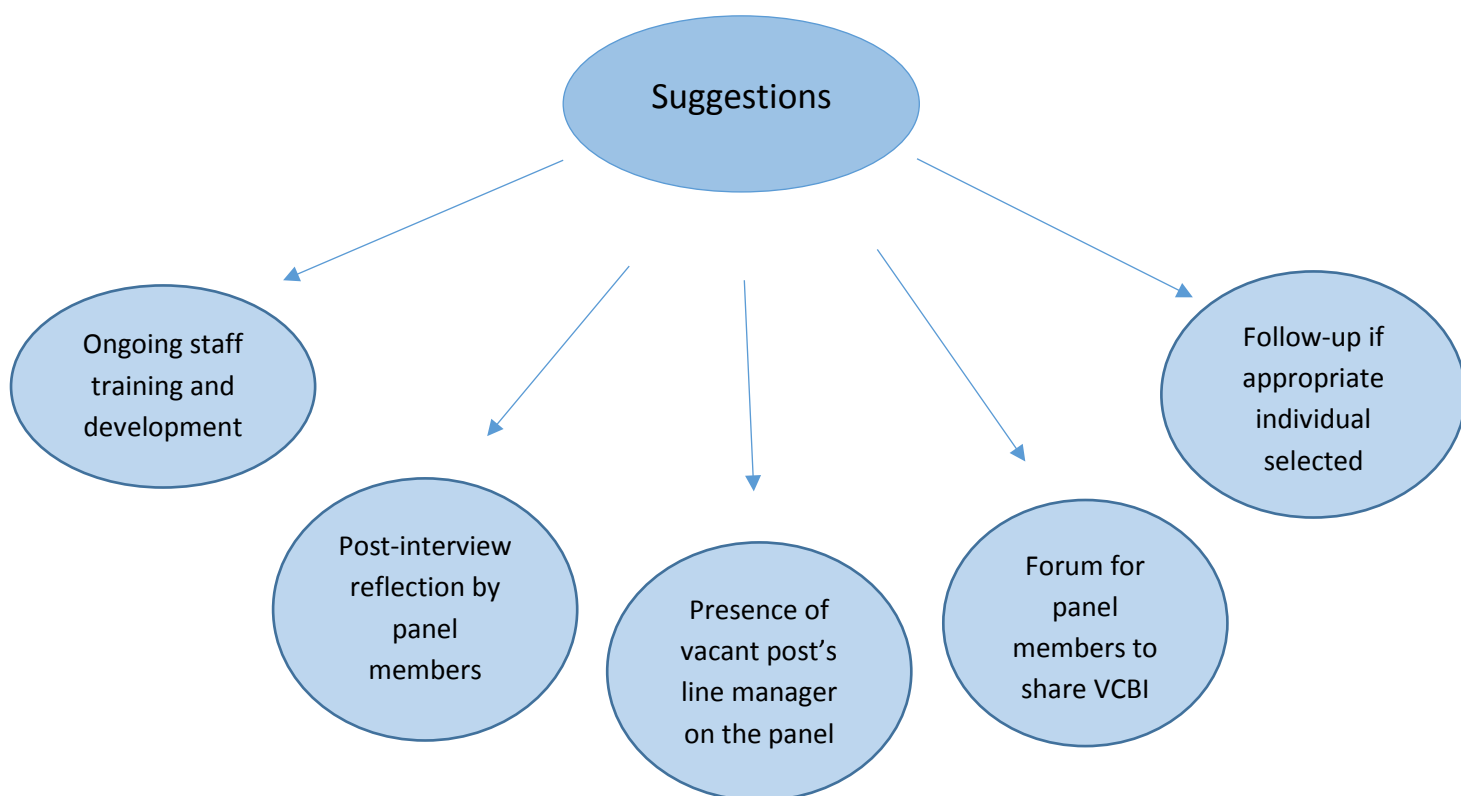
**C.3 Absence of line managers on interview panels** There was enthusiastic discussion about the use of 'cohort interviews', which are hospital or community site-based interview days for multiple candidates applying for posts at a particular site and/or in a particular specialty). However, the absence of a line manager, such as a team leader or senior charge nurse on cohort interview panels was perceived as a limitation. Although it was agreed that VCBI identified high quality candidates it was agreed that line managers could then select the 'best-fit' for their team.

**C.4 Use of trained panel members** Participants perceived an imbalance between the use of panel members and panel chairs who had participated in VCBI training. A large number of health professionals have now been trained in using VCBI, however there was general agreement that a small number were being used repeatedly on panels. This led to an imbalance in the number of panel members and chairs who were building experience and confidence. Some participants

expressed a wish to be more involved so that they did not lose their VCBI skills: ‘... they’ve done the training, but never been given the opportunity to put it into practice. It’s like passing your driving test then not being allowed to drive.’

**Theme D: Future refinement of VCBI** At the end of each focus group and interview, participants suggested ways in which VCBI could be improved to strengthen selection (Figure 1).

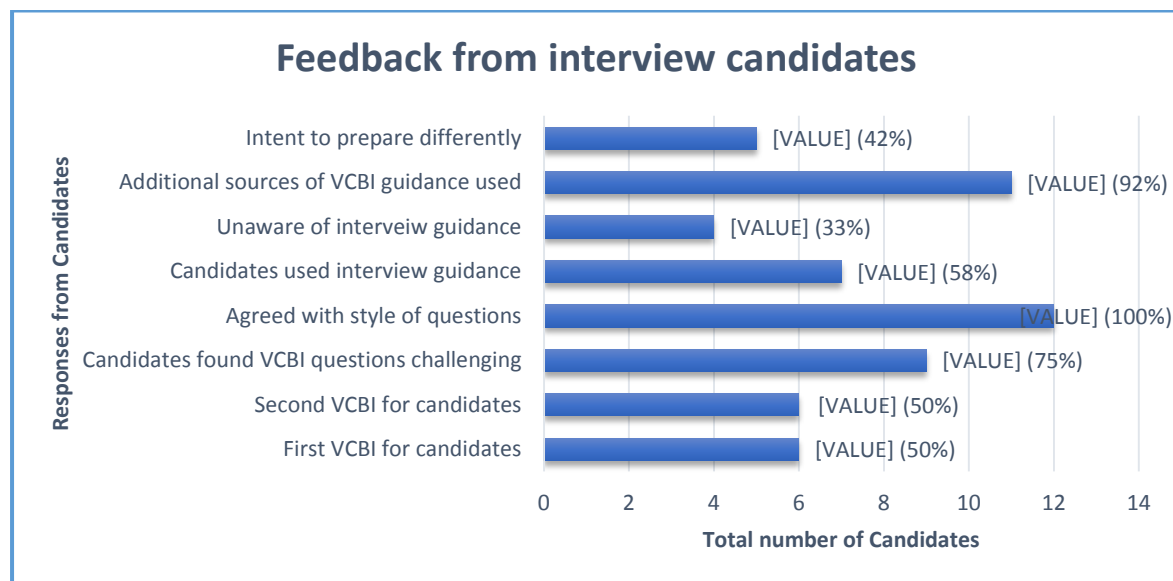
**Figure 1: Suggestions for improvement of values and competency-based interviews (VCBI)**



#### **Feedback from interview candidates**

12 candidates provided feedback using the anonymous post-interview questionnaire (Figure 2). Overall, they perceived their VCBI experience positively and welcomed the new style of interview. Candidates who had undertaken a second VCBI (50%) had clearer expectations of the process, and found the interview easier and more comfortable.

**Figure 2: Feedback from candidate interviews**



## Discussion

The findings from this study support the evidence base that suggests VCBI are robust and more rigorous methods of selecting the best candidates (Gangani et al 2006). And it is encouraging that the benefits are similar to those cited in recent literature, for example that higher quality candidates are selected at both application and interview stages (Health Education England 2014).

A strength of VCBI is their ability to assess candidates consistently against a competency framework (Nelson 2004), and the framework used in NHS Lanarkshire (2013) incorporates many of the values associated with modern health care, including empathy, care, compassion and equality. Panel members highlighted that they felt empowered to make decisions based on candidates' clinical competencies and personal values. It appears that the framework provides greater transparency in the selection process, and consistency in candidate feedback.

Participants agreed that VCBI help identify the strongest candidates, however it was agreed that direct line managers of vacant posts should play a main role on interview panels in terms of selecting the 'best-fit' for their clinical teams.

Several challenges and limitations were identified, which mainly related to panel members' experience in taking part in VCBI, and candidates' preparation. Both panel members and chairs agreed that their VCBI questioning skills improved with experience. Training in VCBI techniques was

considered valuable and helpful, however it should be followed up with experience over the following few months.

Interview panel members found designing effective VCBI questions challenging. One suggested there should be an opportunity to share interview questions that seemed to work well, or did not work well, in practice. This approach is in use in large organisations which improve efficiency of VCBI by sharing online selection tools and processes, such as competency-based guidance that is available to the public, and question banks for interviewers (University of Trent 2014).

Candidates who had already participated in one VCBI found their next interview more comfortable, which suggests their performance also improves with experience. Although candidates received VCBI guidance, panel members felt many still seemed unprepared. This was also reflected in the candidates' feedback, in which a third said they were unaware of the guidance provided by HR. Therefore, it could be useful for HR to revise VCBI guidance signposting, and to emphasise the importance of preparing for this specific type of interview to improve overall quality.

Finally, recent reports have highlighted the importance of improving selection processes specifically for newly qualified nurses (Willis 2012, Francis 2013), however research shows job descriptions and competency frameworks for newly qualified nurses often focus on clinical competencies and lack assessment of applicants' characters (Burke et al 2014, Newton et al 2014). A web-based resource, Flying Start, provided by NHS Scotland to newly qualified NHAMPS, supports the transition from student to employee (NHS Education for Scotland (NEWS) 2014a), and encourages the use of values-based reflective practice, which encompasses issues related to VCBI (NES 2014b). To support developments in the use of VCBI, top tips for applicants and panel members are detailed in Box 1 and Box 2.

#### **Top tips for applicants: Box 1, adapted from NHS Lanarkshire (2015)**

- The interview questions ask for examples from real-life situations, chosen by you, about how you reacted and behaved in past situations.
- Think about situations you have successfully faced where you can demonstrate the result you achieved.
- An easy way to prepare an answer is to use the STAR (Situation, Task, Action and Result) approach.
- Do your best to use the word 'I'. Whilst what you did may have been a team effort, it is important you are able to highlight your personal contribution.
- Competency based questions ask you: 'Can you give an example of...' 'Tell about a time when...' 'Describe a situation in which...'
- Once you have answered a question, interviewers may ask for some more detail – this is called 'probing'. Probing is aimed at getting as much evidence from you as possible so can only benefit you.
- Always take the opportunity to learn from the experience regardless of the outcome of the interview. Ask yourself, 'what answers was I happy with and why?' 'which questions gave me the most difficulty and why?' 'How could I have better prepared for interview?'

### Top tips for panel members: Box 2, adapted from NHS Lanarkshire (2013b)

- Adopt a consistent approach to reviewing applications, considering the essential and desirable criteria appropriate to the role.
- Panel members should meet in advance and agree the format, structure and competency-based questions for the interview.
- Consider the competencies identified as being essential / desirable for the role, and the main activities associated with the role when creating questions.
- Competency-based questions are the same as 'open' questions and encourage candidates to describe:
  - how they approached a specific situation in the past
  - why they behaved in a particular way
  - the specific situation, what action they took, and what the results were
  - whether they achieved what they described.
- Use clear language (not jargon) such as – 'tell me about...' 'talk me through...' 'give me an example of...' 'How did you...'
- Avoid hypothetical questions (where you ask about how they would react in an imaginary situation) – the purpose of the interview is to find out about their past experience and how they have actually behaved in the past.
- During the interview aim to put the applicant at ease through adopting a friendly and welcoming approach. Explain that it's a competency-based interview and what this means. Consider your body language, for example, maintaining eye contact and an open posture. Follow the structured interview process and keep to time.
- Review your and other panel members' performance during the interview. This should support any improvements to the quality of interviews.

### Study limitations

At the time of the study, 65 senior leaders had received training on the use of VCBIs, however this study reported the experiences of 21 staff who had been involved in VCBIs, and might not reflect all experiences. The study would also benefit from observation of the VCBIs for protocol fidelity, such as 'is the panel using appropriate values and competency-based questions?'

Candidate feedback was collected from 12 participants, which again does not reflect a wide sample of prospective interview candidates. Further evaluation is therefore required to explore the long-term effect of this interview technique on the quality of the workforce.



## **Conclusions**

Overall, using VCBI was regarded as a positive change in the selection process of NMAHPs, and ultimately this approach could positively affect the quality of the healthcare workforce. Refinement of the process should focus on developing interview panel members' VCBI skills and experience. Other practice areas could also consider implementing this approach, to help identify and appoint staff with the appropriate values for working in healthcare settings.

Since this study was completed, more work has been undertaken in relation to assuring effective implementation, and further research is planned which aims to identify the extent to which the most appropriate candidates are selected.

The positive experiences of panel members and chairs, HR staff and interview candidates in relation to VCBI reported here could support and inform leaders and managers in a review of their selection processes. The findings also contribute to the growing evidence base on values-based selection.

Finally, the delivery of high quality patient care set the foundation of this study and remains a vital aim of VCBI development.

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