

An Exploration of Selector's Decision-making for Nursing Degree Programmes at a Scottish HEI

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“Sometimes we simply have to keep our eyes open and look carefully at individual cases – not in the hope of proving anything, but rather in the hope of learning something...” Eysenck (1976, p9.)



Abstract

This study focuses on selection decision-making for pre-registration nursing programmes in a Scottish Higher Education Institution. The study aimed to explore the decision-making processes applied by selectors following a group interview with applicants to adult and mental health nursing degree programmes. I am an academic in the study setting and this positioning brings practical knowledge to align with the theoretical insights developed.

A case study approach was used with three main approaches to data collection to gather differing perspectives on the activity of selection. Twelve recordings of conversations held by selectors following group interviews and twelve semi-structured interviews with selectors, from the academic and the clinical practice community, collected both narrative and visual data.

The decision-making process was conceptualised as a discrete activity influenced by internal and external factors. Analysis of the data was carried out applying Cultural-Historical Activity Theory, (CHAT), conceptual framework of mediating factors in the form of community, tools, division of labour and rules. Key themes from this initial analysis identified the importance of a shared identity for nursing, this embodied language indicating concepts of knowledge, values, ethics, and experience as primary influences on selection decisions. CHAT as a framework supported the development of rich description of the activity. A further analysis focused on identity theory as an explanatory route for selection decision-making was undertaken to complement this initial description.

Findings indicate that selection decision-making is skewed to a shared identity of nursing and nurses caring attributes. Potential for candidates to cope with the scientific and technical demands of contemporary nursing is given little attention. Recommendations include a shift to a more holistic approach to selection and further study exploring nursing identity in the academic sphere and the value of practical knowing as an indicator of future success in nurse education.

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Abbreviations

A0 – Admissions Officer

CSM – Case Study Method

CoDH – Council of Deans Health

CHAT – Cultural Historical Activity Theory

DoH – Department of Health

NMC -Nursing and Midwifery Council

HEE – Higher Education England

HEI – Higher Education Institution

NHS – National Health Service

NES – NHS Education for Scotland

NDM – Naturalistic Decision-making

PICR – Post-Interview Consultation Rubric

RSM – Relational Space Mapping

RCN – Royal College of Nursing

SASS- Student Award Agency Scotland

SFC – Scottish Funding Council

SIT – Social Identity Theory

UCAS - University and College Admissions Service

VBR – values-based recruitment.

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Chapter One-Introduction

1.0 Introduction to the roots of the study

I am a nurse academic, by which I mean a registered nurse who works in higher education in a lecturing role. Prior to entering the academic field my professional role was primarily working with adults with mental health problems, but also included some staff training, some student nurse education, and some small-scale research projects. My role in nurse education has included the role of admissions officer (AO), a role that means I had responsibility for the recruitment and selection of nursing students to the mental health programme. Over the past decade I have promoted nursing as a career and reviewed applications to BSc/MSc mental health nursing programmes in their thousands. I have also overseen the interview and selection of suitable candidates into our course and watched as they progress, or not, on our programme. There have been moments of pride as students shine, moments of anxiety for those who struggle to succeed and other moments of concern about students who seem unsuited to a caring role. Talk with my fellow AOs, reveals similar experiences for each of us, and we have all had at least one moment when we wondered who said yes to a particular student.

For me, this study began in those talks, and in some challenging moments when the fitness of a student to work in clinical practice is questioned and realising that I was the person who said yes. It is clear that most of the time we get it right, the majority of our students succeed in the programme; they go on to be employed as registered nurses and progress in their chosen profession. Occasionally we get it wrong at point of selection and rely on the two or three years of study to help filter out those who are not suited to nursing for some reason. My first wonderings were about what happens at interview that leads us astray and leads to selection of people who are not suited to nursing. Therefore, I am beginning with some short vignettes that exemplify moments that first triggered my interest in the issue of how we make selection decisions in pre-registration nurse education.

These moments highlight some critical issues that seemed to me to either positively or negatively influence decisions about who enters our pre-registration programmes. Each of these selection moments have forced me to reflect on some aspect of my selection practice or that of others. Some of these candidates were rejected, some accepted and of those accepted some completed the programme, and some did not. It is not my aim to give complete stories, and I am focusing on point of selection. However, each one of these people has served as a cautionary or inspirational tale around judgement at point of selection and has influenced my decision-making practices as a result. Although this study does not apply critical incident technique (Viergever, 2019) the genesis of this study does lie in these pivotal moments of selection practice. Critical incident analysis or technique has been widely

used in nurse education to support nurses in exploring their practical experiences through a process of linking theory to factual observation of key moments in their learning. The identification of key moments in care act as a springboard for meaningful reflection (Vachon & LeBlanc, 2011) can be seen as allowing learners to bridge the theory/practice gap (Chapman, 2017). Generally, this is supported by some form of reflective framework, however in this instance these vignettes exemplify critical incidents that have triggered interest in the topic and exemplify themes that emerged from the review of associated literature.

Vignette 1 –Andrea presented for a group discussion and testing event, quite flamboyantly dressed in an array of necklaces and bangles. This part of the recruitment process was not wholly incorporated into the selection process, but participants had to pass the numeracy testing and the group discussion allowed them to find more about the nursing course before they went for a 1:1 interview. Andrea finished her numeracy considerably before others and proceeded to sigh and jingle her bangles as she waited for the test time to end. I had to ask her to be mindful that others were still working. During group discussion Andrea was vocal and asked lots of interesting well-informed questions, it was clear she had prepared before coming along. However, she lacked care for others who were less confident, and she seemed to struggle with the conversation conventions of turn taking and listening.

Vignette 2- Carla presented with a very different story to Bernard, her ethnic background was Traveller, a culture in which she described education of girls is not highly valued. Carla gave an account of a constant striving to be educated, working solidly to learn without familial support, eventually gaining a place in college to do a national certificate then higher national certificate. She spoke passionately about striving to improve her situation through education and her ambition to be helpful to those from her culture in looking after their mental health.

Vignette 4 - Frank came along to his interview very casually dressed and looking slightly unkempt. He has worked as a support worker with drug users for a number of years and was passionate about this aspect of mental health work. During his interview he spoke eloquently of his work, the needs of the service users he encountered and showed real depth of knowledge related to this field. He was less certain in his discussion out with this specific area and clearly had not thought of mental health beyond this. Frank spoke of his own family background of parents who had experienced issues of addiction and how this had impacted on his early life and his choice of work as an adult. He also spoke of nursing as a profession to be admired and how having a role such as that of a nurse would be a privilege and something that others would value.

In common with many research students, I started this process with some thoughts about what might be happening, I wondered whether staff held an image of an ideal candidate against which they negotiated their judgements on suitability. However, when I look at the diversity of our classes this seemed unlikely. Similarly, I wondered about the role of intuition but felt this offered an unsatisfactory explanation of how decisions were being made. I hope that these vignettes go some way to reflecting the diversity of candidates. As you may imagine there are many of these critical incidents that I could have chosen, therefore the selection of these incidents links to how they typified practice and tied with findings and theory that emerged as this study progressed. Names and personal characteristics have been altered to ensure the confidentiality of those on whom these vignettes are based.

Each of these characters had aspects of their story that influenced the selection decisions in positive and negative ways. Each one represents a complex set of factors that decision-making needs to consider. Perhaps, in reading these you may wonder whether you would have taken a chance on them or if some part of their story would act as an obstacle for you. Not to forget that if you take the chance that person might nurse you one day.

1.1 What is the issue?

As a researcher whose professional life has been governed by principles of care, by which I mean both the function of caring for and about others, and the business of being concerned and mindful of the importance of my actions, it is perhaps, natural that my research interest is situated around an ethos of care and responsibility. Care is framed within a complex debate that highlights responsibility, stress,

attachment, reward, and ethics (Philips, 2007). Care brings with it obligations, Groves (2014) highlights that this obligation leads to a quandary around who we are obligated to. In making decisions about who enters the profession of nursing we are obligated to many; to the Government who funds spaces; to the Nursing and Midwifery Council (NMC) who set standards for our students to achieve; to universities who depend on student success for survival; to the National Health Service (NHS) and wider partners who provide clinical experiences for our students, and ultimately to the people to whom our future nurses provide care. Karlsson and Pennbrant (2020) define care as a science and situates it in the interpersonal relationship at the core of nursing (Watson & Smith, 2002). However, care may also be aligned with caring as a form of prosocial behaviour, meeting an individual need to act in a manner of benefit to others (Batson, 2012). This innate tension between the care of the individual and the care for social needs lies at the heart of this study. In a way it is the intricate relationship between my personal and professional values as an educator (student centred) and as a nurse (patient centred), when faced with society's need for safe and effective nurses, that results in the dilemma that informed the development of this study. Engeström et al., (1999) tells us that contradiction is at the heart of social change and development, for me the contradiction that drove this study is this tension between my current student facing role as a nurse academic and my history of patient centred work. There is no denying that in health care the needs of the patient are and should be the overriding focus of care. There is equally no denying that the focus of the Higher Education Institute (HEI) is the academic success of their students. Thus, the underlying tensions that inform the development of the study lie in the multiple communities that are impacted by selection decision practice.

An ideal balance in nursing education is that successful students are those who are best fitted for future patient care. However, the relationship between a successful student nurse and being a "good nurse" is complex and largely unqualified or unquantified by research (Chen & Hsu, 2015). Indeed, there is little agreement on what the traits of a good nurse are, and this topic has received some attention in recent years (Kret, 2011; Johnson & Cowin, 2013; Wilkes et al; 2014, Chen & Hsu, 2015). This research and how it informs ideas of nurse education will be explored further in Chapter 2. The nurse educator must suppose that students who complete their programme of higher education and exit having successfully passed all academic and practical components of their studies will go on to be "good nurses". However, it is apparent from my own experience and anecdotal evidence that we often question the quality and qualities of exiting students and wonder about their suitability for the profession of nursing. That, often early in their studies, some students are apparently less than ideally suited to their chosen profession means the question arises "*How did they get into this programme?*". These students may fail to complete due to practice experience concerns, or more commonly

academic failure (McCarey, Barr & Rattray, 2007; Wray *et al.*, 2012; Beauvais *et al.*, 2014; Pitt *et al.*, 2015). However, this is not a given and most students succeed in the programme and go on to be registrants in their field of nursing. The decision made to allow entry to the profession of nursing is important, and working to improve understanding of what happens at the point of selection to study nursing has the potential to impact on and benefit selection practices.

During my time as an AO in pre-registration nurse education there has been increasing attention paid to the process of recruitment and selection (Sabin, *et al.*, 2012, Rodgers *et al.*, 2013, Taylor *et al.*, 2014). This has been attributed to increasing applicant numbers allowing HEIs greater selectivity (Rodgers, Stenhouse *et al.* 2013, Taylor, Macduff *et al.* 2014), the higher than average student attrition rate in nursing (McLaughlin *et al.*, 2010), and an increasing pressure for selection of candidates to meet the expectation of professional and governmental bodies (NHS Education for Scotland (NES), 2010, NMC, 2010).

As highlighted already, the selection process is one that has obligation to many interested groups. Professional expectations in Scotland were outlined, at the time of writing, within the set of standards for the recruitment, selection and retention in pre-registration nursing students (The Scottish Government Health Directorates and NHS Education for Scotland (NES), 2010) and the *Standards for Pre-registration Nurse Education* (NMC, 2010). The NMC *Future Nurse; Standards of Proficiency for Registered Nurses* (2018) were published but not enacted in Scotland till 2020, these standards do influence some of the later writing in this work but were still in development at the inception of the study. Reports carried out in response to episodes of poor care also have a significant influence on the expectation of selection practices. Specifically, the *Francis Report* (UK Government., 2013) recommends that priority be given to those with previous care experience. These recommendations carried significant weight at the time of publication and have spawned some interest in the concept of compassion in nursing (Codier, 2015; McCaffrey & McConnell, 2015; Papadopoulos & Ali, 2015), which influences the practice of selection in the study setting.

Despite these expectations and the body of literature that seeks to understand what we should select for (Wray *et al.*, 2012; Abele, Penprase & Ternes, 2013; Beauvais *et al.*, 2014; Cunningham *et al.*, 2014; Pitt *et al.*, 2014a; Hubbard, 2015), there is little literature that addresses our understanding of the attributes that are selected for (Taylor *et al.*, 2014). Much of the early research on selection practices focused on successful completion and was geared towards reducing the attrition rate from nursing (McLaughlin, *et al.*, 2010). However, recent years has seen a shift in thinking, where interest is encompassing the way candidates fit with contemporary nursing ideals. The use of a standard specification of experience, skills, attributes, or values is not commonly found (Waugh, Smith *et al.*

2014) and although recommended by NES (2010), is an area of practice underdeveloped in the Scottish context.

Many organisations such as HEIs and the NHS provide some indications of qualities that are seen to make the individual most suited to a nursing career. These can be used by those considering a career in nursing as a means of self-selection. To what extent these qualities reflect any evidence base is unknown, primarily due to the limited research into this topic and this is explored in more detail in Chapter 2 as part of the literature review. However, having completed a National Health Service (NHS) Careers on-line quiz and found I was ideally suited to a career in nursing (thankfully), I retook the same quiz with a set of deliberately poor responses and found that although I may find some aspects challenging, nursing was still a good career choice for me. Perhaps this quiz says something about the conflict between the desire for the ideal and the practical need for a large workforce. Certainly, as a self-selection tool it showed little in the way of a discriminatory function for the less-than-ideal candidate.

The body of research that considers nursing qualities, as related to selection, focuses on predictors of successful completion of the programme of study (Pitt *et al.*, 2014b; Wray *et al.*, 2012; Beauvais *et al.*, 2014; Cunningham *et al.*, 2014; Hubbard, 2015) but does not provide a convincing argument that the attributes of a successful student are predictors of future nursing quality. This highlights the issue of the dual purpose of selection to pre-registration nurse education, of seeking to select those with the highest probability of programme completion and those who demonstrate the values most in keeping with contemporary nursing ideology. Therefore, not only are the factors that are considered best indicators of long-term success and values not explicit, but the factors that are valued and prioritised by those making selection decisions is poorly understood.

1.1.1 Background of the research setting

The organisation at the focus of this study is an HEI in Scotland that provides pre-registration nurse education up to and including Scottish Credit and Qualifications Framework, (SCQF), Level 11, with NMC registration in adult or mental health nursing. They also provide midwifery and an array of post-registration programmes, however, for the purpose of this study, it is the activity related to pre-registration nursing programmes that is of interest. The organisation provides nurse education to approximately 700-800 pre-registration nursing students, in a year group, on BSc and MSc programmes with an annual intake of 240-270 to each of the four campus sites.

The HEI sits in an area of significant social deprivation and has the highest entrant levels for entrants from the Scottish Index of Multiple Deprivation (SIMD) 20*, with 27.7% of entrants to the university coming from this highest marker of deprivation (Scottish Funding Council, 2019). The organisation has strong partnership links with the Scottish Wider Access Programme (SWAP), supporting entry routes to higher education for adults wishing to access higher education (SWAP, 2019). With links to SWAP supported entrants and adults returning to education, 60-70% of entrants to our nursing pre-registration programmes come from college routes. The average age of nursing students on our programmes is twenty-five years old and this figure is reflective of national student profiles (Rodgers *et al.*, 2013). This demonstrates the non-traditional entrant to our nursing programmes; they tend not to be school leavers with a tidy set of Highers, ready to move straight to higher education. Our applicants often come from other working environments, caring roles, or family responsibilities, and talk of their decision to apply in terms that link to opportunity, self-improvement, and aspirations. Research suggests that access to higher education impacts the quality of life and opportunities (Crawford, Gregg, Mc Millan, Vignoles & Wyness, 2016, Sosu, 2018), and typically higher education is less accessible to those from lower socio-economic groupings (Ilie, Rose, and Vignoles, 2021) and continues to be the subject of Governmental debate (UK Government (Hansard), 2022). Given this institution's widening access to higher education focus, the extent to which potential to benefit the candidate's life impacts on selection decision-making practices is an area that warranted some exploration and is not featured in any previous research.

The number of places for nursing students are agreed by the Scottish Government and based on workforce planning activities of the National Health Service (Scottish Government, 2018). As places are funded directly by Scottish Government and Scottish nursing students receive a bursary from the Student Award Agency for Scotland (SAAS) each HEI sets strict limits to recruitment to match these numbers to both maximise funding and ensure that programmes are not overfilled. Field of practice then impacts on how this may influence selection practices. For mental health programmes the number of spaces is relatively small with around 120 places per year, however, for adult nursing the places available are around 650 per year. At the time of data collection, the application levels for both programmes were high and demand for places exceeded availability allowing selectors a degree of discriminatory decision-making. Due to the central funding process, the need to meet Government targets for entry to nursing programmes is another probable factor in selection decisions that merited further exploration.

The standards that each HEI must adhere to are set out both internally by university regulatory frameworks and externally by the NMC (NMC, 2010/2018). The NMC set out standards for the provision of nurse education as well as setting the knowledge and skills that should be attained at point

of award. During the period of this study programmes followed the NMC's 2010 Standards for Pre-registration Nurse Education (NMC, 2010); however, the publication of an updated set of standards in 2018 will potentially have influenced participant responses in the later stages of this study. These professional requirements were also considered as an influencing factor that merited exploration. Discussion of the shifting focus of education standards can be found in Chapter 2 within the contemporary nursing culture section.

1.1.2 The Selection Process

The process of selection begins with the applicant completing a Universities and Colleges Admissions Services (UCAS) application, including a personal statement and reference. From a review of applicants invited to interview prior to this study, only one percent of applicants were rejected due to personal statement and less than one percent due to a poor reference. From this pool of applicants, the AO will decide who is suitable to bring to interview. The AO is an academic who takes on this role as part of their remit, filtering applications, coordinating the interview process, and making final decisions on entry for those who are deemed suitable at interview. Once UCAS applications have been screened, applicants are invited to attend for interview. The interview panel is made up of a minimum of one academic and one representative from clinical practice. This team can be supplemented by a third-year nursing student, and/or a member of the lay public who could be considered a service user or carer. The interview process is a group interview, and each applicant will present for up to five minutes to the group based on an Envision card. The Envision card is a resource provided by NES (2023) to support conversations about values and feelings, examples shown in Image 1 below. The applicant's use the image on the card as a basis for discussion of values in nursing with a focus on compassion and why this is important. Following this a discussion component is held, where the interview panel ask the group a series of questions designed to uncover their understanding and expectations of nurse education and nursing. The guidance for interviews can be found as Appendix 1.

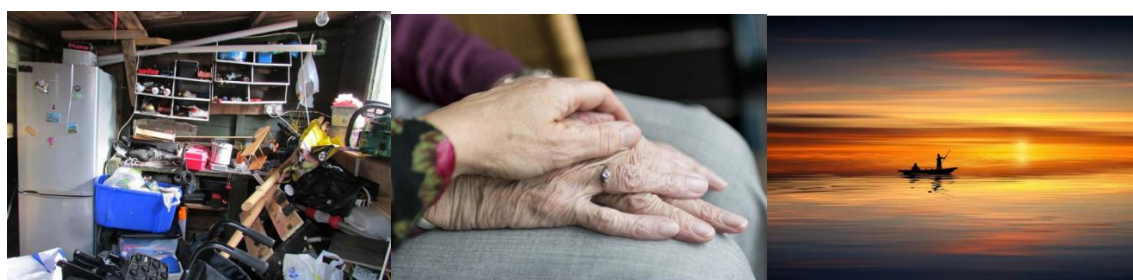


Image 1 -Envision Cards (NHS Education for Scotland, 2023)

Immediately following the interview each candidate is allocated a score based on their presentation, responses to questions, interactions with each other and ability to express their ideas. The scoring process is based on discussion between the members of the interview panel and will differentiate between those who are considered suitable or unsuitable. The grading of those who are suitable informs the AO's later decisions on who achieves a place on the programme, as suitable applicants outnumber places available. The scoring ranges on a 0-12 scale with 0 being poor and 12 being excellent and is applied using a Post Interview Consultation Rubric (PICR), (See Appendix 2). Depending on applicant numbers, field of practice and campus site, students grading score influences likelihood of the applicant being offered a place on the programme. Therefore, it is the conversation which allocates a grade that is the pivotal moment of decision-making and has most influence on the final choice of who enters the pre-registration nursing programmes. At all other points in the process some form of absolute guides decision-making, either entry criteria are met or not, the personal statement and reference address the areas in a predetermined checklist. However, at the post-interview grading stage the subjective judgement of the interviewer comes in to play and active decision-making takes place. Consequently, it is this aspect of selection decision-making that is the focus of this study, and those who take part in this process form the potential participant field.

The stages of selection are, in themselves, a linear and relatively simple process, however, the decisions made and the context in which these decisions are made are complex. Each person who takes part in the decision-making is bringing with them influences that impact on their decisions. It therefore seemed necessary to situate this activity in a framework that not only recognises this complexity, but in some way constructs the process as a unit for analysis. Within this study the selection process is viewed as an activity system as outlined by Engeström, et al., (1999), with cultural historical activity theory (CHAT) providing a conceptual framework with which to view the selection decision-making practice. This conceptual framework is explored in detail in Chapter 3.

1.2 Situating myself in relation to the study

The development of this study has been influenced by many factors and it is important to acknowledge those that are intrinsic to this researcher. Hayhoe (2022) suggests that is necessary for the positionality of the researcher to be clear for them to develop a process for their study. My own world view and professional history are significant factors in the choices made and influenced my practice in essential ways that were reflected on as I progressed through the study. Where I am placed in relation to the research setting and the research participants is worth acknowledging, as this was revisited throughout the project. Finally, the experiences I have had

of being a researcher, either in small project work or as part of large-scale health research influenced my choices of method.

When considering the influence of my professional background on my ontological and epistemological stance as a mental health nurse I worked primarily in a field that accepts the importance of individual constructions of reality. This concept of constructivism (Gergen & Gergen, 2007) suggests that individuals form a constructed reality based on internal mental processes inherent to that person. Therefore, my experience of working with people who have a world view, or sense of reality, that is constructed within an internal landscape drew me to a view that reality is not an objectively observable fixed state but that our perception of reality is influenced by other factors. I entered the field of mental health when the anti-psychiatry movement of R D Laing, and his views of mental illness as social constructs, rather than fitting with the prevailing medical model of the time (Edmunds, 2012), also influenced my thinking about the nature of reality and how our understanding of that was developed. My initial introduction to research activity also worked with concepts, such as quality of life, that do not lend themselves to an objective reality, and rather reflect complex realities that are subject to social and cultural variation. These exposures in my career have led me, as an academic and researcher, to a perspective that sits in the social constructionist sphere (Brinkman, 2017).

According to Burr, (2015) social constructionism holds common features across disciplines, these being a shift from a positivist view of reality, recognition that how we understand reality is specific to our history and cultural influences, that our knowledge of how the world is constructed is developed through social interactions and language, and that action is influenced by this socially constructed knowledge. This axiological process of recognising how one's values influence practices (Spencer, Pryce, & Walsh, 2020) and is an important step and it is recognition of ontological and epistemological positions that drives the development of the study (Hayhoe, 2022). Spencer, Pryce, & Walsh (2020) note an alignment between social constructionism and an epistemological stance that views the interaction between researcher and research participants as being intrinsic to the process of knowledge development. Therefore, the development of this study reflected this position, in that I sought to understand the process of selection decision-making through people's perspectives, that I intended to gather my information largely through how those people talked during and about the activity, and that I chose to examine the activity through a lens that foregrounded historical and cultural influences. Given that my study was situated in an area in which I also practiced, it is essential to acknowledge this interaction and how may position my influence the study process and outcomes.

For the reader it will be apparent that I am not an outside observer of this area of practice, I am embedded fully into the context and process of selection in this HEI. I am a colleague of participants, and I carried out the process that is the focus of this study. It would be foolish of me to claim that I can observe this phenomenon from an entirely objective stance, as Drake and Heath (2011) note the likelihood of neutrality where you have tacit knowledge of the setting is not possible. The positivist perspective that is strongly allied to research methodology within medicine more generally in which the researcher is distanced from the subject through scientific method (Gray, 2022) had some unmissable challenges to this kind of study. I hold insider status (Braun & Clarke, 2013); however, I do not fit into the role of practitioner-researcher (Burkholder *et al.*, 2019) as the scope of the study extends beyond the mental health nursing programme, therefore out with my field of practice. Additionally, there is no explicit expectation of practice improvement, that is not to say that practice will not be influenced by this study, but the study has a more exploratory aim. Some of the concerns, however, do apply to this study due to the proximity of my practice to the field of study. Practitioner-researchers are those who study within their own professional context (Dowling & Brown, 2010) and must consider their own position relative to the focus of their study and the data they collect (Dunne, *et al.*, 2005). Therefore, I believe that choosing a research method required me to recognise my level of involvement and consider how this would impact on all stages of the study from recruitment to data collection and analysis (Gray, 2022). Due to my closeness to the focus of the study a process that allowed me to reflect on my interpretations of data and undertake critical self-exploration (Alvesson & Sköldbberg, 2018) in a way that was incorporated into the approach was a feature of my decision-making in this study.

It is also worth highlighting another aspect of my nursing background in mental health nursing, a field in which much of your care is delivered out with the world of absolutes, where subjectivity of experience and emotion are core to your role (Chambers & Barker, 2017). Mental health nursing is none the less still nursing, subject to the protocols and processes of care, with parameters of good practice and process defined by professional bodies such as the NMC, and clinical guidelines for care. My nursing career has been dependent on reflexive practice, supported by models of supervision and reflection that encourage recognition of your own thoughts, behaviours, and emotions in your practice. Bulman (2013) highlights the beginnings of reflection in Aristotle's concepts of practical knowledge or *phronesis*. Practical knowledge is central to nursing practice, developing a questioning approach to examination of your thoughts and actions through critical reflection in or on action is seen as means of engaging in reflexive practice to enhance care (Bassot, 2016). So, once again, there is some conflict for me here. I am reflexive and believe myself to be emotionally intelligent, and function best within a set of parameters that creates some boundaries for me to work in. It is undeniable that the

business of reflecting on my position both ontologically and epistemologically as part of this process, has led to recognition of some unexpected truths. I am more conventional than I thought, a little fonder of an absolute than I expected, while still being entirely drawn to reflexive, qualitative and exploratory approaches to enquiry. I became aware that part of this process would be managing not only my active role in the organisation my research inhabits, but also the internal dynamic of my own mixed perspectives. In my past life as a nurse, I have been involved in small scale evaluation studies using mixed methods and collected clinical data in large scale health research where my clinical role placed me to collect such data. Choices of approach have generally sat with a senior researcher who has designed the project in which I have a role. However, this experience has given me opportunities to develop skills and reflect on my own world view. I recognise postpositivist perspectives in that I can see the value of those aspects of functioning that are not constructed but exist as a measurable phenomenon, and that sit within the natural sciences (Gray, 2018) and are of value in health care. Nevertheless, in the world of mental health, it is generally those aspects of human experience, mood, emotion, and cognition that I have interest in. The world of mental health can be considered the work of interpretivist and social constructionists, with the idea of mental illness as being socially constructed having been argued for some years (Eisenberg, 1988; Cohen, 2017) and the function of the mental health nurse being to understand the world view of their client (Chambers & Barker, 2017). Consequently, I have a body of experience of research that is geared to understanding the social world as viewed by adults with severe and/or enduring mental illness. The epistemology of this perspective lays in the concept of subjectivism and an ontology that views reality as constructed by individuals and groups rather than a fixed construct (Gray, 2014). The interpretivist stance of seeking deeper meaning, and through personal accounts and behaviour coming to understand the world as viewed by others (Guest, Namey & Mitchell, 2013), aligns with my professional identity.

I find myself at this point in my professional life with some useful experience and skills; I am pragmatic in my choices and comfortable with a degree of uncertainty. I am not coming to this project as a blank canvas on which a single way of knowing can be imposed and I am a seeker of practical knowledge. Figure 1 below indicates the progression from epistemology to method in my decision-making around this study. The process of selection of method, through which I explored, flirted with, and eventually rejected several research methodologies before deciding on Case Study Method is explored in detail in Chapter 4.

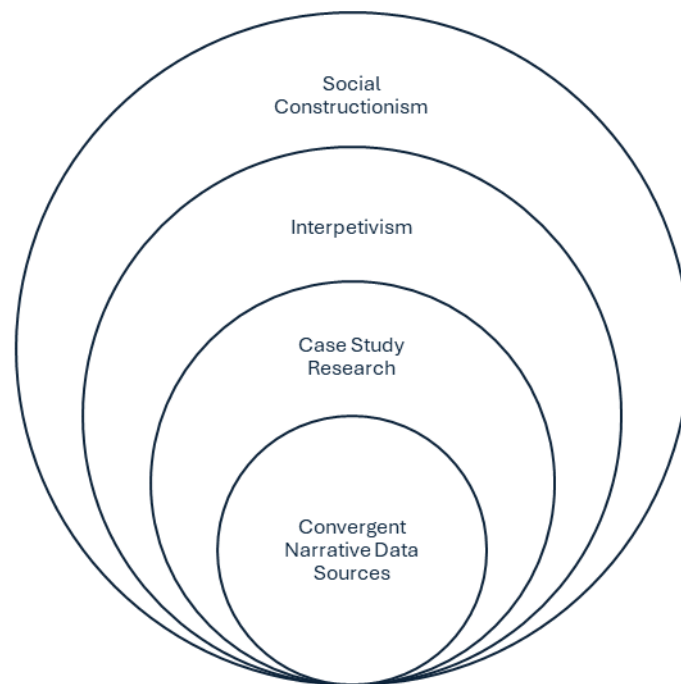


Figure 1 – Epistemology to method progression

1.3 The Study

In order to address my increasing recognition that the focus of my study was a complex and dynamic activity occurring in a context that is impacted by historical, political, and cultural influences I chose to use Cultural Historical Activity Theory (CHAT) as the framework to explore the factors that influence the practice of selection decision-making. CHAT provided a conceptual framework to consider any socially situated activity and the complex relationships of the actors in that activity, mediating cultural factors, and the object of the activity (Engeström, 1987). CHAT or Activity Theory, referred to hereafter as CHAT, has been applied to exploration of learning (Larsen *et al.*, 2017; Trust, 2017; Elmberger *et al.*, 2018), cultural differences and historical changes in thinking (Tulviste, 1991), operational research (White *et al.*, 2015) and health care (Greig, Entwistle & Beech, 2012).

I will explore the decision-making process behind this, the justification for the use of CHAT and the language of this approach in detail within Chapter 3 of the thesis.

The research approach of Case Study, allowing consideration of the activity in the context of its occurrence, is applied. Yin (2018) suggests that if you respond positively to these three statements then case study research is a viable approach to use:

1. Your main research questions are how or why questions.

2. You have little or no control over the behavioural events.
3. Your focus of study is a contemporary phenomenon.

Meeting these very basic criteria, and the degree of freedom offered by case study method to seek varying data sources (Hancock & Algozzine, 2006; Thomas, 2021) and the potential to develop knowledge that is viewed as practical and contextualised (Thomas, 2011) were powerful factors in my decision to use this approach. Gillham (2012) talks about the idea of research allowing the opportunity to “*get under the skin*” of the subject, this is exemplified by Flyvberg’s (2013) contention that case study research allows us to develop a “*nuanced view of reality*” or Hancock & Algozzine (2006) reference to “*richly descriptive*” understandings. This potential to develop a real depth of understanding of the subtle complexities of this activity was of great importance, as this seems to offer a more fruitful exploration and avoids a reductionist approach.

Case study method, situated in a CHAT framework, offers the opportunity to explore in depth the decision-making practices, considering the influencing contextual factors, to develop a rich descriptive account and potentially to recognise where contradiction and tension in the activity may lead to development of practice.

1.4 Research questions

This thesis therefore explores the selection decision-making practices within a Scottish HEI, targeting the influences as perceived by staff involved in this activity. The study aim can be addressed by the following research questions:

- What applicant related factors influence selection decisions?
- How do participants negotiate the organisational demands of selection practice?
- In what ways are participants influenced by their own experience as a student and nurse?
- How do participants perceive the wider political, social, and cultural factors that influence their decisions?

1.5 Significance of the study

This thesis contributes to the literature on pre-registration programmes selection practices in the HEI setting by focusing on these practices taken “as part of” and “embedded within” an activity system. This systemic viewpoint directs the study of selection decisions from the processes of selection to a

new focus in which selection decision-making practices are considered as part of a dynamic interaction between the decision maker and a complex network of factors that influence their thoughts and subsequent choices. In other words, the viewpoint examines how the decision-making practices occur in the context of the individual and how they negotiate the context of nursing, organisational expectations, and national demands. Finally, the study facilitates the identification and understanding of the disturbances and contradictions that impact on decision-making. It contributes to the limited body of knowledge on the selection of those with greatest potential to fill the nursing role as it appears in 21st century health care.

Consequently, this study offers insight into selection decision-making that may inform selection practices within the study setting, additionally providing insights that are transferable to other contexts. Findings from this study have the potential to develop a deeper understanding of the role of nursing identity in propagating the profession through selection practices. It also considers if how we make selection decisions functions to stagnate or advance the profession of nursing.

1.6 Overview of the thesis

The thesis is structured across seven chapters with Chapter 1 having presented the background to the study, situating the author of this work in relation to that study, identifying the research questions and significance of this research.

In Chapter 2 I offer a review of literature associated with this topic. In light of a paucity of literature specific to the research topic, this chapter offers a review of literature that explores associated concepts and provides contextual material for the study focus. The literature review explores three main areas of literature, firstly literature that focuses on selection practices in nursing, secondly identity theory in nursing is examined and finally contradictions inherent in valued nursing qualities are explored.

Chapter 3 focuses primarily on CHAT. Having provided a brief comment on rejected theoretical approaches to this study. I justify why CHAT offers an appropriate framework to the study of selection decision-making practice through recognising the concept of history and culture in activities. CHAT emphasises the interrelationship between individual actors and their community, CHAT allows the investigation of the complex dynamics between internal and external modifiers of activity and decision-making practices.

In Chapter 4 I discuss research methods, initially exploring the selection of method for this study. I detail the application of case study method, offering justification for the use of multiple data sources, (1) participant interviews, (2) observation of naturally occurring discussions, (3) visual data in the form of relational space maps. I offer detail on the approach to data analysis, providing examples to ensure transparency of process to the reader.

In Chapter 5 I detail the initial study findings based on analysis of data using the CHAT conceptual framework to examine the activity of selection decision-making practice in detail. Themes drawn from the four key elements of CHAT are explored, with Community, Tools, Rules, and Division of Labour providing a framework to examine the subject to object dynamic in decision-making practices.

In Chapter 6 I offer a further level of analysis taking the key findings in relation to the Community element of CHAT and considering these findings through a lens of Identity Theory. Exploring the way in which a shared identity of nursing and nurses influences the way selectors view candidates and form a perspective of candidate talk and action with which to form a selection decision.

Finally in Chapter 7 I provide a conclusion to this thesis, asserting my perspective on the study findings, transferability of those findings, and the potential impact of study findings on future research and practice.

Chapter 2 – Literature Review

2.0 Introduction

This literature review chapter offers an overview of concepts associated with the core topic of selection decision-making practices in nursing education. An initial search of the literature was carried out using the traditional approach of a key word search with Boolean operators which provided no papers dealing with this specific issue. In the absence of specific literature, I elected to utilise an approach outlined by Ridley (2012) to create a matrix of associated concepts (Table 1 below) and a search for literature was undertaken for each concept.

Table 1 – table of the topic adapted from Ridley (2012).

Research Topic	Decision-making practice in selection to pre-registration nurse education
Purpose of the literature review	What is currently known and what is the contextual picture for this topic.
Historical background	History AND nurs*
	History AND nurs* AND educ*
	History AND nurs* AND educ* AND select*
Contemporary context	Nurs* AND educ*
	Nurs* AND select*
	Nurs* AND recruit*
	Nurs* AND interview*
Theories and concepts	Decision-making
	Selection practice

Literature included in this review encompasses published research, books, and reports. In this, more productive search, the process of skimming (Machi and McEvoy, 2106) filtered irrelevant literature to produce a core literature set that then was used to apply a snowball technique (Ridley, 2012) to identify further sources. Subsequently I will not offer the traditional PRISMA diagram detailing a standard literature review process as this does not reflect the complexity of gathering literature related to the topic.

As described in Chapter 1 the focus of this study is to consider a key process of decision-making in the practice of selection to a nurse education programme. Randolph (2009) highlights the functions of the literature review as being manifold, addressing both methodological and topic focused literature, for this review the focus is on what is known about the topic of interest. Marshall (2010) indicates that one of the functions of the literature review is to allow the writer to develop a context for their piece of work. The conceptual framework that informs this study is Cultural Historical Activity Theory (Engeström *et al.*, 1999) which identifies elements that impact on human activity, in the form of community, rules, tools and division of labour. Therefore, this review of literature functions as the historical analysis of this cycle, providing context and history to the activity system being explored. This chapter therefore presents findings from a review of the literature that attempts to set the cultural and historical context for the study and to define the basis of selection decision-making in nurse education.

This is presented in two main sections. Firstly, I will discuss approaches to selection in nursing, initially focusing on theory about decision-making and then the approaches to selection that are used in nursing programmes. Secondly, the literature that examines the field or community in which this selection practice is applied will be discussed. This latter section reviews the literature related to nursing identity (the profession we select to), nursing qualities (the features of individuals that are valued in nursing) and finally, predictors of success for nursing students (what we should be selecting for).

This chapter is structured on the principle that the case in this study is a “complex entity” that is made up of historical, cultural, and physical contexts that both inform and bound the case (Stake, 2005). It is also linked to the 5 principles of CHAT (Engeström, 1999), (see Figure 5, for a description of these principles), that functions as the theoretical framework underpinning the study design. Each section explores a feature of the process of decision-making that can be viewed as informing understanding of the historicity, multi-voicedness, collectiveness of the activity, expansive transformation and being marked by contradictions (Engeström, 1995).

2.1 Selection Practices in Nursing

In the following section I intend to outline some prevalent theories on decision-making, literature on approaches to selection in nursing and finally, consider what factors are seen to be good predictors of success to support selection decision-making.

2.1.1 Decision-making theory

The concept of decision-making as a psychological construct has received significant attention in the field of cognitive and social psychology. Gross (2020) describes decision-making as being closely allied to problem solving with the key difference being that the solutions or options are already known. Decision-making and judgement are closely aligned concepts, with judgement being a component of decision-making where incomplete information is available (Eysenck & Keane, 2020). There are several competing decision-making theories and for the purpose of this work I will outline only the most prevalent of these. Decision-making theory falls into two distinct camps, with descriptive theories focusing on what is seen to happen in human decision-making and normative theories attending to what would happen to ensure best outcome (Dillon, 1998). This reflects much of the thinking in social theory that falls into two categories of rational and normative action, and perhaps fails to recognise the creative actions that Joas (1996) argued reflects situated practice of actors in pursuit of their goals.

Decision-making has been explored from the perspective of a rational process in which options are weighed up in some way to allow the best available option to be selected. The resulting range of theories owes much of their structure to consideration of decision-making being similar in its structure to the choices made in gambling and therefore links to probability theory (Eysenck & Keane, 2010, p.512). Early decision-making theory was based on the premise of the decision maker having access to all the information necessary to make the best decision, that they would make a reasoned choice and could understand the complexities and subtleties of the process (Sternberg & Sternberg, 2009, p.489).

Recognition of the subjective nature of decision-making led to the development of *Subjective Expected Utility Theory* (Sternberg & Sternberg, 2009, p.490). This theory acknowledged the extent to which when weighing up options the decision maker seeks to maximise benefit through a process of estimation, as opposed to reasoned and objective checking of probabilities (Martin *et al.*, 2010). Eysenck, (2009) referred to this process under the term *Prospect Theory* which recognised the extent

to which decisions made can be more influenced by avoidance of loss rather than potential gains. This can be exemplified by choices relating to short or longer-term gains where people will select a guaranteed small gain now rather than a probable high gain in the future, although the probability of greater overall benefit lies with the latter option (Eysenck, 2009). Eysenck and Keane (2010) highlight the *rational-emotional model* which is based on the premise that decision-making is primarily rooted in the avoidance of negative emotions such as fear.

The development of these theories of decision-making are based on rather simplistic problems, generally related to odds-based gambling scenarios, and they therefore lacked application to more complex real-world situations. I recognise that a degree of effort is given to showing that a rationale decision-making process is undertaken in the selection practice, supported by the use of grading of performance rubrics, nonetheless, in the absence of a clear outcome, as indicated in the previous section, it is difficult to see how these theories could provide a satisfactory explanation for the process as I have observed it.

A theory that acknowledges extrinsic factors in decision-making is the *Social Functionalist Approach* which outlines the role that context plays in influencing decision-making (Tetlock, 2002). The social functionalist approach is one that has lost favour with judgement and decision-making theorists however the social functionalist theory positions people as one of the following three:

“...pragmatic politicians, trying to cope with accountability demands from key constituencies in their lives, principled theologians trying to protect sacred values from secular encroachments, and prudent prosecutors trying to enforce social norms.” (Tetlock, 2002, p451).

This perspective allows some apparent blending of descriptive and normative perspectives by integrating contextual ideas about utility and value.

Further theory development and research into decision-making as a broad construct has focused on the role that emotional reasoning plays in the process. The predominant theory in this field has been the model of *Heuristics* a set of cognitive processes that by using mental short cuts are seen to create quicker and more accurate decisions (Gigerenzer *et al.*, 2011). Gross (2010) discusses heuristics as two processes, these being *Availability Heuristics* and *Representativeness Heuristics* however Kang & Park, (2019) describe three broad categories of representativeness, availability, and anchoring and adjustment heuristics. Availability heuristics theory suggests that decision-making is based on the information available at that time and the extent to which the outcome or event is perceived to have occurred previously. Whereas representativeness heuristics theory suggests that decision-making is

based on the use of preconceived ideas in the form of stereotypes or archetypes. The latter can be viewed as relevance judgement (Hogg & Vaughan, 2014) that allows the individual to make decisions more rapidly without attending to complex detail by comparing the choice to schematised mental information and seeking good fit. Finally, anchoring heuristic decision focuses on making an initial judgement, based on known information that can then be amended as new information is gained (Epley & Gilovich, 2006).

The area of heuristics in decision-making has received much attention in research and nineteen forms of heuristics or biases have subsequently been described in the literature (Blumenthal-Barby, 2016), each supposing a mental process that allows rapid decision-making. The ideas of representativeness heuristics resonated with my earlier wondering about how staff conceive the outcome of selection decisions. At the inception of this study, I considered that representativeness heuristics may be a component of selection decision-making and aspired that uncovering the nature of this heuristic would in some way explain the choices made.

A later development in decision-making research has been a programme of study on Naturalistic Decision-making (NDM) (Shan & Yang, 2017), a body of literature that explores the decision-making practices in real world situations. Interest in NDM saw a shift from experimental hypothesis testing to a more exploratory research approach particularly interested in military, medical and business settings (Klein, 2008). Two main models of NDM emerged from research, Rasmussen's (1985) model of cognitive control and Klein's (1989) recognition primed decision model were parallel theories with marked similarities. Both theorised the use of prior experience to develop schema, synthesised to inform new situations (Shan & Yang, 2017). Klein *et al.*, (1993) posited that decision-making is carried out by a process of pattern matching, appraisal of options and modification of options, the need for each stage dependent on the complexity of the problem faced.

Both heuristics and NDM have a focus on how decisions are made to new situations that require a judgement to manage or resolve an issue. The context of this study bridges the normative and real world of decision-making, each selector must make multiple judgements to draw a conclusion about suitability that informs decision-making. The practice is both individual and negotiated in a team, carried out by people with varying degrees of experience in the profession of nursing or academia, and in the selection practice at this HEI. The extent to which either can frame the selection decision-making practice was unclear, both appearing plausible ways of viewing the decision-making activity.

One further model of decision-making that accommodates both heuristic and rational decision-making processes is the *dual-process model* (Kahneman, 2003). This model proposes that decision-making is carried out by both intuitive and analytical systems concurrently. Therefore *System 1* provides rapid

and intuitive decisions, however *System 2* provides more analytical and reasoned decisions that take longer to achieve (Eysenck & Keane, 2010, p511). Evans and Stanovich (2013), propose that this dual process follows a structure that allows the initial intuitive decision primacy unless overridden by the slower analytical decision; therefore, the slower rational process may either support or confound the initial decision. The implication of this is that the initial response is the default setting irrespective of quality.

These theories have some potential to provide an explanatory framework for selection decision-making steps, however from this literature it was apparent that the focus on process of decision-making could form only a partial explanation of what I observed in the practice of selection within my organisation. Decision-making theory offers explanatory models for the process of how individuals make decisions, however for this study my interest lies more in what influences that process. Irrespective of how one would detail the steps or stages of decision-making, what is valuable in this instance is the factors that influence the content of decision-making.

2.1.2 General approaches to selection

In this section I will briefly explore literature that considers the process of selection and what models of selection approach are used in general recruitment and selection practice before considering the approaches used specifically in nurse education.

To begin with, one area of interest for research in selection practice is descriptive models that focus on the factors that influence decision-making as opposed to the psychological process that occurs. Dubrin (2004) identifies the following as factors that influence decision-making:

- Quality and accessibility of information
- Personality and cognitive intelligence
- Emotional intelligence
- Political considerations
- Crisis and conflict
- Time pressures
- Values of the decision maker
- Intuition

This perspective provides a descriptive framework for the contextual issues that influence decision-making in a real-world situation and could be applied as a framework for exploring the process of selection decision-making. Arroba (1978) cited in Arnold *et al.*, (1998) however outlined decision-making in the workplace as falling into six differing personal styles of the selector.

- No thought
- Compliant - with expectations from outside
- Logical – careful objective evaluation of alternatives
- Emotional – decision made on basis of wants or likes
- Intuitive – simply seemed right or inevitable
- Hesitant – slow and difficult to feel committed.

This offers a descriptive framework that recognises individual approaches to selection decision-making but lacks the contextualisation of activity. The individual selector, although influential in the reaching of a selection decision, is a component of a seemingly complex network of influences. Whereas Dubin's (2004) model includes the individual selector in terms of their values base only, Arroba (1978) lacks the wider lens that positions decision-making in an extrinsic and intrinsic context.

When considering the process of selection, Wilton (2013) considered the recruitment and selection process to have three phases of *job analysis*, *job description* and finally *person specification*. This perspective reflects an issue which became apparent in the literature search associated with this key topic, in that the general focus in this field is on the preparatory stages of selection, thus reflecting a normative model of decision-making. This allows the assumption that with full information the selector will make a "good" or "correct" choice of candidate, however existing theory on decision-making highlights the discrepancy between rational and observed decision-making behaviour (Slaughter & Kausel, 2013). The role that intuition or bias play in decision-making cannot be underestimated and many studies show that even when provided with full information on all probabilities, people will not make the most rational choice (Eysenck & Keane, 2010). Within the research literature much less attention has been paid to the decision-making process itself and it is research into this aspect of the selection process that is most relevant to my study.

2.1.3 Approaches to selection in Pre-registration Nurse Education

Within nursing there is a move from traditional structured interview format to values-based recruitment (VBR) methods as a means of attempting to elicit desirable qualities. VBR was embedded from March 2015 in England, and the use of face-to-face or multiple-mini-interviews will be compulsory for accredited educational institutions (AEIs) as part of the Values Based Recruitment Framework (HEE, 2014b). Of the ten HEIs in Scotland delivering pre-registration nurse education, nine use either a group or individual interview as the face-to-face component (Rodgers, Stenhouse et al. 2013). This approach is one that comes under a degree of criticism in the literature with several authors identifying a lack of supporting evidence for the discriminatory function of interviews in selecting successful applicants (Callwood, *et al.*, 2012, Sabin, *et al.*, 2012, Taylor, *et al.*, 2014). However, the use of individual structured or multiple mini interviews are seen to have a higher level of validity than group or unstructured interviews within literature on selection approaches (HEE, 2014b). The model of VBR requires that the approach undertaken by a recruiting body focuses on the expression of values, using scenarios to unpick and probe the candidate values in more depth. The focus of VBR in England is based on values laid out in the NHS Constitution for England which reflect a general set of values associated with compassionate care principles (Department of Health (DoH), 2013).

In Scotland, where health is a devolved issue, some of the principles found in the NHS Constitution can be found in the earlier Patient Rights (Scotland) Act (Scottish Government, 2011), however as enacted legislation it does not encompass the non-legislative aspects such as values. Therefore, the expectations laid out in the VBR Framework are not seen in Scottish guidance from either NHS Education for Scotland or the Scottish Government Health Directorates. However, despite this shift in selection focus there is some argument to suggest that creation of a values-based archetype risks narrowing the scope of selection decisions and diminishing the diversity of the nursing community. (Hubbard, 2015). This focus on VBR also appears to reflect a belief that the values of nursing are both known and static, however as can be seen from the following discussion the language, if not the core ideas, changes depending on social and political influences. The extent to which VBR approaches are adaptive to change is unclear and although the idea behind this approach is congruent with what I observe, it is less clear if this approach has higher levels of selection success than previous approaches.

The approach to selection aligned with previously mentioned Scottish Government target numbers are potentially a factor in selection decision-making. From this small body of literature there was no convincing argument to support one model of selection practice as superior to others in terms of programme outcome or future career success. It is not the intention of this study to examine the effectiveness of the method of selection, the focus is on the individuals making the decisions and the

influences on their decision-making. Although the selection approach cannot be discounted and may influence decision-making practices in terms of the rules applied in that approach, the tools available to decision makers and the way in which decision-making functions as a shared activity.

2.2 Contradictions in nursing history

Within this section I intend to provide a brief background to nurse education, siting this in the historical context of the growing academisation of nursing against the virtue-based perspectives of early theorists. I will then consider nursing identity, the contradictions associated with ideas of how nurses engage with the knowledge, skills and attributes connected with nursing and will finally discuss the qualities that are valued in contemporary nursing literature. This discussion demonstrates that the focus of this study has developed throughout the history of nursing and has been subject to multiple perspectives. It is important to recognise that nursing identity is not a stable feature of nursing but has been subject to shifts in professional and public ideology, scientific knowledge that informs practice and political forces that act on nursing. This shifting of thinking about what or who a nurse is impacts directly on how selectors make decisions about who is best suited to this ill-defined role and the following reflects this historicity, transformation and the multi-voicedness of ideas on who nurses are.

It is not intended here to provide a full history of nursing education and recruitment, merely to highlight that who is selected has been a point of contention since nursing entered the formal world of education and professionalization. Fitting with Engeström's (1987) idea of *historicity* the aim is to demonstrate that the tension between caring and academic skills has impacted on nurse education since its inception. A timeline of key moments in the educationalization of nursing can be found in Figure 2 at the end of this discussion.

In the UK the position of nurse education as an academic concern has been disputed since the first recognised schools of nursing in the late 1800's (Abel-Smith, 1960). Nightingale wrote that "*the elements of nursing are all but unknown*" (Royal College of Nursing (RCN), 2014, p4) and the RCN contend that this statement holds true in the 21st century (RCN, 2014). Although the first schools of nursing were broadly built on the ideas put forward by Florence Nightingale (Griffin & Griffin, 1973), conflict of ideas about who was suitable to join the profession were evident from the beginning. The schools of nursing were intended as seats of education to build a modern nursing model, all the same leading nurses of the time held conflicting views on the "right" person for the role. On one hand the perspective of Florence Nightingale that the personal qualities of the woman (at this stage a male

nurse was not even thought of and registration for male nurses was not enacted till 1919 (Ford, 2019) entering nursing were of greater importance than her educational abilities. Whereas Mrs Fenwick, a contemporary of Nightingale, and the influential matron of St Bartholomew's Hospital, London, supported by her doctor husband, proposed that women entering nursing should be selected from the educated classes (Abel-Smith, 1960).

It is these conflicting perspectives on caring and education that nearly one hundred and fifty years later still seem to trouble nurse education. Despite being lauded as the founder of the nursing profession, Florence's anti-registration stance and focus on caring attributes were discounted and several influential matrons in nursing drove forward an agenda of recordable qualification and increasing focus on the technical skills of nursing. As Maggs (1983) notes that from 1890, onwards there was an increase in descriptive approaches to recruitment that outlined "*...personal, moral, physical, intellectual and emotional characteristics...*" (p63), that allowed the hospitals to look beyond class groups and thus widen their pool of potential nurses. Additionally, the issue of the tension between the ideal candidate and the level of need for nurses influenced the educational approach, and recruitment of women to the nursing profession can be tied to world events such as periods of conflict. For example, Abel-Smith (1960) noted the genesis of the College of Nursing links to the Voluntary Aid Detachments in World War 1, where large numbers of untrained volunteers entered the nursing system.

In the early twentieth century the educationalist influence of Mrs Fenwick, as opposed to the more virtue and attributes driven Miss Nightingale, was taken forward by Miss Stewart and latterly Miss Musson, who both favoured an educationalist approach to nurse development (McGann, 1992). This drive for academic attainments in nurses remains the most recurring theme in the development of nurse education. This period is now referred to as virtue-based period of nurse education (Johnson & Edmonson, 2020) despite the efforts of these influential nurse leaders to have a knowledge-based training approach. This contemporary perspective is likely due to the significance placed on Florence Nightingale and her views, in a public history that largely discounts the influence of other significant female nurses of the era.

In the latter half of the twentieth century, we see a gradual shift to increasing academic levels required to enter the nursing register, married with concerns about the caring and compassionate aspects of nursing (RCN, 2012; UK Government, 2013). Several influential reports, Platt (RCN 1964), Briggs (Ousey, 2011), Judge (RCN, 1985), Willis (RCN, 2012), and Francis (UK Government, 2013) have each guided change in nurse education. This period of competency-based education saw a reduction of focus on the caring attributes valued in earlier perspectives. Influencing education at this time were a number

of influential theorists, who focus on experiential aspects of learning (Benner, 1984; Kolb, 1984) and the application of reflective practice to applying empirical knowledge to experience (Johns, 1995; Rolfe, 2014; Schon, 1983). This focus on the application of theory to care delivery and ideas of a knowledgeable doer (Ousey, 2011) was viewed as integral to achievement of professional status for nursing (Willetts & Clarke, 2014).

The trend of increasing academisation is also evident with a reactive shift to caring attributes colouring twenty-first century reports. The recommendations in both Willis (RCN, 2012) and Francis (UK Government, 2013) are based on assumptions of relationships between healthcare experience and compassion that are not founded on substantial research but appear predicated on a romantic notion of caring as generating compassion. A study by Snowden *et al.* (2015) conversely found no clear relationship between caring experience and levels of compassion. Referring to the “over educated nurse” argument (Griffiths, 2012), the view that caring attributes and academic skills are not readily found together appears to have little evidence to support it. Therefore, we are over one hundred and fifty years since the beginning of formal nurse education (Figure 2 offers a timeline of developments), with the issue of what makes a good nurse still unresolved, it is little wonder that selection practice for this poorly defined standard is a challenging activity.

What is apparent here is that contemporary nursing cannot be looked at without recognising that some of these issues have deep roots that can be seen throughout the history of nursing. Nursing identity as a knowledgeable doer, angel of mercy, and/or clinical expert has been conflicted from the inception of nursing as a trained role (Ousey, 2011). This identity “crisis” is not so much a crisis but more of an unresolved state of being for nursing and the concept of nurse identity is complex (Bell *et al.*, 2015). The extent to which this complex identity informs who selectors think should be the future nurse is perhaps part of the narrative of this study. Nursing identity as a factor that influences those who seek to join the profession and those who grant them entry will be explored in greater depth in the following section.

Nursing Education – timeline

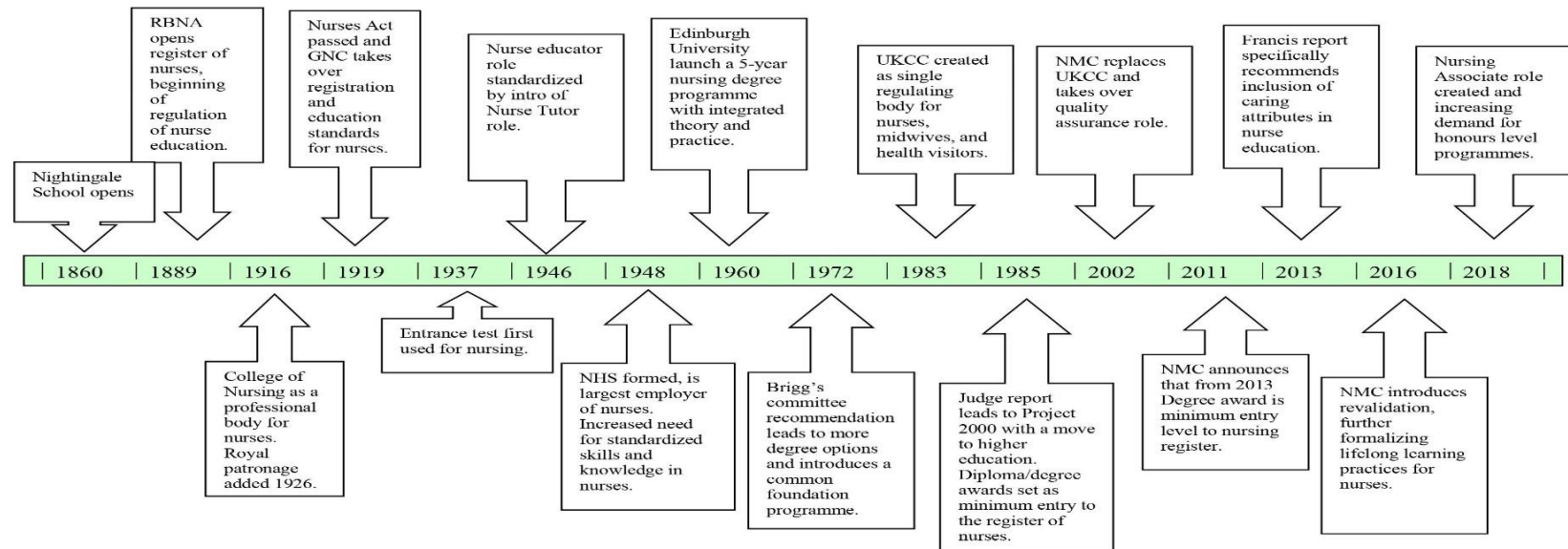


Figure 2 – Timeline of nurse education development

2.3 Identity theory and nursing

The role identity plays in shaping individual and social behaviour has long been subject to exploration in social and philosophic science (Bell *et al.*, 2015). The identity of nurses can be viewed from a social identity or a professional identity perspective. Professional identity is a concept informed by social identity theory (Anderson *et al.*, 2019) and can be viewed as a higher order social identity. The development of professional identity occurs because of a process of socialisation, beginning when individuals choose what they want to be (Joynes, 2018), developing in education (Willetts & Clarke, 2014) and continuing along a career trajectory (Rogers, 2018). The concept of social identity in nursing has been neglected for the issue of professional identity (Willetts & Clarke, 2014) with there being little written of how the social identity of nursing is constructed or defined. According to Rogers (2018) it can be useful to consider social identity theory which contributes to the understanding of professional socialisation. I intend here to consider how social identity theory may be applied to nursing; I will then consider whether the professional identity of nursing may influence selector decisions.

Social identity theory was initially developed based on minimal group identity experiments by Tajfel in the 1970s (Scheepers & Ellemers, 2019). His theory proposed that identification with a social group, no matter how minimal that grouping was, led to specific behaviours and attitudes related to group membership. Being part of a group and identifying as part of that group leads to a range of pro-group biases in thinking (Herriot, 2020), a desire for a distinct group identity (Hogg, 2016) and development of positive self-evaluation based on group status and valence (Hogg, 2016; Simpson *et al.*, 2012). Nurses have long sought a professional identity (Willetts & Clarke, 2014) however what is known about social identity is evident only in the rather fragmented work on nursing self-image or image. Although bearing some common ground with social identity theory, self-image is considered as impacted by social identity rather than being synonymous with it.

Social identity is thought to be constructed at the individual level based on perception of social categories (Turner, 1982), this may relate to an abstract social construct such as team membership, social class, musical affiliation and so forth. The early work by Tajfel and colleagues has generated a body of study of inter and intra group process, seeing this theory applied as an exploratory model to, for example, fundamentalism (Herriot, 2020), immigration (Reed-Sandoval, 2020), conflict and cooperation (Hogg, 2012), occupational identity (Maxwell *et al.*, 2013; Simpson *et al.*, 2012), leadership (Haslam *et al.*, 2011) and prosocial behaviour (Hackel *et al.*, 2017; Shipley, 2008). Much of the research in social identity theory focuses on the impact of group identity on self-appraisal or group appraisal and intergroup dynamics (Scheepers & Ellemers, 2019) highlighting the quest for a positive social identity.

Nursing as a group can be viewed as a higher order social identity with multiple lower order social identities (Willetts & Clarke, 2012) belonging to nursing will include 'nested' identities. This may relate to the field of nursing in which they specialise, the specific role of the nurse, or the team in which they work. Identity in nursing research is often used synonymously with self-image, self-concept, and image, however, it is generally agreed to be influenced by public perceptions of nurses, values, gender, culture, and work contexts (ten Hoeve, Jansen & Toodbol, 2013). A specific way of considering nursing social identity sits within the literature on professional identity. Willetts and Clarke (2014) note that despite meeting the criteria for recognition as a profession the idea of the nursing profession remains unclear. Professional identity can be construed as a values and belief system shared by members of professional groups (Wilson *et al.*, 2013), as a means of ensuring retention of group identity and membership (Wackerhausen, 2009) and is viewed as a consequence of specific academic education and practice (Willetts & Clarke, 2014).

Current work by the International Society for Professional Identity in Nursing, a think tank tasked by University of Kansas to progress a model of professional identity for nursing (Brewington & Godfrey, 2020) provides a yet untested conceptual model. Building on the work of Godfrey and Young (2020) they seek to provide a model of professional identity applicable to support the development of nursing.

The literature on who nurses are, or should be, is considered below under a set of themes that seemed to exemplify the tensions in our understanding of nursing identity. In each theme an inherent contradiction is evident with little evidence of resolution of that idea to a cohesive whole.

2.3.1 Feminine or Masculine

From her influential paper on the concept of nursing to the 30th anniversary reprint, Henderson (1978; 2006) highlights the "intimate and essential service" that differentiates nurses from other health professions. It is perhaps with this idea of intimacy that a sense of nursing as a feminine, (DeMeis *et al.* 2007, Kemmer and Silva, 2007, Lui, 2010) caring activity is fostered. The idea of the feminine ideal, subordinate to a male medic (ten Hoeve, Jansen & Toodbol, 2013) acting as a "handmaiden" or "ministering angel" is one that seems outdated but continues to be part of the public perception of nurses (Gordon & Nelson, 2005). Ayala (2020) argues that the idea of vocation allowed a culture of nursing that is built on "selflessness", this willingness to sacrifice self leads nurses to carry out work beyond their role and salaried time (Allen, 2007). Is this sense of nursing as a selfless and perhaps heroic role something that both attracts and repels potential nurses, and do selectors look for the

potential for this level of self-sacrifice in our candidates? The gender and vocational nature of nursing has been seen as the root of the subordination (ten Hoeve, Jansen & Toodbol, 2013), and exploitation of nurses (Grunig, Toth & Hon, 2008) but despite this, the caring female remains a dearly held ideal. This gender stereotype in nursing is perhaps most striking when you consider the current gender balance with male nursing students only making up between 8-10% of overall student numbers (Scottish Government, 2017, Whitford *et al.*, 2019). Males are less likely to join the profession and have higher dropout rates than females (McLaughlin *et al.*, 2010). Current work on recruiting males to the profession shows that these perceptions of nursing as an essentially female role remains fixed in public and many nurses' views (Whitford *et al.*, 2019).

2.3.2 Caring or Academic

These feminine ideals are strongly linked to attributes of caring and compassion that has been such a preoccupation of nurse researchers in recent years. In the United Kingdom (UK), the importance of compassion in care is highlighted in a number of healthcare documents arguing that nurses should provide compassionate care to patients (Health Service Ombudsman, 2011; Department of Health 2012; Francis, 2013). Studies highlight a seeming conflict between increasingly technical and sophisticated roles in nursing and the demonstration of compassion (Bramley & Matiti, 2014; Straughair, 2013). It is perhaps these aspects of nursing that lie at the core of selection decisions, the increasingly academic qualifications required to enter nursing in Scotland, (where the Associate Nurse route is not available), competing with the need for personal attributes more associated with the heart than the head.

The NMC (2018) define the role of the nurse in the 21st century:

“Registered nurses play a vital role in providing, leading and coordinating care that is compassionate, evidence-based and person-centred. They are accountable for their own actions and must be able to work autonomously, or as an equal partner with a range of other professionals, and interdisciplinary teams. In order to respond to the impact and demands of professional nursing practice, they must be emotionally intelligent and resilient individuals, who are able to manage their own personal health and wellbeing and know how to access support.” (p3)

This update to the standards for registered nurses goes further than previous iterations in voicing clearly the desire for an equal footing with other health professionals, and throughout this document emphasis is laid on the knowledge and skills of nurses rather than the softer values driven focus of

previous standards. However, despite the lack of explicit reference in the standards, this definition does retain the importance of caring in the form of compassion.

Nursing identity has yet to achieve any degree of clarity; the shift to greater professional standing allied to increasingly academic study has led to fears of a loss of traditional caring values. Contemporary drivers to create a more gender balanced profession perhaps highlight the extent to which stereotypical views of nursing remain entrenched in the worldview of us all.

As discussed previously nursing has long been conflicted concerning the expert (head) and caring (heart) aspects of the role. Andrews (2012) described nursing as inhabiting “*somewhere in the grey margins that exist between vocational and professional status*” (p846) reflecting the continuation of that conflict between the scientific and caring roles of nurses. The contradictory perspectives on whether nursing is an art, or a science has long been debated and efforts made by nursing theorists to merge these concepts are evident (Chambers, 2017; Norman & Ryrie, 2018). Watson & Smith (2002, p459) argue that a move to “*transtheoretical integration*” would allow nursing to better integrate these ideas, ultimately with an aim of retaining the ethical caring face of the profession. What is evident in these discourses is the desire that nursing continues to embody the caring virtues, and that with the increasingly technical academic role that nursing does not lose this caring identity. Fuelling these discussions are the tremendous changes nursing has undergone in the later decades of the 20th century and early 21st century (ten Hoeve, Jansen & Toodbol, 2013). The move to the higher education sphere in the 1990s coupled with the move to an all-degree profession in 2013 (Ousey, 2011) reflects that shift from a vocational model of nursing (White, 2002) and has been viewed by many as a shift from the traditional caring values of nursing (Griffiths, 2012). However, many of those who select come from these older traditions of nursing as a caring vocation, and how they manage this tension between caring and academic needs in their selection practice is of interest to this study.

2.4 Contradictions in Valued Nurse Qualities

Consideration of what makes a good nurse, from both the lay and professional perspective, have occupied nurse researchers for some time, the focus of this discussion is on work from the 21st century, seeking to identify what is valued in the contemporary nurse. The section is split into three broad themes, highlighting differing perspectives or tension in nursing literature.

2.4.1 Head or Heart

All studies identified that being knowledgeable is a core quality desirable in nursing. For Cowin and Johnson (2015) this construct was the most stable in their study of students across the three years of university and one year post qualification. Similarly, Wilkes, *et al.*, (2014) focused on the three years of studentship and found intelligence to be entirely stable over the course of their research although only cited by an average 40% of respondents. In Waugh *et al.* (2014) study 96% of respondents agreed or strongly agreed that intelligence is an essential nursing quality. This shows a shift in trend from earlier research by March and McPherson (1996) reporting intelligence as being more valued by registered nurses than students and most highly by senior nurses. It should be noted however that this study was carried out in the context of the Project 2000 programme and considerable debate on the academic standards in nursing which may have influenced respondents.

Griffiths *et al.* (2012) in their service user and carer focus groups reported that the majority of participants talked about the need for knowledge and technical competence, however they also reported that many participants reported concern over what they term “*The over educated nurse*” (p124), and the feeling that over emphasis on academic learning would in some way diminish the caring aspects of the nurse. Perhaps these results indicate that although people value knowledge or intelligence when asked to rate this relative to other aspects of nursing, it may be less valued than more traditional caring attributes. Intelligence in this context is seen as measurable by the achievement of academic qualifications and proven using entry criteria to programmes of study.

This reflects the “*too posh to wash*” debate that has become so integrated into current conceptualisation of nursing that it is now the title of a publication from 2020health, an independent think tank who have drawn together opinions from some of our most influential health care leaders on the future of nursing (2020health, 2013). This raised questions for me about the extent to which selectors attend to entry qualifications or nursing attributes in their selection practice. How we characterise intelligence for nursing is also unclear, there is a high level of interest in critical thinking skills in nurse education (Li *et al.*, 2013.; Profetto-McGrath, 2003.; Yuan *et al.*, 2008), however critical thinking is only one way of thinking that would seem useful in the nursing role and how abstract and divergent thinking are viewed is not addressed in the research. The concept of intelligence is not clearly defined in the above studies and a simplistic intelligence=qualifications model appears to have been applied. This raised the question of the extent to which selectors valued a factor such as “intelligence,” how this would be evidenced, and in what ways this might be characterised by the selectors.

Given the history of seeking for satisfactory predictors of future performance in nursing, there has been a change in priority as the focus of care shifts to human-centred caring (Codier, 2015). The UK wide move to values-based practice and the influential review of mental health nursing in Scotland from 2006 which brought in values-based training for mental health staff that has been adapted and adopted across the Scottish NHS (NES, 2012), has highlighted the importance of inherent qualities in health care staff beyond instrumental caring skills. In the UK context the importance of compassionate caring highlighted in several reviews of care produced in the last decade years (RCN, 2012; UK Government, 2013) has been supported by the 6Cs of compassion as pillars of care introduced by the Chief Nursing Officer for England (NHS Commissioning Board. 2012). Globally compassion has become a cornerstone principle in considering the nature of nursing as it aspires to be (McCaffrey & McConnell, 2015) and is operationalised in the concept of compassionate caring. Compassion as a quality sought in candidates for children's nursing was sought by less than 5% of responding English education institutions providing that programme (Price, 1999) however one could safely assume that a replication of that study in the current climate would see a markedly different result. In a survey of nursing students and registered nurses Waugh *et al.* (2014) placed *"Ability to demonstrate sensitive and compassionate approach to people."* (p1192) as fifth on a list of values-based specifications for nursing entrants. How compassion as an inherent quality is observed or measured is an area of research that perhaps sits within the progression towards values-based recruitment that is developing strongly in England and more gradually, nationally.

When considering the head heart contradiction, an important feature in successful studentship that potentially bridges this continuum and is most strongly linked to future practice quality is emotional intelligence (EI). Beauvais *et al.* (2014) outline a body of literature that supported psychological well-being as being positively correlated to academic success and found that the facilitating and managing emotions aspects of emotional intelligence were related to academic performance. However, it is notable that this finding was limited to graduate nurses and was not found to be true in undergraduate nursing students. Fernandez *et al.* (2012) study also identified a positive correlation between levels of EI and academic results, however as argued by Gratrix (2014) academic performance is not in itself an indicator of high-quality nursing. EI is viewed as a psychological trait that is positively correlated with the development of effective caring (Bulmer Smith *et al.* 2009). Zysberg *et al.* (2010) found EI to be a valid predictor of success for those entering care related programmes, however this study was of a relatively small scale and carried out with nursing students in Israel so limits to the generalizability of the findings are apparent. Montes-Beger and Augusto (2007) did link higher levels of EI with care delivery in terms of stress management and improved interpersonal skills in nursing students. Rankin (2013) and Codier (2015) also found that EI was positively correlated beyond academic performance

to clinical performance in that higher EI was significantly linked to positive mentor appraisal. These small-scale studies indicate some positive relationship between EI and both academic performance and caring ability, whether EI is something that should be measured at point of entry or is a quality that is developed through caring remains under discussion. However, an interesting early finding from a longitudinal study funded by NES, (Snowden *et al.*, 2015) did not find correlation between EI and previous care experience and suggested that EI may be a more valid selection factor than care experience.

The two features that appear in all studies reviewed are the concepts of caring and empathy, both of which are used to cover a wider range of caring qualities. What is notable is that when considering the studies, those who have produced a shorter and perhaps more elegant framework have required to do so with some means of providing detail for each item, therefore allowing shorthand of caring qualities. A small number of studies incorporated other qualities that are linked to nursing attributes, such as humour, respect, cheerfulness (Waugh *et al.*, 2014; Wilkes *et al.*, 2014) and honesty (Johnson *et al.*, 2006), subsuming these under an umbrella of caring attributes. Contemporary practice is highly concerned with the issue of compassionate caring (McCaffrey & McConnell, 2015). The updated NMC code (2018) makes explicit reference to compassion as a guiding principle in how care is provided to people. Kret (2011) highlights compassion as a nursing quality that has a direct effect on patient care. The earliest study mentioned here by March and McPherson (1996) developed a fifteen-item list of nursing attributes based on nurse and learner nurse perspectives that does not mention empathy or compassion at all. That is not to say that these concepts were not considered at all but that the climate of the time allowed them to be implicit, this move from implicit to explicit statements around compassion marks the shift in ideas of nursing in the wake of recent damning reviews and is part of the current nursing identity dialogue. Wilkes *et al.* (2014) montage of qualities of the professional nurse provides six overarching concepts, however, uses a diagrammatic format to make explicit the sub-concepts thus allowing qualities like empathy to cover a host of inherent qualities including compassion. Johnson and Cowin (2014) and Cowin and Johnson (2015) report on the use of their own 15 item Qualities of Nursing scale, developed in 2011, however as with the Wilkes *et al.* (2014) montage, each scale item is shorthand for a much more complex set of constructs with compassion being subsumed within empathy. When considering the separation of empathy and compassion as distinct qualities one feels that these two constructs are too interdependent to be separate, as Kret (2011) noted compassion can be viewed as the expression of empathy demonstrated in the desire to remove or alleviate distress.

2.4.2 Technician or Craftsman

Despite the focus on technical competency in nurse education (Fukada, 2018; Pepito & Locsin, 2018) there is little literature to support the recognition of these skills in nurses and literature that focuses on skills tend to be more associated with the softer skills. I have termed these as crafts drawing on Chamber and Barkers (2017) influential work on mental health nursing.

The only consistently highlighted skills-based quality related to communication ability (Chen & Hsu, 2015; Johnson & Cowin, 2013; Pitt *et al.*, 2014; Sivimali, 2008; Wilkes *et al.*, 2014). This is hardly surprising as communication is considered a core nursing skill in all fields, and nurses must be competent in communication as an inherent aspect of any good quality care (Zavertnik *et al.*, 2010). The only paper to provide a number of what may be considered technical or skills-based qualities was the Waugh *et al.* (2014) study that drew its nursing qualities from existing person specifications for nursing, which are a more pragmatic source of data than the potentially idealistic perspective of study respondents. This begs the question of are we looking for what the ideal nurse is or are we seeking what the closest fit to that is?

These studies all reflect the complexity of the issue, each using some structural device to simplify a complex set of concepts. Drawing from these studies and from various websites (NHS Careers; Registered Nurse.com; Nursing Times.com; nursinglink; collegecrunch.org; nursetogether.com) purporting to indicate your suitability for nursing I created a wordle as a front piece for this work and from a quick glance the array of terms that are encompassed in a good nurse can be seen. A daunting list of expectations for anyone either seeking to enter the profession or to select people who have, or potentially have, these qualities.

We see in recent years a small body of work that attempts to clarify the qualities that are inherent in the “good” nurse; however, the stumbling block that becomes apparent is that such a complex task does not lend itself well to reductionist approaches and these researcher’s final outputs are open to subjective interpretation. The terms values, qualities and attributes have been used in the nursing literature as interchangeable concepts and the research has focused primarily on expert or service user opinion. The most common approach employed has been the survey of nurses and learner nurses to gather an array of terms that are then reduced through analysis to a manageable set of terms. This brings with it the idea of a stereotypically right person for nursing (Hubbard. 2015), which in itself creates challenges of subjectivity and narrowed workforce.

The predictive quality of personality in selection processes provides a further area of research focus, building on research on this construct in work psychology. McLaughlin *et al.*, (2008) identify a positive

relationship between psychoticism and attrition and extraversion and lower academic results, which are similar to findings in other studies with university students out studying topics such as law, medicine, and history (Ciorbea & Pasarica, 2013; Vedel. *Et al.*, 2015). The authors do highlight that both these traits have aspects that are positive attributes for nursing so do not propose the use of this at selection. The secondary variable considered in this study was that of occupational self-efficacy, finding those who demonstrated higher self-efficacy achieved higher final results. As with some studies of EI the focus on academic achievement rather than the combined academic and clinical performance limits the value of this study for selection for nursing. Pitt *et al.*, (2014) note that personality qualities of low aloofness, high self-control and resilience are correlated with academic performance; however, this effect loses even low significance levels by year three of study. Similarly, Drach-Zahavy and Srulovici (2018) highlight the relationship between agreeableness, openness, conscientiousness, and neuroticism, as measured by the Big Five Inventory of personality types, with accountability and suggest this as a potential aid to selection practice. Indeed, the use of psychometric tools to select nurses has been considered for some time without any set of “ideal” personality traits being identified, as early as the 1930’s studies have explored the relationship between nursing students’ achievement and an array of psychological constructs (Garrison, 1938) without any clear consensus being achieved.

This is an interesting field, and considerable agreement can be seen, irrespective of research location, however unless these qualities can be operationalised in terms of measurement or correlation to some measurable feature it is difficult to apply this to the practical concern of selection of nursing candidates. Despite this complexity, NES (2010) have promoted the use of person specification to aid self-selection and selection decisions, and improved understanding of inherent nursing qualities should aid the development of such a specification. The move to values-based recruitment does create a greater need for the inherent values and qualities of nurses to be better described so that our understanding of the base is clearer.

Finally, there is clearly a need for further longitudinal research of inherent nursing qualities associated with high quality practitioners. However, this does tie in with the concept of *heuristics* in decision-making which are explored in the following section of decision-making theory. The extent to which these subjective views on the good nurse are involved in selection decisions is one area of interest for this study. I question the extent to which selectors have a shared or even explicitly expressed idea of who they are selecting against which they measure candidates, and this wondering influenced much of the choices made in designing this study.

2.4.3 Experience or Qualifications

The Francis Report (UK Govt, 2013), the Report of the Willis Commission (RCN, 2012) and the follow-up report Raising the Bar, The Shape of Caring Review (NMC and Health Education England, (HEE), 2015) support previous caring experience as a positive factor to be sought at recruitment. There is evidence to indicate that previous caring experience does reduce likelihood of withdrawal from study (Donaldson, McCallum et al. 2010; Rhodes & Nyawata 2011), however this exposure to the realities of nursing may also be gained through knowing a nurse (Wilson, Chur-Hansen et al. 2011) rather than direct care experience. This indicates that realistic expectations of the caring aspects of the student nurse experience are an important factor in students being able to stay the course (Wray, Barrett et al. 2012). NES promote HEIs to develop a national initiative to promote realistic expectations in candidates at the recruitment stage (NES, 2010) as means of reducing attrition. Secondary to this is a seeming shift in perspective, implying that care experience will enhance the inherent qualities for nursing embodied in applicants, particularly compassion, however Snowden *et al.* (2015) found no clear relationship between previous care experience and compassion in nursing students. Although a single study is not enough to refute this idea, it is important to note that there is no alternative evidence to support the idea that being experienced in care delivery impacts positively on the ability to be compassionate.

The Scottish Government document: Setting the Direction highlights as one of the targets for nursing and midwifery education is to “Ensure consistent, evidence-based methods of recruitment and selection in all universities including the assessment of values and prior care experience.” (Scottish Government., p11. 2014). *The Shape of Caring* report commissioned by the Nursing and Midwifery Council (NMC) and HEE (2015) in relation to entry to nurse education being more accessible to care assistants recommends “Care assistants should be offered APEL that could account for up to 50 per cent of the undergraduate nursing degree.” (p41) commenting that they bring a wealth of experience and knowledge to the profession. While the richness of experience many care assistants have is undeniable, the inherent challenge of the increasing academic demands of nurse education needs to be acknowledged and the Council of Deans Health (CoDH) response notes this:

“Prospective students, employers and commissioners also need to have correct expectations about the demands of pre-registration programmes (which are heavily oversubscribed) and the requirements for prospective applicants. We will consult on this point with members but given the level of pre-registration programmes and the development of critical thinking across the course as well as knowledge and skills, being

able to AP(E)L 50 per cent of a degree course is likely to be applicable for a minority of prospective students.” (CoDH, 2015, p6).

The value of engaging fully in the development of the care assistant role is one that should rightly be a priority, there is no denying the importance their skills and values will play in the quality of patient care and experience. However, it is not realistic to correlate care experience with the role played by student nurses in their placement learning experiences. To do so dismisses the value of registered nurse practice support and reflective practice, both vital components of the development of the nursing student.

In response to the Mid-Staffordshire Report (UK Govt, 2013) recommendation that all entrants to nursing education should have spent one year as a paid health care assistant HEE have carried out a pilot of providing pre-nursing care experience as a health care assistant (HEE., 2014a). The pilot evaluation recommends an optimum six-month period for this and reports an overall positive evaluation, noting that impact on attrition or quality cannot be evaluated until longitudinal information is available (Allied Health Solutions, 2014). Therefore, although care experience may ensure that candidates have realistic expectations of the nursing role and are more likely to complete their training, it does not in itself indicate that the candidate holds the inherent qualities for registered nursing (Whiffin *et al.*, 2014). A follow up publication (Whiffen *et al.*, 2019) explored the impact of a period as a health care assistant on motivation to progress in a nursing career but provided no clear correlation between this period of experience and progression as a nursing student. Changes to funding for nurse education in England, with withdrawal of fees and bursary support from 2017 (Health Foundation, 2017) or a lack of evidence of positive outcomes appear to have reduced the use of this approach.

The main body of positive evidence for selection criteria sits around the academic qualifications at point of entry to study. McCarey *et al.* (2007) found that academic entry qualification predicted performance in study. Both Prymachuk *et al.* (2009) and Wray *et al.* (2012) highlight that higher entry qualifications increase likelihood of progression in study. However, this finding is not supported by Mulholland, *et al.* (2008) who found no significant difference between minimum and higher entry qualified entrants. However, even for Wray *et al.* (2012) this benefit is found to be neutralised by age and as the average age of entry to nursing is 29yrs old (NMC & HEE, 2015) this perhaps limits the utility of academic qualification as a selection tool. Therefore, no literature explored in this discussion provides selectors with a clear set of values or attributes or entry qualifications that would evidence probable candidate success.

2.5 Conclusion

From the literature it is evident that any consideration of what a nurse is, does not lend itself to simplification and the factors that we should select for are not clearly defined and as a result are subject to a degree of influence. This influence may be seen in the language used to express an idea of nursing, in a series of poorly understood buzzwords. Indeed, a pattern of terminology being applied and subsequently unpacked in research can be seen in the recent history associated with ideas around compassion in nursing. When considering decision-making, the early theories support a reasoned process however, more complex understanding contextualises that process in a more nuanced intrinsic and extrinsic setting.

Greater public accountability and scrutiny, and a body of research that recognises the patient perspective, all highlight the expectations that not only will nurses carry out high quality care delivery, but that the nature of that quality will be measured not only in knowledge and technical skill but in the human factors of caring. The question that arises for me when considering an approach to selection is what do our selectors emphasise in their discussion when trying to differentiate between candidates? The approach to selection in this study does not apply any specific measure to personality and has an interview content that focuses on the candidate's understanding of compassion and nursing values, how do selectors make judgements on both understanding and potential to apply in real world practice?

Drawing from this, factors such as how candidates articulate their experience, knowledge and skills, the impression of personality traits created at interview, the extent to which expressed values are likely to influence decision-making practice all appear to be areas that would benefit from exploration in this study. The need to explore this activity in a manner that reflects the importance of these issues is explored in relation to the theoretical framework that was applied to the study in the following chapter.

Chapter 3- CHAT as a Conceptual Framework

3.0 Introduction

In this chapter I provide a brief overview of theories considered to support the study. As I am employed within the setting of the study, I chose to discard theories that depended on the maintenance of objectivity but rather prioritised those that allowed the researcher to be part of the story. As part of the social world in which this study is based issues of reflexivity are central to my engagement with the participants and data. Bligh and Flood (2017) argue theory is in many ways what shapes decision about how data collection and analysis is approached. Thus, for me the selection of theory was a process of seeking a framework that enabled consideration of the individual, the direct and indirect influences on their decision-making and importantly the way this decision was expressed and negotiated to achieve a goal. A series of competing theories were considered as meeting this need prior to final selection of Cultural Historical Activity Theory (CHAT) as a conceptual framework to underpin and frame this case study. Table 3 demonstrates the consideration of differing philosophical perspectives that influenced my decision-making as I developed my thoughts for this study. It is also worth acknowledging that in this process I sought to impose some order on a complex social practice. Considering where the edges of this study lay was fraught with uncertainty, so the following discussion reflects the outcome of a progression from one idea to another, each proving unsatisfactory in some way.

The choice of CHAT was intrinsically pragmatic, and at the time a “best fit” with my need to find a cohesive means of labelling the components of selection decision-making practice, of defining boundaries of my study subject and generating a conceptual framework that allowed me to visualise the focus of the study. It was also important to me that any theoretical framework aligned with a social constructionist perspective, and that CHAT emerged from social learning theory (Given, 2012) meant it had a shared theoretical root. This suggested to me that CHAT as conceptual framework was a choice that was congruent to the social constructionist stance that informed the study development.

Bakhurst (2009) commented on the position of researchers applying CHAT, suggesting that it is the desire to impose order on a complex phenomenon that drives the decision. He noted the breadth of the framework and highlighted the value of CHAT as a tool to analyse activity systems. That CHAT does not impose an explanation, but rather provided a framework in which to search for an explanation, was the main advantage of this approach over others. Therefore, CHAT as a conceptual framework informed the development of this study and been applied as a structure in which to analyse data. This chapter discusses the key features of CHAT and shows how this was used to conceptualise components

of the study. Finally details how this theory has been used to frame the findings and discussion of this research.

Table 2 – Considered theoretical frameworks.

	Social Constructionism	Symbolic Interactionism	Discourse Analysis	Cultural Historical Activity Theory
Definition	The foundation of social constructionism lies in the premise that reality is socially constructed by individuals. Offering an interpretivist view of how people see and define the world (Robson, 2011,).	Posits exploration of the social world through understanding of human interaction and the individual's interpretation of symbols. Symbols being abstract to which interpretation is applied, such as language (Charon, 2010).	Discursive psychology focuses on the analysis of naturally occurring discourse. Analysis of discourse offers insight into activities used by individuals in constructing and managing their social world (Burr, 2015)	A conceptual framework for examining social practices at the individual and social level. Examining what happens between people in collective activities (Sannino & Engeström, 2018)
Key Concepts	<ul style="list-style-type: none"> human actors are socially and historically situated (Gergen & Gergen, 2012) human activity can be observed in the context of their agency and creativity, considering the historical and cultural conditions at play (Gabin, 2014) all data is constructed based on the a priori experiences of the observer (Semin, 1995) 	<ul style="list-style-type: none"> We acquire symbols through interactions with others. Symbols allow us to have a sense of self and mind. Societies exist because of individuals and the symbols they use to interact. (Redmond, 2015)	<ul style="list-style-type: none"> Global insight of overarching social regulation to more individual interaction. Current understandings of the world both historically and culturally constructed. Knowledge is constructed through social and cultural processes. Action can be understood through studying these social constructions. (Antaki, 2008)	<ul style="list-style-type: none"> Human activity is influenced by cultural resources and values. Activity should be viewed in light of the historical development of the culture or activity. That activity is influenced by cultural and historical factors. (Foot, 2014)

Sources of research data	Language in the form of spoken and written discourse that allows access to how reality is constructed by the person. Observation of human action.	patterns of interaction between individuals signs and symbols used to communicate between individuals	Naturally occurring discourses, varying perspective on use of interview data.	A focus on points of tension and contradiction within human activity. Does not define nature of sources, rather how data is viewed.
Strengths	Recognises the historical influence on the construction of reality (Galbin, 2014)	Supports depth of exploration of interactions both social and internal. Recognises the dynamic nature of human interaction and perspective.	Offers an approach to analysing the discussion through conversation analysis that recognises relationship and context dynamics (Burr, 2015).	Strongly aligned to constructivist theory. Contextualising of activity in relation to cultural and historical influences. Offers a conceptual framework rather than imposing a method.
Weakness	Focus on the shared social construction or reality limits recognition of individual cognitive processes (Andrews, 2012) It does not provide an explicit framework for research or tie to methodology (Gergen & Gergen, 2012).	Extent to which this focuses on individual interaction. Does not explicitly position social interaction in the wider context. Downplays the historical aspects of social actions. (May & Powell, 2008)	Offers an approach to analysing action that is then aligned to a theoretical perspective. The number of approaches to discourse analysis, Jensen and Laurie (2016) indicate 57 variations. Narrow approach to data collection with a focus on naturally occurring data seemed to limit scope of exploration in this case study.	The conceptual framework can be viewed as having two strands, an explanatory function for human activity or a means of facilitating organisational change. The aim here is exploratory, there is no direct intention to effect organisational change. This adds a layer of complexity that may be unhelpful.

	<p>This perspective informs my overall approach to research. While acknowledging the fixed reality of the activity I am interested in how this is interpreted and managed by the actors. Where social constructionism reflects my epistemological and ontological view, I also sought a framework to provide structure within which to explore the phenomena.</p>	<p>Although this theory offers a rich understanding of individual actors and therefore a social phenomenon however the process of selection was my focus rather than the individuals who selected.</p>	<p>This offers a route to understanding the activity through how actors negotiate their decision-making and voice their perspective, but lacked the overall framework for the study that I sought</p>	
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3.1 Cultural Historical Activity Theory

CHAT has roots in the sociocultural theories of Vygotsky and Rubinshtein (Kaptelin, 2016) and these built on the earlier philosophy of Kant and Hegel (Johansen & Rohrer-Murphy, 1999). Scott and Palincsar (2013) highlighted the early exploration of learning psychology and how social cultural theories sought to view learning through a lens that recognises the social and cultural influences and context of activity. Thus, the theory is built on a premise that the human mind is developed within a social world rather than independent of that world and that activity and the mind are entirely interrelated. Nardi (1996) suggested Activity Theory as providing a method of understanding and analysing learning through a built-in language and rhetoric. Elmberger *et al.* (2018) propose Activity Theory as method for exploring interactions between the individual and the system of activity in which they are situated. Jonassen and Rohrer-Murphy (1999) also espouse the value of this theory and discuss the historical cultural dimension as allowing us to recognise the cultural genesis of higher cognitive processes.

CHAT can be understood as a type of social theory which seeks to understand and explain human behaviour in societal contexts (Daniels, 2008a). It has developed into a practice-based approach that provides a robust framework for analysing professional work practices, including social service provision (Foot, 2014). The provision of both a lens and a structure with which to frame this study satisfied a desire to impose structure on a complex process and make the exploration in its early stages manageable in my position of inexperience. The value of a holistic perspective, that encompassed not only the individual actors in this process but firmly placed them in a context, both current and historical, offered the potential for greater depth of understanding through application of this conceptual framework.

3.1.1. Generations of CHAT

CHAT has evolved through three generations of research (Daniels, 2008b; Engeström, 1987, 2001); simply referred to as first, second and third generation. This study applies the second generation of CHAT as a conceptual framework with which to examine the activity of selection practice decision-making.

First generation

The first generation (Figure 3) is centred on Vygotsky and Rubinshtein's often conflicted concepts of socio-cultural learning (Kaptelinin, 2016). Vygotsky's idea of cultural mediation of actions grew from his earlier socio-cultural learning theory and is expressed as the triad of subject (individual actor), object (their goal), and mediating artefact (physical or mental tool), (Engeström, *et al.*, 1999). The theory was built primarily on the premise that the human mind develops in the context of social and cultural influences and that the individual mind, the society, and the activity are intrinsically interrelated (White *et al.*, 2016).

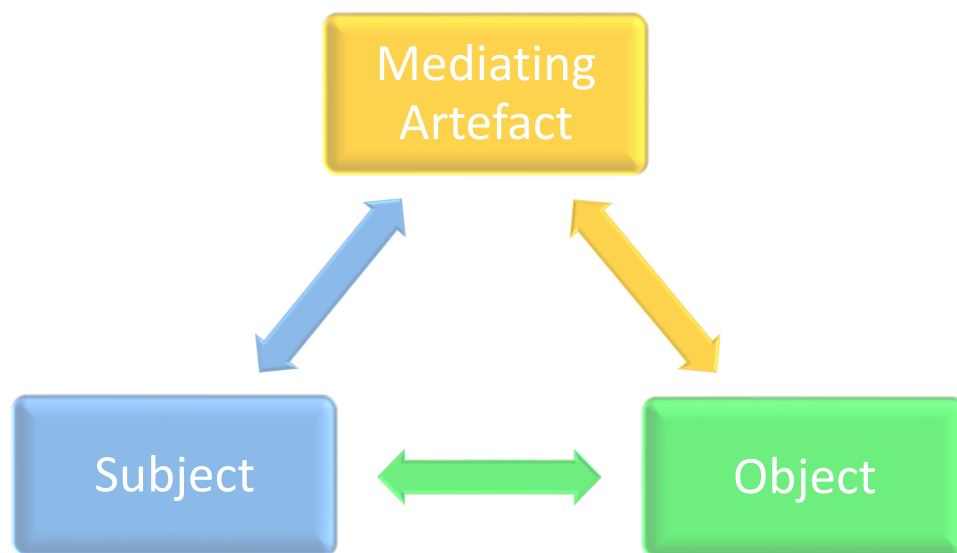


Figure 3 - Vygotsky's model of action (Kaptelinin, 2016).

Second Generation

The second generation is built around Leont'ev's concept of activity, in which an activity system becomes the core unit of analysis (Larsen *et al.*, 2017). Leont'ev's (1978) previous research into human activity had not acknowledged the influence of the subject's socio-cultural influences. He suggested that by considering activity as being a system in which "internal conditions" in the form of mental processes that mediate the object-subject pattern (or stimulus-response) process we can come to understand the system (Leont'ev, 1978). From this point a hierarchical theory of activity system was developed (Kaptelinin, 2016) that is generally explained using the triangle model shown below in

Figure 4. The aim of this diagram is to make clear the object orientation of activity and the presence of unconscious operations that underpins conscious actions to achieve the activity. The example Kaptelinin (2016) provides of note taking in a lesson involving the unconscious operation of writing and the conscious activity of concentrating on the content helps to clarify the distinction between the concepts.

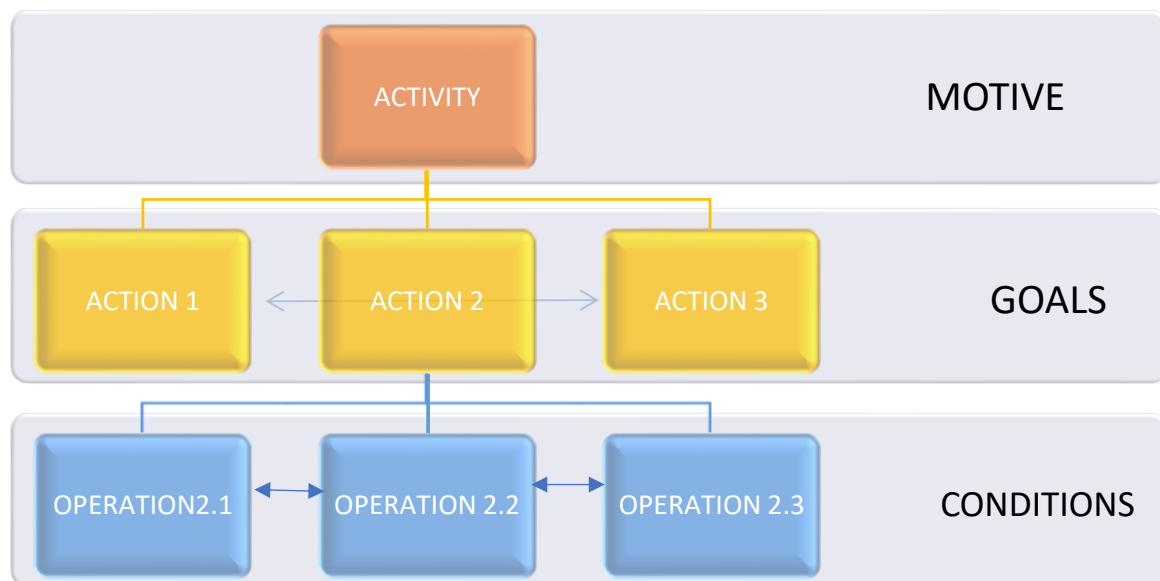


Figure 4- From Kaptelinin (2016) original source not known.

Building on this recognition of the stages of an activity system Engeström’s version of the *second generation* of activity theory makes explicit the cultural and historical elements that may be modifiers of human activity (Bakhurst, 2009). Sannino and Engeström (2018) suggest that an activity system should be viewed beyond the steps and stages of the activity but placed in the context of factors that influence or “mediate” actions of the subject. The resulting model (see Figure 5 below) demonstrates that the relationship between the subjects carrying out the activity and the object of their activity is not linear and simple, rather we see that each factor of the model acts on the others in a complex interplay of mediating influences and historically developed artefacts. The influence of these principles can be seen in the literature review, both in how I conceptualised themes as emerging around contradictions in perspectives within themes, and in the value of understanding the historical context to the contemporary issue. It is this generation of CHAT that is applied in this study. The recognition of the activity of selection decision-making as being housed in a set of actions that are mediated by

factors such as the community in which those actions happen, the history of the community and its members and how the conventions in the form of rules and tools are applied all fit well with my understanding of the focus of this case study.



Figure 5-Engeström's second generation of CHAT model from Larsen *et al.* (2017)

Third Generation

Engeström had rebadged Vygotsky's elements of stimulus, artefacts and response as subjects and objects, respectively. In a third generation of CHAT, Engeström and Sannino (2009, 2011, 2021) expanded this model of mediated action to depict the complex social systems shaping these actions. Overall Engeström (1999) states that this theory can be summarised around five principles:

1. A collective, artefact-mediated and object-oriented activity system, seen in its network relations to other activity systems is the primary unit of analysis.
2. The multi-voicedness of activity systems. An activity system is always a nexus of multiple points of view, traditions and interests. The division of labour in an activity creates different positions for the participants; each carrying their own diverse histories and the activity system itself carries multiple layers and stands of history engraved in its artefacts, rules and conventions.

This multi-voicedness increases exponentially in networks of interacting activity systems. It is a source of both tension and innovation demanding actions of translation and negotiation.

3. Historicity – activity systems take shape and are transformed over lengthy periods of time. Their problems and potentials can only be understood against their own history.
4. The central role of contradictions as source of change and development. Contradictions are historically accumulating structural tensions within and between activity systems.

The possibility of expansive transformations in activity systems. Activity systems move through relatively long cycles of qualitative transformations. As the contradiction of an activity system are aggravated some individual participants begin to question and deviate from its established norms.

This third generation of CHAT moved the individual to system approach further by expanding the unit of analysis to encompass relations between multiple activity systems. See figure 6 below.

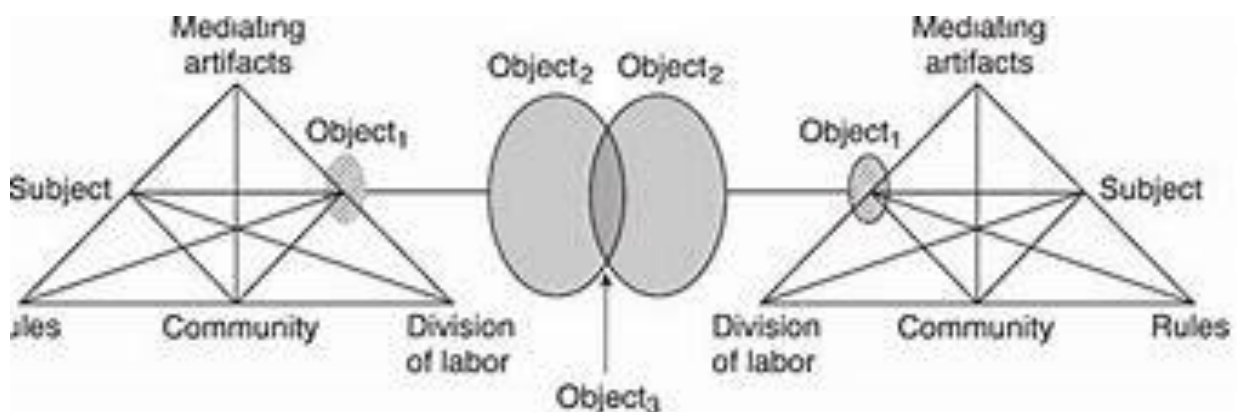


Figure 6-Engeström's and Sannino's third generation of CHAT (Engeström, 2001, p136)

This focus on multiple activity systems goes beyond the scope of this study, in that the focus is not the way activity systems work together but rather on how a single activity system functions and is influenced by mediating factors. The final two components of Engeström (1999) concept shows a shift from a focus on understanding to a focus on change management, leading to an uptake of third generation CHAT in the study of human and computer interaction (Nardi, 1996) and corporate development (Beckler, Crump & McDonald, 2000). As indicated earlier this study does not have an explicit focus on

change of practice and is focused on a single activity system, subsequently the third generation of CHAT moves beyond that focus.

Application of second-generation CHAT

Therefore, the second generation of CHAT appears to reflect well the socially situated practices I have observed in my role as an admissions officer (AO). The influence of each decision maker's current role and background on their views of nursing and nurse education, their beliefs about what it means to be a nurse, the power dynamic of the decision-making process, the context of the decision-making in a government funded programme, their sense of what the purpose of the decision-making is, and many other variables seemed worthy of consideration. One of the benefits of CHAT is the model of the activity system as a unit of analysis which reflects this complexity and allows the data analysis process to consider all these factors. I will now go on to discuss each of the features of second generation CHAT (hereafter referred to as CHAT) in more specific detail and demonstrate how they have been used to frame aspects of the research.

3.2 Features of CHAT

3.2.1 Activity system

The interest in human actions, whether individual or group, was introduced as a mediated process by Vygotsky and later developed by Leont'ev (Bakhurst, 2009). Vygotsky's early focus action posited this as goal oriented and mediated with little attention to the social context of that action. Leont'ev's development of this theory moved action more squarely into the social arena with the concept of activity being a collective purpose to actions (Van Oers, 2008). Bakhurst (2009) notes Leont'ev's "much-celebrated illustration" (p200) of the beater in a hunting party, whose action is to agitate the prey to flight by beating a hedge, but whose activity is hunting. The action is individual, the activity is collective. Backler (2000) discusses activity theory and provides this explanation,

"Actions are discrete, have clear beginnings and endings and exist over short timescales. They are goal oriented. "Activities" on the other hand are complex patterns of practice that endure over long time periods. Activities suggest goals and provide motives." (p294).

When applied to the practice observed in this study the *actions* become the interview, the discussion of performance, the grading of applicant performance, and the summarising of the discussion and grade to be entered into the pool of applicants to be offered, or not, a place on the programme. The

theory initially explored by Leont'ev was concerned with the activities of individual human beings, Engeström proposed a model of collective activity (Kaptelinin, 2016). This model indicates a mediated interaction between the subject, object, and community. This triangular model (see Figure 3 below) places activity more firmly in the ecosystem of the subject and strengthened the relationship between subject and object.

The addition of community to Leont'ev's subject-object focused theory, while maintaining the concept of tools as concrete physical mediation, more clearly embeds activity in the social and physical context in which it occurs. As noted by Peim (2009) Engeström's community is localised, he used the term *radical localism* to indicate that activity systems exist in a specific social context that, although impacted by universal social ideas, is a unique setting for that activity. The interest in socially situated practices (Avis, 2009) necessitates greater exploration of the context at the local level to deepen analysis of activity. Engeström (2008) expressed an activity system as "*...systems that produce events and actions and evolve over lengthy period of sociohistorical time.*" (p26). Thus, he indicated that study of an *activity* required a view of that system not only as a contemporary phenomenon but also recognised the historical and social influences at play.

As is shown in Figure 5, Engeström (2008) proposed a model of *activity system* that indicated multiple factors mediating *activity* and made more explicit the social mediators of *activity* as indicated by the base of the triangle. Therefore, the ways that the rules of a community, the community itself and the division of labour all influence the *activity system* is more clearly drawn into the framework. From this he posited that *actions* situated within an activity system could be understood more fully as part of that system and that transformation of *action* is associated with understanding of the *activity system* in which it sits. He further proposed that within any *activity systems* disturbances or contradictions might be recognised and explored as a means of innovation and development (Engeström, 2008).

The addition of division of labour as an element of CHAT acknowledges the shared nature of activity. Recognising the extent to which activities of production and learning require multiple individuals to work together for a shared outcome. However, this system focus has garnered criticism from authors such as Bakhurst (2009), who highlighted the danger of losing its potential for providing profound insight into the nature of the mind-in-activity, as opposed to its mere application to activity systems within organizational process. This is an important distinction for this study where the focus is the activity of selection decision-making within the activity system rather than the system itself.

Where this relates to multiple activity systems working to a shared goal Engeström (2008) drew on the work of Victor and Boynton (Avis, 2009) conceptualising co-configured activities as "*knotworking*".

Engeström (2008) conceives co-configuration as customers and producers become partners, a concept that resonates with contemporary co-production in nursing and health care.

It is possible to conceptualise the education of nurses as a co-configured activity, with the health services as eventual consumers of the product of registered nurses. The education of nurses is a shared activity between universities and health care providers, and the starting point of this co-production is at the point of access to the programme. The interplay between independent and shared objects then becomes an area of interest for analysis with contradictions and tensions between these systems sheds light on barriers and opportunities for change. However, in this study the focus is on a single activity within a system in which subjects join to achieve a shared outcome, albeit from separate communities. They form a new community of practice for selection that exists for the duration of the selection cycle each academic year.

As noted earlier, Engeström (2008) proposed that analysis of these contradictions and tensions offers a means of understanding the *activity system*. Therefore, the *activity system* and interaction between *activity systems* become points of interest and offer a framework for analysis of socially constructed activities. It is worth noting that the latter developments of Engeström's CHAT increasingly focused on the recognition of tensions and conflicts in the interacting activity system as means of creating change practice and goes beyond the scope of this study.

3.2.2 Tools (Mediating Artefacts)

In CHAT the terms tool and mediating artefacts have been used synonymously, however this is intended to indicate the role tools have in mediating activity (Grimalt-Álvaro, & Ametller 2021). Cole (1996) discusses tools as artefacts that can be considered on three levels.

- *Primary artefacts* being those that as physical tools used as part of the action being carried out.
- *Secondary artefacts* are those that are less concrete and may be representations of tools and "modes of action" related to those tools; and
- *Tertiary artefacts* refer to a point when secondary tools are so absorbed into the practice of that action they are no longer explicitly required.

A simplified example of this is learning to form letters, beginning with outlines of letters to trace over (primary), moving to having a mental representation of those outlines when forming letters (secondary) and finally writing freely with the understanding of letter formation (tertiary) not only

integral to your practice but now so ingrained that your letter formation is unique to you while still recognisable to others.

Engeström (2008) refers to mediating artefacts in terms of physical tools and “*symbols and representations of various kinds*” (p26) and adds complexity to the understanding of these in his mediational structure by inclusion of more subtle mediators such as rules and division of labour within a community (see Figure 5). Rather than a clearly delineated difference between internal (mental) and external (physical) tools Engeström (1999) consider that these artefacts are in a state of change and development throughout an activity, each influencing the other. Therefore, *mediating artefacts* may be physical objects such as the interview schedule and envision cards used in the selection process but can also be mental representations or beliefs used to consider the quality of candidate responses, each acting to influence the activity. The extent to which *secondary and tertiary artifacts* are available to actors in any *activity* is relative to factors such as experience in that *action*. The extent to which selectors draw on *secondary and tertiary artefacts* to inform decision-making practice is of interest in terms of how these may be viewed as intuitive decision-making practices, where the *actions* are so familiar that evidence of conscious processing is minimal.

3.2.3 Subject

Engeström (2008) proposed that it is the interplay between the *subject* or actor in any activity and the *object* that is mediated by tools. The *subject* within an *activity* system may be individual or group and objects of activity may be shared or be a point of tension for subjects in the system. Kaptelinin (2016) outlines the concept of *activity* as a *subject-object* relationship, indicating that *objects* exist independently of *subjects* (objectively) but at the same time as they are understood and viewed by *subjects* (subjectively). Thus, the interplay between *subject* and *object* is an analytical topic for CHAT. Backler *et al.* (2000) refer to the concept of an “*interrelated bricolage of material, mental, social and cultural resources for thoughts and action.*” (p281), that act on *subjects* in *activity* and are key to understanding of the *activity*.

Therefore, for this study, the *subjects* are those who carry out the *actions* to support the *activity* of selection decision-making. Data collection focused on how *subjects* use or are acted upon by *tools* and perceive the *object* of this *activity*, which can be viewed as the outcome of selecting applicants. Additionally, the applicant themselves becomes the central focus of data collection and analysis, in that applicant features present as an artifact that acts upon selector decision-making.

3.2.4 Object

This word object is naturally polysemous, and the concept is further complicate by translation from Leont'ev's initial discussion of this as "*predment*", a Russian word to indicate objects that are relevant specifically to human "purposes and interests" (Kaptelinin, 2016). Leont'ev (1978) supposed that all human activity is characterised by "objectivity" by which he indicates both meaning and purpose of activity. This complex notion has been interpreted in subtly differing ways in each iteration of CHAT. For example, Trust (2017) and White, Burger and Yearworth (2016) use *object* as a synonym for objective, allying themselves more with a Leont'evian perspective. However, authors like Jonassen and Roher-Murphy (1999) refer to *objects* as physical entities, soft objects (in their text a computer programme) or as conceptual objects (such as a theory or mental model) which is more in keeping with Engeström's view.

While iterations of CHAT showed the development of the idea with each generation building on the previous, the issue of *object* meaning is perhaps less of a progression of ideas than the development of differing views or translations. This lack of a shared understanding of the meanings of the vocabulary of CHAT and the way research based on CHAT diverges around these meanings is a key criticism of this approach (O'Brien et al., 2012). For this study the word *object* is applied as Engeström (1999) used it, to indicate physical or conceptual objects that support action and the activity. In this instance the concept of "*nursing student*", "*applicant*" or "*candidate*" that may be held as representation heuristics by the subjects could be considered an *object*. However, an *object*, may also be the candidates themselves and the reconciliation of concept candidate object and human candidate object be a component of the activity.

3.2.5 Community

Engeström and Sannino (2010) refer to subjects as part of a social and cultural community which operates with shared ways or working. However, although within the activity system all subjects are members of a community (Engeström, 2008), in this instance the community is temporarily formed for the purposes of this activity. Clinicians and Academics from related communities join to undertake the selection practice, creating a new community in which each subject brings their own social and cultural values that mediate the action of selection decision-making.

3.2.6 Rules

Rules in the context of CHAT refers to both the explicit and implicit rules that mediate the actions of members of that community (Jonassen & Rohrer-Murphy, 1999). In this instance rules that govern nursing as a profession are drawn from the NMC, rules that influence decision-making are provided by the HEI. These explicit rules encompass professional conduct, entry criteria and programme target numbers. Implicit rules are not known to the investigator at the onset of the study and understanding of individual or shared rules that mediate the action emerge from the exploration of the social and linguistic tools (Engeström, 2008).

3.2.7 Division of Labour

The construct of division of labour draws attention to the delineation of tasks within an activity, who does what, using what tools and by what mechanism is the allocation of tasks undertaken (Foot, 2014). This way of viewing division of labour means that when considering the way an activity is split up, it is necessary to consider both how the tasks within an activity are shared and to also think about the power dynamics that influence the distribution of each task or role. These power dynamics may be influenced by hierarchical structures, role familiarity or knowledge and skills held by subjects in the activity system.

3.3 Conclusion

For this study, I am not explicitly seeking to change practice via a quality improvement mechanism. My main aims are built on the desire to understand the practice more fully, while hoping that this understanding may lead me to see where there are strengths and challenges in the current practice of selection. That the findings and discussion may lead to changes in practice is undeniable, but that is not the primary intention of this study. The genesis of my interest, as discussed previously, lay in those critical moments where the selection decision-making process made grading decisions that influenced acceptance to the programme. Acknowledging moments of tension or contradiction does not however indicate a failure in that process or in turn indicate a clear need for practice change. However, to fail to consider the potential would be a poor use of the time taken and given to this study, therefore data analysis sought to identify contradictions or points of tension recognising potential for development. To support this process, I used the second generation of CHAT as a framework to conceptualise the

activity of selection to pre-registration nursing in my setting and used this conceptual framework to guide the design of the study.

Applying the second generation of CHAT to the context of this study, the viewpoint I held is that *subjects* in this *activity system* can be viewed as coming from diverse activity systems. Thus, the nurses who generally function in a care giving activity system and the nurse academics who function in a learning and teaching activity system joined to form, with the candidates, to form a selection activity system. It is there that the interest of this study lay. The focus of this study is at the point of collaboration which can be conceptualised as an activity system in its own right. Therefore, Engeström second generation activity systems model (Figure 5) is applied in this case study. The discussion below briefly outlines the application of the systems model to a conceptual framework.

It must also be acknowledged here that although CHAT is a conceptual framework that supports exploration of human activity, it does not in itself provide an explanatory function for human motivations or reasoning. Therefore, by applying CHAT I uncovered relationships in the community, mediating artefacts associated with the subjects and objects of the activity system therefore discussion of identity developed from the community element of CHAT. The community element of chat can be as a group with a shared activity and goal, however as data analysis progressed the extent to which the mental model of a shared identity emerged as a key finding. CHAT allowed the detailed exploration that uncovered this aspect of selection decision-making at a descriptive level, however a complementary theoretical framework added depth to the analysis. Consequently, exploration of community as represented through social identity theory (Tajfel, 1974) is offered in Chapter 6 of this work.

3.3.1 CHAT conceptual model

Engeström (2008) suggested that a conceptual model of an activity system is useful when you are seeking to understand the elements that influence the functioning of that system. To that end Figure 7 provides a conceptual model of the activity system of selection practice in the setting of the study, drawing on the understanding of selection decision-making, and potential influencing factors generated in the literature review. Adom *et al.* (2018) supports the use of conceptual frameworks to fulfil several functions in research, indicating value in presenting the integrated nature of the object of the research and providing a visual means of showing relationships between factors. Grant and Osanloo (2014) liken a theoretical framework to an architectural blueprint upon which a research study can be built. The conceptual framework allied to that theoretical framework then shows the concepts

specific to the study within the theoretical framework. The conceptual framework indicates sources of data, areas for exploration and defines the boundaries of the activity system to be studied. For that reason, the structure offered by Engeström's (2008) activity system model is used to label the complex components of the selection activity and support my delineation of the focus of the research. Figure 7 details broadly the features of this activity system at the initial stages of design of the study. This figure includes an outcome box that reflects the focus of the activity system to explicitly separate this notion from the concept of object. As indicated in section 3.2.4 of this chapter the object of this activity system is the candidate. This will then form the basis of the next chapter, the methodology.

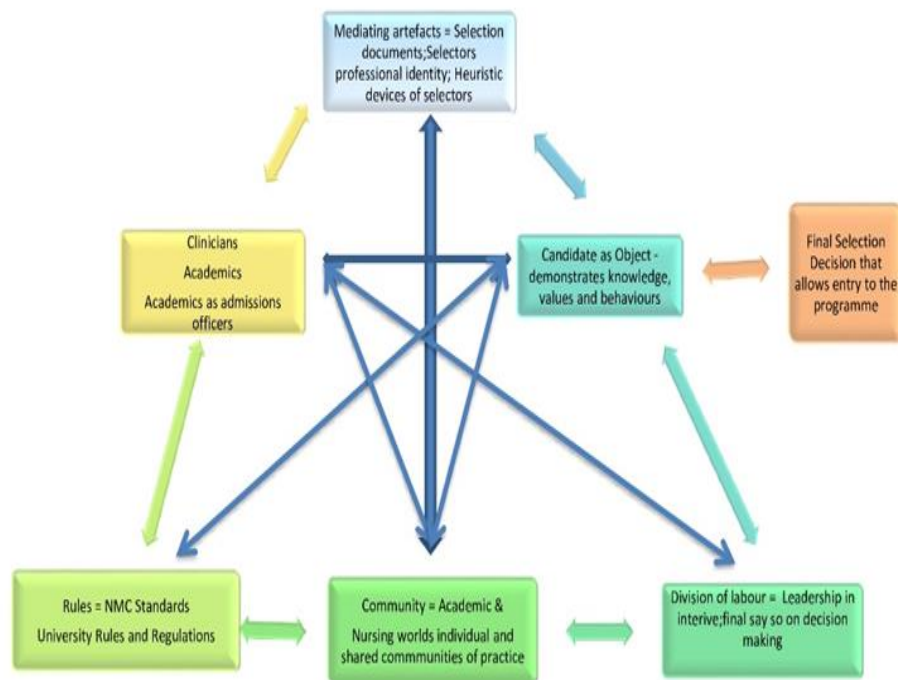


Figure 7-CHAT conceptual model of selection decision-making practice

Chapter 4- Case Study Method

4.0 Introduction

In the following sections I will discuss firstly why I chose Case Study Method as my approach and secondly how this method is applied to this study. My initial reading on case study focused on the differing perspectives of Stake (1978, 1995) and Yin (1981,2012), however it was encountering the later works of Merriam (1995) and Flyvberg (2006, 2013) that most influenced my decision-making, moving beyond, as it seemed to me, the earlier conflicted paradigm views of those initial proponents of the method. This chapter explores that process of discovery before detailing the use of case study method in this instance.

4.1 Candidate Research Methodologies

In considering my research problem I was conscious that although I recognised that something “other” was at play in how we select our nursing students, something beyond the structure imposed on the process, I had no satisfactory explanation or theory to account for this other. The review of literature had provided no satisfactory explanation or theory to account for the process as I observed it. Previous research focused either on the framework in which decision-making occurred (Taylor *et al.*, 2014; Rogers *et al.*, 2013; Callwood *et al.*, 2012; Sabin *et al.*, 2012) or assumed a degree of rationality of decision-making (Wray *et al.*, 2012; Prymachuk *et al.*, 2009; Mulholland *et al.*, 2008; McCarey *et al.*, 2007). The field failed to acknowledge the complexity of human interaction and decision-making situated in this type of context. Naturally, therefore, I was drawn to research method that would allow me to seek an explanation or theory that would enable me to understand and potentially make use of this other to influence selection practices.

As the topic of interest related to examination of a shared human activity and the internal processes that underpin it, I sought a methodology that allowed imposition of a theoretical framework that was predicated in detailed examination of specific groups or events. The decision to look at a real-world issue was driven by my desire to understand and potentially change what was done for the benefit of my profession. As highlighted by Cohen, Manion and Morrison (2018) the real purpose of research from the pragmatist viewpoint is that “*thought should lead to action, to prediction and problem solving.*” (p35). Although the cycle of expansive learning can be likened to action research (Langmeyer, 2012) it was felt that due to the activity of selection being an annual event and therefore to follow a

full cycle to completion would be out with the time parameters available to me in this doctorate. I elected to consider my approach in relation to the initial stages of the cycle.

To this end I elected to apply research methods that are drawn from the toolbox of the interpretivist researcher, as these methods best achieve the depth of information I sought. I aimed to understand the phenomena through the lens of individual perception for which phenomenology (Barbour, 2008.; Braune & Clarke., 2013.; Coolican., 2018) would meet my needs. However, I also sought to understand it within the context in which I found the research participants. Situated activity, with organisational context, carried out interactively and responsive to the group characteristics lends itself to an ethnomethodological approach (Coolican, 2018.; Hammersley *et al.*, 2020), offering entry to the action and discourses of the group (Alby & Zucchermaglio, 2006).

Seeking a pragmatic approach that allowed me to draw from phenomenology and ethnography, while focusing on a particular process I elected to explore case study method (CSM) as a suitable approach for this study. The CHAT framework offered a lens with which to view the activity of selection practice from more than one perspective and this aligned with the flexibility of CSM to consider multiple data sources, situating the human activity within a historical and social context. The combination of CHAT with CSM appeared to offer the opportunity, through the case of the activity system of selection practice in one institution, to gain a deeper understanding of the activity. This breadth of view and scope for creativity in data collection seemed to offer the greatest likelihood of gaining a comprehensive understanding of the practice.

4.2 Case Study Method

Case study method (CSM) is an approach to research expounded by three main authors (Merriam, 1998; Stake, 1995; Yin, 2012). According to Hancock & Algozzine (2006) CSM research can be founded on the orientations of other research methods. Yin can be described as coming from a more positivist perspective (Yazan, 2015), however, he recommends the use of techniques drawn from both qualitative and quantitative method (Yin, 2018). Alternatively, Stake (1995) and Merriam (1998) position themselves more firmly in an interpretivist paradigm, and Merriam is strongly tied to qualitative methods (Merriam & Tisdell, 2016). For the purposes of this study the research methods applied were all drawn from the qualitative tool set, however this decision relates to these methods being best suited to answer the questions I have, as opposed to alignment with that paradigm.

Gillham (2000) indicates that in CSM one does not begin with theory, and it is from the in-depth exploration of the case that theory emerges. A perspective that indicates CSM has something to offer

this study in terms of developing understanding. Additionally, Flyvberg (2006, 2013) defends the use of case study through the exploration of a set of misunderstandings about the value of case study research. This work allowed me to see the potential for this approach to generate a narrative that could be of value to others, rather than as a precursor to further study. Thus, CSM allowed me to explore the phenomenon of selection decision-making in a way that could produce a meaningful outcome (Cohen *et al.*, 2018) and provided parameters for research that offered both focus and depth to the study while not forcing a predetermined theoretical structure (Flyvberg, 2006). CHAT also offered a theory that did not serve as an explanatory theory but rather as a framework to support the design (Bakhurst, 2009) from which theory may be built. This also indicated a workable alignment between CSM and the application of the CHAT framework.

As indicated in Chapter 1, I consider myself to be pragmatic in my approach, and applying this to research, the pragmatist researcher is seen as one who rejects the confines of traditional dualisms (Robson, 2011) and seeks to carry out research that addresses real problems in a solution-oriented manner (Guest *et al.*, 2013). Rejection of the dualism of research paradigms does not indicate that I reject the underlying tenets of these paradigms, but rather that I seek value in both and will apply methods from whichever theoretical perspective best meets the needs of the research question (Cohen *et al.*, 2018). This also indicated that the CSM perspective of methodological electivism (Thomas, 2011) allows decisions to be made with a design frame that was well aligned to my ontological and epistemological views.

4.2.1 Case Study Research

The term case study may be used when referring to the process of case study research; however, it may also be used to refer to the output of that study in the form of a narrative report (Stake, 2005). For the purposes of this chapter case study is used to refer to the research method. When I consider case study research in respect of the paradigm dichotomy there appears to be a degree of freedom of method selection for the researcher that sits well with the pragmatist perspective. Indeed Flyvbjerg (2011) comments that to choose case study research is less a decision about method than about what to study. VanWynsberghe and Khan (2007, p84) refer to case study research as “transparadigmatic and transdisciplinary” (p86), with this eclectic approach to method is viewed as one of the key strengths of the case study research by Marshall and Rossman (2016).

It is evident that for some authors case study research sits firmly in the interpretivist paradigm. It is of note that case study research is often described in qualitative method chapters of large research tomes

and in some cases is found as a component of the sampling chapter (Barbour, 2008; O'Leary, 2017). Yazan (2015) highlights the greater extent to which Yin can be viewed as leaning towards a more positivist perspective on research, whereas Stake and Merriam each align with a more constructivist epistemology. It is apparent that case study research has progressed in a set of almost parallel developments with these three key proponents, who formulated differing perspectives and language of case study. For this author, the perspective of Merriam, offering a starting assumption that reality is "constructed by individuals interacting with their social worlds" (Merriam, 1998, p6), aligned with my own views. Given that the research questions I had sought to answer related to both what participants perceived as happening but also to what I could potentially observe this methodological freedom appeared to offer access to method for exploring both these factors.

According to Bassey (1999) the term case study can have a range of meanings. Research authors propose differing processes and purposes for this approach, Tight (2017) identifies eleven definitions of case study, not including Yin's that, although bearing similarities, also demonstrate this individuality of perspective. Despite this, some core features of these definitions are apparent: boundaries, context, multiple sources of data, complexity and depth of analysis are key features of many of the definitions. Consequently, CSM seemed ideally positioned for this study, applying the primarily qualitative approach espoused by Merriam to explore the selection decision-making, aiming to uncover factors that influenced selection decision-making following group interview. The manner in which these core features manifest in this study are explored later within this chapter.

The image of case study research as a precursor to a full research project has, perhaps, been maintained by the often-cited definition of the Dictionary of Sociology (Abercrombie, Hill & Turner, 2006) that makes comment on the use of this as...

".... useful in the preliminary stages of an investigation..."

"...shortage of resources or difficulties in gaining access to research subjects are often the reason for this choice."

"...provide data of a richness and detail that are difficult to obtain from more representative designs, but at the cost of lack of generalisability." (p45)

However, this view is refuted by many authors who advocate the use of case study as a high-quality approach to gathering meaningful and useful understanding of a research issue. Indeed Flyvberg (2013) refers to the above definition as being "so oversimplified as to be grossly misleading" (p390).

Yin (2012) quotes his own 2009 definition of the case study research as

“An empirical inquiry about a contemporary phenomenon (e.g., a case), set within its real-world context – especially when the boundaries between phenomenon and context are not clearly visible.” (P18)

However, Stake (1995) and Merriam (1998) provide a broader net in which to position the case study incorporating programmes and people, with Merriam including events and processes as found in this study. Gomm et al., (2000) argued that the value of case study can be found in what Stake (1995) refers to as *“naturalistic generalizations”* (p85), in that others can through reading of case studies draw conclusions about similar cases. Consequently, I considered that what this case could tell us about selection practice for preregistration nursing programmes would shed light not only on the associated practices but potentially on similar practice elsewhere justified the use of this approach.

Bassey (1999) discusses case study approaches in terms of theory seeking and theory testing as primary approaches, however, acknowledging that case study may be more likely to be storytelling, picture-drawing and evaluative in approach. He does concede that those who aim to uncover or test theory may influence practice and policy, and this resonated with my ambition for this study. As I have said, pragmatism is part of my world view and although I was not entering this study with a predetermined explanatory theory, the potential to develop contextual knowledge that could inform practice was important. In addition, Yin (2013) tells us that case study research allows the researcher to investigate a phenomenon in the natural setting, therefore enabling the exploration of a particular individual, organisation, event and/or situation. The contextualising of the subject of study in the natural setting indicates that the research occurs in and of that setting (Hancock & Algozzine, 2017), and the sources of data are varied allowing for in-depth and rich exploration of the subject of study (Gillham, 2000).

The potential for CSM to be used to develop an in-depth understanding of individuals, institutions, cultural groups, and events (O’Leary, 2017) suggested that this approach could lead to phronesis (Marshall & Rossman, 2016), a more practical contextualised level of understanding. This was highly compatible with Engeström’s (1999) CHAT framework mediators of activity (see Figure 5): the selection decision-making process was the case study, and the object, referred to by Thomas (2021) as the analytical frame is the CHAT lens offered by Engeström (1999). In addition, Stake (1995) posits, case studies can be viewed as intrinsic (related to that particular case) or instrumental (to understand something else, perhaps a process), suggesting that in the latter form, the issue of interest holds primacy over the case in contrast to the absolute case focus of intrinsic case studies. Consistent with my intention of informing practice out with the case, both intrinsic and instrumental case studies can

provide understanding of the case that is of value beyond the specifics of that case (Flyvberg, 2013). But this study aligns better with an intrinsic case study in that I am focusing on this specific case with an aim to gain understanding that may influence practice.

This method gave me freedom of approach to gather data that crosses the paradigm divide enabling me to draw from documents, online media, accounts of individuals or groups drawn from interview or survey approaches, observation, and visual mediation outputs (Thomas, 2021). For this study I intended to seek information from multiple sources to understand not only how selectors express their judgements in retrospect through interview but also to access live judgement through observation of the post interview discussion. CSM provided an approach that expanded my view of data that would support a richer view of the practices under scrutiny.

4.2.2 The Case

Defining the case can be a challenging aspect of designing case study research and Yin (2018) highlights that it is important to maintain an adaptive posture as the case definition may be influenced by data collected during the study with the defining of the case informed by the data. Merriam and Tisdell (2016) stated that the difference between a *case* and a topic of interest for qualitative research is the extent to which it can be bounded, suggesting that the researcher asks themselves if there is a natural limit to the data collection. The fact that both the *subject* and *actions* for this study are tied to a specific HEI and follow a single academic year selection period supports the use of CSM as opposed to a more generic qualitative approach. Yazan (2015) suggested consideration of Merriam's distinctive characteristics of case studies. These are *Particularistic*, in this instance on the specific activity of selection decision-making, *Descriptive*, will produce narrative and visual data that offers thick description of the activity, and *Heuristic*, the study aim is to develop a clearer understanding of the activity (Merriam, 1998). That this study fits with each of these characteristics further emphasizes the appropriateness of CSM as a research approach.

Whilst Tight (2017) identifies the complexity of defining a case with multiple definitions available to the researcher, he does agree with Merriam that a case must be in some way bounded. Merriam (1998) indicates that if she can "fence in" (P27) the focus of research it constitutes a case. In this instance the case is an activity within a social system, the Selection Activity System conceptual model (Figure 7) provides one way of identifying the boundaries of the case. Additionally, the case is also bounded by the time window on one period of recruitment and selection, the focus on selection to pre-registration nursing and the organisational boundary of one HEI as shown in Figure 8 below.

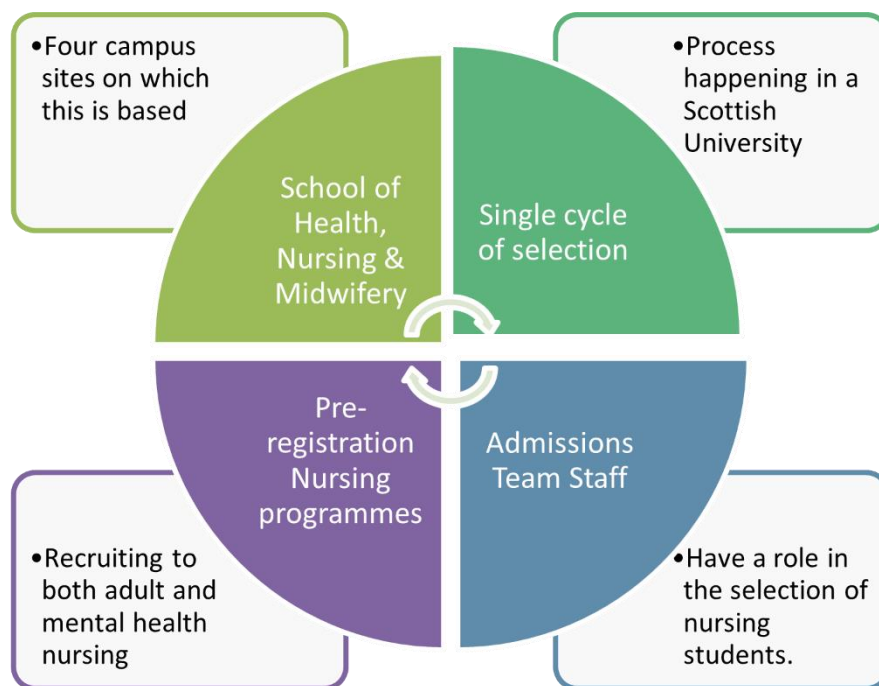


Figure 8- Case boundaries.

4.3 Research aims and questions

I had not entered this endeavour with the idea that there was a negative problem with our selection activity, rather I saw that although most of the time we did well and made seemingly well-judged selection decisions this was not an infallible process. What I did not understand, and therefore drove my research, was why this was the case. What happens in our selection practice that allowed us to make good or great choices, or what led to poorer choices, is an interesting question and knowing the answer could allow us to improve. In keeping with my own world view of curiosity being of value is the perspective of Yin (2012) and Merriam (1998). They both highlight the value of questions that seek to understand, fitting with my aspirations for this study. The approach suggested by Merriam (1998) offered an adaptive approach to CSM, with similarities to Stakes (1995) more flexible design approach, thus allowing me to develop from my initial ideas as the study progresses. Yin (2018) proposed that once research questions have been decided that a set of “propositions” should then be developed to focus attention to key areas of interest. However, when a study is exploratory in nature the researcher may not, at that point, know which areas to focus attention on and Merriam’s (1998) structure of literature review, identification of a theoretical framework and research problem, and the development and refining of research questions was used as the basis of designing this study.

The process of applying CHAT begins with questioning, in developing a questioning approach to understanding the activity system being examined (Avis, 2009) this stage aligns with the research aims and is subsequently operationalised as a set of research questions.

4.3.1 Research Questions

Aims were initially refined, as suggested by Merriam (1998), as part of an iterative development of ideas. While remaining close to those I initially voiced, I moved to embed the exploration more firmly in the individual selector's perspective.

These aims were then addressed by the following research questions:

- What candidate related factors do selectors perceive as influencing their decisions?
- How do selectors perceive the wider professional, social, and cultural factors that influence their decisions?
- How do selectors negotiate the organisational demands of selection practice?
- In what ways are selectors influenced by their own experience as a student and nurse?

4.4 Ethical concerns

According to Cohen, Manion and Morrison (2017) the researcher must consider the handling of sensitive information when carrying out case study research and it is important to have in place strategies for addressing issues of disclosure and confidentiality when collecting and managing data. Marbry (2008) comments that the in-depth nature of case study research may lead to the researcher gaining significant insight, beyond even that of the participants themselves, into the motivations and behaviours of people within the case. Thus, the ethical principles of beneficence, respect for the individual and justice (Comstock, 2013) are meaningful, not only due to the researcher's potential manipulation of research subjects, but due to the privilege of access to the world of the research participants.

Ethical approval was sought and gained from Strathclyde University Ethics committee (Appendix 3) and gatekeeper approval was received from the HEI (Appendix 4). Gatekeeper access was discussed with NHS Research and Development partners and as this study did not involve intervention and was not carried out on NHS premises no gatekeeper authorisation was required for clinical participants. Participants were given background information, detailing the purpose and processes of the study to

ensure informed consent was viable (Merriam & Tisdell., 2016), and were asked to sign a consent form (Appendix 5) that indicated participation in one or both data collection strands. Anonymity of participants was managed during transcriptions of audio recordings with all identifiers removed from the text and following participant checking for accuracy, the original audio recording deleted. The use of unique codes (Thomas., 2021) ensured the naming conventions for transcriptions lacked identifiable content.

The collection of observation data, in the form of audio recording of post interview discussion carried some ethical concerns, in that to reduce the observer effect I was choosing a remote recording method. Observer effect alludes the extent to which behaviour is affected by observation, generally towards a perceived expectation (Sporrong *et al.*, 2022). Factors that may reduce observer effect relate to the degree which the observation is obtrusive (Goodwin *et al.*, 2017), therefore I made efforts reduce the extent to which discussion of the observation would take place on the day of collection. Participants had consented to the recording in advance of their participation in the selection interview, and by using a remote activation for recording I hoped to reduce the extent to which the participants were conscious of the recording. However, this desire to be unobtrusive had to be balanced with the right to withdraw consent (Howard & Berg, 2016) and therefore on the day of recording a brief discussion was held with participants to remind them that data collection would be taking place and confirming consent was still in place. The aim with this approach was to be unobtrusive as opposed to covert (Sporrong *et al.*, 2022), consequently it seemed appropriate to hold this confirmatory conversation on the morning of the data collection instance.

My insider status created specific potential tensions of coercion. I have no hierarchical seniority in this context, but I am a liked and known member of the organisation in which this study took place. There is the double-edged sword of the insider status that means I could have gained consent from participants due to my peers' desire to be helpful in my progress, however the risk is that peers may also feel uncomfortable declining to participate. Aluwihare-Samaranayake (2012) highlights the importance that researchers include in their practice approaches to recruitment that ensure that potential participants do not feel pressured to consent to participate. I made efforts to reduce my insider status by removing myself from the selection events during the period of the study, reducing my level of proximity to insiderness (Given, 2008). The role of the AOs as gatekeepers, an intermediary role proposed by Merriam & Tisdell (2016), was also used to reduce the extent to which the personal relationship with some potential participants impacted on their choice to take part.

The challenge of researching in my practice setting was felt throughout the study and to help me recognise if this impacted on the participants or the study itself, I maintained a reflective diary,

recording at various stages my thoughts and observations. There is a real need for the researcher to demonstrate reflexivity of practice, to recognise pre-conceptions and judgements that influence observation practices and data analysis (Ransome., 2013; Ravitch & Riggan, 2017). In line with my professional registration the use of reflective documents is integral to the maintenance of that registration, and I have a long history of reflection-on-action (Schön., 1991) and applied this experience to the research process. Although not used exclusively to manage ethical concerns this tool did also support me in recognising potential pitfalls noted above.

4.5 Research Quality

The need for research to be credible to the reader is a vital component of the utility of research to inform the practice of others. How this credibility is measured appears to be subject to significant discussion in research texts. Merriam (1988, p183) and Merriam and Tisdell (2016, p265) comment that the researchers aim is to “...*contribute knowledge to the field that is believable and trustworthy*.”. In this section I will explore the idea of generalisability as it does or does not relate to CSM and discuss the approach to ensure trustworthiness and credibility of the findings.

Ideas of generalisability are as contested as the very meaning of case study research (Tsang, 2014). It is apparent that for some authors a defence of the value of case study findings to beyond that specific case is a vital component of their support for the method (Flyvberg, 2011). However, for others the point is considered moot as they do not see generalisability as a function of case study research (Tight, 2017). The varying viewpoints will be discussed below.

According to Bassey (1999) it is important that the instance to class relationship should be indicated at the beginning, in that the case and what study of that case offers insight on, should be clear from the onset of the study. They offer 3 classes of generalisation.

- Direct from instance studied to a class it purports to represent (i.e., study of recruitment practice in one school may tell us about this in other schools)
- Study of the case bound features of the instance tell us about these features in a multiplicity of cases (i.e., study of recruitment in one school may tell us about decision-making, autonomy and leadership in other schools)
- Generalisations about the case (taken from Aldelman *et al.* 1980 by Bassey 1999), suggesting that this is the likely end point if you do not make some decisions about the instance to class relationship at the start of the study.

Stake (1995) iterates that good case study research does not make grand assertions based on a single case but employs a more measured approach to drawing conclusions or developing theory. This idea that a single case will not necessarily be generalizable to the population beyond the case is supported by Yin (2018). The view that the purpose of case study research is not to generalise and that where each researcher sits in the paradigm divide influences the extent to which generalisability or transferability is achieved is also put forward by Bryman (2012). Flyvbjerg (2013) takes a strong stance on the concept of generalisability of case study research; he places high value on “concrete, context dependent” knowledge rather than a focus on developing theory that goes beyond that knowledge. This valuing of contextualised knowledge is supported by Thomas (2010; 2011) in their support of the use of the language of phronesis, whereby the practical nature of knowledge gained through the deep understanding is seen as a more realistic goal than the traditionally acknowledged inductive process that leads to theory development. In fact, Thomas’s objections to the application of theory and generalisation goes beyond case study to the wider social sciences, however he does use case study research as a vehicle for his argument in support of phronesis as outcome. Knowledge developed via a case or “example” is then termed exemplary knowledge (Thomas, 2010) that allows the insight into other experiences.

Consequently, the approach to research quality aligns with the work of Lincoln and Guba (1989) and latterly, Lincoln, Lynham and Guba (2023). In their initial work Lincoln and Guba (1985) refer to a set of constructs that offer an alternative approach to the issue of quality in qualitative research, later referred to as parallel criteria (Guba & Lincoln, 1989). The addition of these authenticity criteria (Guba & Lincoln, 1989) shifted focus from the process of research. This created a move to paying more attention to respondents' engagement with the outcome of inquiry, moving away from offering an equivalent quality measure to those applied in positivist research studies and shifts to a perspective uniquely aligned to the constructionist view (Lincoln, Lynham & Guba, 2023).

Table 3-Quality criteria applied to the study

Criteria	Approach in this study
Credibility	The findings in this study are based on data collection over several months encompassing a full cycle of the selection activity, offering a period of prolonged study and persistent observation. Transcription of data was shared with participants for confirmation and early data analysis explored with participants for sense checking.
Transferability	According to Lincoln and Guba (1985) this aspect of interpretivist research lies with later investigators to judge the extent to which findings are transferable to their context. This work aims to provide sufficient narrative detail to allow later investigators to judge whether the findings here may have relevance to their sphere of interest.
Dependability	As is made evident in this work, the approach to the study developed at key stages, at times for reasons out with this researcher's control. Efforts to ensure that this is made explicit lie both within this work and in the use of the reflexive diary to allow recognition of shifts in thinking and developing ideas.
Confirmability	The criterion of confirmability suggests a degree of traceability of assertions to sources, such as is offered by inclusion of examples of text to support themes in this work.
Authenticity	Like the activities associated with credibility, criterion member checking of transcripts and initial data analysis were used to ensure that participants felt their voice was represented fairly.

The use of a reflexive diary became an important aspect of research quality, drawing on my professional background in nursing, where reflection is an integral part of practice. The model used to support this diary was the field notes format suggested by Creswell (2007) that balances descriptive and reflective notes for each episode of data collection. The reflexive diary comprised a physical handwritten diary recording the research action and my reflection on that action. To capture sense impressions as close to the action as possible some reflections were recorded as a voice note, that later aided the diary completion. For example, this was particularly helpful in relation to the use of the RSM approach as each participant used this in different ways throughout the interview. Whether completing as they went, taking pauses in the conversation, or as a final action appeared to make no identifiable difference in the output. However, the diary proved invaluable in recording this aspect of the approach, helping me monitor the quality of the process.

4.6 Sample

Stake (1995) draws on the earlier work of Runkel, and his assertion is that in case study research the researcher uses “specimens to develop the necessary depth and detailed understanding of the case”. Alternately Yin (2018) uses the term units of data collection within the case to describe the sources of

data that may make up a traditional sample. Barbour (2008) discusses case study within the sampling section of her texts and discusses the potential, in collective case studies, for each case to be considered a sample. Therefore, in a case study of an individual the sample may be that person and all those who are linked in a way that is meaningful to the area of interest, in the case of a group all members of the group, in the instance of a case study exploring an event or organisation then the sample becomes linked to that aspect of the case. For the case study researcher, the process of firstly defining and then bounding the case (Merriam, 1998) are vital in identifying the objects and focus of the study.

In this instance the case is focused on an activity system within the context it occurs, which is influenced and bounded by several factors. The *activity* of selection decision-making occurs within the organisational structure and rules of a school of health and is carried out by *subjects* whose *actions* are mediated by *artifacts* associated with their experience of clinical practice and academia. The *subjects* are also part of a professional groups, they may be practicing nurses in diverse fields of practice, may work solely in the academic field or may have a dual role that crosses the boundaries of these communities. Thus, the boundaries of this case are detailed in the boundaries of the activity system. The focus of this study can be defined as the *activity system* of selection decision-making for pre-registration nursing programmes within a single HEI.

The study took place in one HEI that is the largest provider of pre-registration nurse education in Scotland. The boundaries of the case have been explained in the previous chapter and the case functions as the sample in this method (Tight, 2017), participants in this study were drawn from those taking part in recruitment and selection during the period of this case. The study information was shared with all admissions officers (N=8) who then shared with staff who were participating in the selection interviews (N=65) of whom twenty-eight individuals took part in the study. The participant information sheet (Appendix 5) offered the opportunity to participate in either the interview or observation, or both. As the group interviews occurred over two academic terms, staff who were scheduled to take part in interviews were given study information by the AO on confirmation of their interview session. Those who were willing to participate sent an email confirming that they had read and understood the participant information sheet and indicating which aspects of the study they would take part in. All staff who emailed indicating willingness to participate in at least one aspect of the study went on to be study participants.

From these twelve interviews and twelve observations were completed. Interviews with participants were split evenly across academics and clinicians who acted in the role of selectors during the period. In each observation the selectors were a combination of at least one academic and one clinician per

observation although one observation had two academics and two had two clinicians. The equality of numbers is a natural artefact of the process and was not achieved by any other selection stages.

4.7 Data Collection

Yin (2018) identifies six sources of evidence in case study research, although acknowledges that many sources may inform the case study researcher. He also highlights the value of multiple data sources in allowing the researcher to use *convergent evidence* to corroborate evidence, highlight differences, and improve the construct validity of the study. Thomas (2011) discusses the development of what he terms a “three-dimensional view”, alternatively Flyvbjerg (2013) refers to a “nuanced view”, whereas Gillham (2000) talks about “getting under the skin” of the topic. These reflect the high value placed on seeking data from multiple sources to enhance the depth and ability to note subtleties of the case being explored. Yin (2014) highlights the importance of showing discernment in data sources by making clear links from data source to the study’s initial focus. The potential for an over enthusiastic researcher to gather volumes of extraneous data, while seeking this rich array of sources, is apparent and cautioned against by Yin (2014). However, as Gillham (2000) notes that strength of case study research is the potential to triangulate from multiple sources with contradictory or confirmatory data making this challenge a worthwhile endeavour. Allying this to a broad framework for analysis such as CHAT (Engeström, 1999) then supports the exploration of complex human activity (Backhurst, 2009), therefore CSM defines the boundaries of the activity and CHAT defines the focus of the lens through which it is viewed.

Data utilised in this study has four main strands, the first linked to the concepts of *actions* in CHAT in the form of the discussion post-interview where the individual assessments of applicant performance are reviewed, and a grading applied to each applicant. This discussion was audio recorded using a remote activation to reduce intrusion into the naturally occurring event. The second and third strands related to the CHAT concepts of *subjects* and *mediating artifacts*. Therefore, semi-structured interviews with visual mediation were used to elicit subjective beliefs from *subjects*. The final strand related to *tools and rules*, focusing on the use of the documentation to support the process, both in terms of how this is referred to in the first three strands and in the content of the documentation itself.

The rationale for this approach lies in how well interview data collects the reality of the participant. In social sciences the idea of reality as constructed by those who experience it is widely agreed (Gabin, 2013), equally in interview data the participant constructs the event based on their reality (Rapley, 2007). The reality constructed by the participant during the interview is influenced by *mediating*

artifacts of their personal history, the context of the interview and the relationship with the interviewer (Rapley, 2007). The combining of interview, observation and documentary data provided a form of triangulation by bringing in a different perspective as outlined by Stake (2005) and adding richness to a pool of data (Simpson & Tuson, 2003). Thus, the aspiration was that the data consisted of how the participant expressed what they were doing while decision-making and what they believed or wanted me to believe they were doing in decision-making practice.

Observation data was collected as group interviews across a six-month window from December 2018 till March 2019. All data was collected during the recruitment and selection period, with interview and RSM data together, so participants developed their map during and immediately after interview. Therefore, the forms of data perform the function of enriching the data and also by providing means of seeking confirmatory or contradictory themes in the analysis stage. This form of triangulation provided the basis for exploration of tensions and contradictions (Engeström., 1999).

The natural conclusion of data collection in this case was tied to the bounded nature of the case, in that it was a time limited activity. Data was collected throughout the window of time the selection practice activity was being undertaken. According to Yin (2018) there is no clearly defined end point for data collection and this process is to some extent dependent on the research purpose. Therefore, it is important to ensure confirmatory data of a theory being tested from multiple sources (one would assume this would also be true for contradictory data) and that there is sufficient evidence to consider “rival hypotheses or explanations” (p112). Merriam and Tisdell (2016) highlight the qualitative nature of CSM and recommend that *data saturation* is the point at which further data collection is not valuable. Selection interviews are a recurring event and the potential to continue to collect data in the next run of interviews was considered. Through the process of data transcription, reading and re-reading of these transcripts and the process of analysis I considered that sufficient data had been collected to achieve data saturation. By this I mean that in the later analysis no new interpretation of the data (Tight, 2017) and that the data was “rich and sufficient” (Charmaz, 2014, p13).

4.7.1 Observation of conversation (audio)

The first strand of data collection was the recording of the post-interview conversation held by the interview panel. This data collection activity was by necessity concurrent with the phase of the recruitment process in which the interviews were being carried out. Each panel was most commonly made up of a pair of academic staff from the nursing school or a combination of one academic and one nurse who practices in the health board area associated with the campus of the HEI. Observation

data is commonly used in case study research and generally involves watching and/or listening activities (Gillham, 2000). The use of observation has two key issues that the researcher needs to consider, firstly how openly the observation occurs and secondly how active a participant they are in what is being observed (O’Leary, 2017). Once these decisions have been made the next step is to decide how to record observations, considering how structured the approach should be and the extent to which the method of recording is intrusive to that which is being recorded (Punch & Oancea, 2014).

Participants were informed and consented to the procedure, however as the researcher I was able to use a remote device to activate recording once the candidates had left the interview room thus reducing the extent to which the observation would alter the activity. Gillham (2000) comments on the observer effect and the importance of recognising the impact of being observed by participants and the need for the researcher to reflect on how they influence this. Admittedly much of the writing on observer effect relates to more intrusive approaches, however, it is notable that one of my participants commented,

“Taking part really makes you think about what you are doing.”

Observation 1045

This indicates that even beyond the awareness that a peer was listening in to your conversation after the fact, the very act of taking part in this study made that person more conscious of her actions and choices.

As I was seeking to uncover a process that was potentially idiosyncratic to the decision maker and was negotiated as a discursive practice, it was important to me that my presence as an observer was as unobtrusive as possible while still being overt in terms of consent processes. As my key interest was largely an internal process, I reasoned that the means this was expressed to another and therefore liable to observation was through spoken language. Based on this premise I resolved that my observation would be in the form of listening to the naturally occurring conversation that happened once potential nursing students had left the interview. The interview panel spend some time discussing each candidate before reaching an agreed decision about how suited that person is to our nursing programme based on the interview performance. In this conversation everyone has to articulate their thoughts about candidates, support their perspective and negotiate a decision in the form of an interview grading. Therefore, these digital audio recordings offered an important component of data collection, providing an insight into decision-making as a live activity. The table below provides an overview of the digital recordings undertaken as interview events happened across May 2018 to March 2019.

Table 4 – Summary of Digital Recordings

Recording time stamp	Selectors involved in post interview discussion	Number of candidates who had taken part in the group interview
1525	1 academic and 1 clinical	Six interview participants
1154	1 academic and 1 clinical	Eight interview participants
1139	1 academic and 1 clinical	Eight interview participants,
1045	1 academic and 1 clinical	Ten interview participants
1153	2 academic and 1 clinical	Twelve interview participants
1331	1 academic and 1 clinical	Eight interview participants
1055	1 academic and 2 clinical	Eleven interview participants
1515	1 academic and 1 clinical	Eight interview participants
1457	1 academic and 2 clinical	Eight interview participants
1315	1 academic and 1 clinical	Nine interview participants
1030	1 academic and 1 clinical	Ten interview participants
1433	1 academic and 1 clinical	Eight interview participants

4.7.2 Interviews

Interviews were carried out with staff from academic and clinical nursing backgrounds, see Table 5 for a break down, who had recently participated in selection for pre-registration nursing programmes and ran consecutive to the selection process.

Table 5– Interview participants

Participant Identifier	Role
AC1	Mental Health Nursing Lecturer
CL2	Mental Health Charge Nurse
AC3	Adult Nursing Lecturer
CL4	Forensic Mental Health Nurse
AC5	Adult Nursing Lecturer
CL6	Practice Education Facilitator
AC7	Adult Nursing Lecturer
AC8	Mental Health Nursing Lecturer
AC9	Mental Health Nursing Lecturer
CL10	Practice Education Facilitator /Mental Health Nurse
CL11	Adult Nurse – Ward based
CL12	Adult Nurse – primary care based.

Robson (2002), in line with many research authors, identified the research interview as having three main formats ranging from structured interview, through semi-structured to unstructured interviews. Decisions about which approach is most appropriate lie in the researchers aims, the more focused your area of interest is the more structure is required to maintain that focus, however with structure comes loss of depth of exploration. The semi-structured or unstructured interview is most commonly used in interpretivist research and may be referred to as qualitative research interviews (Braun & Clark, 2013). Silverman (2020) described the qualitative interview as having an informal question approach where the predetermined questions are used as a guide and movement away from this by the participant may be an opportunity of richer data to be gathered. This, however, had to be balanced with the need to maintain some focus on the topic and a skilled interviewer can ensure focus without loss of engagement (Rapley, 2007).

For the purpose of this study an interview guide was used with a set of predetermined questions and possible prompt areas outlined (Appendix 6). I have worked as a mental health nurse and have twenty plus years of training and experience in carrying out interviews on sensitive subjects, the skills of mental health nursing are built on a foundation of hearing the service users account of their experience (Warne *et al.*, 2017). These engagement and active listening skill of therapeutic communication (Townsend, 2008) were used to support the semi-structured interview meaning that I was able to draw

out individual perceptions, using clarification, summarising, and reflection to ensure a shared understanding of what was said. Rapley (2007) notes the key interactional practices of qualitative interviewing, two significant components of which are allowing participants the time to talk and the selective pursuit of themes or topics to meet the research needs. Having a significant history of purposeful interviewing I felt that this approach to data collection fit my skill set well.

The process I used to develop an interview schedule, that maintained a focus on the research aims, followed the stages suggested by Punch & Oancea (2014) outlined in Table 6.

Table 6- Interview schedule development (Punch and Oancea, 2014).

Step	Process	Actions
Prepare	Clarify aims and research question Familiarise with the field and sample Clarify concepts and decide key words Decide on the type of interview	As I hold insider status in the setting of this case study the process of familiarisation was not needed. The process of clarifying aims and research questions began with searching literature for what is known on the topic and through recognition of knowledge gaps on the topic the defining of study focus and research questions. The type of interview was partly dictated by the exploratory nature of this study, and my expertise in the use of semi-structured interviews as a clinical tool.
Produce	Brainstorm themes and topics Group questions into topics Explore alternative sources of topics	The development of the topic guide and potential prompt questions underwent a number of iterations and individual questions were trialled outwith the study setting. The topics were also influenced by the choice of theoretical framework as this led to greater consideration of contextual factors.
Prune	Cut redundant topics and questions Check relevance and importance Check accessibility and answerability	The trialling of questions led to the removal of some duplicative questions, where I was asking the same question in multiple ways, overly complex questions were simplified. The use of the MS Word accessibility function allowed checking of the reading age.
Polish	Reflect on assumptions and clues Consider sensitivity and level of threat Decide on structure and sequencing Prepare introduction and closing	The refining of the interview guide was carried out by use of the stages above. As this study was unlikely to identify poor practice or tackle sensitive issues there were no concerns on interview guide around this. A brief opening that reiterated the information provided in the participant information sheet and a closing that agreed member check preferences and thanked for participation developed.
Pilot	Simulate the interview with a colleague Plan and run a pilot	A test with one colleague led to minor changes to wording due to alternate potential interpretation of question. No formal pilot beyond the test interview was run, due to the limited pool of study participants.

Schut (2014) describes the interview process in qualitative research as being an intensive process that is geared to gaining a comprehensive understanding of the person's beliefs and attitudes in relation to a phenomenon. The approach allows the researcher to become more closely engaged with the participant and to follow their train of thought in a more responsive manner than allowed in structured survey-based approaches. There is the opportunity to seek a shared understanding of the person's talk through clarification and summarising of statements, thus allowing a richer understanding of that person's intended meaning without the need to make assumptions of meaning.

However, decisions about how I, as the interviewer, was situated within this conversation are necessary. Schut (2014) explains this process as being able to adapt to the interviewees non-verbal cues, symbolism of language and responding to the expressed emotions. Braun & Clark (2013) highlight the impact the interviewer has on the conversation and the importance of reflexive practice by the researcher to recognise the impact of their own views and values on the interview. To support this reflection a diary was a necessary part of the process, allowing me to monitor for my presence in the outcome of the interview and to recognise key contextual factors that may also influence the interview (Gillham, 2000). The model used to support this diary was the field notes format suggested by Creswell (2007) that balances descriptive and reflective notes for each episode of data collection (Appendix 7).

Silverman (2020) identifies an aspect of the interview approach to data collection that sits with the researchers view of reality, in this instance does asking people what influences their decision-making allow me direct access to their decisions making practices or to their construction of how it happens? It is for this reason that the post-interview discussion recordings were chosen as a data source, in that this discussion may illuminate some possible contradictory or confirmatory process in relation to the expressed decision-making at the time and the perception of this process by the participants.

Interviews were carried out within two weeks of selection interview participation and lasted between 45-60 minutes. Following interviews, a short reflective note was recorded in my reflective diary to capture any specific thoughts and impressions. An example of a reflective diary entry can be found in Appendix 7.

4.7.3 Visual mediation

As a component of the semi-structured interview, I elected to use visual mediation. I was concerned that participants may find it hard to express or commit to giving subjective values to the influences on their decision-making. Much of the work of visual mediation is focused on working with children (Wall, 2017) or those who have difficulty communicating their thoughts and feelings effectively (Wall, Hall & Woolner, 2012). However, Merriam and Tisdell (2016) note increasing use of researcher-generated documents as a data source, including, as within this data, source artefacts generated in the study.

With the benefit of visual mediation, I encountered the work of Josselson (2013) who described a process of relational space mapping, that allowed complex discussions about how concepts and beliefs expressed by participants related to each other. This use of relational space mapping within interview by Josselson (2013) allowed research participants to indicate the strength of relationships in their life.

This format was adapted for this study to reflect the strength of relationship between key factors. This desktop visual mediation technique allowed participants to create a visual representation of their own sense of the importance, relative to each other, of key skills, values and attributes they discussed. As the interview progressed participants were asked to highlight key terms that seemed of highest significance in their decision-making and write them on pre-made discs of card and place them, depending on personal importance, in relation to the core concept of the student nurse. See Images 2, 3, 4, 5 and 6 for examples of the output of this data collection method.

For some study participants this worked very well, and they were able to jot ideas as they went, however for others this proved intrusive to their flow of conversation, and they tended to carry out this activity as an add on to the interview. For the latter group the addition of this component was not useful, and they struggled to recall what was meaningful and produced quite minimal maps that in most cases showed little reflection of their talk content. In applying this data collection method, I needed to be mindful of my potential to influence the selectors recall of their own talk content. This meant I needed to remain unobtrusive while they completed the activity. The rationale for inclusion of a more visual way of expressing value judgement on selection factors had been to allow the selectors to think about the relationships between the factors they talked about, but for some participants this added layer of thinking was not helpful. The openness of the relational space mapping and the extent to which content was participant generated was a driver for the use over other forms of visual mediation. However, the openness that I valued was a barrier and for some study participants a more structured method might have been more helpful. For this group the structure offered by diamond ranking (Wall *et al.*, 2012; Woolner *et al.*, 2010) or indeed no visual mediation at all might have been a better alternative. Despite these challenges the addition of this layer of data did highlight some meaningful contradictions between the voiced perspective and the mapped perspective of participants that is explored in the findings section of this work.

On completion of the interview this map was photographed to create an additional data source unique to that interview, see Image 2. This was then transferred to paper to allow contrast with matched interview data and analytical notes to be developed. Jossleson's (2013) approach offered a way to allow those who may rationalise their actions to express this on multiple levels and potentially allow them to raise or explore their sense of prioritisation of their views, therefore offered an additional depth to the data collected during the interview.

Image 2 - raw RSM data



4.7.4 Documents

The inclusion of documents in this study forms the smallest component of the data collection units. The focus was on the documents used to support the selection interview process. These included the *interview facilitation guide* (Appendix 1) for interviewers, the *post interview consultation rubric* (Appendix 2). The use of documents can offer a form of triangulation (Stake, 1995) and add depth or “contextual richness” (Merriam, 1998. p109). In this instance I sought to contrast the terminology of the documentation with the language of the observation and interview data, potentially identifying contradictions or tensions within the activity (Engeström, 1999).

4.8 Data analysis

According to Yin (2012) there is no “cookbook” for data analysis in CSM suggesting the benefit of this to him is that the researcher must “create their own unique algorithm befitting their particular case study” (P15). According to Tight (2017) data analysis is one of the least developed aspects of case study research. Indeed, Yin (2009) outlines a range of approaches to data analysis that detail differing approaches to pattern recognition and matching methods that fit well with his scientific method focus.

Whereas Stake (2005) can be seen as focusing on methods of data analysis that are associated with existing qualitative methods of research such as ethnography and phenomenology.

CHAT as a framework offered a labelling system and a broad framework within which to consider the activity (White et al., 2016), therefore I began the analysis process from the perspective that the potential for usefulness was enough to counterbalance this concern. The main components of CHAT that I elected to apply to analysis were the mediating artefacts of *Rules, Community, Division of Labour* and *Tools*. In this instance I was using the concept of *object* as intended by Engeström (1999) to refer to both soft and conceptual objects, applying this perspective meant the candidate was viewed as an object within the activity system. The CHAT principle of seeking contradictions and tensions (Engeström, 2000) in the activity system provided an additional focus for data analysis. The CHAT framework introduced the concept of “discursive manifestations of contradictions” (Engeström & Sannino, 2011, p.369.), as a means for subjects in an activity system to negotiate contradictions in the object outcome orientation of the activity system. Contradictions were evidenced through the recognition of discursive indicators (Engeström & Sannino, 2011), and these were annotated in transcripts to highlight points of contradiction. Gillham (2000) suggests that the aim of content analysis is the identification of statements that have significance to the topic in the form of substantive statements. In this instance content analysis focused on points of contradiction or tension within the data or between content from the same source, for example interview and RSM data. Mabry (2008) highlights the use of theoretical triangulation in the data analysis process for case study research as a means of testing out theory development during the process of data analysis, in this instance the three data collection points were used to identify where participants held uncertain or contradictory views.

It is in the analysis stage that CHAT provided a conceptual framework in which to consider the data during content analysis (Merriam & Tisdell, 2016). Applying the components of the Activity System (Engeström, 1999) it was possible to consider the subject and their influences, how objects and outcomes are conceptualised by subjects, the rules and division of labour that guide the activity, the community (culture) in which the activity is embedded and tools that are used by subjects to mediate the activity (Grieg et al., 2013; White et al., 2016; Trust, 2017). Typically, selectors were required to meet targets, pick candidates with a high likelihood of academic success, pick candidates who had the expected values and traits of a nurse, whilst matching the candidate to their own experience and values. The potential for selectors to experience a contradictory sense of the actions and activity were evident and awareness of this potential influenced the approach to data analysis. The challenge of this approach was maintaining a balanced view and the value of the reflexive diary to monitor my thinking throughout the data analysis should not be underestimated.

As noted earlier, CSM is based on an adaptive position to data analysis and collection (Merriam & Tisdell, 2016), thus rather than a purely linear progression of data collection to data analysis the process of initial analysis informed ongoing approaches to data collection. Data analysis followed the Step-by-Step process outlined by Merriam (1998) and further developed in Merriam and Tisdell (2016) which supported some parallel data collection and analysis with an intensive period of data analysis when all data was collected. This covered the following stages:

- Category Construction
- Sorting Categories and Data
- Naming the categories
- Becoming more theoretical

The coding process could be likened to the identification of substantive statements suggested by Gillham (2000) or could be based on the recognition of repetitions, similarities or differences, metaphors and analogies, language and linguistic indicators or theory related materials (Robson, 2011). As stated above the recognition of contradictions in the data was central to the application of the CHAT framework to the analysis. Thus, I followed a standard procedure of immersion in the data through repeated listening and the process of transcription. The transcriptions were reviewed alongside the reflexive diary and viewed in relation to CHAT elements, this first step is shown in Table 7a.

The initial approach to data analysis was framed within the four elements of CHAT that can be viewed as offering a lens into the actions of the activity system subjects. Recognising the way in which factors associated with community, rules, tools and division of labour influence or impact on the subject within the system. Analysis was staged in an approach based on the constructivist grounded theory approach to forming a coding structure (Charmaz, 2014), in that an initial analysis was followed up by a more focused analytical stage, however rather than creating a new coding structure the aim was to consider the fit of CHAT as a potential coding structure. The process can be summarised in the following stages:

- i. Initial analysis - Visual and narrative data was analysed using Engeström and Sannino's (2011) concepts of discursive manifestations of tension or contradictions. Viewing the data as a network I compared and contrasted data to identify disturbances and tensions in the data, both within and between data sources.
- ii. Interview narrative transcripts were notated to reflect contradictions with the RSM data from that participant and comments from the reflexive diary.
- iii. Focused analysis - Data was then analysed for patterns and relationships between concepts to allow organising data without imposition of the CHAT framework.

- iv. For six pieces of data (three interview and three observations) I then considered the emergent categories in relation to Engeström's activity system mediating artefacts to check for "fit."
- v. Organisation of the data into a set of themes and sub-themes aligned with the CHAT conceptual framework.
- vi. Refocused analysis applying identity theory to the Community category and all data.

The advantage of applying CHAT as a lens with which to view the activity was the panoramic view provided. The CHAT lens had the potential to make visible not only the human agents in this activity but to situate them in their social and cultural context (Larsen et al, 2017). The decision to apply the framework to data analysis was tied to the benefits of CHAT as a conceptual model for activity, however when considering contradictions, it was necessary to also be conscious of contradictions between CHAT as a model and the data (Bakhurst, 2009). The risk of shoehorning data into a CHAT theme, or ignoring valuable data that did not fit, is one felt by researchers imposing an existing framework (Merriam, 1998). The use of a reflexive diary during data analysis (Etherington, 2004) combined with multiple exposures to the data (Merriam, 1998) were used throughout data analysis to mediate this risk. The use of the reflexive diary allowed me to see where I had observed my own pre-existing notions influence my thoughts, evinced through surprise or discomfort during interviews and analysis. Recognition of my own insider stance (Braun and Clarke, 2022) was particularly important, although efforts were made to reduce the impact of this in the recruitment phase, there was no avoidance of the fact that, like many of the participants, I had significant experience in this activity. It was vital that I considered my own responses and weighed these against the emergent categories in the analysis phase. In very practical terms I may have been surprised to hear a perspective from one participant but when that is echoed by multiple participants, I recognised that the surprise is about my view, not any intrinsic surprisingness of the view expressed. Corlett and Mavin (2018, p. 377) call this process "self-monitoring of and self-responding to our thoughts feelings and actions".

In the first stage of data analysis, I read and re-read the transcripts, looking for words or terms that appeared and annotating text to code where I could see recurring ideas expressed using the same or similar language. This was aligned specifically to the process of identifying language that indicated moments where participants demonstrated some sense of conflict of ideas, external or internal pressure, contradictory statements. This was supplemented by reflexive notes that recorded my sense of the participants emotions when discussing some aspects of their views. This process is supported by Engeström and Sannino's (2011) discursive manifestations of tensions or contradiction (Table 8) which offers a linguistic framework that is indicative of these concepts. In this stage (Merriam &

Tisdell, 2016) the categories identified were largely descriptive of these moments of tension, named to reflect the terms used by the participants.

Following this phase of analysis, the interview and observation data was notated with these descriptive categories. I then undertook a phase of more focused analysis that observed for patterns, recurrent ideas, unique perspectives, and topics that seemed more emotionally hot for the participant. At this point I was wary of enforcing the CHAT framework on the data and attempted to approach this from an inductive perspective (Braun and Clarke, 2022). Following on from this phase I took a subset of the data in the form of three interview and three observations and considered the categories emerging within the CHAT conceptual framework. This allowed me to sense check for fit of this framework with the categories that had emerged, and each was mapped to the four mediating features of the activity system. At this point, the subject and object features were not mapped as these represented respectively the participants and their focus. Finding a good fit with this step, I then continued to consider all categories under these four mediating features. Within each of these mediating feature themes emerged that informed the discussion in Chapter 5. Figure 9 shows the basic progression through the data from collection in 2018 until final draft of this dissertation.

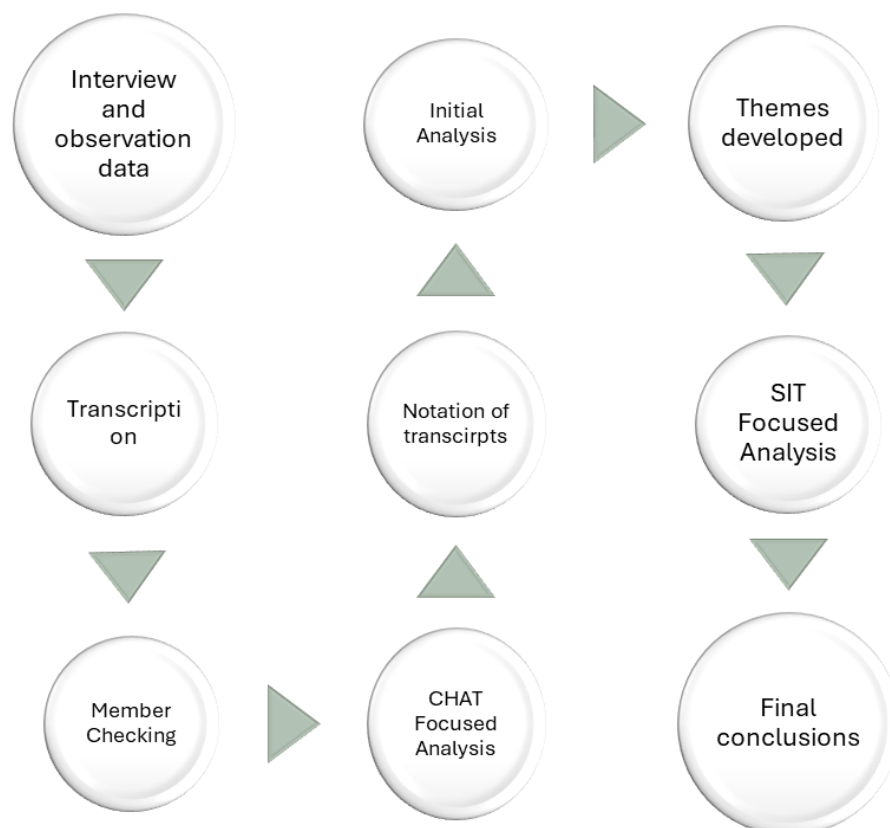


Figure 9- Data management progression.

It should be noted that during this time I took a break from study due to family circumstances and the global Coronavirus pandemic, meaning my work role encompassed all my time for almost a year. This meant the process of data analysis rather than lasting six to nine months, as planned, took two years to complete. It is perhaps unsurprising that each break from data analysis and subsequent engagement lead to some obstacles and some moments of clarity. On returning to the data, I found myself on occasion asking, “why did I start that code?”, and for others they remained congruent and meaningful despite the distance. For me this became part of the process, and an idea that still made sense after a period of disengagement felt more valid than those where I struggled to see my reasoning. This was a place where the reflexive diary proved invaluable, in capturing those thoughts, moments of inspiration or confusion that dogged the data analysis process for me. Some early codes did not survive these refreshes of my perspective while others stayed the course, and by their resilience to review seemed more robust. For example, I had some early thoughts about role models and ideal applicant viewed against that role model that did not stand up to further examination following a break and data initially applied to these codes were subsumed in the community theme.

The data analysis is presented in a series of themes related to key elements of CHAT as a framework applied to the activity system. Applying the CHAT framework to the activity means that I will view the activity between the subject (selector) and object (candidate) firstly by focusing on community, tools, rules, and division of labour associated with that activity. Engeström (2008) proposed that understanding these four elements of CHAT supports exploration of the subject’s motivations, perception of the object and actions. This understanding is developed by considering the way in which each element, that socially situates this activity system (Avis, 2009), is understood by the subjects in this activity system. The CHAT conceptual model of the activity formulated in Chapter 3 is included here and an example initial analysis is shown in Table 7a.

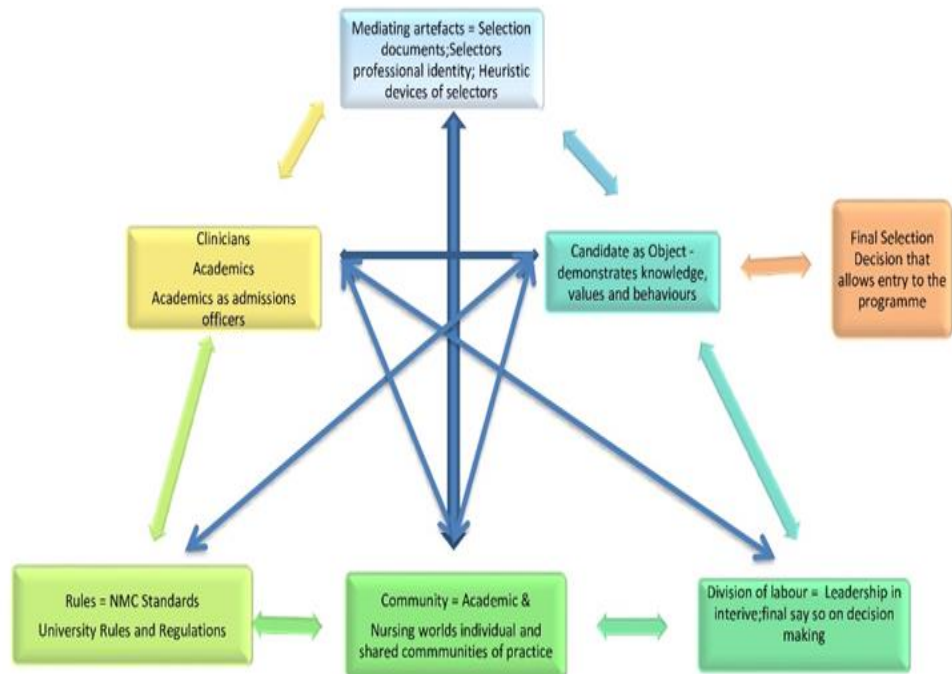


Figure 7-CHAT conceptual model of selection decision-making practice.

Table 7a- analysis stage 1

I1-AC	
<p>SUBJECT</p> <p><i>Ideas about own role and purpose</i></p>	<ul style="list-style-type: none"> - it is hard to say how you “see” compassion- you have to listen really hard to their answers. - when I came for my interview, I wasn't prepared and I wouldn't have had knowledge, but I would have had warmth and care and compassion, I would think coming out of my ears and I might have been one of these ones that would be like give her a chance. But I do think about it. I do think about who was in your interview panel and how did you get in. - I think it's important that they're (<i>clinical representatives</i>) not there as a token, tick box that they should be very much part of that decision-making process and, again, as the academic and the person who knows everybody in the interview, I think it's my role to make sure that in that sense that people are included.
<p>OBJECT</p> <p><i>Candidate related thoughts</i></p>	<ul style="list-style-type: none"> -Prepared, know about the role of the nurse -Experience, may have a carers role that is work or family related -Come across as being kind, caring, compassionate -that they have thought about this and beyond just medicines, the softer skilled stuff -not just rhyming off stuff they've read, or somebody has told them, that they've actually thought about the answers themselves - I've had candidates who have come in and have got the knowledge stuff coming out and all their questions are answered but more robotically but there's no warmth there. That puts up barriers for me. I would rather have the interpersonal stuff because I think we can grow the knowledge, but you want them to still have something. - I want to say yes immediately but whilst I'm saying yes, I'm trying to qualify that because I can think of a number of candidates that that's come through and I think that discussion then happens after the interview. If they've not come across as having this

	<p>knowledge, if they've not used the correct nursing terminology but they've been able to give you a kind of loose example. Probably the way I'm speaking now!!!</p> <p>-But if they've been able to give you something but you're thinking, 'I don't know', I think [pause] that they've shown warmth, there's been caring, and you get a sense of people really wanting the job so to speak. But if they've been able to give you the nursing terminology, maybe the level of knowledge you would have liked but you feel that there's something else there and I think sometimes that comes across just in how people present themselves; how they speak, and I think rightly or wrongly that sometimes comes down to are they coming from a more deprived background. But you don't know that at the time.</p>
<p>TOOLS</p> <p><i>Interview scoring guide,</i></p>	<p>- I really value the chat and the writing down because quite often I've thought this person was really good and then when you start writing it down during your discussion you're thinking 'wait a wee minute they were excellent or maybe they weren't really good they were just good.'</p> <p>- I think it's the writing it down and the having to make a decision about grading then makes it good. I have surprised myself, not often, but I have surprised myself on occasion that I've gone from somebody thinking that they were very good to going down; and somebody that was good in my head to ending up being very good or maybe even excellent. I think the whole process of writing it down and having that discussion does make you really focused. I don't like the way the scoring system the way it stands but I think the overall score is good and it makes you focus.</p> <p>- So, there's two bits of paperwork but not everybody fills out the second bit of paperwork. I try and make sure that that's shared in order that it's not my paperwork or the university's paperwork.</p> <p>- At this particular time, when you're interviewing in a group interview you don't really have any times to prepare yourself in terms of each individual candidate whereas when they were coming in before from their personal statement you would maybe get something from that so you would know one to one who you were interviewing. So, I think it's more difficult, but I think it's still there. I think it's a proper conversation you have at the end of interview when you're making those decisions - should we give this person a chance or not.</p>

<p>RULES</p> <p><i>Entry requirements</i> <i>targets,</i></p>	<p>- I don't want a bum on a seat. That's my answer. I think out of all the interviews that I've done; I've never thought I need bums on seats, and I think maybe we've got the luxury that we don't need to really think about that in terms of mental health. I think I want the right person, and I would rather have one less bum on a seat than not. I've only once taken somebody when I thought I've got a place left and I'm taking the best of the bad bunch. Not the bad bunch but build them up. I wasn't going to take the person, and I took them, and they didn't even get through part one. And that was about putting a bum on a seat, and I've not done it since.</p>
<p>DIVISION OF LABOUR</p> <p><i>Decision-making say so, leadership in conversation</i></p>	<p>- it's good when there's three people because if you're the person doing all the writing you sometimes miss the more subtle things and having that discussion</p> <p>- I suppose at the end of the day, for most of the interviews that I've been involved in the people look to me to be the boss because I'm the academic and I try my hardest to put it back, particularly with the clinician. This is half your student as well. You try as far as possible to make that joint decision. To be honest, we've always been able to come to a compromise without any great difficulty, to be honest.</p> <p>- I've never been in the position where somebody's said I think this and that's how it's going to be. I've never been in that position. I've always been able to negotiate without any difficulty. So, I suppose the bottom line is that I think the people look for the academic to be the boss and the decision maker and the filling out of the form. I try my hardest at times to go, you do the writing or let's share the writing so that it's not like that.</p>
<p>COMMUNITY</p> <p><i>Ideas about nursing, Ideas about university/studentness</i></p>	<p>I think it's the interpersonal stuff. It's that warmth of genuineness, the compassion that you're looking for in both their non-verbal stuff but what they're saying. I have a very good friend who tells the story about somebody having a nice smile and I think it's a story about how you'll make a great nurse; that you've got a really nice smile. But I think it's not the be all and end all, but I think, even that, having a smile and just non-verbal stuff is really, really important.</p> <p>- At interview for the MSc students, I am working on the assumption that they've got the academic ability, but I suppose I'm looking [pause] in terms of the academic stuff for the MSc, I'm looking for that wee bit deeper in terms of any kind of meaning</p>

	<p>and understanding they've got behind the knowledge. Whereas for the BSc students, for the most part I probably am judging them a wee bit more on the academic stuff because you don't know where they're coming from in terms of not being at university before.</p> <p>- I'm thinking about the end product but at the very forefront I'm thinking will this person be a good student nurse and will they be able to complete the programme. Both of those come in. But if they're not ticking the box of do, I think that person's going to be able to complete the programme, I'm not so much worried about that.</p> <p>- People who are coming in and sounding a bit disorganised or not having thought about how they're going to balance life, if that's how they're coming in to start with without having thought about that, are they going to manage?</p>
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Further analysis was then carried out making use of Engeström's four types of discursive expressions (Table 9) to theorise contradictions (Engeström and Sannino, 2011). From a very practical perspective the processes within which the decision-making activity was situated were not subject to complex procedures likely to cause tensions within the steps of the process. Despite this there was potential for each manifestation of contradictions to be found between selectors and within selector's views.

Table 8 – Discursive manifestations of tension or contradictions (Engeström and Sannino, 2011, p375).

Manifestation	Features	Linguistic Cues	Resolution
Double bind	Facing pressing and equally unacceptable alternatives in an activity system	'we', 'us', 'we must', 'we have to', pressing rhetorical questions, expressions of helplessness.	Practical transformation (going beyond words): 'let us do that', we will make that'.
Critical conflict	Facing contradictory motives in social interaction, feeling violated or guilty	Personal emotion, moral accounts, narrative structure, vivid metaphors	Finding new personal sense and negotiating a new meaning: 'I now realize that...'
Conflict	Arguing, criticizing	'no', 'I disagree', 'this is not true'.	Finding a compromise, submitting to authority or majority: 'yes', 'this I can accept'.
Dilemma	Expression or exchange of incompatible evaluations	'on the one hand', 'yes, but...'	Denial, reformulation: 'I didn't mean that', I actually meant...'

The development from initial analysis is shown in Table 7b. CHAT offered a framework to explore the factors that influence decision-making, with a particular focus on points of contradiction and tension in the activity. This second step in analysis was not fruitful in the post-interview discussions stage which were characterised by high levels of agreement. The main point of tension sat with individual selectors efforts to balance their internalised views of nursing with the process of selection and organisational expectations of that process. This was then contrasted with the visual mapping carried out at the time of interview, see Image 3, that highlighted inconsistencies, contradictions, and additional concepts.

Table 7b- Analysis Stage 2.

I1-AC		
<p>SUBJECT</p> <p><i>Ideas about own role and purpose</i></p>	<ul style="list-style-type: none"> - it is <i>hard to say how</i> you “see” compassion- you have to listen really hard to their answers. - when I came for my interview, I wasn't prepared and I wouldn't have had knowledge, but I would have had warmth and care and compassion, I would think coming out of my ears and I might have been one of these ones that would be like give her a chance. <i>But I do think about it.</i> I do think about who was in your interview panel and how did you get in. - I think it's important that they're (<i>clinical representatives</i>) not there as a token, tick box that they should be very much part of that decision-making process and, again, as the academic and the person who knows everybody in the interview, I think it's my role to make sure that in that sense that people are included. 	<p><i>-Challenge of selecting for a poorly defined characteristic</i></p> <p><i>-Self as someone who was given an opportunity – critical conflict shown by contradictory motives of offering opportunity and selecting the objectively most suited.</i></p> <p><i>-account of having a responsibility to ensure all selectors have a say – dilemma of balancing final decision with equality of voice in selection panels</i></p>
<p>OBJECT</p> <p><i>Candidate related thoughts</i></p>	<ul style="list-style-type: none"> -Prepared, know about the role of the nurse -Experience, may have a carers role that is work or family related -that they have thought about this and beyond just medicines, the softer skilled stuff -not just rhyming off stuff they’ve read, or somebody has told them, that they’ve actually thought about the answers themselves 	<p><i>-critical conflict between ideas of preparedness and depth of reflection – being prepared is important BUT it is balanced by evidence of meaningful thinking about application to real world experience.</i></p>

	<p>- I've had candidates who have come in and have got the knowledge stuff coming out and all their questions are answered but more robotically but there's no warmth there. That puts up barriers for me. I would rather have the interpersonal stuff because I think we can grow the knowledge, but you want them to still have something.</p> <p>-Come across as being kind, caring, compassionate</p> <p>- I want to say yes immediately but whilst I'm saying yes, I'm trying to qualify that because I can think of a number of candidates that that's come through and I think that discussion then happens after the interview. If they've not come across as having this knowledge, if they've not used the correct nursing terminology but they've been able to give you a kind of loose example. Probably the way I'm speaking now!!! But if they've been able to give you something but you're thinking, 'I don't know', I think [pause] that they've shown warmth, there's been caring, and you get a sense of people really wanting the job so to speak.</p> <p>- But if they've been able to give you the nursing terminology, maybe the level of knowledge you would have liked but you feel that there's something else there and I think sometimes that comes across just in how people present themselves; how they speak, and I think rightly or wrongly that sometimes comes down to are they coming from a more deprived background. But you don't know that at the time.</p>	<p><i>-Importance of less tangible skills, impact on openness to candidates, balance of interpersonal and cognitive – an idea about what is most important in nursing.</i></p> <p><i>-demonstrating attributes, the selector finds hard to define or measure</i></p> <p><i>-making difficult decisions together to balance the knowledge/experience/attributes of candidates as influencers of decisions</i></p> <p><i>-reflects conflicts from literature review around softer and harder nursing skills.</i></p> <p><i>-compensating for previous contexts-deprivation, language skills or experiences</i></p>
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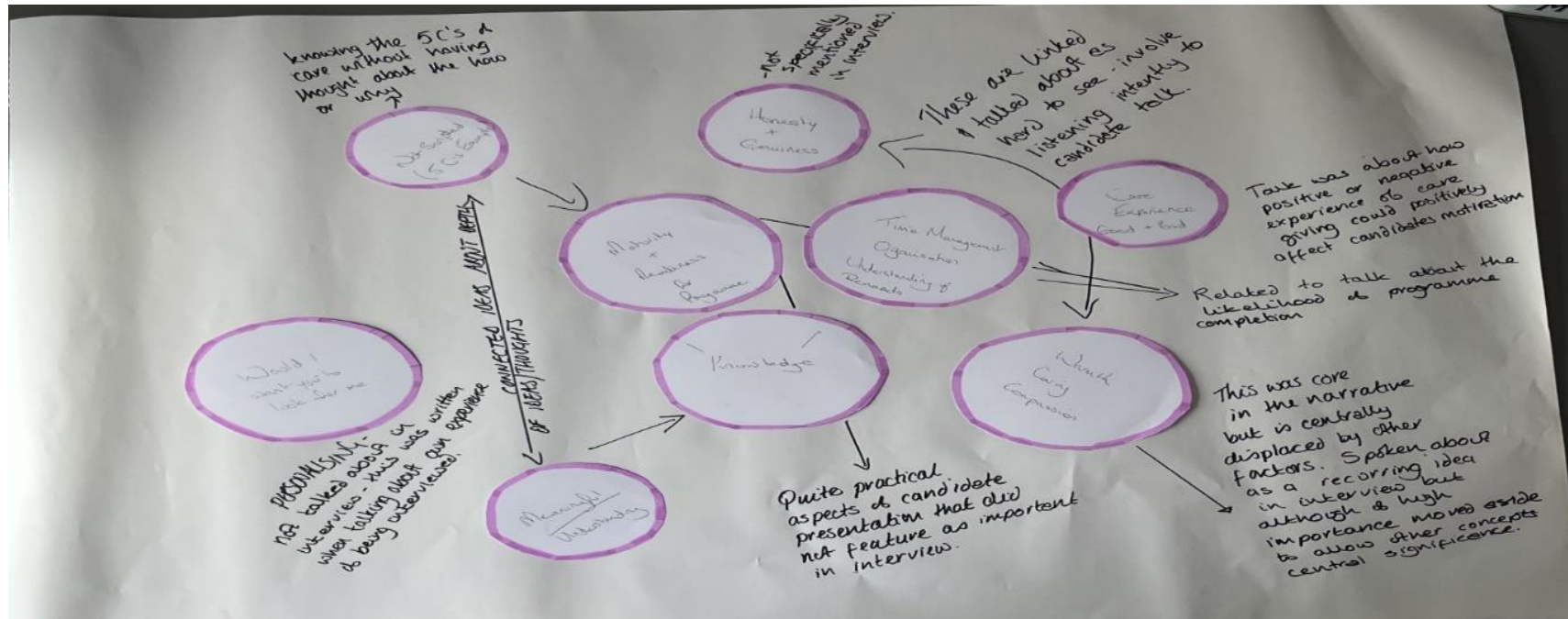
<p>TOOLS</p> <p><i>Interview guide,</i></p> <p><i>scoring</i></p>	<p>- I really value the chat and the writing down because quite often I've thought this person was really good and then when you start writing it down during your discussion you're thinking 'wait a wee minute they were excellent or maybe they weren't really good they were just good.'</p> <p>- I think it's the writing it down and the having to make a decision about grading then makes it good. I have surprised myself, not often, but I have surprised myself on occasion that I've gone from somebody thinking that they were very good to going down; and somebody that was good in my head to ending up being very good or maybe even excellent. I think the whole process of writing it down and having that discussion does make you really focused. I don't like the way the scoring system the way it stands but I think the overall score is good and it makes you focus.</p> <p>- So, there's two bits of paperwork but not everybody fills out the second bit of paperwork. I try and make sure that that's shared in order that it's not my paperwork or the university's paperwork.</p> <p>- At this particular time, when you're interviewing in a group interview you don't really have any times to prepare yourself in terms of each individual candidate whereas when they were coming in before from their personal statement you would maybe get something from that so you would know one to one who you were interviewing. So, I think it's more difficult, but I think it's still there. I think it's a proper conversation you have at the end of interview when you're making those decisions - should we give this person a chance or not.</p>	<p><i>-dilemmas that can be resolved through discussion following interviews.</i></p> <p><i>-impact of scoring on decision-making, stage of evaluation of opinions, opportunity to manage dilemmas in decision-making in post-interview talk</i></p> <p><i>-documentation as a vehicle for sharing of responsibility or power?</i></p> <p><i>-Ownership of paper as a symbol of authority?</i></p> <p><i>-using the post interview talk to explore sense of the candidate, harder to do in a group interview as you go along, so post-interview talk has importance in decision-making</i></p>
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<p>RULES</p> <p><i>Entry targets, requirements</i></p>	<p>- I don't want a bum on a seat. That's my answer. I think out of all the interviews that I've done; I've never thought I need bums on seats, and I think maybe we've got the luxury that we don't need to really think about that in terms of mental health. I think I want the right person, and I would rather have one less bum on a seat than not.</p> <p>-I've only once taken somebody when I thought I've got a place left and I'm taking the best of the bad bunch. Not the bad bunch but build them up. I wasn't going to take the person, and I took them, and they didn't even get through part one. And that was about putting a bum on a seat, and I've not done it since.</p>	<p><i>-pressure to achieve numbers, sense of being in a good place that this pressure is not felt</i></p> <p><i>-double bind- picking a poor candidate or be short on target numbers-bowing to pressure and learning by experience (for this participant from mental health applicants significantly exceed spaces)</i></p>
<p>DIVISION OF LABOUR</p> <p><i>Decision-making so, leadership in conversation</i></p>	<p>- it's good when there's three people because if you're the person doing all the writing you sometimes miss the more subtle things and having that discussion</p> <p>- I suppose at the end of the day, for most of the interviews that I've been involved in the people look to me to be the boss because I'm the academic and I try my hardest to put it back, particularly with the clinician. This is half your student as well. You try as far as possible to make that joint decision. To be honest, we've always been able to come to a compromise without any great difficulty, to be honest.</p> <p>- I've never been in the position where somebody's said I think this and that's how it's going to be. I've never been in that position. I've always been able to negotiate without any difficulty. So, I suppose the bottom line is that I think the people look for the academic to be the boss and the decision maker and the filling out</p>	<p><i>-is there a loss of power in being the writer or does the writer hold sway in the post-interview talk</i></p> <p><i>-dilemma of working on a collaborative activity when viewed in a leadership role.</i></p> <p><i>- Sense that this is generally a minimal conflict process</i></p> <p><i>-contradiction in others looking for academic to be "the boss", possibly in administrative terms, while also believing</i></p>

	of the form. I try my hardest at times to go, you do the writing or let's share the writing so that it's not like that.	<i>decisions are made jointly. Are negotiated decisions truly joint?</i>
<p>COMMUNITY</p> <p><i>Ideas about nursing, Ideas about university/studentness</i></p>	<p>I think it's the interpersonal stuff. It's that warmth of genuineness, the compassion that you're looking for in both their non-verbal stuff but what they're saying. I have a very good friend who tells the story about somebody having a nice smile and I think it's a story about how you'll make a great nurse; that you've got a really nice smile. But I think it's not the be all and end all, but I think, even that, having a smile and just non-verbal stuff is really, really important.</p> <p>- At interview for the MSc students, I am working on the assumption that they've got the academic ability, but I suppose I'm looking [pause] in terms of the academic stuff for the MSc, I'm looking for that wee bit deeper in terms of any kind of meaning and understanding they've got behind the knowledge. Whereas for the BSc students, for the most part I probably am judging them a wee bit more on the academic stuff because you don't know where they're coming from in terms of not being at university before.</p> <p>- I'm thinking about the end product but at the very forefront I'm thinking will this person be a good student nurse and will they be able to complete the programme. Both of those come in. But if they're not ticking the box of do, I think that person's going to be able to complete the programme, I'm not so much worried about that.</p> <p>- People who are coming in and sounding a bit disorganised or not having thought about how they're going to balance life, if that's</p>	<p><i>-focus on nursing attributes that are harder to quantify and/or measure. Highest value given to interpersonal skills,</i></p> <p><i>-matching academic skills to level of pre-registration programme, setting the bar in different places, recognising the heterogenous nature of undergraduate applicants.</i></p> <p><i>-higher expectation of application of knowledge to questions for applicants to MSc programmes</i></p>

	<p>how they're coming in to start with without having thought about that, are they going to manage?</p>	<p><i>-foremost consideration is can they succeed as a learner, - completion of studies indicates likelihood of future ability to nurse.</i></p> <p><i>-practical considerations can they manage demands of a vocational programme? Are they organised and prepared for this?</i></p>
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Image 3- RSM data with analysis notes



Ideas that recurred in narrative data from semi-structured interviews, post-interview discussion, and the visual mapping were clustered as a set of themes aligned within the overarching CHAT elements.

Table 9– CHAT elements and study themes.

CHAT ELEMENT	THEMES
COMMUNITY	Nursing Community Academic Community Wider Community
TOOLS	Applying the Rubric Heuristics
RULES	Target Entry Numbers NMC Standards
DIVISION OF LABOUR	Decision Making Say So Focus of Selectors

The categories that emerged from the content analysis coding process (Merriam & Tisdell, 2016) were structured within the elements of CHAT and showed where initial codes were gathered to develop a theme that offered some descriptive functions for the shared ideas, moments of tension or contradiction. The elements to themes transitions are laid out in Table 9 above, showing the relationship to the CHAT elements. I will discuss these themes within CHAT elements of community, tools, rules, and division of labour. In the CHAT activity system, the community element can be viewed as mediating between the other elements and exploration of the community underpins understanding of these elements and is identified as a primary theme from analysis.

The data analysis of transcripts included the observation data and the interview data, and these two forms of data provided different facets of the selection activity. Observation data tended to show how selectors approached the judgement process and helped uncover mechanisms they applied to support judgements. Each of these themes related to how selectors processed candidate interview talk or presentation to support or contradict their judgement of that candidate's suitability for the

programme. Interview data revealed more about the way selectors perceive their profession and the ideas they hold about the role of nurse education. That is not to say that the initial codes came entirely from one type of data, there were examples for all codes from both of these data sets, despite this in each of these codes the examples were predominantly drawn from one data set.

Data from the visual mediation was applied to the interview transcript data as a means of comparison and noting where there was contradictory information between what the study participant expressed in their conversation and what they expressed in their relational space map. Overall, there was a high level of similarity between how selectors spoke of candidate factors that influence their decision-making, unsurprising given that most study participants carried this out as they spoke. Yet there was also some striking variation, in that some candidate attributes that were not spoken about were added to the map. Examples of this included resilience, smile, friendly, kindness; these tended to appear in only one data set each. The issue of academic entry qualifications also appeared in the maps in a way that conflicted with interview data, and this will be explored more fully in the findings chapter.

Documentary analysis was similarly applied to the observation transcript data, providing a contrast to how selectors expressed their decision-making processes. The selectors used a “post -interview consultation rubric” (Appendix 2) to guide the scoring of candidates, this included a set of benchmark statements to which a judgement of performance was applied. The extent to which the post-interview discussion reflected this document, the extent to which selectors processed their judgement to reflect the rubric benchmark statement and the extent to which the scoring of candidates was related to actual or perceived performance was considered. This was done by listening to the audio recording of the post-interview discussion with reference to the post-interview consultation rubric and noting language similarities, specific scoring talk, and moments where candidate performance generated more discussion, either due to high levels of agreement or disagreement of selector views.

As I progressed with this first stage of data analysis the extent to which the CHAT lens offered an explanatory theory for motivations of subjects, the level of explanation offered remained at the process level without the depth of focus on the subject that I had hoped for. As a result of my dissatisfaction with this I then began a supplementary stage of analysis where I applied theory to the data to function in a more explanatory way. This development of thinking about theory is in keeping with Yin’s (2009) perspective on developing your case study, in that I began with a theoretical frame to support study design. However, as I progressed, I found that this commitment to an initial conceptual theory in the form of CHAT did not withstand the analytical phase and the risk of ignoring significant findings that did not have a place in the CHAT framework was a concern. Rule and John (2015) comment that while a theory at the design stage supports research design and provides a

direction to data analysis it does bring with it the risk of obscuring findings that do not fit. For this reason, I felt justified, not in abandoning CHAT, but in considering complementary theories that seemed to offer a more meaningful way of understanding why selectors in this case acted in specific ways. Due to the extent to which the Community element of CHAT became the focus of data analysis this led me to consider the role of identity theory in selection decision-making. From the literature review identity theory had emerged as a means of defining what nurses are or should be, therefore identity theory functions as a way of illuminating the ideal candidate. In the final stage of analysis, I considered whether identity theory applied to how selectors viewed nursing and nurses would then offer some insight into the decision-making focus of selectors. By this I do not mean that I began a new step of analysis but rather that I considered the findings that the CHAT framework had led me to and revisited this with a lens informed by identity theory.

4.9 Conclusion

Case study method as it has been applied in this study has been detailed and I will now move on to discuss in more detail the analysis and findings of the data. As a consequence of the above decision, the findings from this analysis process are presented as two chapters, Chapter 5 focuses on the analysis and findings developed using the CHAT framework, then Chapter 6 considers those findings from the perspective of social identity theory (Scheepers & Ellemers, 2019).

Chapter 5- CHAT based analysis of data

5.0 Introduction

Themes emerged from the data based on the six elements of CHAT and reflect the way in which the selectors as *subjects* negotiated the *actions* to create an *object*-oriented outcome. Engeström's (2008) model of CHAT noted the role of tensions and contradictions as being key factors in the process of improving practice, the analysis of data had therefore looked for recurrent ideas, emotive topics, and contradictions in the data. This chapter provides the empirical analyses component of Engeström's (2001) cycle of expansive learning. Ideas that recurred in narrative data from semi-structured interviews, post-interview discussion, and the visual mapping were clustered as a set of categories within the overarching CHAT elements and will be used as a structure in this chapter.

Table 9 – CHAT elements and study themes

CHAT ELEMENT	THEMES
COMMUNITY	Nursing Community Academic Community Wider Community
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RULES	Target Entry Numbers NMC Standards
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Before proceeding, it is useful to provide some notes about navigating the following content, I have included exemplars from interview and observation data to exemplify where an idea emerged, these can be found in text boxes aligned to talk about that idea. There may be multiple examples of this idea to be found in the data and I have chosen those which best demonstrate the idea as I have observed it. The attribution of the data source can be found in bottom right-hand corner of the text box and will identify the main selector role and in the case of interview data the numerical identifier. In the case of observation data, the speaker is identified as CS (Clinical Selector) or AS (Academic Selector), the numerical identifier is based on time-of-day the recording commenced and has no specific meaning other than being unique to each recording. As seen in Chapter 4 images taken from the RSM data are also included where this demonstrates a key point in the discussion. Images may be as raw data as seen in Image 2 or include researcher notations as in Image 3 of Chapter 4.

5.1 Community: Nursing; Academic; Wider

In Engeström's (1999) development of CHAT he contextualises activity in a community of practice that is seen to function as a mediating artefact to activity, formed in his iteration on a loose social category of activity theorists. In this instance the community is the most striking feature of the activity system. Engeström (2008) characterises community as the people who are involved in the activity system, as opposed to a physical space. This can be viewed both as a professional community of practice that goes beyond this specific context and as a physical feature of the context of the activity. This community of practice is made up of nurse academics and nurse clinicians who come together as a shared social group of selection team members and is shown in Figure 10 as a nursing community that incorporates an academic community. In the four-campus structure of the HEI the impact of the physical community in which their campus was situated varied as a significant mediating factor for decision-making, with awareness of the need to serve a community more prevalent in some contexts. However, the concept of a community of academic or nursing practice was evident across all four

campus sites. Data was primarily drawn from the interview and post-selection interview discussion data, reflecting the views of the subjects.

The idea of community emerged as three distinct aspects of selectors talk that are shown below in Figure 10. This is shown as a set of nested communities for nursing with nurse academics sitting within a community of nursing, and although nursing could be characterised as sitting within the wider community in this instance it is the role of serving the community that is explored. How these three communities influenced or were viewed by selectors is now explored.

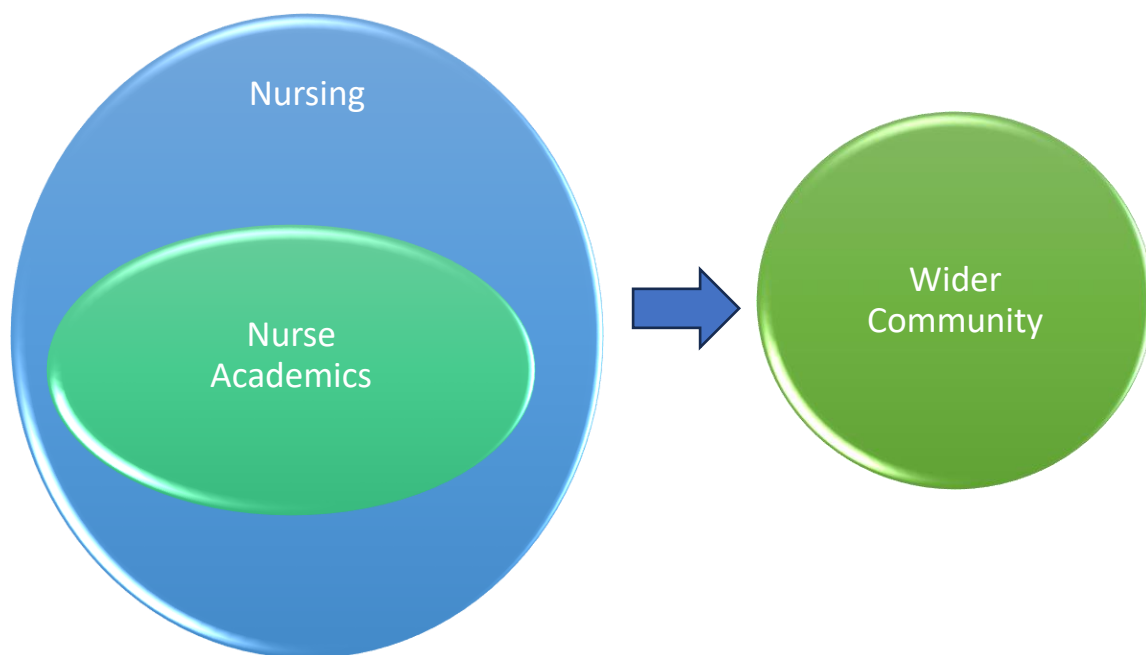


Figure 10-Community Theme of CHAT.

5.1.1 Nursing Community

When categorising nursing as a community, I am basing this on the idea that nurses belong to professional organisations (Willettts & Clarke, 2014), undertake similar activities (Simpsons *et al.*, 2012), and hold shared ideas about nursing (Rogers, 2018). These shared characteristics help create a group identity (Tajfel, 1974). This shared professional identity forms a broad community of nurses, which is itself made up of multiple smaller communities, defined by a range of complex factors related to focus, location, hierarchy, and associations (Rogers, 2018). The following discussion offers extracts from the

data which each exemplify a way in which the selectors beliefs about nursing influenced their views of candidates.

How applicants' expressed ideas about fitting in with the profession of nursing were valued in selector interviews. When speaking about candidate understanding of what nursing students, or nurses, do in a real and practical way in their day-to-day work, selectors judged the candidates' realistic expectations of nursing. As this example shows selectors wanted candidates to use their own life or work experience to show a meaningful application of understanding to the practical delivery of care:

"I think it is about their values and about their overall idea of what the role of a nurse is because that's one of the main questions that they can think about is what would it be like to be a student but also what it's like to be a nurse and what's your idea of a nurse. And often that swings it because it gives me an impression of whether they know what a nurse is rather than just watching something on the telly - Casualty. And so, if someone's got that kind of approach and thinks it's all going to be fun and games for the next three years then that would swing it for me."

Clinician Interview 6

Selectors characterised nurse education and nursing as hard work and wanted to know that candidates had realistic expectations of the demands of not only their studies but the care they would deliver in the practical components of the programme. This links to Simpson *et al.* (2012) who discuss the concept of nursing identity incorporating a feature of being able to cope with work that others would not, suggesting hard work and fortitude as components of nursing identity. However, this was often balanced by realistic expectations of the level of understanding that could be shown before they were exposed to the role. For example, this selector expressed a frequently voiced expectation of knowledge of the role:

So, I don't think they always have a great understanding of the role. I think they maybe have pointed some bits but then I think you're not expecting them to have a fantastic understanding of the role of a nurse because they've not yet entered the profession in any way.

Academic Interview 7

Preparatory knowledge could be a double-edged sword for applicants, although the idea of candidates preparing prior to coming for interview was valued in all interviews, but this also appeared as a contradiction between and within selector narratives.

Level of preparedness as a candidate behaviour was viewed as a positive aspect of interview performance and led to an enhanced selector judgement of suitability and a subsequent higher grading of performance. This selector identifies the ways of preparing most commonly valued by selectors:

"So, most of them usually are well presented, have clearly put a lot of effort into knowing about things like the Nursing and Midwifery Council, been talking about the programme because they have spoken to people who are on it or have done some research around what it is they're applying to do and they know about the placements and they know about bursary and they know about shifts."
Academic Interview 3

Alternately several selectors who identified preparedness as a positive in both interview and RSM data, then voiced a contradictory opinion on candidates who seemed over-prepared, as can be seen in the following extracts taken from the same selector:

"I always like it if they've spoken to somebody that either is a nurse or they're able to bring some hands-on experience in terms of, maybe, like a carer's role whether that's work, or family related or somebody else's experience that they've spoken to." ***Academic Interview 1***

"So, you want them to be prepared and to have that knowledge but you want it to come from them and for them to demonstrate some sort of understanding of what it is that they're telling you rather than rhyming something off that you know has come from something they've read or something somebody else has told them."
Academic Interview 1

This seemingly contradictory stance suggested that importance was attached to the ways candidates processed the information they gathered in preparation. I drew the conclusion that showing an understanding of the community of nursing and developing this understanding through good preparation for interview were highly valued by all selectors. However, there was an indication that selectors expected candidates to do something with the information they gathered. That it was not enough to say, "I know....", but that understanding needed to be voiced in a way that demonstrated deeper and more applied knowledge of nursing principles. Where this happened, it was viewed as more meaningful by selectors. This perspective was evident in discussion of preparedness and also in

how knowledge of nursing was identified in initial codes of *Bringing Meaning, Knowledge, Preparedness*, and *Experience* that were drawn into the Community element.

In every selector narrative I could identify discussion of the sense that the candidate had reflected on their knowledge and experience and undertaken a process that transformed that knowledge to focus on the practical. This is congruent with ideas put forward by Holmes and Warlow (2001) who describe nursing as a theoretico-practical process in which general theories are applied to unique situations in practice. This ability of the nurse, or nurse applicant, to take empirical knowledge and through experiential learning apply that empirical knowledge to the world of practice, enables them to modify and create knowledge unique to that situation (Swift & Twycross, 2020). This process lies at the heart of nursing praxis and resonates with what I observed in selection practice, in that evidence of having some degree of applied knowledge was valued by selectors as an indicator of potential for nursing. It seemed that selectors perceived candidate's expression of knowledge applied to context as evidence that they held cognitive traits in keeping with nursing knowledge.

In the following example, which typifies comments on the ideas of selectors on abstract and applied knowledge, the selector tells us how candidates can demonstrate this practical knowledge:

"...what I'm looking for is that ability to demonstrate the knowledge and skills behind what it is that they're saying. They could learn a good phrase, but it doesn't necessarily demonstrate to me, 'I know what I'm talking about.' If I can then relate that to something or if the student can then relate that to something they have experienced, then that shows me that they know what they're talking about and they understand what they're saying."

Clinician Interview 12

This way of characterising valuable knowledge as that which can be applied to real life reflects much of what has happened in nurse education in the last forty years. Efforts to resolve the academic versus caring rhetoric have seen significant efforts to create a model of nursing knowledge that has directed nurse education since the 1980s (Holmes & Warlow, 2001). I share with our selectors a history of being educated according to principles first laid out by educationalists in the 1980s and having developed a way of viewing nurse knowledge and learning that is in keeping with these theories. The consequence of these influences is that the majority of nurses working today have been educated based on similar principles, (given a forty-year span of application of these educational principles, and career trajectory that begins at a minimum of 16 years with standard retirement in the UK at 65) and they have potentially accepted these ideas as valid in relation to nursing praxis. As such I suggest that the community of nursing have a shared view on how nurses think and use knowledge relevant to their

profession. Therefore, I concluded that although preparedness is highly valued it is this more subtle process of transition from abstract to applied knowledge that most influenced the selectors sense of the candidate as suitable for entry to the community of nursing. This was initially coded as bringing meaning and encompassed by the community theme.

Rogers (2018) suggests nursing identity sits with the social values of this community. The contemporary value base of nursing relates to compassion, including person-centredness, rights-based and caring relationships (McCaffrey & McConnell, 2015; Scot Gov, 2017) and are seen to be relevant to all nursing disciplines. This shared values base is another aspect of the nursing community that significantly influence selector decision-making.

In the following example, this selector expressed a widely held perspective on the importance of values with a particular focus on compassion which reflect the current pre-occupation with this aspect of care:

"I think you can tell if someone's got positive values by the interview and having the compassion and the empathy and all the rest of it for me you can't teach that. They've got to have that internal factor that they have those qualities because I just feel you can't teach that. So, if someone's coming with a more lackadaisical attitude and don't appear caring and things like that then I would tend to mark them lower for that."

Clinician Interview 6

However, it is notable that for candidates to voice these values was not in itself sufficient and many selectors have expected demonstration of congruent behaviours in the group interview. Where candidate failed to interact with other candidates in a way that reflected positive nursing values this would not be ignored irrespective of the quality of interview talk:

They've got to have that internal factor that they have those qualities because I just feel you can't teach that, you can grow it but if it's not there to start with you've nowhere to go.

Clinician Interview 11

Generally, selectors sought demonstration of nursing values in how candidates interacted with each other during interview. Values are recognised as an important aspect of nurses and nursing (Rassin, 2008; Dunning, Louch & Johnson, 2021) influencing role satisfaction (Atefi, *et al.*, 2014), and nurses' wellbeing (Saito *et al.*, 2018). The voicing of positive nursing attributes associated with the demonstration of congruent behaviour, was highly prized by selectors and featured in every interview,

the majority of post-interview discussions and RSM data. This was associated with the idea that positive nursing attributes and values are necessary from the onset, and although they could be nourished, they could not be taught consistently threaded through the data,

I cannot disregard at this point the marked absence in all data collected of reference to the professional standards of nursing. NMC (2010) defined standards of competence and rules of behaviour as a benchmark for potential in candidates were not explicitly applied by any selector in their post interview conversation or raised within the interview data. However, the extent to which nurses have NMC professional expectations embedded in their professional life, through NMC approved programmes of education and the revalidation requirement to maintain registration as a nurse may make this an implicit aspect of thinking for selectors. Brief allusion to professional outcomes was found in interview data, but I could find no incidence of direct or explicit reference to NMC or NES standards influencing selection practice at the individual level. Nonetheless, it may be that similar to ideas about compassion, the extent to which this is built into healthcare policy is not always central to the understanding of nurses in the practice arena, who showed low levels of awareness of the policy drive for compassion (O'Driscoll *et al.*, 2018; Tierney *et al.*, 2017) but are largely influenced in their practice by the need for compassionate care. It may be that for nurses the NMC is embedded and therefore implicit in their actions, however it may also be that in the academic environment the NMC seems less relevant.

Where the NMC did play a part was as a benchmark for preparation in that selectors would value awareness of the NMC as evidence of preparation from candidates. As this selector stated this specific knowledge would demonstrate meaningful preparation, however this reference to knowledge of the NMC was voiced by only two selectors:

“What would impress me is to have some sort of knowledge about where nursing is going, knowledge about the NMC and if they've read any research that would impress me...”

Academic Interview 8

From the exploration of the nursing community aspect of the data I drew the conclusion that selection for entry to this community was dependent on certain features of candidate presentation. These features were focused on whether candidates understood the nature of the community, had ways of thinking that were familiar and in keeping with ideas that community members recognised and valued, and that they could demonstrate social values that were similar to those of existing community members. By demonstrating that they fit with these community factors candidates could show that they had potential to fit with the nursing community. Entry to the academic community could be

viewed as the gateway to eventually joining the nursing community. This concept of entry to a community of practice by demonstrating some degree of anticipatory socialisation (Joynes, 2018) is explored in more depth in Chapter 6.

5.1.2 Academic Community

Most of our selectors had experienced nurse education built on common principles of reflection, ways of knowing and a theoretico-practical structure of learning (Holmes & Warlow, 2001). However, the extent to which the setting of that education was shared was less clear as this aspect of demographic data was not collected, a potential weakness of this study to be explored later. Given that the sample of selectors came from the academic staff and from clinicians who all work as Band 6 or above a minimum education level of undergraduate degree is probable. The views that selectors therefore expressed in this category were surprising to me. Maybe, this was where my insider status was most evident. Having many years of experience as an admissions officer I had anticipated that selection was firmly embedded in the HEI sphere, and that academic suitability would be part of the post interview discussion, however for many selectors the issue of selection for the university was perceived as someone else's concern. The area of academic practice that selectors were concerned about related to how candidates managed knowledge and their readiness to cope with programme demand presented in selector narratives in several different ways.

As discussed in the literature review, the move of nursing to the higher education sphere, and the requirement for nurses to gain at least an undergraduate qualification to enter the profession, has triggered debate around a perceived conflict between caring attributes and scientific technical knowledge (Bramley & Matiti, 2014, Straughair, 2013). Within this study selectors managed this tension by choosing to focus primarily on caring attributes and, consequently, how academically prepared candidates were was viewed as the function of specific members of the admissions team. As this selector shows, they appeared to function in a bubble with a perceived luxury of selecting for nursing attributes not academic ability. The excerpt below typifies selector views on the judgement of academic suitability:

"I don't pay that much attention to it to be honest. I just score them into the bands based on how they present because there's someone else that needs to worry about the academic stuff. I don't see that as my job because it's probably unfair to the people in the room."

Academic Interview 5

This idea of fairness presented in several of the interviews, indicating a sense that candidates attending for interview should be judged on individual personal merit, that in some undefined way excluded academic criteria. This selector expressed this frequently held view regarding not being concerned with the academic criteria and that the final decision on access to the place was not made by interviewers was fairer to candidates:

"I tend to try and just take the room on its merit. So, if the room performs, they all got an excellent then fair enough. And if they were all middling to poor, that's just the way the room is. I just see it as an hour of my time to mark these folk and then that's that done and dusted. I might get another hour with the new group but that's a new group and I just concentrate on them because I think that's the fairest thing to do [Pause] It's not my job to worry about entry stuff or final selection. If it was, if I was interviewing and it was my job, I think I'd be blurring in terms of how I'm scoring then. I just see it as having these eight people in front of me and it's just my job to score them and then someone's going to worry about choice at the end."

Clinical Interview 4

The idea that the selectors were functioning in some way independently of the academic world to which they selected was a striking feature of many interviews, and this sense of fairness to the candidate was provided as the rationale for each case. This sense that in the selection interview the academic standards were somehow not their concern does perhaps reflect an ongoing discomfort with the academisation of nursing, and a desire to focus on the traditional nursing values and caring attributes (Henry, 2018; Thorne, 2020). What was particularly notable to me was that this view was not expressed solely by clinical selectors but was evident in the views of academic and clinical selectors alike. One potential explanation is that the interview context could be a perceived 'safe space' and reflect the return to a focus on caring values in nurse education (Thorne, 2020) against the seemingly competing demands of a nursing and academic identity (Duffy, 2013) leading to a greater valuing of the non-academic attributes of candidates.

The idea that learning in the academic setting was in some way less real and therefore less valuable pervades nurses' and in my view nurse educators' perspectives on the education of nurses. This unequal weighting of valuation of programme components was not explicit in the literature, although may perhaps be seen in the narrative of the theory-practice gap and the associated educational activities to close this gap. These activities generally relate to bringing clinical practice into the academic setting through simulation (Manninen, *et al.*, 2015; Richardson & Claman, 2014; Shearer, 2013), reflection on practice (Benner, 2010) and problem-based learning (Baker, 2010). The HEI based efforts to make the

learning in the academic setting more practice oriented perhaps reflects a bias towards practice and could be seen in the narrative of selectors in discussing nursing identity. The dismissal of academic criteria as someone else's concern, generally the AO or central admissions service, allowed selectors to focus on the more practice-oriented aspects of applicants, such as values and traits. This for me reflects an uneasiness in the presence of nurse education in the higher education environment.

Alternatively, this could also a consequence of the structure of HEI's selection process, in that all those who reach interview are already known to have the minimum level of entry qualification. Regardless, I had anticipated, and perhaps hoped for, more awareness of the candidate's suitability for academic study. Where selectors did think about academic suitability, it presented in how they viewed the candidates thinking, as discussed earlier.

Almost all selectors did discuss how prepared the candidate was for the demands of a programme with theory and practice elements. Selectors held strong views about these demands and as a result candidate's awareness of this was highly prized by selectors. This perspective effectively reframed requirements for programme success around valued nursing qualities like hard work and organisation as can be seen in this example below:

"I think as long as they understand the fact that it's going to be a hard slog for the next three years, I don't think you need to be able to write a massive essay to be able to be a good nurse. I know lots of good nurses out there who have never done academic work and so the fact they're a student, as long as they understand what they're signing up for, that they're committed and that they're prepared for the next three years to put their lives on hold then that's what I would be looking for rather than the qualities of a student and managing workload."

Clinician Interview 6

This selector also expressed the idea that academic ability was not necessarily reflective of being a good nurse. This idea cropped up in several interviews and was supported in the RSM (Josselson, 2013) data where academic entry qualifications were often shown as a peripheral criterion of a good candidate. Of the twelve maps developed the data either did not mention qualifications or academic skills at all or had them on the periphery indicating lower importance to that selector. This can be seen in the examples shown on Image 4 where all candidate features adjacent to the ideal candidate relate to interpersonal qualities and qualifications and prior learning are peripheral.

Image 4 -RSM raw data from Academic Interview 7



I would like to say that the academic selectors valued academic criteria more highly than those from the clinical sphere, however this was not supported in the data. All selectors were focused primarily on nursing values and attributes. If we are to conceive of the academic versus caring tension in nursing as a continuum, it is apparent that all our selectors favoured the caring end of that continuum in their selection practice. However, as noted earlier this may be a consequence of the process, where all candidates interviewed meet minimum entry requirements, but does reflect a view of nursing as a caring community rather than an academic community. This lack of differentiation of academic ability begs the questions of where the level of qualification becomes a filtering component of selection practice. There was no explicit stage at which candidates' academic entry qualifications were subject to further scrutiny. Despite academic qualification being one of the few reliable indicators of student outcome (McCarey *et al.*, 2007; Prymachuk *et al.*, 2009; Wray *et al.*, 2012) it seemed to be largely ignored by selectors at this stage of the process. Differentiation between level of qualifications, time taken to achieve, and history of achievement could all be considered influential (McCarey *et al.*, 2007; Prymachuk *et al.*, 2009), although may be potentially neutralised by candidate age (Wray *et al.*, 2012), nevertheless, this stance focusing on the attributes and values of candidates with a simplified approach to academic entry qualifications seems to minimise the academic identity of nursing.

The increasing academisation of nursing has resulted in tensions in nursing identity, typified by the "too posh to wash" debate in this century (2020Health, 2015; Griffiths, 2015, Meirs, 2002). The concern that increasingly theoretical degree programmes lead to reduced practical nursing skills in

graduates (Laiho & Ruohalinna, 2013; Thompson, 2009; Uotila, 2004) and have resulted in a nursing workforce who lack the caring values traditionally associated with nursing (McCaffrey & McConnell, 2015; RCN, 2012) has been propagated in literature. The move to an all-graduate profession in the UK has been contentious from the start with pressure to make the move from Government and professional bodies and opposition from union and staff groups (Thompson, 2009). This reflects the history of tension in nurse education around the extent to which nursing requires scientific knowledge and intelligence (Abel-Smith, 1960), a tension that despite a near 150-year tradition of nurse education remains unresolved (Ousey, 2011) and remains evident in the selection decision-making in this case.

This approach to selection, that meeting the entry criteria was sufficient and that at point of entry to interview candidates could be considered as having or exceeding the basic entry qualifications, reflects a strongly care oriented perspective from all our selectors; that participant felt more strongly tied to a community of nursing rather than the academic community of the HEI. This appears reflects a general uneasiness of the higher education setting (Thorne, 2020) and contemporary drives to restate nursing as a caring profession (Bivins *et al.*, 2017; Tierney *et al.*, 2018). The practice orientation of selectors was a marked feature of all post-interview discussions, interviews and RSM and signalled the prioritising of candidate caring features over academic features.

One gap in the selection process that this highlighted was the lack of clarity of purpose, in bringing together members of the academic staff of the HEI and clinicians from partner NHS settings in the selector team. There seemed to be no specific understanding of the aim of the interview. Preparation to take part in interviews focused on the interview process, the “who does what” practical concerns, so each member of the panel had their allotted task. The shared understanding of the interview that emerged from the data was that selectors were seeking those with the best values and attributes to be nursing students and eventual nurses, and that the academic suitability was not the priority of selection interviews. However, this shared understanding had no formal root, in that the aims of selection interview were not explicitly documented, and moving forward it would be useful to work on developing a clearer agreed purpose of the selection interview. This is further explored in the Tools section on *Academic Entry Qualification* and *Division of Labour* section.

5.1.3 Wider Community

This theme was not in most interviews, however where the idea of serving the wider community arose the selectors spoke emotively and would associate this with a strong sense of responsibility. Although Engeström (1999) characterises community as that in which the activity occurs in this instance, I am

exploring the relationship selectors viewed themselves as having with the physical community in which their campus was situated.

In the excerpt below the selector explains how the need for a local workforce in their socially deprived catchment area influenced their decision-making. The tensions between the needs of community and the requirement to fulfil university obligations was apparent:

“But we also have an obligation to this rural area as in we have to staff this area with nursing staff and we've also got the highest level of elderly population within Scotland as well, so we have to be able to staff the areas. The Scottish Government are committed to this area. They expect us to get our target every year as well as the university.” ***Academic Interview 8***

The geographical spread of the university campus in this case was particularly associated with areas of higher social deprivation as identified by ISD Scotland (Scottish Government, 2020). Limited occupational mobility indicates people from similar rural areas who apply to and study in a locally situated university will stay in their home area (van Ham & Manley, 2011).

Situated in the South of Scotland and featuring as part of the *South of Scotland Alliance and Regional Economic Partnership* programmes (Scottish Govt, 2020) one region in particular struggles to keep younger people in the area. The age demographic shows the lowest national population of 25–44-year-olds and the highest national population of over 45 olds (National Records of Scotland (NRS), 2020). From the same selector the challenge of recruiting younger candidates was acknowledged:

“...we don't have the number of applicants that we would like to see and some of the younger applicants want to move away to university halls, the student experience as well as getting the nursing degree. they can apply to five different institutions, maybe get a bit of experience with the interview and we were never going to have them.” ***Academic Interview 8***

These challenges were specific to this one campus but were expressed by all who participated (n=3) from that site. The needs of the local area in which the campus was based featured because of the specific social issues in that area and reflected the challenge of caring for an aging population with a reducing younger population pool. However, the ways the health care needs of the community could be met was recognised across all campus sites. The selector comment below reflects the idea that patients benefit from care being given by nurses who have an insight into their circumstances:

"I think if you have people who are from different socio-economic backgrounds and maybe areas of deprivation, that's going to be the people that they're looking after so they might be able to engage with people that are of a similar social background..." ***Clinician Interview 10***

There are well documented relationships between social deprivation and poor health outcomes (Williams *et al.*, 2020), and in Scotland those from the most deprived areas live 8-14 years less than those from the least deprived (Public Health Scotland, 2021). I would consider it fair to reason that nurses studying and potentially working in some of the most deprived areas in Scotland will be working with a patient group who face significant social challenges in maintaining good health. The idea that nurses sharing the social background of their patients as a beneficial candidate feature was highlighted by selectors, but this belief was not formally supported in research identified in this study.

A more commonly considered wider community factor was the demographic of the pool of candidates. The target HEI has a high percentage of candidates from Scottish Index of Multiple Deprivation (SIMD) 20*, with 27.7% of entrants to the university coming from this highest marker of deprivation (Scottish Funding Council, 2019). This impacted on the way candidates expressed themselves, their limited socialisation to academic language and the potential for entry to nurse education to be transformative of social circumstances and was a consideration evident in all selectors across campus sites.

Selectors adjusted their expectations of candidate language to reflect the social background of the area. As can be seen in this selector's comments, issues of vocabulary were felt to impact on expression of ideas and needed to be filtered by selectors to judge the candidates understanding more meaningfully:

"...due to that demographic, they might not be as articulate as people who are coming from higher socio-economic groups in terms of their vocabulary. So, their honesty might be more apparent; they just tell me it how it is. So, I get to the nuggets quite quickly and judge based on that." ***Academic Interview 5***

Similarly, the clinician below talked about how language skills could be overcome by expressing meaningful understanding of a valued aspect of nursing knowledge:

“...they didn't have the vocabulary to say it in such a way that somebody with loads of qualifications would have done and would have used all the buzz words. They could actually express it in a lived experience in how they did to demonstrate person-centred care without saying person-centred and how they focused on that client. *Clinician Interview 2*

This idea that selectors worked with the pool of people available and adapted their selection practice to accommodate the demographic background of their candidates so as not to disadvantage candidates, or reduce their pool of suitable candidates, was apparent in all interview data and could be seen to some extent in post interview discussion. This extract below shows selectors exploring candidate responses where the language was less well-formed but still expressed something of value:

CS : Aye, I did, I did get it from her, em, I suppose what I am thinking was that her answers were fairly, em, not clinical compared to some of the other people. But just seemed very kind of straight forward answers without a great deal of em, necessarily emotion but plenty of understanding.

AS: Uhuh, right

CS: Attached to answers, em

AS: 'Cause she has obviously worked in care for quite a bit of time and see's the reality

CS: I'm not saying that she doesn't have that capacity. I'm just thinking do you know she gave answers that were, you wanted, I asked a question, and she gave the answer and it was always an appropriate answer that ...

AS: That's right she is processing information, she's making, she's joining the dots, I think.

Observation 1515

This depth of exploration of not only how candidates expressed their ideas, but also how well those ideas resonated with selector's sense of authenticity from candidates, threaded through all the data gathered. Selectors' work was therefore situated in a context of social deprivation in the wider community they both serve and drew from, and this clearly influenced the way they processed candidate interview talk. As shown here this situating of selection practice in the wider community was demonstrated by an awareness of the needs of the community and the characteristics of people within it.

This, undeniably, may be an entirely pragmatic approach by selectors, as this was the reality of the population, they must select from; however, it may also reflect something more about selectors ideas about who nurses should be, which will be explored in the analysis in Ch6. The impact of the widening participation agenda in higher education (Scottish Government, 2017b) can be seen in the nature of

candidates but will also be explored as part of how selectors conceptualise candidates' suitability and the needs of the nursing profession.

5.1.4 Community as Identity

The Community element of CHAT was explored as both a concept of community of practice and as a physical environment. Community could be seen in the data as influencing selection practice in regard how nursing identity had meaning for selectors. The professional identity informed the values and care attributes that were valued by selectors. For selectors, the strongest group alliance was with the nursing community, while the alliance with the academic community was much looser or largely absent. Consistently across all selectors values and attributes associated with traditional caring roles had the highest level of influence on decision-making while the knowledge and skills required for successful academic study were reframed to match nursing attributes.

The academic community rather functioned to both house the activity and set standards that were then embedded into the selection process, these standards will be explored in the Tools and Rules section of this chapter.

Additionally, the wider community could both feed into and be fed by selection of students to nurse education, with adjustments made by selectors to reflect the people in this community who seek entry to nursing and the needs of that community for a suitable workforce of nurses. This fell out with the original understanding of community within the CHAT framework.

In the initial CHAT based analysis I saw a complex relationship between the participants, a community of practice as characterised by Engeström (1999) and the environment in which the case was set. Blunden (2015) criticises Engeström's conceptual framework and suggests that taking the activity as a subject of analysis allows development of a concept of the activity which leads to the need for analysis of a "larger, more complex process" (p2). Based on this premise I began to consider that the more complex process at play in this activity was a nursing identity that influenced selection decision-making practice. Meaning that rather than the shared activity of selection creating the community, it is a shared nursing identity that creates the community and influences the activity. Therefore, CHAT served the function of creating map for analysing the activity and social identity theory then offered a means to examine the community in greater depth. Considering the selectors as a group with a shared identity and placing the process of selection in the frame of social identity theory we can view selectors as belonging to the in-group and candidates as being part of the out-group (Tajfel, 1974) who are seeking entry to this nursing community.

In earlier discussion (See Chapter 2) on nursing identity I considered the way in which nursing identity is formed by the views of others, however, less is known about how nurses view their social or professional identity. Trede *et al*, (2011) linked nurse identity to the knowledge, skills, values, and culture of nursing, it is important to recognise that the diversity of nursing means each nurse's sense of identity will reflect both shared and disparate experience and beliefs. From this initial analysis a further analysis of data a lens of identity theory was applied and is explored in the following chapter.

5.2 Tools: Applying the rubric; Heuristics

Tools can be actual objects either physical or embedded as mental processes (Cole, 1996), however Engeström (2008) also views tools as mental symbols held by subjects. Therefore, the discussion of these tools as physical or embedded mental processes and as mental symbols is the focus of this section. By this I mean physical resources used by selectors to guide the scoring decisions for candidates, and the internal mental models that selectors appeared to draw on to formulate their decisions.

The primary physical tool was the Post-Interview Consultation Rubric (PICR) (Appendix 2) used to score candidates following interview and I will focus on the ways in which selectors negotiate its use to support their selection practices. The use of the PICR was supported by a secondary tool in the form of the envision card, although the selectors did not use the card themselves, they applied judgement to the use of this tool by the candidates. The final tool that I will discuss here is the extent to which selectors use archetypes (Hogg & Vaughan, 2014) or heuristics (Blumenthal-Barby, 2016) to inform their selection decision-making. These final tools fall into the category of conceptual tools (Foot, 2014), in contrast to the material tools of the guide and rubric and are therefore more individual and subject to individual development through experience and values. Consequently, the discussion of Archetypes and Heuristics here links to the earlier discussion of community.

5.2.1 Applying the Rubric

The PICR (Appendix 2) which records decision based on the interview guide (Appendix 1) separates interview performance into three main components on which candidates are scored on a scale of zero to four (poor to excellent). The given score is a key indicator of whether candidates are likely to achieve a place on the HEI programme. This is important; for mental health nursing candidates marked below 'very good' will not achieve a place, whereas adult nursing candidates need to achieve grades above

'satisfactory.' The decision about which score to allocate to the candidate was a key moment in the post interview discussion and the grade given was viewed as the most relevant piece of information in regard to final place allocation decisions are made by admissions officers. All staff who took part in the selection procedure were aware of the impact of this score for the potential candidates. The data is primarily drawn from RSM and the observation data of post interview discussion the point at which the score for each candidate is agreed and finalised.

The use of the PICR to inform grade decisions did not in itself highlight interesting findings in terms of agreeing a score between selectors. Discussion of what grade to allocate was marked by high levels of agreement and often took the form of a reiteration of the candidate's interview contribution. Translating appraisal of candidate performance to a score was characterised by a general agreement of scoring, in the observation data I found no overt instances of disagreement between selectors on scores. Nonetheless a subtle influencing of scoring was often evident where mention of entry standard for scoring was brought into conversation. This appeared in a number of post-interview discussions and was raised by clinical selectors who appeared to be checking if the scoring would allow or bar entry to the programme for the candidate. This can be seen in the excerpt below where the clinical selectors confirms that the agreed score was of an accepted standard. What is not known is whether selectors would amend scores to meet that standard, so this appeared more a confirmatory process than a change process:

CS: Spoke about the motions, following the patient journey, guiding patients in the road to the recovery. Some of the, em, notes I have made, enjoyed seeing your patients recover and their journey, aye, she definitely fulfilled in terms of the patient role, eh, the student role. Aye, So what have we got 0 to 4. So we have got 0 to 4 and

AS: So I would kinda say she was up there with her responses for..

CS: Aye, the role

AS: Most of it

CS: mmhmm

AS: Em, A very good contribution, eh, is about clearly showing very good knowledge and understanding of the roles and values, demonstrated evidence of an understanding of compassion and the envision card, well the envision card. So does she have a very good knowledge and understanding or a comprehensive knowledge and understanding is the difference between very good and excellent.

CS: I would say comparably maybe to a couple of others she was very good and that is the kind of standard you're after, do you think?

Observation 1154

However, the process by which candidate performance was framed by selectors was more complex. With the PICR requiring selectors to focus on three key areas of candidate performance, Role and Values of the Nurse, Demonstrating Compassion and Envision Card Selection, which will each be explored here.

Understanding what nurses do is seen to be a key factor in nursing students staying on programmes of study (Wilson, *et al.*, 2011; Wray, Barrett *et al.*, 2012) and this was the only area the PICR tackles explicitly. The first score given is for demonstration of understanding of the role of the nurse and the values base for nursing. Although the PICR does not define how applicants should demonstrate understanding, the varied ways this happened was valued by selectors. As this selector states, they felt that it was appropriate to draw this knowledge from candidates where no evidence of understanding of the nurse's role had been offered:

“And, maybe, again, with a wee bit of prompting you can get some understanding of the complexity of the job but some of the practical elements, some of the disciplinary team working elements, some of the holistic nature of patient care and I think that's sometimes can be a bit probing to scratch the surface because they want to get in the idea that nurses are caring and compassion is another good example because it has been so topical in recent years.”

Academic Interview 3

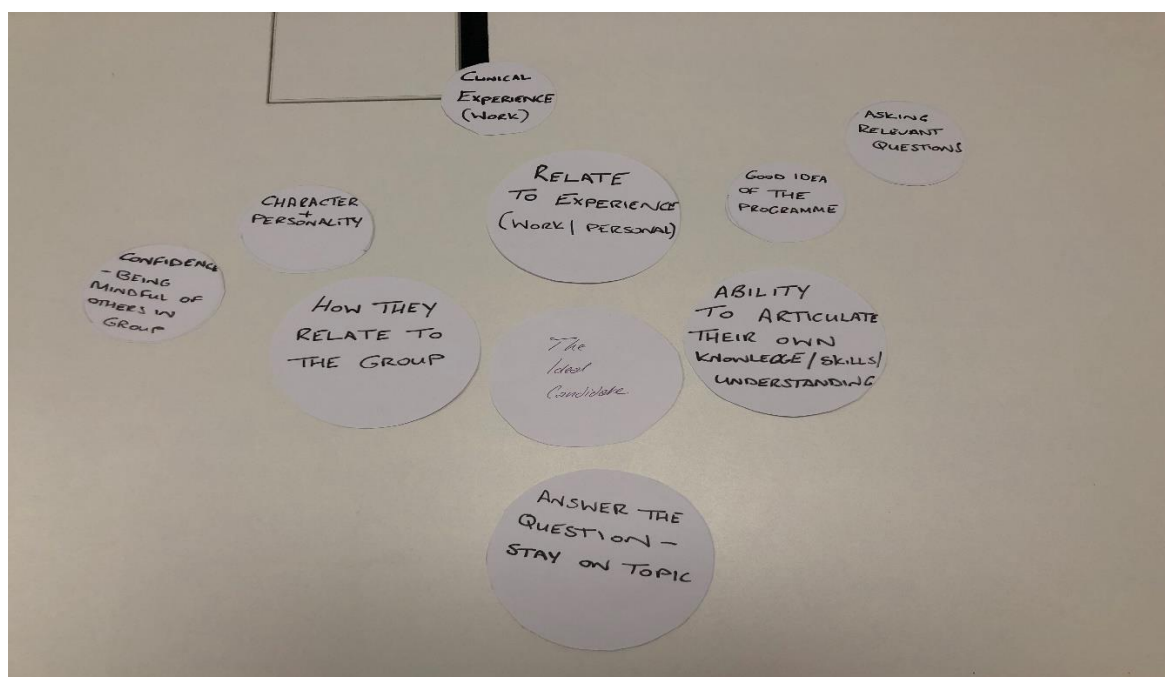
The issue of understanding what nurses do is complex, in no small part due to the diversity of those roles in practice (Willettts & Clarke, 2014). The focus of selectors reflected a similar broad complex view that sought candidates to express knowledge of practical aspects as shown above. However, when we move to considering the values of nursing, selectors expected candidates to show this in a meaningful way, both in regard to how they spoke and how they acted. In summarising candidate performance for scoring the key focus of selector talk identified the quality of responses in the interview element, and how the candidate interacted in the group. This selector discussion of candidate performance, where the candidate's talk of trust and non-judgmental approaches was backed up by congruent behaviour with the group, typifies the candidate responses and behaviours that selectors associated with positive appraisals of overall performance:

CS: She spoke a lot about trust which was really important and em, the value in gaining so many different peoples trust, I think she was talking about and how important that was. Again, the judgemental and non-judgemental approach which she spoke about. Eh, she definitely showed that talking in the group, I think she excelled.

Observation 1045

This can also be seen in the following image from the RSM data where behaviour in the group played a significant role in forming selector decisions.

Image 5- RSM raw data Clinician Interview 2



Compassion is singled out for particular focus in the PICR, and it is in this second score that the need for candidates to show understanding and also to behave in a compassionate manner to their peers was most explicit. As explored in the literature review compassion and compassionate care have been a focus for nursing research in recent years (McCaffrey & McConnell, 2015) yet lacks a clearly shared definition for nurses (Cowin & Johnson, 2015; Johnson & Cowin, 2014; Wilkes *et al.*, 2104). The interpersonal communication of candidates could demonstrate skills or attributes associated with compassion such as attentiveness, empathy, respect (Papadopoulos *et al.*, 2017) which could then be enhanced through interpersonal attributes such as warmth, genuineness, and honesty (Durkin *et al.*,

2018). Although there is an interest in the cultivation of compassion in nurse education, the need for this to be built on a foundation of appropriate characteristics continues to be widely accepted (Kneafsey *et al.*, 2018; Straughair, 2019). Based on these observable candidate factors, selectors attributed either compassion as an innate characteristic or as a developable characteristic. Selectors tended to discuss candidate's understanding and demonstration of compassion by unpacking the concept into component parts. This can be seen in the example below:

AS: She did a lot better in the 2nd question. Anyway 2nd question, it for compassion, she talked about patient, that compassion when patients were at peace with themselves, treating patient's needs, being empathetic, look at the person as a whole, good

CS: Listening skills and which I thought was lovely. Em, she said about the patient being able to feel that your being cared for, em, sometime it is hard to describe compassion but that describes it quite well, doesn't it?

Observation data 1139

The PICR does not impose a definition of compassion and this approach to navigating this complex concept by identifying associated ideas in the candidate interview contribution was applied in all post interview discussion observations. Similarly, the demonstration of compassion in the interaction with peers was explored by recognition of behaviours associated with compassion, such as being supportive of other candidates, listening to others and picking up cues from their contributions, demonstrating warmth in interactions. The selectors below appear to value the extent to which the candidate engaged with the group, and used this to support a higher score in the PICR:

CS: But she contributed quite well into the group

AS: I noticed, was it her, was actually engaging a lot with other people. Oh, it was Candidate G her, I was noticing, that's nice, she actually looking at her colleagues

CS: Well, that's kinda cool, I liked that, and when I did notice Candidate G she did it once or twice

AS: So I thought that's nice, she not just like, she's like

CS: Homing in on us, yeah

AS: Yeah, I thought that was kinda (pause) aware of other people

CS: Ok, what are we going to give her? I put 9, very good, because of that.

Observation Data 1315

Finally, the PICR directs the selectors to consider the use of the Envision Cards (NHS Education for Scotland, 2012) these cards function as a mechanism to support the candidate's demonstration of knowledge about Nursing Roles and Values, and Compassion (Smith *et al.*, 1017). For the selectors they appeared to perform two functions for appraisal of performance. First, the extent to which the candidate used the image to support their discussion. Candidates were expected to take a representational image (the card), draw from this to talk about an abstract concept (compassion), and preferably apply that abstract concept to a practical caring context. Some candidates struggled to move beyond describing the image and linking this description directly to an idea such as compassion, and this inability to abstract from the representational was associated with a poorer selector appraisal of performance. The selectors in this extract from a post interview discussion reflect on a candidate whose approach to the Envision Card lacked abstraction and depth:

AS: as in she picked, picked her cards and just started talking

CS: She, you know, she really just said what the card was, didn't she, haha this is the card that I have picked. But she didn't really relate to compassion

AS: And her information wasn't that logical

CS: no, it wasn't

AS: and she probably scores a 1 for that

Observation Data 1433

Second, selectors valued the ability of candidates to use the image as a springboard for talk about the concept of compassion and where this was associated with an original choice of card that was viewed as enhancing the student's presentation. The candidate below had negative aspects to their discussion, but the original choice of card features in the scoring process and appears to positively influence the selectors' judgement:

AS: It was, it was. I saw her pick the card. I think that's the first time we have actually ever saw someone pick that card for anything, anytime I have used those cards so I thought right this is going to be interesting and when she started talking about communities, I thought this is going to be good but she kind of lost it a wee bit, it was still original though.

CS: But you are right, she pulled it in the at the end there so, Yip

AS: Ok, so we have given her a score of 3, 4, 3 which is 10

Observation Data 1457

A process of reading between the lines appeared to be a mechanism applied where candidates lacked the experience or vocabulary to express a complex idea such as compassion, selectors would unpick the candidate response and reframe it in either more formal nursing language or in a more nursing oriented context. Where this happened, selectors took what the candidate said and reframed this as shown in the example from observation data provided below. The selector discussion takes a candidate statement about respect for learning in discussion of patient care and aligns it with an idea of the role of the student and the value of placement learning:

".. she, not floundered, but struggling to put things into context almost, she spoke about em, having respect for what you're learning, but I think what she really meant was, what I took from it was, having respect in terms of the position you are in other than what you're actually learning so she was talking about being a student nurse and having that opportunity to be in placement em, spoke about the code of conduct, she was the first one to bring that up."

Observation 1153

In the example below the selector draws meaning from the candidate's use of the envision card and applies this to ideas about teamwork and leadership in nursing, however the idea of maternal care and teamwork are loosely associated at best, and I perceived this as an incidence of assuming meaning in the candidate's interview talk:

"Clinician: I liked how she talked about leadership and nursing team effort about the mother nurturing her children and em,

Academic: Absolutely, being like a role model

Clinician: What I thought she was saying about the card, but em, she talked about the roles being like a mother, that if we break it down, leadership, working in a team, helping each other, as in staff, that's what I took that she meant and like a mother and child, like a duck's babies, patient, showing compassion."

Observation 1139

The selectors appeared motivated to frame candidate responses in a positive light, however this was seen only where other nursing attributes were observed. In the face of poor interpersonal skills, lack of preparation for the interview or voicing of a judgemental attitude this process was not evident.

Therefore, this appeared to be a way for selectors to manage their personal preference for candidates with positive nursing attributes within the limits of the primary tool provided in the form of the PICR.

These documents served as primary artefacts (Cole, 1996) in that they are concrete tools, they functioned as a prompt to and record of the selector's discussion of the match between their internal mental representation (Engeström, 2008) of nursing and nurses and the candidates. From this and similar observations, I considered that the selectors held shared ideas about the role and values of nursing that were not explicitly detailed in the Interview Guide or the PICR. Subsequently one area of discussion identified from this level of analysis is the shared identity and values base of nurses, this is explored in depth in the following chapter.

5.2.2 Heuristics

In this section I will discuss the extent to which selectors applied mental shortcuts such as archetypes or heuristics to support decision-making. These fall into the tertiary category of mediating artefacts (Engeström, 1999) and the concept of mental models that are held by selectors that function as tools to aid decision-making aligns with the concept of heuristics or archetypes. Engeström (1999) argued that to consider tools as external resources and internal mental models as unhelpful distinctions, suggesting that internalised representations would be expressed through tools of external means. However, I intend to explore whether an internal representation in the form of heuristic devices were expressed in discourses collected as study data and there were a number of reasons for this.

It would be fair to say that at the beginning of this study I anticipated that the way in which selectors made decisions would be significantly influenced by a relatively formed idea of what constitutes a good student or a good nurse. I supposed that this idea would be expressed in discussion of instinct and talk of what is a good nurse. A consistent early theme in my reflective diary was my surprise that this did not come up, and some concern about the extent to which I should ask more directly about this. I elected not to explicitly seek talk around this idea from the selectors in an effort to avoid imposing my thinking on the data (Braun & Clark, 2013).

Archetypes and heuristics as concepts initially arose in the literature review (Chapter 2) as part of the exploration of decision-making theories. The idea of mental short cuts to support rapid decision-making (Gigerenzer *et al.*, 2011) resonated with my ideas of how judgement of candidate suitability for entry to the programme could be done in the time available. Archetypes as psychological templates that represent ideals have their conceptual roots in Jungian theory (Stevens, 2006) and this concept has been explored and further developed, applying to such diverse fields as brand marketing (Haddad,

Hamza, & Xara-Brasil, 2015), recruitment and retention practice and interior design. Mills (2018) argued that an archetype can be viewed as an unconscious schema that surfaces in conscious thought as an assumed principle or fact.

The use of heuristics arguably reduces the time and demands of decision-making (Blumenthal-Barby & Kreiger, 2015) and as discussed, tended to fall into three broad categories of representativeness, availability, and anchoring and adjustment heuristics (Kang & Park, 2019). Considering the activity of selection decision-making representativeness heuristics can be viewed as the extent to which a candidate matches the selector's archetype of a good student or good nurse. Whereas availability heuristics target the extent to which a similar candidate and their outcome can be recalled. Finally anchoring and adjustment heuristics suggest an initial impression of the candidate fixes the decision which then is "adjusted" based on new impressions or information.

To explore the extent to which archetypes and heuristic decision-making were evident I examined the post-interview discussion for language that indicated drawing on ideas of nursing, previous experiences of similar candidates, and finally indicators of shifting impressions of the candidate. The issue were addressed more directly in the interview component of data collection through questions focused on decision-making process, and formation of ideas about suitability for nursing (see Appendix 6 for interview schedule). I will present the outcome of that exploration in relation to each of these three heuristic types, including archetypes in the discussion of representativeness heuristics.

Representativeness heuristics are thought to draw on recall of outcomes in similar cases or events (Cioffi, 1997). Martin et al. (2015) outlines the idea that when the case relates to humans we rely on a "schema or stereotype" (666) against which to consider new cases. When exploring the formation of ideas about suitability of candidates, selectors did not have or acknowledge that they held a general stereotype type of a nurse on which they based interview selection decisions. Of the twelve interviews completed only two selectors spoke of being influenced based on an idea that had formed through exposure to positive role models. However, in each case they viewed this as forming an idea of nursing values, an archetypal caring being that was too complex and nebulous to function as a measure for selection. Rather these archetypes served as role models for their own practice, as can be seen in the interview extract below:

"So probably my role model for my own practice, now would be one of the nurses in the care home who's got that holistic view; who's a good team leader; who manages her staff and co-ordinates the care but also has the ability to make an environment feel safe and calm for the residents."

Clinician Interview 4

Similarly, the idea of mental shortcuts or heuristics was not explicitly acknowledged by selectors, with no interview data that directly indicated this process. The lack of a recognised stereotype against which to judge candidates seemed to suggest that representative heuristics (Hogg & Vaughan, 2014) was not widely applied to selection decision-making. Nonetheless, certain ideas about nursing were so consistently spoken of by selectors that I suggest that this may form a broad stereotype that is not recognised by selectors but indicates an accepted view of nursing that might be classified as a recognisable nursing stereotype.

Availability heuristics are associated with having previous experience on which to draw and make comparisons to inform a current situation (Longe, 2016). Availability heuristics rely on readily accessible recollections, so are often characterised by memories of frequent, meaningful, or vivid events (Martin *et al.*, 2015). In this instance selectors appeared to draw on two forms of past experience. Firstly, experience working with a diverse population of nurses and secondly experience of interviewing candidates to nursing programmes.

Selectors did recognise the role that their experience of care influenced their decision-making and many felt they drew on that experience to recognise positive candidate characteristics for selection decisions. As this academic selector states, they felt that a range of experience created a bank of knowledge that could be drawn on:

"I don't know where it has possibly come from. I suppose it has come with working with such diverse teams and variety of people that you get to know different characteristics of personalities and I think sometimes there is that within the first few moments you can actually gauge whether that person's going to be good."

Academic Interview 9

Aligned to experience of working in healthcare alongside nurses there was the associated experience of making selection decisions in the past. Particularly for academic selectors, who are more likely to see the consequences of selection decisions, previous interviewing experience influenced their concept of a good candidate. This academic selector talks of experience supporting her ability to see potential in candidates:

"I think, again, we talk about intuition and how you describe it and intuition comes with experience.... I think they can be shaped and moulded and with good mentors, good role models that they can be moulded in there and they see potential that they haven't come across with this perfect applicant. But you maybe think he or she are only seventeen but there's so much learning to be done that and with the right support, I think this person could shine."

Academic Interview 8

Similarly, this academic associated experience with a "gut feeling" that helped recognise potential in candidates:

"I think with experience you have a gut feeling who's going to be good; who will be good but will require a bit of support and a bit of guidance and then you have an idea where you think, actually, if it's an applicant, whether it's a young applicant, you think actually a year out to mature and to maybe have the experience in healthcare or just have a year to mature as an individual would be beneficial because you can tell but you think that that applicant is maybe not quite right and I think that just comes with years of experience."

Academic Interview 7

From this I concluded that decision-making could be influenced by previous experiences of working with others, historical successes, or missteps in selection decisions. Selectors could make use of their experiences to form judgements on suitability of candidates.

Anchoring heuristic decisions are an initial judgement, based on known information that can then be amended as new information is gained (Epley & Gilovich, 2006). The idea of first impressions based on candidate demeanour, occurred in multiple interview and post-interview discussions, but were not tied explicitly to a decision. Rather, these first impressions were something that could be confirmed or contradicted during the interview itself. This positive first impression shown below was followed by an examination of how the candidate presented in relation to that first impression. The selectors highlighting confirmatory interview responses and behaviours in their discussion:

"AS: Absolutely, because we've got Candidate D who is a year out of school and initially, I thought we have these young laddies who are particularly immature when they come in. But then some of the stuff he said..

CS: Aye

AS: What he (candidate D) said was lovely

CS: Absolutely

AS: Really mature and I actually liked his honesty at dealing with picking out the wrong card, .."

Interview Observation 1331

Whereas this first impression, related to age and gender, and was followed up with discussion that contradicted the expectations of the selectors. These examples demonstrate ways that selectors formed a loosely anchored decision on suitability that could then be adjusted by the manner of the candidates talk and behaviour during the interview. During this round of interviews, no candidate made an initially positive impression that was overturned by their interview talk or behaviour, but this was acknowledged in interview as having happened. Selectors recognised that they were often influenced by first impressions but saw themselves as flexible in being influenced by the candidate's presentation as is shown in the following extract from an interview with a clinical selector:

"...and so, for some people you get a first impression, positive or negative, and that can be quite fixed or that can be quite flexible. I know that's an individual thing, for me it feels like there's a degree of flexibility there. Somebody can overturn that initial impression and change my thinking totally."

Clinician Interview 11

The majority of interviews and some observation data demonstrated that selectors drew on loosely constructed internalised mental models of nursing, past experience of selecting or working with nursing students, and/or anchored their decision-making on initial candidate impressions. However, the sense of having a shared sense of nursing and nurses, a common set of values, prized candidate attributes and knowledge was more compelling across all CHAT elements.

To identify the shared language of nursing values and attributes used by selectors, I returned to the Wordle on page 1 of this document. Using the terms from the Wordle (see Page 43 for details), I compared it to word frequencies in the interview data. This exercise allowed me to see the most frequently applied adjectives and adverbs and showed the selectors' focus was different from the

Wordle content, with much higher focus on terms like caring, compassion and work. Nonetheless the language that I saw recur across interview data, suggested a nursing archetype, characterised by ambiguity of meaning. Examples of this can be seen in the use of the term compassion to indicate a desirable trait in candidates. This appeared in every interview despite being a poorly understood concept that has been the subject of much debate in recent years (Ledoux, 2015). From Chapter 2 the shifting sense of nursing and the tension between the cognitive and emotional attributes reflects the shifting nature of both public and professional views of nursing (ten Hoeve, Jansen & Toodbol, 2013) and I drew the conclusion that although selectors held common ideas about important nursing student values and attributes, these were influenced as much by contemporary rhetoric of nursing as the selectors' experience. Hence selectors would focus on concepts such as compassion, rather than a mental picture of a nursing *beau ideal*.

5.2.3 Balance between physical and mental tools

Mediating artefacts in the form of physical or mental tools influence selection decision-making practice in different ways. The physical tools functioned as a means for selectors to clarify their thinking through discussion. Candidate performance was framed and sometimes reframed to fit an overall sense of the person. Reframing happened when selectors would make efforts to maximise aspects of candidate performance by reading between the lines of candidates' interview talk and attributing positive language or intention to their statements. Consequently, the PICR tool was both a means of offering a more objective view and was open to subjective manipulation in post-interview discussion. Consequently, the PICR could be viewed as a tool that supports the conversation and directs selector to talk to key aspects of candidate performance but is also a mechanism for selectors to frame candidate responses and behaviours to the PICR guidance.

It was also clear that for some selectors they relied on experience of both nursing in teams and of selection practice to help form their decisions, thus applied availability heuristics to decision-making. Although no clear representative heuristic was shared by selectors, they did have some shared ideas about candidates, explored in detail in this chapter and the next, that I would characterise as a nursing identity. As discussed in Section 2.3 nursing identity is not a homogenous identity but rather a range of individual identities with sufficient commonality to offer an overarching sense of group membership. As a consequence of this it is unlikely that selector pairings have an absolute shared social or professional identity that would be a common mental model to apply in selection. The PICR functions to offer a shared language and benchmark to allow selectors to apply mental models in the

form of availability heuristics and social or professional identity to judge candidate performance. The nature of nurses and nursing is complex, work that has tried to classify what a nurse has failed to offer a simple framework against which to measure a candidate. Ultimately the PICT offers a focused lens to candidate performance that enables selectors to manage complex judgements against a poorly defined concept of nurses or nursing.

5.3 Rules: Target entry numbers; NMC professional standards

The rules in this activity system were absolute and imposed on selectors at an organisational level via Government defined target entry numbers, and the NMC standards for selection and admission (NMC, 2010). The issue of entry standards could be explored in this section but was subsumed in the earlier discussion of Academic Community in Section 5.2.2. Direct application of entry criteria to selection decision-making was not observed and I considered this suggested something about how selectors perceived their role. By this I mean they functioned as selecting for nursing and nursing studentship based on nursing criteria rather than academic criteria. CHAT supports the development of understanding of implicit rules that govern the activity system (O'Brien *et al.*, 2012) however this understanding emerges from findings, and is presented in relation to individual roles in selection to be explored later in discussion of *Division of Labour*.

5.3.1 Target Entry Numbers

The setting of intake targets for programme entry is carried out by the Scottish Government and shared with HEIs via the Scottish Funding Council (SFC), (Scottish Government, 2019). The setting of an intake target number can be viewed in two different ways. For the BSc Mental Health Nursing which had approximately ten applicant per space and a smaller target of 120-140 students the entry target sets a limit to offers that can be made. However, for programmes such as the BSc Adult Nursing with approximately four applicants per space and a target of 600-650 students this became more of a target to strive to achieve. Therefore, the talk about pressure to select to meet target numbers varied across these two fields of nursing. Similarly, there were campus variations with the most rural campus having lower applicant numbers. In regard this facet of selection practice, tension was most apparent during analysis in the dilemma manifestation of contradictions (Engeström & Sannino, 2011)

The need to meet intake target numbers is linked to programme funding, and over and under recruitment have financial implications for the HEI (Scottish Government, 2019). The manner in which

this is recognised by academic selectors as part of their decision-making varied across fields of nursing and campus. However, for clinical selectors they were largely unaware of the funding process and lacked the background information on intake targets, therefore all extracts shown here are drawn from interviews with academic selectors. This difference in perspective will be explored in the Division of Labour findings section later in this chapter.

One term that recurred in the data was “bums on seats”, expressing the need to meet these targets and how this impacted on selection. This mental health selector talked about the idea of “bums on seats” and reflected the reduced pressure to meet target in their nursing programme field:

“I don't want a bum on a seat... I think out of all the interviews that I've done; I've never thought I need bums on seats and I think maybe we've got the luxury that we don't need to really think about that in terms of mental health.”

Academic Interview 1

Whereas this selector from the adult field spoke about their experience of feeling the need to fill a space and the negative consequence of this for them in their selection practice.

“I've only once taken somebody when I thought I've got a place left and I'm taking the best of the bad bunch. Not the bad bunch but build them up. I wasn't going to take the person and I took them and they didn't even get through part one. And that was about putting a bum on a seat and I've not done it since. And I don't think about that at all; I think no, I want the right person.”

Academic Interview 9

Several selectors discussed the tension between the desire to achieve target numbers and their concern they might, as a result, select candidates who would cause issues once on the programme. Selectors consistently expressed awareness of the long-term implications of the decisions made, however this was most apparent in the talk for those whose applicant pool was smaller. As noted in the earlier discussion of *Community* the selectors demonstrated a sense of accountability for choosing the right people for the profession and the care of others. In this example, the selector detailed the conflict between the professional responsibilities of care and organisational needs to meet intake targets:

“So, even though there is pressure to meet targets for numbers, ultimately, you’re thinking about public protection and the reputation of the profession and of the university because you don’t want to take students on that are going to cause havoc when they hit clinical practice.”

Academic Interview 8

Added to this, some selectors were concerned about possible future attrition and the potential for taking candidates who were at more risk of failing the programme. This again reflects the competing demands of the programme entry target and the sense of responsibility that selectors appeared to hold for the candidate’s future success on the programme:

“I’m just thinking about attrition rates from the university doesn’t look particularly good, but I think more importantly you don’t want to set the individual up to fail and offer them a place when you know they’re going to struggle.”

Academic Interview 3

There was associated concern about going into clearing, the University and College Application System (UCAS) process for matching university applicants with no place and programmes who have not filled their course in the standard timeline (UCAS, 2023). Although not documented the idea of nursing programmes entering clearing is frowned upon by senior management in the school. This pressure was felt particularly by academic selectors in the most rural campus for adult nursing programmes. They have entered clearing on one occasion, and not within the last seven years, however this experience added pressure for selectors on that campus:

“we’ve got to think about clearing and the implications that clearing has and the problems that it can really cause, not for us directly, but it does affect ways I think about who we offer places to, you want people who are likely to accept the place.”

Academic Interview 5

However, even without entering clearing, interviews later in the academic year also impacted negatively on the selectors sense of their decision-making. As this selector highlights there could be a sense of pressure from university management to meet the entry target number, and this sense could lead to compromises in decision-making.

“I think it does influence your decision making because I have been in a position where our numbers have not been filled and we've had to interview in induction week in order to get bums on seats. So, I think it does influence it because you're influenced by your managers; your superiors. And I sometimes think that that type of pressure doesn't always let you make the right decisions.”

Academic Interview 7

This point of tension (Engeström, 2008), arose in all academic selector interviews and emphasises the extent to which selection practices for nursing programmes is situated in a complex community network, with multiple interested parties who either influence the capacity of programmes to take students (SFC, 2020), the standards against which we measure applicants (NMC, 2010;2018), and the process by which this is carried out at an HEI specific level.

5.3.2 NMC Standards- Standard 3

In the Nursing Community section, I discussed the application of the NMC (2010) Standards for pre-registration nursing education standards to how the selectors perceived nursing as a community to which candidates seek entry. In similar vein the section of the NMC standards that is specific to selection practice is discussed here. The NMC Standards for pre-registration nursing education (2010) provide guidance on all aspects of nursing education and were the standards against which the pre-registration nursing programme was benchmarked to achieve professional registration. Standard 2 provided a competency framework that student nurses must achieve during their studies to be eligible to register as a nurse with the NMC and Standard 3 related specifically to selection, admission, progression, and completion, detailing the programme processes and seeking that they be “open and fair” (p54). This section is not supported by examples from the data but rather reflects more an absence of data that was striking to me during the analysis process.

NMC Standard 2 sets out four domains of competency requirements (NMC, 2010, p11) and although not explicitly referred to in the data, there is alignment between the focus on nursing values and attributes and Domain 1 – professional values and Domain 2 -communication and interpersonal skills. This was evident in RSM, interview and post-interview discussion, examples are shown below.

Image 6 – RSM raw data Clinician Interview 10.



Ac: She was lovely. I liked her. We've got the three sections here, So the questions about Role and Values of the Nurse, I thought she answered all her questions quite fully, actually.

Cl: Yep. She talked about the emotions, following the patient Journey, guiding patients on the road to recovery, some of the em' notes I've made, enjoying seeing your patients recover in their journey, aye, she definitely fulfilled in terms of the patient role eh about being person centred?

Observation 1331

At the time of this study the NMC Standards for pre-registration nursing education (2010) had been in place for a number of year and all selectors had roles that would necessitate their consideration of student performance against the Standard 2 competency framework. Although not explicitly signposted by selectors, that influence of the standards could not be discounted.

For this study the component of Standard 3 that is of particular interest is the guidance given for selection practice, this can be found in Standard 3.1 -3.8. Of these eight sections three (Table 10)

stipulate standards for programme entry, identifying minimum standards for language and numeracy skills, three stipulate aspects of selection process in that there must be a face-to-face component, a representative from practice and the person conducting the selection is training in anti-discriminatory behaviour and equal opportunities. The remaining two standards relate to the requirements for good health and character of candidates, and finally the recognition of prior learning.

Table 10- Standard 3 extract NMC (2010) Standards for pre-registration nursing pp54-55.

NMC Standard	Requirement
R3.1	AEIs must ensure that selection and admission criteria include evidence of a good command of written and spoken English, including reading and comprehension. For programmes delivered in Wales, selection and admission criteria must include evidence of a good command of written and spoken English or Welsh, including reading and comprehension
R3.2	AEIs must ensure that selection and admission criteria include evidence of capacity to develop numeracy skills sufficient to meet the competencies required in the programme.
R3.3	AEIs must specific appropriate academic and professional entry requirements.

These standards play a significant role in my work role as programme lead, being the targets, the HEI must evidence to NMC reviewers to ensure that our students will be eligible for professional registration. Consequently, I had anticipated that these standards would be equally relevant and important to selectors, however, no selector identified NMC standards as influencing their decision-making. I had anticipated that selectors would consider NMC standards as a set of rules to guide selection decision-making, in that professional benchmarks would feature in interview and visual data. However, the influence of the NMC did not feature in selector narratives, and although conscious of immediate demands set by the HEI, consideration of NMC standards was notably absent from their accounts. This situated CHAT system rules firmly within the HEI context, and although selectors alluded to professional standards of behaviour that students would adhere to, this was expressed so broadly and tied more to expectations that candidates showed some awareness of professional standards as opposed to being a benchmark for selection.

I consider this absence meaningful. It was an unexpected gap in the thinking of selectors and reinforced my thoughts regarding selecting in a 'bubble'. By this I mean that selectors viewed the action

of selection decisions as being influenced entirely on the individual meeting based on a pre-conceived concept of the values and attributes of nursing, and that in some way the more formal professional and academic influences were addressed elsewhere. It was this consideration that drew me once more to the idea of archetypes and heuristics in decision-making (discussed in more depth earlier in section 5.3.3).

I will not reiterate the focus of selectors on the values and attributes of candidates explored in the Community theme, however I think this absence of either awareness or consideration of NMC standards specific to selection practice among all selectors is worth further exploration in relation to how this organisation prepares selectors to participate in the process of selection. It does raise the question of whether selectors need to be aware, and if so in what way would this impact on selection practices. It may well be true that if the person who oversees the selection process is aware and conscious of the NMC (2010) Standard 3 guidance and ensures that these standards are achieved it is not necessary for individual selectors to be aware of them, but this is a significant assumption underpinning current practices.

5.3.3 Implicit and Explicit Rules

Explicit rules were applied at the selection process level and guided stages of the overall approach to recruitment and selection, however at the level of selection decision-making these rules were largely implicit to selectors. Despite this, academic selectors with specific admissions officer responsibilities were directly impacted by the rule of a target entry numbers and voiced a conflict between the desire to select the best possible candidates and the need to have sufficient entrants to the programme at the start of the academic year. This exploration of additionally uncovered unwritten rules about the function of the interview component of the selection process. Selectors worked on the premise that their role was to focus on the extent to which candidates demonstrated personal qualities that could be associated with the values and attributes currently valued in nursing. This was particularly evident in the narratives of clinical selectors, who expressed themselves as dissociated from the academic aspects of the programme selection and held assumptions about the role of academic selectors in terms of academic requirements. I concluded that despite this activity being guided by quite explicit rules the impact of these was diffuse, and the unspoken rules about roles and division of labour influenced the selection decision-making practice of the selectors. This will be explored further in the next section which explores the CHAT element of Division of Labour.

5.4 Division of Labour

Engeström (2000) suggested that any collective activity system was based on shared motivations. The motive being focused on the object of the activity. Division of labour can be considered from two angles with Foot (2014) differentiating the horizontal process of task divisions and the more vertical concepts of position and power.

As the delivery of nurse education moved from the hospital to the higher education institute the development of a partnership approach between education and healthcare providers has been viewed as necessary for effective development of safe and effective practitioners (Ousey, 2011). The NMC (2018) identify responsibility for quality assurance with the Approved Educational Institute (AEI) and describes practice learning partners as providing support to AEIs (p13) for nurse education. In the case of selection practices to pre-registration nursing programmes, this partnership was evident in the negotiation between academic and clinical selectors of the most suitable candidates for programme entry. In this section I plan to explore the nature of the shared goal, shared decision-making and ideas of accountability for the outcome.

A primary feature of partnership working is the idea that the partners come together to achieve a common goal (Dickinson & Galsby, 2010; Glendinning *et al.*, 2005). This aspect of partnership working is perhaps the biggest challenge facing selectors as the goal is not clearly defined. A broad goal of selecting, from a pool of interviewees those most suited to study for nursing is shared by selectors, however, the detail of what constitutes suitability is much more loosely defined in the supporting document.

Decision-making cannot be categorised as a relationship purely between the applicant and the selectors. External rules such as availability of places, university expectations of filling places, subtle pressures around selecting for specific characteristics (in the absence of evidence that these are important), local needs, and competition with other HEIs for students all had the potential to feature in the findings of this study. Of these potential features the most influential were those related to the nature of the educational partnership that exists between HEIs and practice organisations (Ousey, 2011). This model of partnership working was reflected in selection practices through a complex relationship between the university as a business with expectations for entry criteria and entry targets, and the needs of the profession to have safe and effective practitioners who reflect a set of shared values. The NMC (2018) indicate the HEI leadership role in this partnership with practice partners holding a secondary provider role. But this partnership sits uneasily in the narrative of selectors who strive for a more equal footing while retaining HEI authority and responsibility for decisions. This

partnership appears impacted on by the extent to which individual selectors value the role played by the HEI and the practice partner in preparing student nurses to enter the profession. Associated with this is the way in which much of the selection activity centred on the intangibles of nursing, focusing on values, personal attributes, and interpersonal skills, reflect the historical virtue-based sense of nursing. The way in which nursing identity as an academically based profession continues to suffer a sense of dissonance with the practical caring nature of nursing, ensures conflict at all points in the process.

Within this context the physical tasks are limited actions of question asking, taking of notes on candidate performance and the writing of the final PICR. The decision of who asks what is generally equally divided prior to the interview and split evenly among interviewers, no questions were viewed as having higher status or worth by selectors. The written tasks did hold a degree of symbolism of power and were linked to the more vertical concepts of power and responsibility that will be explored in the following discussion.

5.4.1 Decision-making Say So

Study participants voiced a sense that the decision-making process was collaborative in terms of reaching a scoring for candidate performance on the PICR. The process of discussion following the interview was marked by very little disagreement and scoring was mutually agreed. The post-interview observation data supported the selectors concept of decision-making as a shared process. The idea of being in sync was expressed in some way by academic and clinical selectors, and the idea of a shared discussion to achieve a consensus was a common feature of interview data.

"...usually lead on the conversation, but I try and take equal weighting in terms of people's scoring and answers that they've scribbled down so it's trying to form a consensus through the three people. It might bring down a score; it might bring it up depending on what people have said. Usually, I find that we're roughly in the same place. If we're not, then we need to discuss it more and find out why."

Academic Interview 5

"Quite often I'm in sync with them all so we all tend to be round about the same par. It might be that one of us has picked up something like remember they said such and such and then you think oh yes, I forgot about that. So, I think in the interview, especially if you've got a lot of candidates, that discussion at the end is really helpful."

Clinician Interview 6

For some selectors the importance of being part of a devolved decision-making process in which they were responsible for scoring candidates but not making final decisions about a place on the programme was a positive part of the experience. This then appeared to present as a lower stakes decision that seemed supportive of the collaborative process.

"I just see it as an hour of my time to mark these folks and then that's that done and dusted. I might get another hour with the new group but that's a new group and I just concentrate on them because I think that's the fairest thing to do [Pause] It's not my job to worry about final selection. If it was, if I was interviewing and it was my job, I think I'd be blurring in terms of how I'm scoring then. I just see it as having these eight people in front of me and it's just my job to score them and then someone's going to worry about choice at the end."

Academic Interview 8

In this example the selector's sense of how the decision-making process focused on each candidate highlights that as no selector holds an overview of the campus requirements, they feel able to judge each candidate on their merits. Although the selector grading decisions allows or prohibits candidate's entry to the programme, the separation of allocation of programme spaces is valued by selectors in allowing this candidate focused practice.

There was also clear delineation of roles evidenced in interview responses, in the sense of the interview team needing a leader, a role which fell to the academic selector. Tasks associated with the running of the interview such as the need to have an administrative leader who had greater familiarity with the interview process was differentiated from the concept of leadership of decision-making. A role that the academic selectors viewed as a challenge, the focus of leadership being more about the process of the interview rather than the outcome. The tension between the desire of interview participants to undertake a collaborative process and the need for some form of managerial leadership of the session was evident in interview responses such as the examples below.

"I suppose at the end of the day, for most of the interviews that I've been involved in the people look to me to be the boss because I'm the academic and I try my hardest to put it back, particularly with the clinician. This is half your student as well. You try as far as possible to make that joint decision. To be honest, we've always been able to come to a compromise without any great difficulty, to be honest."

Academic Interview 1

R *I suppose the bottom line is that I think the people look for the academic to be the boss and the decision maker and the filling out of the form. I try my hardest at times to go, you do the writing or let's share the writing so that it's not like that.*

I *And is the writing a symbol of power?*

R *It feels like it, yes, because people want you to be doing it and it's your writing and it's you that's signing..... I try and make sure that that's shared in order that it's not my paperwork or the university's paperwork.*

Academic Interview 9

The difference between the management of the interview as a leadership role and the leadership of decision-making were subtly evident in interview data. The act of writing down the final score appeared to hold a greater degree of responsibility and academics felt that there was a preference from them to take on this task. It is worth noting here that all members of the interview panel sign the PICR document, therefore any sense of one person taking final responsibility for the decision is illusory. No selectors expressed a sense of their being a significant power dynamic in the academic clinician decision-making and this is perhaps explained in the following discussion.

5.4.2 Focus of Selectors

Additionally, the division of labour also related to whether the academic and clinician were focusing on the same aspects of candidate performance. The sense that the academic qualities of candidates was evident in both achievement of entry qualifications and ways of thinking or attributes that fit in with nursing's identity threaded through the interviews. For some selectors the responsibility for having expertise, particularly in relation to the nursing attributes was viewed as belonging to the clinical selector. Indicating that for some academic staff a sense of loss of nursing identity may be part of the nurse academic identity.

"I think it is really important what their (clinicians) input is because, obviously, we're educationalists although we're all nurses, it's been a long time since I've been in practice and although I do all my visits and everything, but actually being hands on and knowing actually what the demands are, they can share their experiences and their expectations of what they expect."

Academic Interview 7

Clinicians viewed themselves as having a specific role in focusing on nursing qualities and on situating candidates in the world of clinical practice. The following interview extracts each express this idea of each selector bringing expertise and focus to the activity.

"I think because I've been looking at certain qualities and maybe a lecturer might be looking at academic qualities, I'm maybe looking more a practice and might be looking at how they would word their values."

Clinician Interview 11

The following extract is from an interview with a selector whose role straddles the clinical and academic communities; however, they appear to maintain the nursing identity, deferring to the academic selectors decision-making.

"I actually like to get in first when we're discussing it, not because I think I know better, but I think because I've got an academic and practice head on that I can say well, yes, this is what I have scored this person and then the lecturer might score them such and such. And then it's almost like I get them to explain to me if they've got a different score from me but ultimately, it's the university's decision about which students, they take but I think if I'm thinking about the person and practice and what their long-term aim is going to be then I would like to think that my views were taken into account."

Clinician Interview 6

5.4.3 Division of Labour Conclusion

The key issue that arose in this theme was that of clarity of purpose academic and clinical team members. Interview team members held personal views on their main focus or that of their interview partner. Each team was made up of a minimum of one academic and one representative from clinical practice. Clinicians all voiced the idea that they were there to focus on the nursing values and attributes of the candidate, and the majority saw the academics role as to consider the academic suitability of candidates. However, the majority of academics did not view academic suitability as their main focus. This was particularly evident in the earlier discussion of Academic Community where decisions about academic entry was viewed as sitting out with the interview stage. Academic team members thought about academic suitability in terms of values and attributes that could be viewed as crossing over between academic and clinical environments, such as work ethic, preparedness, or realistic expectations. It appears that a joint selection process was viewed as a positive aspect of selection practice but greater clarity of purpose for individual selectors would benefit their practice. This is an important consideration when expanded interview teams include nursing students and people who use services or care for those who do.

The administrative aspects of the interview, such as note taking and recording of decisions, were viewed by some as symbols of decision-making authority and often devolved to the academic selector. The idea that the ultimate responsibility for decisions lay with the academic selector was apparent across all clinical interviews, however the majority described a process of collaborative decision-making. The use of the word responsibility may be being used synonymously with accountability and a sense that the ultimate answerability for decisions made would lie with the academic.

5.5 Conclusion

In the activity systems model that Engeström (2017) uses to demonstrate CHAT principles the elements are displayed as if they are of equal importance. However, if I were to draw this CHAT based analysis the Community element would be much larger than the other three elements. Applying CHAT as an analytical framework enabled examination of the four key mediating factors thought to influence activity. In this chapter I discussed these beginning with the most dominant factor, however here I will begin by discussing the three mediating factors that appear to support the dominant factor of community.

Tools and rules each served as mechanisms that created a shared language, operationalised ideas of compassion, understanding of nursing and presentation of ideas in sufficiently broad terms that framing of candidate performance could be aligned to scores. Although discussed separately the PICR creates a set of rules for selection by specifying what should be the focus of performance scoring and this was much more influential on decision-making than those rules that could be viewed as more distant from the practice of selection. Local rules around meeting entry targets were acknowledged by some selectors but were peripheral to decision-making. More strategic level rules, from the NMC or government strategy were not considered by selectors at the operational level but were evident in the content of the interview guide (Appendix 1) and PICR (Appendix 2), meaning these rules became more embedded in process rather than being explicit for selectors.

The division of labour was characterised by high levels of agreeableness but marred by lack of clarity of individual purpose. Tensions arose not from conflict between selectors but from within selectors, who had formed their own conclusions about their purpose as a member of the team. For clinicians they saw themselves as having a focus on nursing values and attributes, clinicians who had dual roles including education saw themselves as applying that dual role to selection. Taking this to a logical conclusion one would assume that academic selectors would then see themselves as focusing on the studentship potential of candidates, however this was not the case, and their narrative was as focused on caring attributes as that of clinical selectors. This caring attribute focused selection bias subsequently creates a void in the area of selecting for student potential.

This CHAT based data analysis highlighted community as threaded across all themes, with this element influencing and underpinning tensions found in relation to the rules and division of labour. As a result, I started to consider the community in which the selection practice took place as the main entry to understanding the practices observed. Traditionally, Engeström's (1999) CHAT proposed a relationship between the idea of community and communities of practice, and it was this idea of a community of practice to which the applicant was seeking entry that seemed to be most influential in decision-making practice.

The tension in nursing identity between academic and caring was apparent for all selectors with the focus on caring attributes dominant over academic standards being evident in the data. The academic identity of nurses appeared to be subsumed within a set of caring attributes that were also beneficial to programme success. That nurses need to be practical realists with a high level of organisation and strong work ethic was manifested in the various resources that defined a nurse, however these were all viewed as positive academic attributes by selectors.

The outcome of this activity system is the selection decision that offers entry to the study of nursing and potentially to the profession of nursing. CHAT offered a descriptive framework with which to explore selection decision-making and allowed me to uncover the relationships between different elements of the activity system. Engeström (1999) focused on contradictions as a primary means for understanding the activity and identifying key points for change. However, contradictions in this study were identified primarily as internal moments, there was a lack of clarity of purpose for interview team members and inconsistencies within selectors concepts of a good candidate.

CHAT served a valuable function in highlighting these internal contradictions and tensions, but this also suggested that I needed to look beyond CHAT to further examine this internal conflict. Consequently, I intend to additionally situate selection decision-making in the framework offered by Social Identity Theory (SIT) (Sassenberg & Vliek, 2019). I am working from the premise that the community in this instance has features that are internal to members of that community. The community or identity created through a shared label of nurse, similarities of purpose, and a common set of values (Scheepers & Ellemers, 2019) potentially influence appraisal of others as potential members of that community. As explored in the literature review of this work nursing identity has been a consistent tension in nursing. As a dynamic and diverse profession no clear identity has ever been forged for nursing, and this breadth of identity was apparent in my data. Despite this, individuals held their own perspective on the social or professional identity of nursing, and this influenced participants' decision-making about potential nursing candidates and access to the community of practice of nursing.

Chapter 6- Nursing Identity based analysis of data

6.0 Introduction – Nursing Identity as a Selection Factor

In the previous chapter I focused on the empirical findings of the case study, identifying and describing main elements of the activity system and exploring the salient findings related to those elements. The CHAT conceptual framework highlighted the importance of community through how this was viewed by selectors in overt ways and how this emerged from selector narratives in interview and observation data. Community was conceptualised as have four threads within the data, as a nursing, an academic and a wider community. Community was created as a physical entity through the nature of relationships, such as the wider community, or as a virtual community created through membership of a professional group or having a shared way of characterising knowledge. From the emergence of community in this CHAT based analysis I then began to consider what is it that forms this community and returned to the ideas of a shared social and professional identity that characterising nursing as a community. Within this chapter I intend to analyse a consistent theme that emerged from those findings, identifying a theoretical lens through which to seek an explanatory model of selection decision-making in pre-registration nursing at this HEI. Therefore, I will explore identity under four headings of professional identity, academic identity, values-based identity and prosocial identity

Traditionally the community element of CHAT is characterised as a community of practice reflecting the learning theory roots of the framework (Backhurst, 2009). For this purpose of this study, I intend to conceptualise the community element through a theoretical lens of Social Identity Theory (SIT) (Trede *et al.*, 2011), which compliments the community concept of CHAT, offering a potential explanation for the actions of selectors in the activity system. Based on this I suggest that nurses' worldview of knowing and learning is fixed by the context of their education, and their socialisation to nursing identity embeds ideas of how nurses feel, think and act. Entry to the social world of nursing is predicated on candidates demonstrating a compatibility with this identity.

Building on the premise that nursing identity, as perceived by selectors, influences selection decision-making, I intend to explore the mechanism by which I think selectors match candidates to that social identity. Bolander and Sandberg (2013) refer to a process of "*assembling versions of the candidate*" (p300), in their study this happens as a prolonged process through a series of discussions of individual candidates. In this case decision-making is subject to more pressure of time and in the group interview context a significant number of impressions for selectors to sift through. In order to manage this complex process, I suggest that the selectors undergo an attribution process, whereby they make

assumptions of candidate implicit traits to fit them with notions of nursing values, behaviours and thinking.

Trede *et al.* (2011) links nurse identity to the knowledge, skills, values, and culture of nursing, however it is important to recognise that the diversity of nursing means each nurse's sense of identity will reflect both shared and disparate experience and beliefs. Nursing identity is steeped in conflicting perceptions of who and what nurses are, the seemingly competing demands of the increasingly academic education and the compassionate caring component of the role create tensions for both nurses and for others perception of them. It is perhaps unrealistic to seek a cohesive identity that can be applied to all and the broadness of ideas of nursing identity reflects this. Despite this I consider the sense of a nursing identity held by selectors to be a primary factor in selection decision-making. Across the community component of the CHAT based analysis a thread related to identity was evident in the discussion and it is this concept that I will explore in more depth in this chapter.

When considered in relation to selection decision-making practice the way in which each selector views the identity of nursing is likely to impact on their judgements. Tajfel (1974) in his early social identity theory introduces the concept of in-group and out-group, and I have characterised selectors as being in-group and candidates as being out-group seeking entry to the nursing community. The factor that I consider influences the selector's decision-making is the extent to which candidates demonstrate values, behaviours and beliefs that are congruent with group membership. As such they seek in-group status by demonstrating they have the potential to fit with the group. The development of these congruent factors may be as a result of previous care-based employment, knowing people who already hold in-group status and from whom you can start to learn how to fit in, and potentially from preparation for the selection process. Johnson and Johnson (2012) propose that the process of professional socialisation begins before entry to nursing education and is a lifelong process which evolves as the individual develops in their career. Therefore, candidates begin to socialise with nursing identity prior to interview and the extent to which their "fit" for entry to this social group is evident at interview directly influences selector decision-making one way or another.

The social or professional identity of the nurse academic had been subject to little exploration, despite the tension around the academic and clinical nature of nurse education (Andrew and Wilkie, 2007; Andrew *et al.*, 2009), however recent interest in the transition from clinical to academic practice is evident (Barrow & Xu, 2021, Barrow & Xu 2023, Harness & Boyd, 2021). Nurse academics hold multiple identities, hanging on to their nursing identity in the world of academia (Harness & Boyd, 2021), aligning themselves with values and attitudes of nursing as a core identity. It would appear this core

identity of “nurse” is dominant in selection decision-making, with other aspects of nurse academic identity being backgrounded by the focus on what constitutes nursing identity.

What emerged in the literature supporting this work (Chen & Hsu, 2015; Johnson & Cowin, 2013; Pitt *et al.*, 2014; Sivimali, 2008; Wilkes *et al.*, 2014) is that research offering an analysis of what comprises a nursing identity is often presented in a way that is so complexly layered that the usefulness of that analysis is questionable. Despite this ambiguity of identity, concepts that threaded across Community themes in CHAT analysis suggested that a shared identity of nursing influenced selection decisions. Rogers (2018) offers an explanation that professional identity incorporates professional, education and social values, providing a simple framework to structure the analysis of nursing identity in selection decision-making. Based on this three factors model of identity proposed by Rogers (2018) I will explore the professional, academic, values and prosocial components of nursing identity in relation to selection decision-making.

The process of attributing to others cognitive or emotional motivations or traits can be viewed through a lens of attribution theory (Gerace, 2020). The foundation of attribution draws on Theory of Mind where individuals understand the separate mind of others (Young & Waytz, 2013; Tsoi, *et al.*, 2021), with attribution theory forming an explanatory model of judgements of other’s meaning and motivation (Longe, 2016). Attribution theory supposes that people function as naïve psychologists, drawing conclusions about the causes of others behaviour (Brookes & Clarke, 2011). This theory claims that our affective and cognitive state is influenced by how we view the behaviours and motivations of others (Longe, 2016). Finally based on attribution we make predictions about future behaviours or outcomes (Spink & Nickel, 2013). Weiner (2010) presents the notion of causal antecedents or causal determinants as the underlying reasoning process that underpins attributions, in that we attribute to other people motivations for actions based on our world view. Attribution theory has been applied to employee selection research since the 1970’s (Feldman, 1981) and continues to be an area of psychological research in judgement of others (Gerace, 2020). I intend to explore the possibility that selectors attribute positive nursing trait-based causes to candidate behaviours at interview. Positive attributions create congruence between the selector’s worldview of nursing identity and their perception of candidate traits. The stages of this process as I have conceptualised them can be seen in Figure 9, these stages being part of the process which maintains the idea of an academic community as explored in Chapter 5. In that the academic community that emerged in CHAT analysis is defined as preserved through the shared sense of academic identity I will explore in section 6.2.

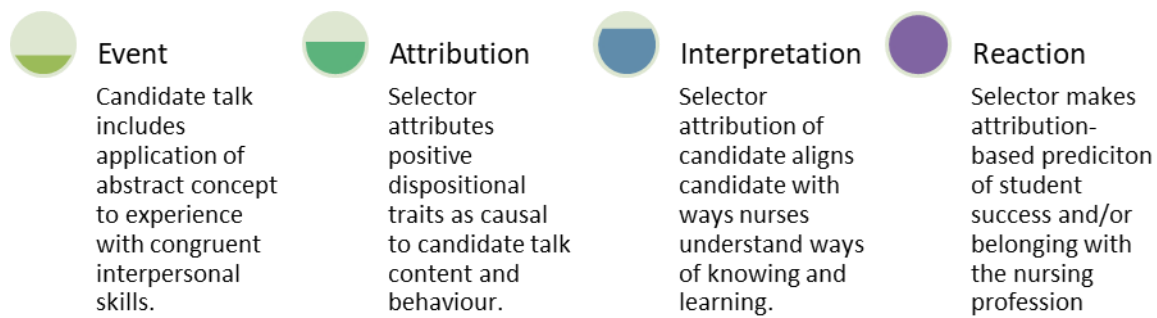


Figure 11 – Attribution theory stages in selection decision-making based on Gerace (2020)

These behaviours relate to how candidates talked about key principles explored at interview. Normally this covers topics such as compassion, professionalism, and team working, but self-selection of topics makes this a broad array of possible content. I suggest that the causal determinant of this positive attribution relates to how nurses conceive knowledge and attitudes specific to their discipline. A positive attribution indicates to selectors that the candidates thinking traits fit in with nursing ways of knowing and learning and consequently reflects the identity of nursing. Similarly, the ability of the candidate to demonstrate understanding of compassionate care and to behave in a compassionate manner towards fellow candidates reflects the values-based identity of nursing. This positive attribution then leads to a prediction of programme or profession suitability.

Positive attributions appeared to be based on two key aspects of candidate performance, firstly content of interview talk and secondly interpersonal behaviour in the interview setting. The salient features of this related to previously discussed concepts of professional identity, academic identity, values-based identity and prosocial identity are explored below.

6.1 Professional Identity

The selectors sense of the world of nursing, as located in a loosely constructed professional identity sphere, was evident in the findings from this study. In Section 5.2 I proposed the idea of a community predicated on the nursing having membership of a professional organisation (Willetts & Clarke, 2014), undertake similar activities (Simpsons *et al.*, 2012) and hold shared ideas about nursing (Rogers, 2018), which creates a group identity (Tajfel, 1974). Although the extent to which nursing meets the requirements for professional status remains contentious (Willetts & Clarke, 2014), the desire to

construct a meaningful professional identity for nursing is evident in nursing literature (Andrews, 2012; Marañón & Pera, 2015; Joynes, 2018, Ramussen *et al.*, 2021).

Professional identity can be linked to social identification theory (SIT) with professional identity being a category of social identity (Rogers, 2018). SIT is sited within social psychology as an explanatory theory for the role of group and intergroup phenomena (Hogg, 2016). Irrespective of the extent to which the selectors recognised a shared professional identity, it seems fair to consider that each selector was likely to self-categorise and as a result held some sense of what it means to be a nurse. The more formal framing of professional identity in nursing offers definitions such as:

“a sense of oneself, and in relationship with others, that is influenced by characteristics, norms and values of the nursing discipline resulting in an individual thinking, acting and feeling like a nurse.” (Godfrey and Young, 2020, p364)

Or

“a way of being and a lens to evaluate, learn and make sense of practice.” (Trede *et al.*, 2011, p374)

However, definitions such as these lack sufficient detail on what ways of thinking, acting, and feeling might be specific to nursing. Current work under the activity of the International Society for Professional Identity of Nursing (ISPIN) may go some way to adding some substance to this broad definition with a conceptual model of professional identity. This model describes professional identity in nursing through eight concepts, associated with four domains of professional identity and situated in a global environment (Joseph & Edmondson, 2020). However, this work is relatively early in progress and the durability of these early outputs, when applied to the study of practice is as yet untried.

As a starting point to consider professional identity it would seem reasonable to consider that nurses draw their professional identity from their professional governing body the NMC. However, the construction of professional identity was not found to be aligned to this external body in any papers included in this thesis. Similarly, NMC defined standards and rules of behaviour were not explicitly referred to by any selector in the data. However, in regard to the latter, the extent to which nurses had NMC expectations embedded in their professional life, through NMC approved programmes of education and the requirement for nurses to revalidate registration as a nurse may make this an implicit aspect of thinking for selectors. It may be fair to say that while nursing's professional status is strongly tied to the regulatory functions of the NMC, nurse's individual professional identity may be tied to less explicit features.

The simple act of being called a nurse and having shared experiences (Rogers, 2018) and doing the unpleasant tasks others baulk at (Simpsons *et al.*, 2012), bonds nurses to a form of shared identity. Nevertheless, this shared identity suffers from “invisibility and disorientation” (De Silva *et al.*, 2019, p591), as the lack of consensus fragments external understanding of the role. Despite this a stronger sense of professional identity in nurses has been found to be associated with greater self-efficacy (Madsen *et al.*, 2009) and resilience (Hunter & Warren, 2013, Saito *et al.*, 2018), improved interprofessional working (Gilburt, 2016) and care outcomes (Dunning *et al.*, 2021). The nature of nursing professional identity may not be well understood but it does form an area of contemporary interest and may well be a significant influence on selection decision-making practices.

Madsen *et al.* (2009) employ the evocative analogy of a family of nursing with a shared history that influences current culture and conduct. The extent to which the family of nursing has a shared history coloured by a lack of clear identity is evident in the literature (Ousey, 2011), but this lack of clarity continues to create a challenge for those of us selecting to the first stages of professional socialisation.

I don't know if I do, to be honest. I'm trying to think. I suppose I've got the answers that I would deem satisfactory, but I don't have an idealised image of what the person should be like ... So, I don't have this ideal image of what a student nurse should look like or what a nurse is that I can measure against.

Academic Interview 3

“Not quite sure. I think sometimes you just know. You get aura or that sense from somebody.”

Clinician Interview 2

Selectors had individual and idiosyncratic ideas of nursing based on their education, personal and professional experience of nursing and they worked to align candidates with their own personal ideas using tools as mediating artefacts. The extent to which we have moved from the notion of the virtuous female called to care selflessly for others is undeniable, however the new nurse is not so readily called to mind. Consequently, the selectors entered the field of interview-based selection decision-making with no real target person, no ideal candidate for whom to seek, rather they undertook a process of aligning candidate’s responses and behaviours with their individually constructed professional identity for nursing. When asked directly about what they were looking for selectors struggled to articulate an ideal that they were seeking to match, as can be seen in the response above.

This process of alignment may begin prior to the candidate’s arrival at interview and could be seen in the frequent mention of preparedness. Selectors valued prepared candidates, but it was important to

them that this was not rote learning, and candidates had thought about their experience and were bringing that to their ideas of nursing:

Hopefully they've done a bit of preparation so they might be drawn in in current affairs for example and then there's those that may have the opportunity to draw on past experience. Those that previously worked in healthcare, worked in social care, personal experiences from contact with services and bringing that into their answer.

Clinician Interview 4

The beginnings of professional identity may lie in a process of anticipatory socialisation (Joynes, 2018) whereby individuals begin to demonstrate values and behaviours in keeping with the group they hope to belong to. Barnes (2015) draws on the 1942 work of Cotrell who argued that role adjustment can be facilitated by a process of real or imagined rehearsal. Anticipatory socialisation is then a preparatory process for those seeking access to a new role (Yamaguchi, 1998; Ewetsson, *et al.*, 2017). In this case the candidates were seeking access to the role of nursing student and eventually nurse. Scholarios *et al.* (2003) argue that the process of anticipatory socialisation begins with decisions about future careers and through the recruitment stage, where individuals review role materials, consider relevant life, or work experience and undertake activities to prepare for a potential role. From the findings I speculate that candidates who were able to demonstrate some prior socialisation to the profession of nursing at interview were more positively appraised by selectors. This socialisation is evidenced through preparedness and through demonstration of values and behaviours congruent with nursing identity as perceived by selectors.

"..my judgement would be based on how they're interacting with those in the group as well. So, if people are giving ideas and opinions that they're respectful of others, when they're giving those ideas and opinions but you're able to relate to what's being said in the group. And just a simple acknowledgement to what's being said. I'm not looking for them to unpack it anymore but just simply saying I really liked your answer."

Clinician Interview 10

The alignment of the candidate's socialisation and the selector's preconceived notion of nursing professional identity was then managed by the selector through their judgements of the candidate performance. Given that socialisation to the profession is a key, if under-researched, feature of nurse education (Rogers, 2018) it is perhaps unsurprising that evidence of this process beginning prior to entry was viewed positively. This could be viewed with a CHAT lens: the action of judgment was

mediated by *object*-oriented features of anticipatory socialisation and the *subject*-oriented features of a constructed individual professional identity of nursing.

Another potential factor influencing this aspect of selector decision-making were the needs of the profession to have nurses who reflected the cultural and social diversity of the patient population. There are well documented relationships between social deprivation and poor health outcomes (Williams *et al.*, 2020). It seems fair to reason that nurses studying and potentially working in some of the most deprived areas in Scotland would be working with a patient group who face significant social challenges in maintaining good health. The idea that nurses sharing the social background of their patients as a beneficial candidate feature was highlighted by some selectors but was not explored in research identified in this study.

“Are we the gate keepers to those that potentially could be exactly what our patient population are looking for? Because through experience you know who patients may relate to more than others, who share a background and you sometimes see that within the group setting because they've been given that platform to have those conversations....if you like that you're potentially taking a punt at but you know for a fact that your patient population are going to relate to them.”

Clinician Interview 12

In one health board area, selectors spoke of selection as a function of social benefit to the local area. As one of the most deprived areas in Scotland there is little incentive for qualified people to stay and the NHS struggles to staff their rural services (Audit Scotland 2017). Staff in this health board area felt greater pressure to choose suitable candidates, appearing more conscious of the longer-term consequences to the area of poor selection choices. Despite all other campus sites housing areas of greater social deprivation in their district (North Star, 2020), this sense of community responsibility did not present in their narrative. For selectors in this most remote and rural campus location, the value of localness of candidates was viewed as an indicator of staying the course, and potentially staying in the area.

“.... we also have an obligation to this rural area as in we have to staff this area with nursing staff and we've also got the highest level of elderly population within Scotland as well, so we have to be able to staff the areas. The Scottish Government are committed to this area. They expect us to get our target every year as well as the university and we don't have the number of applicants that we would like to see and some of the younger applicants want to move away to university halls, the student experience as well as getting the nursing degree.”

Academic Interview 8

This concept of localness has been actively applied in Norway to support the provision of nurse education in remote health care settings. Eriksen and Huemer (2019) note the value of local connection and knowledge to rural healthcare. This sense of supporting the local community by making good choices fits with the construct of prosocial behaviour as a helping action (Dunfield, 2014), as a means of alleviating a perceived local need for nurses to stay in the community. The needs of the profession can be met through realisation of the candidate potential in their nurse education and the prosocial values of the selector are satisfied by the dual sense of meeting the needs of the individual candidate and the profession. Therefore, nursing identity as a prosocial activity that meets the needs of individuals and communities is satisfied through these selection decisions.

6.2 Academic Identity

Academic identity is considered a meaningful component of professional identity (Willettts & Clarke, 2014), in that nursing holds a systematic body of theory, nonetheless how this relates to individual identity is less explicitly constructed. Indeed, academic identity in nursing is more aligned to the specific role of nurse academic (Barrow & Xu, 2023) and focuses on the challenges of transition from clinical to academic worlds (Barrow & Xu, 2021). The focus of research in contemplating what could be considered as the academic identity of nursing and nurses has been largely on how nurses learn and use knowledge to inform their practice (Bonis, 2008, Gurm 2013, Swift & Twycross, 2020). Consequently, when I am discussing the academic identity of nurses, I am referring to the influence of key theories on how nurses structure knowledge and learning which informs that identity. I propose that this forms a significant part of the causal factors for positive attributions made (Weiner, 2010) and informs the extent to which selectors viewed candidates as suitable to enter the educational programme and join the profession of nursing. Academic Identity as a focus of selectors was directed to the knowledge and reasoning of candidates; these traits were viewed as indicating their suitability for the academic demands of nurse education.

As discussed in Chapter 5, qualifications of candidates were not discussed with the interview panel, who know that candidates had the entry requirements but no specific details on their academic history. Therefore, selector judgement of the academic ability of candidates appeared to be based on their perception of how candidates voiced their knowledge and demonstrated ways of thinking about that knowledge in their interview talk.

Academic identity as a theme tied very specifically to the candidate's potential as a nursing student, a more general idea of studentship in the university setting did not feature in the selector's narrative.

All discussion linked to the specific forms of knowing and thinking that are valued in nurse education. Within these narratives a common tension between selector preference for the more academic empirical knowledge or preference for a more aesthetic personal knowledge was evident. There appeared to be a process by which selectors attributed positive causes to implicit traits of the candidates when their selection talk was more personal and applied to experience irrespective of the nature of that experience, as shown in this extract from post interview discussion.

“Cl: Which I found was important. It gave that, I supposed probably having identified as a school leaver, she then, you know, and I, and I think from my own experience, you know I’ve volunteered, and you know I’ve done that in my local hospital em, I found that quite important eh, for, probably for her

Ac: than what it brought to her interview but

Cl: Across the board. I also thought she did really well, for someone who is clearly still at school.”

Observation 1030

Therefore, candidate talk was processed by selectors and judgements made on the candidate, based on more than talk content. Rather a focus of selectors targeted the extent to which candidates would express their understanding by applying knowledge to real life or imagined situations.

I consider that the shared experience of nurse education in the past forty-five years significantly influenced selectors perception of academic identity and consequently influenced their selection decision-making. The late 1970s and early 1980s saw the development of theories of knowing and learning that have been hugely influential in nurse education (Heath, 1998; Rogers 2018). Carper’s 1978 description of four ways of knowing, Kolb’s 1984 experiential learning cycle, Benner’s 1984 novice to expert model of nursing development and Schön’s 1983 reflective cycle all arrived on the desks of nurse academics within a relatively short time frame. These works could be said to share sufficient similarity of principles to be seen as complementary and were certainly influential in my early career creating a model of nurse education that holds true today.

Kolb’s ideas have been widely applied to nurse education since their inception in the early 1980s (D’Amore, *et al.*, 2012) supported by a few models of reflection developed by Schön (1983), Johns (1995), and Rolfe (2014). The fundamental idea of learning by active reflection during (in-action) or following (on-action) an experience is central to the theoretico-practical structure of nurse learning (Holmes and Warlow, 2001) and increasingly involves reflection before and beyond action (Edwards, 2017). I share with our selectors a history of being educated according to principles first laid out by

these educationalists and having developed a way of viewing nurse knowledge and learning that is in keeping with these theories.

When I speak of nursing knowledge, I am referring to a specific understanding of what constitutes knowledge to nurses. An area of study that has influenced nurse education for the past forty years. Knowledge can be viewed as having two subtypes, objective knowledge that is logically structured and subjective knowledge that is constructed inductively through reason (Bonis, 2008). This subjective knowledge can be seen forming the foundation of much of nursing education. At the time of data collection there had been a shift towards a focus on human experience of health and illness in nurse education in this century. This ontological shift from a focus on the technical science of nursing to the art of nursing is evident in contemporary thinking on nurse education (Henry, 2018) and is widely accepted as a way of retrieving traditional caring values (Thorne, 2020). This selector makes explicit reference to the difference between objective and subjective knowledge expressed by candidates:

"So, you want them to be prepared and to have that knowledge, but you want it to come from them and for them to demonstrate some sort of understanding of what it is that they're telling you rather than rhyming something off that you know has come from something they've read or something somebody else has told them; that they've actually thought about the answer for themselves,"

Academic Interview 1

Underpinning the development of a more human centred model of nursing, knowledge can be viewed in relation to Carper's (1978) work on ways of knowing in nursing. Founded on the concept of knowledge, ways of knowing in nursing have been conceptualised as four ways based on Carper's initial work, incorporating empirics, aesthetics, personal and ethics (Zander, 2007). However, these have been added to in the intervening years with the most prominent addition situating nursing knowledge in the social political context (Thorne, 2020), the most widely applied fifth way of knowing is emancipatory, suggested by Chinn and Kramer (2018) in a text that is often included in foundation reading lists on nursing programmes.

It is the aesthetic way of knowing that appears to be the focus of the judgement process in selection decision-making. Aesthetic knowing can be characterised through appreciation of the arts but in this context, aesthetic is used to mean related to senses and feelings (Porter, 2010). Where candidates demonstrated empirical knowledge of a concept selectors were pleased to hear about it, even so it was when this empirical knowledge was supported by aesthetic knowledge that it generated more selectors talk. In the following example it is the presence of this aesthetic knowledge that this selector

focuses on during post interview discussion (the candidate had spoken of their experience caring for an elderly relative):

AS: She talked, she had the chameleon and she talked about her uncle, end of life, on how he became aggressive and how she really appreciated the staff and how it had felt to care for him.

CS: I think at first, I thought she was sticking to what she's been told to say what she's learned at school.

AS: ... the fact we've taken her straight from school and she had thought about the emotions of the experience was impressive...

Observation 1055

This perspective seems congruent within the context of a drive towards a way of knowing that values the art of nursing. Aesthetic knowledge draws more from experience (Gurm, 2013), attends to the unique particulars of a situation (Zander, 2007) and appreciates the human experience of health and illness (Holtslander, 2008). Chinn and Kramer (2008) describe aesthetic knowledge as allowing the creative expression of understanding of the human experience, allowing nurses to make sense of the meaning of this for those they care for. Aesthetic knowledge echoes the aims of reflective practice, in that the purpose of reflection is making sense of an experience, often including the application of theory to real world practice and experience (Hannigan, 2001; Ingram & Murdoch, 2019). Reflective practice becomes a component of lifelong learning and professional development for nurses and underpins their route to maintenance of the professional qualification (NMC, 2019).

The candidate, voicing their knowledge with a focus on the aesthetic and reflective, mirrors the way in which selectors have been encouraged to develop their own knowledge, both as undergraduates and in their nursing career. I suggest that selectors held a worldview of nursing education that was built on these concepts and the extent to which this mirroring happened influenced both attribution and selection outcome. Therefore, nursing identity may be partly related to how nurses view knowing and learning. Candidates are seeking entry to the nursing social group, and the extent to which selectors attributions align them with this group identity of nursing influences how likely they are to be seen as suitable. This can be viewed with a CHAT lens, in that the action of judgment is mediated by *object*-oriented features of ways of thinking and the *subject*-oriented features of a constructed way of knowing and learning in nursing.

Selectors valued candidate's ability to express complex ideas in creative ways that tied to the practical features of nursing, selectors appeared to be influenced by theories of what constitutes knowledge in

the world of nursing. Holmes and Warlow (2000) describe nursing as a theoretico-practical process in which general theories are applied to unique situations in practice. The ability of the nurse to take empirical knowledge, and through experiential learning, apply that empirical knowledge to the world of practice, enables them to modify and create knowledge unique to that situation (Swift & Twycross, 2020). This process lies at the heart of nursing praxis and again resonates with what I observed in selection practice. It seemed that selectors perceived candidate's expression of knowledge applied to context as evidence that they held cognitive traits in keeping with nursing knowledge.

The attribution of the behaviour to an external cause, for example being primed by others such as college lecturers did not feature in any discussion. This attribution to something about the candidate is seen within a "internal-external or disposition-situation dichotomy" (Gerace, 2020,) whereby attribution is made to either the person or to the demands of the situation. Nurse selectors showed a tendency to attribute positive internal or dispositional features to candidates who displayed the preferred approach to demonstrating knowledge. Spink & Nickel (2013) propose that where attributions are made to a stable cause, in this case a way of thinking or knowing, they are more likely to be viewed as a supporting prediction of future outcomes. Therefore, one possible explanation for the impact of this process is that where selectors attribute traits such as critical or reflective thinker status to a candidate they are more likely to view that candidate as likely to succeed in nurse education.

6.3 Values-based identity

The process of values-based identity decision-making was a twofold process. Firstly, candidates demonstrated their values and behaviours congruent with the concept of compassion in their interview talk and behaviours, and then they needed to demonstrate broader contemporary nursing values that aligned with those of the selector. I will consider the current thinking on nursing values associated with compassionate caring and discuss the impact of these values on selector decision-making. Secondly, I will explore the idea of nursing as a prosocial endeavour, considering how prosocial values and behaviour influence selector decisions, in that it is the values base of selectors that leads to some selection decisions.

The most explicit aspect of values-based identity aligns with contemporary views of nursing values related to compassion, including person-centredness, rights-based care and caring relationships (McCaffrey & McConnell, 2015; Scottish Government, 2017). Where candidates demonstrated understanding of these values in context, particularly when this was backed up by demonstration of congruent behaviours in the group, selector decision-making was significantly influenced.

Compassion has become viewed as being at the core of these other aspects of the caring relationship and as discussed previously is the focus of influential reports on nursing in the 21st century (RCN, 2012; UK Government, 2013). Concurrent developments in the exploration of compassion in nursing from central government and nursing professional bodies has seen compassion become the dominant term applied to nursing values and care this century (Ledoux, 2015). Despite this, compassion can be added to the array of poorly understood concepts applied to nursing and has been the subject of significant discourse in nursing literature in recent years. Despite this there is no fully agreed definition of compassion, any current search of nursing literature on compassion is marked by a distinct focus on the impact of the COVID-19 pandemic currently impacting on global health and the concept of compassion fatigue in healthcare (Lluch *et al.*, 2022).

The perspective that compassion is a central component of high-quality care (NHS England, 2014; Scottish Government, 2014; Sinclair *et al.*, 2017) increases demand on nurses to deliver care with compassion (Nijboer & Van der Cingel, 2019) and creates an expectation at selection for people who are naturally compassionate. As discussed earlier, there is an unproven relationship between previous care experience and compassion (Whiffin *et al.*, 2014), yet there is a drive in England to recruit those with care experience (HEE, 2015; UK Government, 2013). The extent to which compassionate care is built into healthcare policy is not always central to understandings of nurses in practice, who showed low levels of awareness of the policy drive for compassion (O'Driscoll *et al.*, 2018; Tierney *et al.*, 2017), instead understanding it in broader terms, regarding the need for compassionate care. In keeping with these studies selectors in this study did not discuss awareness of these external pressures to select for compassionate traits, they did however highlight compassion as a key desirable trait in candidates. The mention of compassion was consistent across all interview and observation data and was a key focus of the PICR documentation. In the following discussion I intend to explore the value of compassion in healthcare and consider how this relates to the way compassion was valued by selectors.

"I think you can tell if someone's got positive values by the interview and having the compassion and the empathy and all the rest of it for me you can't teach that."

Clinician Interview 6

"My ideal candidate would be warm, compassionate, caring person."

Academic Interview 8

Ortega-Galáet *et al.*, (2021) considers several perspectives on compassion, offering the following as a widely accepted contemporary definition in research and mental health care...

“Compassion is the sensitivity to one’s own suffering and the suffering of others, together with the commitment to prevent and alleviate said suffering.” (p2).

However, the NHS Commissioning Board for England (2012) use the following broader practice-oriented definition...

“compassion is how care is given through relationships based on empathy, respect and dignity – it can also be described as intelligent kindness and is central to how people perceive their care.” (p13)

These contrasting definitions reflect the complexity of the concept each focusing on different aspects of compassion that reflect the needs and priorities of the authors and the context targeted. The concept has been operationalised for nursing in the 6Cs (Table 11 below) as a set of values essential to compassionate care by NHS England (2014) and although not embedded in NHS Scotland documents they are widely referred to in nursing discourse.

Table 11- 6Cs of compassion (NHS England, 2014)

6Cs: A set of values essential to compassionate care. (NHS England 2014)	
CARE	Care is our core business and that of our organisations; and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them consistently throughout every stage of their life.
COMPASSION	Compassion is how care is given through relationships based on empathy, respect and dignity. It can also be described as intelligent kindness and is central to how people perceive their care.
COMPETENCE	Competence means all those in caring roles must have the ability to understand an individual’s health and social needs. It is also about having the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.
COMMUNICATION	Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say. It is essential for ‘No decision without me’. Communication is the key to a good workplace with benefits for those in our care and staff alike.
COURAGE	Courage enables us to do the right thing for the people we care for, to speak up when we have concerns. It means we have the personal strength and vision to innovate and to embrace new ways of working.
COMMITMENT.	A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients. We need to take action to make this vision and strategy a reality for all and meet the health and social care challenges ahead.

This reflects the way in which the concept of compassion has been appropriated by nurse policy makers to suggest a way of thinking about care delivery. This bringing together of compassion and compassionate care as concepts does little to clarify the notion of compassion for nurses but does much to embed the idea in nursing ideology. Tierney *et al.* (2018) and Bivins *et al.* (2017) highlight the emergence of compassion as a buzzword replacing the predecessors such as empathy, altruism, and selflessness. Nonetheless, the term was central to the selection approach used in this case and formed the focus of the candidate presentation and interview questions. However, knowing about these terms was not sufficient for selectors, as noted in the discussion of aesthetic knowledge, selectors were seeking some depth of thinking:

"...one thing you want them to be prepared but you don't want them to be coming in robot-like and giving you the scripted answer. So, quite often people come in and they'll say 'Oh, I know about the 5 Cs' and they'll rhyme things off but when you think that wee bit deeper, if somebody has told them, so the thing that I'm saying that I want them to have gone and spoken to people. But I want them to have done a wee bit more than that and they've thought about it themselves."

Academic Interview 1

To consider selection for innate compassion it was important to have some sense of what constitutes evidence of compassion in the individual. As noted by Davison and Williams (2009) we each have a personal and subjective idea of what constitutes compassion, recognising the difficulty in how this is evidenced by applicants to nursing. Despite this, efforts have been made to qualify compassion as a set of traits and values to be found in the compassionate individual. Nijboer and Van der Cingel (2019) suggest that compassionate behaviour is associated with the character of nurses, linking this to professional identity but failing to provide any substantial statement of what characteristic's they refer to. Unpacking the meaning of compassion leads one along a path of multiple perspectives, with terms applied that in themselves are not explicitly understood to all. Dewar *et al.* (2013) notes the tension in defining compassion specifically in nursing, highlighting the use of terms like dignity, suggesting that dignity is not synonymous with compassion, but that compassion may be a route to securing the maintenance of dignity.

One way of conceptualising compassion is by the actions that are thought to demonstrate compassion, Smith (2013) suggested that by anticipation of other's feelings, demonstrating traits such as kindness, empathy, attentiveness, sensitivity, and using skills of communication and care, all in the context of knowledge of the needs and wants of the individual the nurse will be demonstrating compassion.

Nijboer and Van der Cingel (2019) similarly suggests a set of dimensions of compassion that are equally focused on the behavioural manifestation of compassion. The dimensions of attentiveness, active listening, naming of suffering, involvement, helping, being present and understanding (Van der Cingel as cited in Nijboer and Van der Cingel, 2019) each link more to the concept of compassionate care than describe dimensions of compassion as an innate characteristic. These actions were observed and valued by selectors, who saw this as evidence of a deeper understanding of the value of compassion in care. This could be in their behaviour to others during the interview as identified by this clinician.

"So, I think that being respectful of everybody in the room is one of the things that you like. Showing a bit of care for the group, so they display behaviours that show they are genuine and kind. If they can't do that even if they talk a lot about compassion, they haven't really shown it."

Clinical interview 12

Or demonstrated through reflection on past caring experience in a manner that exemplified compassionate practice to the selector.

"...instead of it being an automatic response about it's important to give patients care and compassion but when you get somebody that actually says I had to deliver care to a patient and this is what I delivered and this is what we did for this patient. It's coming straight from the heart. To me that's demonstrating care and compassion. It doesn't have to be automatically verbalised; it comes straight from the heart. You can actually hear it and sometimes it can be emotional."

Academic Interview 9

This focus on compassion and compassionate care, furthers the rhetoric around nursing as a selfless occupation where the needs of the other (patient) overrides the needs of self (nurse). Historically nursing has been viewed as virtue based (Joseph & Edmonson, 2020) or built on the concept of nursing as an altruistic vocation (Ayala, 2020). It is widely accepted in nursing literature that people who become nurses are more altruistic than the average (Ilknur, 2018; Slettmyr *et al.*, 2017; van der Wath, 2020). However, the nature of altruism as a selfless motivational state (van der Wath & can Wyj=k, 2020) is not fully accepted by contemporary nurses (Carter, *et al.*, 2014; Slettmyr *et al.*, 2017) who demonstrate a more nuanced view of their motivation for nursing.

Dewar (2013) describes compassion as a process rather than an innate characteristic, applying the term skills to such as noticing, engaging emotionally, connection with the person, and showing humility and humanity. Drawing on a literature review of definitions of compassion Strauss *et al.* (2016) propose

a five-element definition that combines cognitive, affective, and behavioural components of compassion:

- “1) Recognizing suffering;*
- 2) Understanding the universality of suffering in human experience;*
- 3) Feeling empathy for the person suffering and connecting with the distress (emotional resonance);*
- 4) Tolerating uncomfortable feelings aroused in response to the suffering person (e.g., distress, anger, fear) so remaining open to and accepting of the person suffering; and*
- 5) Motivation to act/acting to alleviate suffering.”*

(Strauss *et al.*, 2016, p19)

In keeping with other definitions this does not necessarily provide an entry to recognition of compassion in others and although may help in recognition of compassion in the care setting does little to progress the positive selection for compassion suggested for nursing. Nonetheless, when viewing the actions of candidates in the group interview setting selectors were clearly alert to compassionate acts that showed the candidate ability to empathise with others and act to their benefit. However, if I accept the relationship between compassion and prosocial behaviours suggested below then the observable and expressible prosocial behaviours and values within group interviews provides a path to selectors perceiving compassion as being demonstrated by candidates.

Therefore, another area of positive attribution appeared to be a process where selectors attributed desirable traits to the candidate, such as compassion, empathy, or kindness, based on their presentation at interview. This was evident in the data in terms of selection for interpersonal skills, descriptions of previous caring experience, and if not selflessness at least consideration of others in the same situation. Candidates in their interpersonal communication could demonstrate skills or attributes associated with compassion such as attentiveness, empathy, respect (Papadopoulos *et al.*, 2017) which could then be enhanced through interpersonal attributes such as warmth, genuineness, and honesty (Durkin *et al.*, 2018). Although there is an interest in the cultivation of compassion in nurse education, the need for this to be built on a foundation of appropriate characteristics continues to be widely accepted (Kneafsey *et al.*, 2018; Straughair, 2019). Based on these observable candidate factors, selectors attributed either compassion as an innate characteristic or as a developable characteristic. Presence of evidence of compassion was highly valued by selectors and several voiced the idea that the academic identity of nursing could be developed more readily than the values-based

identity. Absence of compassionate characteristics, even in the presence of a strong academic performance was the most strongly voiced negative attribution of selectors. Any candidate behaviour that spoke of a lack of empathy for fellow candidates or a self-centred view of the selection process, was an immediate negative decision for selectors and indicated that a poor grade would be applied to the PICR.

6.4 Prosocial Nursing Identity

Within the community section of CHAT, the idea that selectors make selection decisions in ways that benefit the candidate, the profession of nursing and the community that they serve emerged. In exploring the ability of candidates to demonstrate nursing values as innate characteristics it is worth noting that selectors will likely be compassionate people and that their selection decision-making will be influenced by their own nursing values. Gilbert (2005) draws our attention to the relationship between compassion and prosocial behaviour proposed by the Dalai Lama in work on overcoming negative emotions. This recognition of a relationship suggest compassion as being motivated by more than selflessness and having a more complex association with the individual's drive to act to benefit others. The demonstration of values and behaviour that can be viewed as prosocial was a candidate factor that featured in both interview and observation data as a selector factor that influenced decision. The following discussion explores the notion of prosocial behaviour as a selector feature in selection practice, relating this to ideas of altruism and to how this is both observed and demonstrated by selectors.

Recognition that the role of nurse has rewards beyond the altruistic in terms of job security and role status (Carter, 2014), having a meaningful role (Slettmyr *et al.*, 2017), job opportunities (ten Hoeve, 2017) all offer motivation to those in the profession. The professionalisation of nursing has seen a shift from these traditional concepts associated with religiosity and gender (Batson, 2012) and a looser definition of altruism appears to be applied in the literature (Carter, 2014). Historical perspectives on altruism as demonstrated by caring for others irrespective of personal cost (Ciezar-Anderson & Kingshier, 2021) have been superseded with a focus on the helping imperative of altruism (Nesje, 2014) typifies current understanding. Prosocial values and behaviours can be seen to transcend altruism (Batson, 2012) and provide a wider lens to explain historically perceived altruistic behaviours. Subsequently a shift of focus to prosocial values and behaviours is evident in research into nursing motivation and behaviours (Nesje, 2014; Feather *et al.*, 2018, Liebe *et al.*, 2019; Suazo *et al.*, 2020; Kim & Jang, 2018).

Prosocial behaviours are a range of behaviours associated with benefitting others either directly or indirectly (Batson, 2012) however in contrast to altruistic behaviours are viewed as having a complex set of motivating factors (Feather *et al.*, 2018). Prosocial behaviours may be motivated by altruism (altruism-empathy theory, (Batson *et al.*, 2015), a social norm or role (social learning theory (MacDonald, 1984), ego driven cognitive or affective factors (Freudian intrapsychic theory (Kriegman, 1990) or social responsibility (Batson, 2012). Prosocial values and behaviours are factors in positive patient outcomes (Hyde *et al.*, 2013), effective team working (Vogus & Lacobucci, 2016; Cha *et al.*, 2014), and are widely identified among nurses (Feather *et al.*, 2018). However, when applied as a motivation for selecting a role, pro-social reasons are not associated with less positive outcomes than career development (Ashraf *et al.*, 2020). Prosocial motivations are shown to play a significant role in entry to public service (Dur & Zoutenbier, 2015; Barr *et al.*, 2011). Suggesting that although contemporary nurses do not view themselves as driven entirely by altruistic motives, the desire for career progression, financial reward and the positive status associated with the caring professions are balanced with a fundamental need to be of benefit to others. This supports the idea that nurses are intrinsically other focused to some degree, and it is this other focus that appears to be at play in selection decision-making.

That selectors seek a set of nursing values is apparent in the data, however these values fit more strongly with the concept of nursing as a prosocial endeavour rather than an altruistic one. Within the Community element, I found selection decisions based on the candidates' prosocial behaviours to their fellow candidates being viewed positively and behaviours, such as domineering the group interview that did not demonstrate support to fellow candidates as a negative aspect of candidate performance. Candidates were expected to present themselves in the best light, but not to do this in such a way as to disadvantage others. Nonetheless, realistic expectations of nursing education and nursing, as well as reasons for wanting to be a nurse around a rewarding and meaningful role, all hinted to prosocial values. This positive judgement on prosocial values and behaviour may be tied to the way in which selectors see compassion or potential for compassion being evinced from candidate performance at interview.

From this it appears there were some candidates for whom selectors were willing to take a chance on based on both how they performed at interview and how selectors perceived nurse education or nursing as being able to potentially benefit the candidate. Similarly, some candidates were perceived as having some additional feature that could be seen as of benefit to the profession, this may relate to life or work experience that was viewed as added value to nursing. Finally, for selectors in the most rural campus the issue of benefitting the community was evident in interview data. Although a less consistent finding across the campuses this seemed important to those who mentioned it. This idea

related specifically to meeting the needs of the local community by selecting people who may stay and work in the area, supporting the services in that region.

Although no literature was found that supports the idea directly that selectors choose for indirect benefits, it seems reasonable to think that nurse's prosocial orientation has an impact on selection practice. Prosocial behaviour by selectors may influence them to consider how candidates would be benefitted by entry to nurse education. It is notable that in this case the population of this HEI is marked by significant levels of social deprivation and a high likelihood of students being the first in their family to attend university level education (Scottish Funding Council, 2019). The HEI community factor influencing prosocial selection practice may be partially explained by the widening access remit of the organisation and the applicant pool being drawn from areas of high social deprivation.

In anecdotal conversation post interview, many study participants spoke of their own social background and the opportunities that nursing had offered them. These informal accounts were characterised for most by moderate or poor attainment at school, with several having entered nursing through college widening access routes themselves. Although not initially alert to this aspect of selector factors, I did start to note the gist of these accounts in my own reflexive diary. Based on this data and my previous consideration of prosocial behaviour in nurses, I began to consider an empathy based prosocial motivation (Batson, 2012) for selection of specific candidates. In that candidates whose experience or context resonated with selectors own and who fulfilled the social identity fit were viewed as worth taking some form of risk on. Only one selector voiced explicitly that their own background as a student nurse influenced selection decision-making however a thread of seeking a story or something personal hints at the desire for a relatable account was found in several interviews.

"So, comparing it to yourself potentially at that point. You know, they're a school leaver but so were you. Academically not coming across as flourishing but neither were you. It's putting them in the setting as a student. You know the opportunities that are afforded to them when they come to university; the support that's there."

Clinician Interview 4

Emancipation is a concept applied to nursing practice, reflecting the need for nursing to practice in a socially just manner (Kagan *et al.*, 2010). However, the extent to which nursing itself functions to serve an emancipatory role for those in deprivation is not widely discussed. There is an acknowledged link between a diverse and culturally competent workforces in healthcare (Jordan, 2020), and a strong link between education and emancipation (Southwell & Depaepe, 2019). That selectors seek to offer opportunity to candidates may be viewed as an emancipatory action, in that entry to higher education

and the profession of nursing offers the opportunity to liberate individuals from the limitations caused by social deprivation via entry to a profession that offers security, a reliable income and opportunities for advancement. Kagan *et al.* (2017) suggest that nursing can be inherently emancipatory in practice, if it incorporates social justice aims in practice. When one considers selection to nursing in this light, combined with the prosocial values of nurses, the actions of taking a risk on those candidates who demonstrate less academic identity traits and more values-based identity traits can be understood.

To facilitate providing an opportunity the incidents of reading between the lines to frame more positively the candidate's responses were evident in selectors post-interview discussion. To support prosocial motivated selection selectors undertook a process of reading between the lines whereby post interview discussion led to conclusions about what candidates had meant. Rather than focusing on what the candidate had said, a process of unpacking their statements and working out the meaning or intention happened. The extent to which attribution bias (Gulliford & Miller, 2015) features in the process of reading between the lines is not clear, however selectors did tend to make positive judgements in this action. Only one incidence of a more negative view when reading between the lines was found, however even here a positive spin is placed on the disliked content. This is exemplified in the observation data and if reading between the lines was applied it improved the likelihood of securing a higher grade in the PICR for students less able to articulate their responses in nursing language. The example below drawn from observational data shows where in the discussion the selectors drew conclusions about meaning to the benefit of the candidate.

Cl: I guess she meant, the light at the end of the tunnel, although she didn't say that but good feelings, seeing the light in the distance, em, trying to make the patients feel better about themselves, empathy and good communication, em and then treat as a person.

Ac: and being involved, and that the person had been involved in their care.

Observation 1515

However here the selectors what could be viewed as negative interview talk and reframe that in a more positive light to align talk content to a positive nursing attribute of resilience.

"What I really didn't like is she went on about that some patients can be nasty to you, and that some of them are challenging, frustration and but you have to just accept that, and be listening, be calm and comfortable, I am trying to work out, I think I know what she is saying is that no matter what comes in front of you, you have to deal with it..."

Observation 1139

Giving opportunity has inherent risk and the possibility that these candidates may not do well was acknowledged in each incidence, however the desire to offer this chance appeared to override these risks and supported the decision-making process. The candidate benefitting selection practices also appeared to be rooted in more intuitive decision-making and selectors focused on more interpersonal qualities when considering taking a chance on someone.

"I think it's a proper conversation you have at the end of interview when you're making those decisions - should we give this person a chance or not. I think that decisions then made on the interpersonal stuff. Was there honesty? I think honestly sometimes comes into it there, doesn't it, because you think have, they used that particular language."

Academic Interview 5

Social deprivation factors associated with the wider community perhaps indicate that the pool of candidates offers opportunity to selectors for prosocial motivated section. As selectors tend to live and work in the health board the campus is based in, there is a potential that these staff came from similar backgrounds to our candidates and were once offered an opportunity themselves. Although this was mentioned in only one set of interview data, it was recorded in my reflective diary, noting that when selectors chatted post-interview many of them spoke of their own local identity. Interview data included some details about the persons own education as a nurse, however their social history was not collected and although many seemed to enjoy reflecting on their own entry to nursing during interview, they did not see this as factor that influenced their selection decisions.

After the interview X (Ac9) spoke a lot about growing up in this area and the importance of staying here, none of this mentioned in her interview. This seemed really important and is not the first time the casual talk after the interview this has cropped up. People taking part seem to enjoy reminiscing about their own entry to nursing which I am not capturing in interview, and I'm not sure if these reminiscences inform their decisions at all.

Reflective diary voice note – January 2019

The unanswered question of whether this is a positive aspect of selection factor could only be answered beyond this study. Nonetheless, having advocated for widening access, knowing that in a six-year period five of our court medal winners (highest academic achievers of their class) were students who entered via the widening access route, I have some sense that many students who enter our programmes based on this aspect of decision-making flourish in our programme. Does previous positive experience with this form of prosocial behaviour, make selectors more likely to act in this way? Decision-making theory certainly indicates that past experience influences future decision-making (Dietrich, 2010). Given that all interview data included the theme of prosocial selection the probability was that each selector had positive past experience of this approach turning out well.

This relationship between widening access, social deprivation, opportunity, and aspiration of candidates would seem to offer an avenue of exploration for further study in the future. Higher education is known to improve social and health outcomes (Baum & Payea, 2004, Cook *et al.*, 2014). The extent to which selection to university functions as an emancipatory act, providing a life transforming opportunity for those with a background of significant social deprivation is hinted at in the dialogue and further study with students could illuminate this in the nursing context.

6.5 Conclusion

In this discussion I have argued that the community element of CHAT can be viewed as an artefact of nursing identity, and potentially that a sense of nursing identity is the most important tool or mediating artefact applied by selectors to their decision-making practice. By this I mean it is the alignment of the candidate to that identity via a process of attribution that supports decision-making practice. Associated with the alignment of the candidate is the identity of the selector as a nurse who tends to act in an other-oriented prosocial manner that leads to decisions that go beyond the needs of the programme of study to the needs of the profession, the needs of the candidate and the needs of the community. It is this intrinsically care oriented aspect of selectors that can be seen as bleeding into selection decisions in that selection functions as an act of caring for the candidates. One wonders if the act of making selection decisions were made by people who receive care or are able to function as disinterested parties would our selected students be a very different body of people. The aim of the higher education of nurses is to progress the knowledge and skills of nurses in the future, allowing them to meet the demands of increasingly complex health care. However, if the process of selection decision-making is to find those who are most like us already does this serve to stagnate the profession in some way? One issue that was identified in Chapter 5 was the issue of clarity of purpose in selection

practice and the ideas put forward in this chapter may advance that idea to beyond the specific tasks of selection to the grander aspirations of selection. The ideas developed in Chapter 5 and Chapter 6 will be drawn together in Chapter 7 offering recommendations for practice and future research on this topic.

Chapter 7- Recommendations

7.0 Introduction

This chapter brings together the ideas explored in chapters 5 and 6, making recommendations for practice and future research. In this thesis I have applied Engeström's (1999) second generation of Cultural Historical Activity Theory (CHAT) to examine the selection decision-making practice for pre-registration nursing programmes in one Scottish HEI. An initial analysis applied elements of CHAT to examine the practice based on observation, interview generated data and associated documents. The community element of the activity system emerged as a primary influence on selection decision-making, leading me to explore social and professional identity as a feature of community that threaded through decision-making practice in this case.

I will revisit the original research questions, consider the transferability of findings from this case to others, discussing the value of case study generated findings to the body of knowledge on this topic. Implications for developing practice in this context and potential further research that emerged from this study will be suggested. The work will draw to a close with some final conclusions.

7.1 Review of the Research Questions

This study explored the factors that influence selection decision-making to pre-registration nursing programmes, an area of study that had not been explored prior to this study. Previous research in this area had focused on the mechanisms of selection (Callwood, *et al.*, 2012, Sabin *et al.*, 2012, Taylor, *et al.*, 2014). The focus of this study was the manner in which selectors came to decisions about candidates rather than the procedure of the interview that was undertaken. Four research questions were posed at the start of the study, and these are reiterated below.

The first and most significant findings related to question one: **what applicant related factors influence selection decisions?** However, exploration of this topic identified as much about selectors as it did candidates. What selectors valued in candidates exposed a set of ideas about nurses and nursing that were bedded in a nursing identity implicitly shared by selectors. A set of candidate factors that related to how prepared they were for the realities of study and nursing, the extent to which they embodied nursing values in talk and action and the degree to which they expressed a realistic view of nurse education and nursing as a theoretico-practical pursuit were valued by all selectors in this study. Conversely factors that related to academic achievement and academic skills were of low value, being

either sidelined in favour of personal attributes and values or viewed as beyond the scope of selection practice altogether.

These findings indicated that selectors leaned significantly toward selecting for caring attributes, sustaining the image of nursing as a primarily caring pursuit rather than an academic or technical profession. Despite the focus on academic standards and increasing technical role demands, selectors from both clinical and nurse academic backgrounds consistently placed low value on these aspects of candidate performance.

There is no denying that the ability to demonstrate caring attributes is a vital component of nursing. The evidence-base for the benefits of compassion to patient outcomes is compelling (Trzeciak & Mazzarelli, 2019). Nonetheless, contemporary nursing requires much more than a caring individual, with high demand for scientific and technical knowledge (Burns *et al.*, 2020). With the failure to pay meaningful attention to the ability of candidates to cope with these demands having the potential to create a future nurse who, while able to fulfil the caring demands of the role, may struggle to meet the scientific and technical demands of the role.

The rhetoric of the ‘too posh to wash’ argument is grounded in the idea that those who are more academically able may be less willing or able to undertake the caring aspects of the nursing role. However, finding candidates who demonstrated that they could hold both caring and academic attributes seemed to be the purpose of contemporary selection practice. Consequently, the selection practice within this case seemed to be failing to acknowledge this need. Rather it tended to sit in a bubble of selection practice where selectors viewed their role as selecting those with the highest degree of practical caring attributes. This again was predicated on the idea that caring cannot be taught but scientific or technical knowledge can through the course of study.

This idea is perhaps challenged by the way in which students leave nurse education: very few students fail placement (Hughes, Mitchell & Johnson, 2016) and, in my experience leading a nursing programme, of those who do, very few fail due to a lack of caring attributes. Instead, issues of competence that lead to failed placements and potential programme failure can be tied to the student’s level of knowledge and competence (Lewis, 2020). Nursing students do not tend to struggle to complete nursing degree programmes due to poor caring values, rather it is the academic and technical skills of nursing that impacts on completion. However, knowledge or academic ability was explored by selectors mainly in the guise of applied knowledge, being able to discuss in depth an abstract concept was less valued than a more simplified explanation that applied the concept to a practical demonstration. This preference appeared to be based on the notion that application of theory to a practical context demonstrated a deeper and more meaningful understanding. Given the emphasis

on reflection as a mechanism for learning in nurse education this notion is not surprising but may be viewed in this situation as overly simplistic.

Studies have identified a trend of anti-academic discourse (Laiho & Ruohalinna, 2013), or anti-intellectual feeling (Miers, 2002) that reflect, within members of the nursing profession, a conflicted perspectives on the current academic based approach to nurse education. This negative viewpoint of the academisation of nursing is reflected in the public perception of nurses as overeducated and lacking in practical caring skills and values, a sense heightened by the popular press (Gillet, 2012). McKenna *et al.* (2006) suggest we held romanticised views of nurse education prior to academisation, forgetting that nurses who lacked practical skills and caring attributes existed prior to university level education. It is worth bearing in mind that the selectors in this study were likely to be influenced by their own experience of nurse education and the public perspective as espoused in national newspapers. In my teaching experience I hear students voicing the idea that the very clever students will not be good at caring and will lack practical skills. Indeed, I have been told more than once that those who become nurse academics are those who could not cope with the demands of caring and have in some way escaped to academia. That is not to say that nurses do not value academic knowledge. In Heggen's (2008) study nursing students valued academic knowledge more highly than social work or education students, however in keeping with both these disciplines valued practical knowledge much more highly.

Therefore, it seems counterproductive for selectors to base their selection decisions solely on values demonstrated through talk and action in the group interview context. Although a person specification is suggested by NES (2010) as a means of improving selection, this may not resolve this bias. Hunter and Perkins (2014) highlight that clearly specified goals for selection are not always possible and can impact on outcomes in unintended ways. In nursing, the need for a diverse workforce is recognised (Southwell & Depaepe, 2019) and the development of a person specification that is overly detailed has the potential to narrow selection practices to a degree that is counterproductive to that need. Koivunen *et al.* (2019) suggest that rigid selection requirements can lead to missed opportunities and mismatches in selection decisions. The possibility of a middle ground between a defined ideal candidate for nursing education and the current loosely defined compassionate individual seems to warrant further exploration as a means of supporting selection practice. At its most basic a person specification that encompasses both nursing attributes and values alongside academic attainment would allow a more holistic approach to selection.

Research question two asked: **how do participants perceive the wider political, social and cultural factors that influence their decisions?** The issue of political influence was not a significant thread in

any selector discourse, influences from NMC, national strategies or governmental directives were not cited as an influencing factor in any of the interview data. The content of the selection process was itself influenced by the recommendations of the Report of the Willis Commission (Royal College of Nursing., (RCN), 2012) and the Francis Report (UK Government., 2013) which highlight the need for nurse training to focus on compassionate care and to select candidates who demonstrate the values associated with contemporary perspective on care. Selectors demonstrated this focus, and the influence of these reports could be viewed as evident in the manner of the selection practice that has been detailed throughout this work. Although selectors may not identify political factors that influence their selection decisions, the embracing of this approach to selection exhibits the indirect influence of these drivers to practice.

The social context of this case study however was an important influence on selection practice, linking to both the widening access to higher education focus of the HEI and the socio-economic features of the geographical context. A pattern of selector concern in regard to meeting the needs of the applicant population resulted in candidate decisions that related as much to the potential benefits to the candidate as to the profession of nursing. Concern for the needs of the wider community in terms of having a nursing workforce who had comparable backgrounds and were able to appreciate the needs of their patients was recognised in all campus sites. Additionally in the most rural and deprived areas the responsibility of providing a nursing workforce to meet the needs of the area was felt by selectors, leading them to consider the likelihood of remaining in the area as a factor. However, the culture of nursing expressed in nursing identity responds to this research question, recognizing the importance of the selectors shared broad identity of nurses and nursing in their decision-making practice. I do not mean to indicate that all selectors held the same view of their nursing identity, more that there was sufficient common ground to theorize a broadly similar set of features that influence decision-making.

Findings in response to research question three, **how do participants negotiate the organisational demands of selection practice?** emerged in all CHAT elements. Organisation demands emerged as programme entry target numbers, academic entry criteria, the widening participation ethos of the HEI, and the need for a joint approach to selection.

Target entry numbers were recognised by all participants, however at the time of data collection applicant levels were high, and the likelihood of failing to achieve entry targets was minimal. A small number of participants were able to recall pressure to achieve target numbers and worried that this had negatively influenced their selection decision-making, resulting in more risky decision-making. In contrast, in 2023 there has been a significant drop in applications to university with a 2.3% reduction overall and nursing education one of the most impacted study routes, with a drop in application levels

of approximately 20% (Jack, 2023). If this study were to be replicated in the current selection cycle it would be reasonable to anticipate that this factor would be much more influential on decisions.

In relation to academic entry criteria, selectors negotiated this aspect of selection by distancing themselves from responsibility. Decisions about meeting entry criteria were accurately viewed as being made prior to interview, however the role of differentiating between levels of academic attainment and previous academic record was not explicitly detailed in the process and viewed by selectors as 'somebody else's task'. Who that somebody might be was not considered by selectors and the idea that this was a necessary consideration for them was not expressed by any selectors who participated in this study. This raises the potential that the most academically able may be rejected due to marginally poorer group interview performance. Rejection of candidates based on poor interview performance irrespective of academic attainment is reasonable, however, faced with candidates sitting in the very good to excellent range of interview gradings then contrasting academic attainment as a means of making a balance selection decision would be a useful addition to this procedure. A very good interview performance aligned to a record of excellent academic performance should be preferable to an excellent interview with a patchy or poor academic record.

The widening participation ethos of the institution was embraced by the selectors, and as discussed in other areas in this work, the social background of candidates from more deprived areas was viewed as a positive attribute for practice. The discussion of this finding is subsumed in research question one around applicant factors.

Finally, the joint approach to selection as a model for selection practice appeared to work well from the selector perspective. All participants spoke of being part of the decision-making process and of their input being valued. What was less clear was the purpose of the joint approach for each member of the interview team. Selectors had drawn conclusions about their perspective and how this added to the selection practice, but these were entirely personal views, not based on any clear guidance or agreed way of working. The selectors voiced a broad shared nursing identity and used this as a means of considering the 'fit' of candidates to that identity. Even with shared aspects of identity each selector would have held a unique set of experiences and a nuanced view of nursing and nurses. This complex layering of identity may have enabled selectors to negotiate candidate's presentation to create this 'fit' based on the attribution process. Nonetheless, the practice of selection decision-making seems troubled by uncertainty of purpose and a degree of assumption that this clarity is held by others, most commonly the AO. All of those who take part in the recruitment process have undertaken equality and diversity training, considering inclusive practice and unconscious bias. Other than this preparation was limited and tended to happen on the day of involvement in the group interview. An approach that

makes more explicit to selectors from different backgrounds what their unique contribution to the selection process is would be helpful and reduce role uncertainty in selection practice teams.

The fourth research question, **in what way are selectors influenced by their own experience as a student and nurse?** was answered in a rather unexpected way. I observed outcomes that strongly linked to the CHAT element of Community, and who nurses are at their core, the social or professional identity of nursing. If we accept that nurses in general are people who want to have a positive influence on those around them beyond their patients, an interesting approach to selection appears in the data. Although I do not hold nurses in reverence, no angels to be found here, I do believe, based on my experience, that most nurses do hold traits of empathy, kindness, and altruism, admittedly based in a firm foundation of pragmatic common sense. Consequently, I concluded that it was their identity as a nurse that influenced selection decisions. That nurses, be they clinicians or academics wished to be of benefit to others in this part of their practice. As noted earlier, beyond data collection many participants in this study reminisced on their own experience of entering nursing, identifying the positive impact this had on their own lives. This was evident in the data where selectors sought to offer opportunities to candidates, viewing nursing as a means to improve their situation while balancing this with the view that drawing from the same population as many patients was of benefit to both the candidate and the profession. The idea that entry to the nursing programme and profession functioned as an emancipatory route for some candidates and that social connectedness would enhance caring relationships threaded through participant talk.

7. 2 Summary of Findings

The idea of tension surrounding the education of nurses has been evident throughout this work and for me is apparent in the decision-making practices of selectors. Discussion of academic qualifications is absent from post-interview discussion; emphasis is placed on interpersonal skills and values in both post-interview discussion and interview data. The cause of this focus has been attributed in this study to the theory that a shared nursing identity drives selectors to seek future nurses who align with that identity. Nonetheless, when viewed alongside historical and current perspectives on the academisation of nursing, this is in keeping with a perspective that values the practical over the academic. This perspective carries with it risks of underestimating the technical and scientific demands of contemporary nursing on nurses and creating a nursing workforce who are less able to meet these increasing demands. This case study demonstrates that in this context selectors perceive themselves as meeting multiple needs in making selection decisions, they seek to meet the needs of nursing as

they perceive them, meet the needs of a socially disadvantaged applicant pool to improve their social situation through a career in nursing, and to meet the needs of the community of the HEI and the local wider community. To meet these needs the decision-making of the selector are most evident in their professional, values-based and prosocial identities, with academic identity being the least influential. Sitting more peripherally to this is the needs of the academic institution for academically able students and therefore selectors give minimal attention to academic identity as a selection decision-making factor. The image below draws on the relational space mapping approach to demonstrate the relationships between these perceived needs and the identity factors that most influence selection decision-making practices. The needs being met are shown as feeding into selection decision-making but are not in themselves influenced by those decisions. The various aspects of selector identity are shown as influencing and being influenced by the decisions made, in that congruence of decision-making reinforces the identity. The extent to which each need or aspect of selector identity in the study themes is reflected by the comparative size of the disc and the level of influence is reflected in the degree of shading in the arrows.

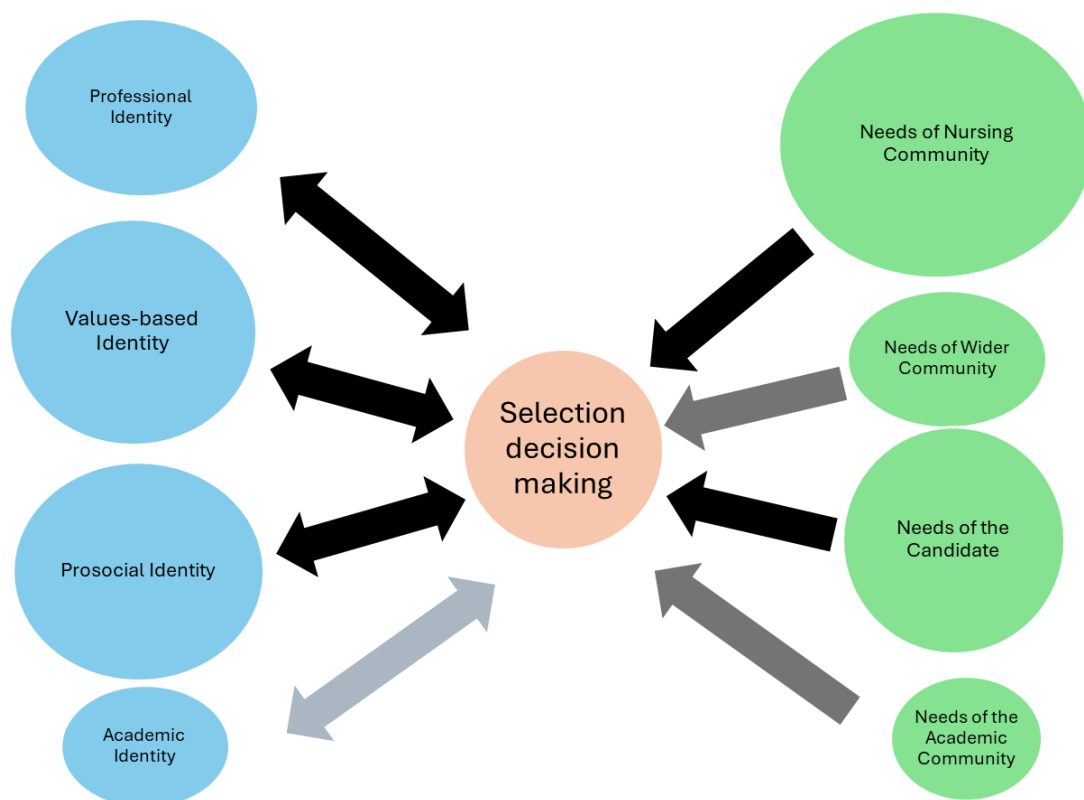


Figure 12- Decision-making Influences

I would argue that it is necessary to develop the selection practice in a way that makes it more clearly aligned to the needs of the profession. There is a demand for nurses that hold values for caring but also who are able to meet the scientific and technical demands of this increasingly complex role. This model of selection decision-making influences was skewed to a focus on caring attributes as characterised by the values-based and prosocial identities of selectors and shifting focus to offer a broader lens could strengthen selection decision-making practice. Going forward the aspiration would be to maintain the attention to nursing and candidate/community needs, but to also create a shift to a more balanced view on caring and academic attributes, which is discussed below.

7.3 Practice Implications

The aim of this study was not to comment on the mechanism of selection applied in the case; I will not therefore make recommendations of the value of group interview over any other model. Rather these recommendations relate to principles of selection that could be applied irrespective of the mechanism for selection. In this case, the ability of selectors to draw out attributes and values for nursing was excellent, however the unconscious bias towards caring attributes resulted in imbalanced selection decision-making practice.

For the specific context of this case study there were several areas for development in the practice of selection decision-making and ultimately the selection process for pre-registration nursing. Role clarity for selectors is needed to ensure that each member of a selection team have a sense of their contribution to decision-making and are able to focus on aspects of candidate performance on which they have the best grasp.

Transparency of purpose for the group interview process is needed, if the purpose of this activity is to identify those who demonstrate through talk and action a set of nursing values around compassion then the selectors are clearly doing this well. However, that level of focus is not made explicit anywhere in the associated documentation and therefore the group interview aims should be made explicit to all team member to ensure that selector focus is directed appropriately.

Finally, the extent to which the selection decisions are based on a holistic view of candidates is questionable and inclusion of a clear process of evaluation of candidates' academic ability would be helpful. As noted, a view that marries level of interview performance with academic history, allowing a selection model that reduces the current selection bias towards caring attributes is necessary.

That selection decision-making in this case is intrinsically pro-social, demonstrates selector values in keeping with their nursing identity and is an aspect of selection practice in this setting that should be celebrated. Any practice developments that eradicated this aspect of selection would not be beneficial to the selectors or the profession. The manner in which the selectors embraced the widening participation ethos of the HEI and saw this as a means to benefit individuals and communities speaks well of both the selectors and the organisation. Therefore, although I am recommending a more holistic approach to selection decisions making, this should not be prescriptive and remove opportunities to offer emancipatory opportunities to candidates.

Developing a secondary mechanism within the selection procedure where positive appraisal at interview is matched to the candidate's academic record appears to be needed. This would potentially allow identification of those who sit in an ideal zone of displaying both the personal values and attributes for nursing and the latent academic skills to meet the theoretical demands of the programme and career. Whether this secondary mechanism requires a further stage of selection activity as offered by the multiple mini-interview model (HEE, 2014b) or as a filtering of candidates post group interview is subject to further discussion in the case setting.

7.4 Research Implications

There are several potential avenues of exploration for further research around this topic. Case Study research was chosen for its ability to deal with a variety of sources of evidence (Yin, 2003, p. 8) and considering the case study method (Merriam 1998; Stake, 1995; Yin, 2002) aim of using specific instances to highlight important issues to develop understanding beyond that case. The sample size was relatively small, appropriate to the qualitative nature of the research (Cohen, Manion and Morrison, 2006). Therefore, studies that consider this topic associated with different selection methods, in organisations with different institutional ethos, would potentially offer different results that would support development of knowledge in this field.

Findings that emerged around selectors' value of applied knowledge as a positive attribute for nursing education offers a vein of exploration about how nurses conceptualise intelligence or academic ability. It was not possible to either support or refute the idea held by selectors that this ability to contextualise knowledge through example indicated a way of understanding concepts that related to how nursing knowledge is developed. This way of thinking and expressing knowledge was highly valued by all selectors indicating that they perceived this as being positively related to that candidate's future academic performance. Future research examining individual ways of conceptualising abstract

concepts at onset of study and their programme performance and outcome would offer insight into whether this highly valued applicant trait correlates in any way to learner outcomes.

I was also interested to observe the extent to which nurse academic views aligned to their colleagues who were fully immersed in clinical practice. Prior to this study, I had expected that each of these professional groups would focus on their own areas of expertise, however both groups held similar focus and without professional identifiers, interview data was indecipherable as belonging to either professional group. Current research on nurse academics focuses on role transition (Barrow & Xu, 2021, Barrow & Xu 2023, Harness & Boyd, 2021), whereas research on what constitutes nurse academic identity might offer insight into the extent to which individuals in this role align themselves to a nursing or academic identity.

7.5 Limitations of this study

This study applied a case study method based on an interpretivist paradigm of research (Guest, Namey & Mitchell, 2013), exploring a slice of time, a specific context, and the way an activity was experienced. It was recognised that as the perspective and actions were captured at that time and context, data might have been different if collected from observations at another time by a different observer with a different focus (Muijs *et al.*, 2004). As noted, replicating this study in the current year with lower applicant numbers may offer a different view, particularly around organisational demands. These factors are all in keeping with the research paradigm and case study method of this study and consequently no claims of generalisability (Merriam & Tisdell, 2016, Thomas, 2011) are made. Rather, the findings here offer insight into this specific case that may be transferable either to exemplify or contrast with other cases (Tight, 2017). The findings are the output of an individual researcher and have been subject to external impacts that prolonged the analysis period. Both factors had the potential to reduce the credibility of these findings, and the way this has been ameliorated against is reiterated here. Efforts have been made to ensure the approach used in this case study was transparent. Techniques to reduce researcher bias such as member checking (Birt *et al.*, 2016), reflexive diary use (Olmos-vega *et al.*, 2022), and the use of multiple data sources (Carter *et al.*, 2014) have ensured that the findings can be considered as trustworthy (Merriam & Tisdell, 2016).

7.6 Insider positionality

My insider status has been acknowledged from the onset of the study, and I have attempted to acknowledge preconceived notions and experiences that were in many ways the genesis of my interest in this topic. Within this insider status, it is important to acknowledge that I share experiences with participants in this study, having a common professional language and having been a participant in the activity that is the focus of this research. Berkovic *et al.* (2020) suggests that insider positionality offers advantages related to recognition of nuance, rapport development and what he terms an equalized relationship between researcher and participant. However, in contrast to this, Collins & McNulty (2020) suggest that insiderness is a hidden and at times messy component of qualitative research, and that while offering similar advantages to those highlighted by Berkovic and others (Greene, 2014; Merriam *et al.*, 2001) it is important to acknowledge your insider position and apply reflexive methods to recognise and challenge assumptions and emotions that emerge in the research process.

There is no denying my insider position offered me access and insights to the phenomenon of interest; equally my reflexive diary is a complex and indeed messy aspect of this experience. I have formalised diary notes (an example of which is shown in Appendix 7) and a series of voice notes recorded when leaving interviews or observations, the reflections on which were incorporated into the diary. I have been privileged as an insider to observe the conversations held by my colleagues' following interviews and to have been able to access interview discussions where those colleagues examined their thoughts about selection decisions. I suspect that my insider status has lent a degree of honesty to these discussions that I may not have encountered as an outsider. That I was familiar with the idiosyncrasies of this setting appeared to have lent a safety net to the discussion that I think was particularly evident in discussion of academic qualifications.

This insider status has undeniably influenced my attention in data analysis and discussion of findings. In the life of this study. I took on the role of programme leader which exposed me to patterns that I had not been aware of at point of data collection or initial analysis. Perhaps the most striking of these was the proportion of students referred to me due to issues with academic performance or engagement who had a history of similar issues in their previous studies. This has influenced the importance I place on academic history of candidates in terms of pattern of achievement and coloured my thoughts on the need for selection practice to be more holistic in assessing suitability. There is an evidence base to support academic performance as a predictor of student achievement (McCarey *et al.*, 2007; Prymachuk *et al.*, 2008; Wray *et al.*, 2012) however, this research focuses on level of achievement on entry rather than history of those achievements. This is the place where reflexivity (Merriam & Tisdell, 2001) is vital in that through this process I can see that although my attention is

drawn to this issue due to my experience, the data, and the evidence base both also suggest that this was an area of importance in the study. For me, my insider status added to this study rather than detracting from it, and with the benefit of reflexivity and a strong supervision team, potential pitfalls of insiderness have been avoided.

7.7 Contribution of this study

The research approach applied in this study is novel in the application of Josselson's (2013) Relational Space Mapping approach to a concept rather than the traditional focus on personal relationships. Josselson's initial work on this aid to interviews focused on allowing respondents to understand more clearly their personal relationships, facilitating complex discussions (Josselson, 2013). In this instance this relational space map was applied to allow study participants to explore the importance of factors that emerged in the interview discussion to the central idea of the student nurse. Interviewing participants allows them to represent their reality as they perceive it at that moment in time (Yeo *et al*, 2013). However, as is well documented interview data suffers from the desire of participants to provide the socially acceptable or correct response (Philipps & Mrowczynski, 2019). This addition to the interview process proved invaluable in identifying conflict between expressed views and the mapping activity. I had theorised that by incorporating another means of sharing these thoughts a form of mental map for each person would enhance the data in a confirmatory way. What I found was that this dual attention process of participating in the interview discussion and completing the relational space map then led to contradictory ideas being evident. Most markedly in relation to the importance of academic ability, as discussed this was frequently voiced as of high value in decision-making but on the RSM data would be given peripheral value to the concept of the student nurse. My findings were influenced by the contrast between what was said, and the maps produced, this aid to interviewing enhanced my data collection and added a layer of depth to my analysis that would have otherwise not been accessible to me.

This thesis adds to the body of knowledge on the selection of student nurses to academic programmes that prepare students to be future nurses. It complements earlier studies on selection processes that endeavour to identify a method of selection with a higher degree of functionality and discriminant validity. It does this by exemplifying the human aspects of selection practices, offering insight to how ideas held by selectors of nursing and nurses are evident in selection decisions. By applying the CHAT conceptual framework to analysis, it offered an alternative lens on selection practice that when combined with consideration of the operational aspects of selection can positively influence the manner of selection to this important programme of study. On page four of this work, I offered a quote

from Eysenck (1976) that highlighted the value of case study research as a means of learning about something, and I suggest that this thesis has fulfilled that purpose. I would hope that anyone who reads this work and is considering selection practice would incorporate recognition of how selectors are influenced not by the mechanics of selection but by their own sense of social and professional identity.

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Appendices:

Appendix 1- Interview Guide

Invite student candidates into meeting.

- The interview will last for 1 hour.
- The lecturer will take the lead role in facilitating the interviews. They will begin the interview, introduce the panel and give an overview of the format for the interview (visual inquiry). The lecturer will give an overview of the presentation previously sent to the student candidate and open for any questions.
- Main interview: The lecturer/ co-facilitator will read the first question and request that each student selects one image in addressing the first question.

Each student will share their answer.

- Once all students have given their first answer, the lecturer or another member of the team can ask follow-up/prompt questions (which are detailed within the word document on visual inquiry within the files folder)
- This discussion can be further facilitated by the lecturer or member of the panel.
- Second question is asked with the same process as above.
- *Student candidates finish interview and leave Teams meeting.*

Interview panel discussion and scoring of each student applicant. Discussion and scoring:

Interview panel remain on the Call and discuss each candidate, agree and award a score.

Admissions: Envision cards facilitation guide (approx. 30 minutes)

The images (approx. 70) are laid out for applicants to be able to view them all; this may be on a floor or table. Explain that images are often used as a way to encourage discussion and that today the discussion centres around two interwoven topics: the role and values of the nurse and compassion. Explain that each person will have 2 minutes in total to talk about their 2 selected images.

The facilitator then poses the 'stem questions', it is emphasised that as the person is sharing from their own experience there can be no wrong answer. The stem questions are: *"Identify an image which best describes how you see the role and values of the nurse? Now choose a second image which helps to describe compassion."*

Applicants are then invited to identify the two images that stand out for them in relation to the two topics. Explain to applicants that we will now each take turns to talk about the images with each applicant commencing Envision card feedback with their name. Advise that after all applicants have finished their feedback on their images to the group, we will have a broader discussion on the themes.

Broader discussion on themes (approx. 30 minutes)

Potential emergent themes for topic 1 may include: understanding the role of the nurse; student responsibilities; knowledge about the course; awareness of the importance of relationship building and values in Nursing, recognition that trust works both ways in effective relationships. Potential emergent themes for topic 2 may include: taking time to listen; observant of non-verbal cues; observant of other's needs; non-judgemental.

The prompt questions in the table over the page may be useful in supporting the discussion.

Topic	Prompt Questions (It is not essential that all of the questions are asked in all of the groups).
1.The role and values of the nurse	What do you think the best parts of being a student nurse would be? What sorts of things do you think you would need help with, to become a good nurse? What rewards do you think there would be? What would the challenges be? What do you need to consider?
2.Demonstrating compassion	Why is compassion important in nursing? What factors help in supporting people to be compassionate?

Overall Grade

Excellent: Excellent contribution and provided responses clearly showing comprehensive knowledge and understanding of the role and values of the nurse. Demonstrated evidence of having an excellent understanding of compassion and Envision card feedback was logical, coherent, and current.

Very Good: Very good contribution and provided responses clearly showing very good knowledge and understanding of the role and values of the nurse. Demonstrated evidence of having an understanding of compassion and Envision card feedback was logical, coherent and current.

Good: Responses were good showing some evidence of understanding of the role and values of the nurse. Demonstrated evidence of having an understanding of compassion and Envision card feedback could have been enhanced.

Satisfactory: Responses were satisfactory demonstrating the minimum required evidence of understanding of the role and values of the nurse. Demonstrated the minimal required evidence in the understanding compassion and Envision card feedback could have been enhanced.

Unsatisfactory: Very limited responses. Requires to develop an understanding of the role and values of the nurse. Limited understanding of compassion in nursing and Envision card feedback was limited.

Additional information on using the cards can be found here:

<http://nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/resources/publications/valuing-feedback-envision-cards.aspx>

<http://myhomelife.uws.ac.uk/scotland/resources/>

<http://www.jitscotland.org.uk/wp-content/uploads/2015/04/SiT-Case-Study-Community-Connecting.pdf>

Appendix 2 – Post-Interview Consultation Rubric

Selection Process Nursing

Group Participation Rubric

Date/Venue: _____

Group Facilitator(s): _____

Notes: For each attendee evaluate their contributions in the following 3 areas. Discuss and amend as necessary with all facilitators following group interview and transfer score onto applicant's summary of onsite selection process form.

Group Member Name	Role and values of the Nurse During individual and group discussion demonstrated an understanding of the role of the nurse and the values base for a career in nursing	Demonstrating Compassion Demonstrated compassion in responses including importance of listening skills and communicated well with group members	Envision card Selection Remained on topic during 3 min presentation and information was current, logical and relevant	Additional Comments	Score
1.	4 3 2 1 0	4 3 2 1 0	4 3 2 1 0		
2.	4 3 2 1 0	4 3 2 1 0	4 3 2 1 0		
3.	4 3 2 1 0	4 3 2 1 0	4 3 2 1 0		

N.B. additional rows removed from this version.

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Paper

Ethics Application Form

Please answer all questions

1. Title of the investigation

An exploration of selection decision-making practices in a School of Health, Nursing and Midwifery

Please state the title on the PIS and Consent Form, if different:

Not applicable

2. Chief Investigator (must be at least a Grade 7 member of staff or equivalent)

Name: Kate Wall

✓ Professor

Reader

Senior Lecturer

Lecturer

Senior Teaching Fellow

Teaching Fellow

Department: HaSS

Telephone: 01414448067

E-mail: kate.wall@strath.ac.uk

3. Other Strathclyde investigator(s)

Name: Betty Scholes

Status (e.g. lecturer, post-/undergraduate): Post-graduate

Department: School of Education

Telephone: 01698283100 ext8490

E-mail: betty.scholes@uws.ac.uk

Name: Anna Beck

Status: Second Supervisor

Department: HaSS

Telephone: 0141448067

E-mail: anna.beck@strath.ac.uk

4. Non-Strathclyde collaborating investigator(s) (where applicable) Not applicable

Name:

Status (e.g. lecturer, post-/undergraduate):

Department/Institution:

If student(s), name of supervisor:

Telephone:

E-mail:

Please provide details for all investigators involved in the study:

5. Overseas Supervisor(s) (where applicable) Not applicable

Name(s):

Status:

Department/Institution:

Telephone:

Email:

I can confirm that the local supervisor has obtained a copy of the Code of Practice: Yes ☐ No ☐

Please provide details for all supervisors involved in the study:

6. Location of the investigation

At what place(s) will the investigation be conducted
Seminar or small classrooms in the four campus sites for University of the West of Scotland, based in Ayr, Paisley, Dumfries and Hamilton

If this is not on University of Strathclyde premises, how have you satisfied yourself that adequate Health and Safety arrangements are in place to prevent injury or harm?

Similar institute of higher education with comparable facilities and Health and Safety risk assessment and risk management processes in place.
A risk assessment for conducting interviews outside of Strathclyde University premises has been completed (Appendix 4)

7. Duration of the investigation

Duration(years/months) : 24months

Start date (expected): 01 / 05 / 2017 Completion date (expected): 01 / 05 / 2019

8. Sponsor

Please note that this is not the funder; refer to Section C and Annexes 1 and 3 of the Code of Practice for a definition and the key responsibilities of the sponsor.

Will the sponsor be the University of Strathclyde: Yes ☒ No ☐

If not, please specify who is the sponsor:

9. Funding body or proposed funding body (if applicable)

Name of funding body: not applicable

Status of proposal – if seeking funding (please click appropriate box):

In preparation ☐

Submitted ☐

Accepted ☐

Date of submission of proposal: / / Date of start of funding: / /

10. Ethical issues

Describe the main ethical issues and how you propose to address them:

The researcher holds a lecturing post with a role in the marketing and admissions team in the institution where the study is based. There is some potential for potential participants to feel obliged to participate, which requires the process of recruitment to be carried out sensitively and indirectly by email. On each campus site an admissions officer coordinates the staff involved in interview and they will be asked to forward by email the participant information and consent documents to all staff who will be participating in selection events that they are coordinating. A second AO will be carrying this activity out on the researcher's own campus site for the duration of the study, thus reducing the extent to which the researcher's dual role is featured in the choice to participate. The option not to participate is explicit in the participant information sheet (Appendix 1). Although the researcher will be a familiar name to some potential participants, she is not known to the majority on three of the four study sites. On the fourth site, the researchers work base, the use of a secondary recruiter aims to alleviate any "desire to please" consenting. The researcher does aim to use the research diary and supervisory relationship to ensure their own awareness of potential power issues. The period of the study is over a cycle of three periods of recruitment in an eighteen month period thus minimising pressure to recruit in each cycle, which reduces the likelihood of AOs applying pressure on potential

participants. The population being sampled from is a relatively large one with approximately 650 students being recruited to nursing each academic year (2 cycles of recruitment) from a pool of approximately 1200 interviewable applicants. This means that from potential 100-120 interviews the sample size would be 10-12% again limiting the pressure to recruit. The researcher will reinforce this information to all AOs and seek to create an approach that is non-coercive.

For applicants the process of selection interviews is a stressful one, no applicant data is sought, and individual applicants are not the study focus, therefore in order to avoid adding to the stress of the day they will not be part of the research process.

During data collection there is the potential for participants to disclose poor practice in selection which will be addressed through the researcher's role as an admissions officer. Issues of poor practice can be addressed as general points without need to breach participant confidentiality. The process of being recorded can potentially impact on how staff carry out this part of the selection process. Participant information makes explicit that the study is not examining the quality of the decisions made, and remote recording is used to minimise the intrusion of the recording process into this natural conversation. This is carried out by the use of recording device managed by wireless remote control; therefore, the audio recorder can be set up in the room and once all applicants have left the researcher can start the recording to avoid inclusion of any interview material. The recording device will only be set up in rooms where both facilitators of the group interview have consented to participate to avoid inclusion of anyone who has not consented. To ensure that these requirements are met the researcher will be present on the specific data collection site as the selection process occurs to manage this aspect of the study closely.

During data analysis of decision-making discussion audio recordings participants may wish to exclude some aspect of their discussion. Each recording will be allocated an identifying number which will be allocated to that selection event. This will allow specific recordings to be identified, and specific phrases or sections removed if requested.

11. Objectives of investigation (including the academic rationale and justification for the investigation) Please use plain English.

The broad aim of this study to explore the decision-making process of those making selection decisions for pre-registration nursing programmes. The study will explore the way that key skills, attributes and values of candidates link to selector perspectives to influence decision-making by selectors for entry to pre-registration nursing programmes in the University of the West of Scotland (UWS).

These aims can be addressed by the following research questions:

How does predictor information shape the decision-making of HEI and partner staff?

What decision-making processes are used by HEI and partner staff in making decisions?

What skills, attributes and values to sector staff attach utility to in decision-making?

Does selection approach influence the decision-making focus of selectors?

This researcher's employing university uses a small group structured interview format with a combination of lecturing staff plus clinical practitioners from partner NHS organisations. The decision-making process based on the information and impressions gathered by that method is not clearly understood and exploration may contribute to our understanding of what factors influence decision-making to nursing education in the HEI setting.

In the context of selection to pre-registration nurse education there has been increasing attention paid to the process of recruitment and selection in recent years (Sabin, Taylor and Tilley. 2012, Rodgers, Stenhouse, McCreaddie and Small. 2013, Taylor, Macduff and Stephen. 2014). This is attributed to increasing applicant numbers allowing Higher Education Institutions (HEIs) greater selectivity (Rodgers, Stenhouse et al. 2013, Taylor, Macduff et al. 2014), the higher than average student attrition rate in nursing (McLaughlin, Muldoon and Moutray. 2010) and an increasing pressure for selection of candidates to meet the expectation of professional and governmental bodies. The issue of selection was highlighted in Modernising Nursing Careers (Department of Health, 2006) which created an action point for recruitment of the "best and most suitable" candidates to the profession of nursing. Professional expectations in Scotland are outlined within the set of standards for the recruitment, selection and retention in pre-registration nursing students

(NHS Education for Scotland, 2010) and nationally in the Standards for Pre-registration Nurse Education (Nursing and Midwifery Council., (NMC) 2010).

Of the ten Accredited Education Institutes in Scotland delivering pre-registration nurse education nine use either a group or individual interview as the face-to-face component of their selection procedure (Rodgers *et al*, 2013). This approach is one that comes under a degree of criticism in the literature with several authors identifying a lack of supporting evidence for the discriminatory function of interviews in selecting successful applicants (Taylor, McDuff & Stephen, 2014; Callwood, Allan & Courtenay, 2012; Sabin, Taylor & Tilley, 2013). However, the use of individual structured interviews is seen to have a higher level of validity than group interviews within literature on selection approaches (HEE, 2014b). The study of the process of selection has largely focused on the mechanics of the activity however little attention has been paid to the extent to which human decision-making and social constructed views of education or the profession impact on the process.

There is a large body of literature exploring key attributes that are positively associated with outcome in nursing or health related higher education, with the only consistent factor being previous academic achievement (Prymachuck, Easton & Littlewood, 2009; McCarey, Barr & Rattray, 2007). Other issues such as age (Wray, Barrett, Aspland & Gardiner, 2012), previous care experience role (Wilson, Chur-hansen, Marshall & Air, 2011), psychological factors such as emotional intelligence (Bulmer Smith, Profetto-McGrath & Cummings, 2009; Fernandez, Salamonson & Griffiths, 2012) and personality (McLaughlin, Moutray & Muldoon, 2008) have been explored as potential factors linked to positive outcomes in nurse education with no consistent findings being provided. This body of literature is driven by the need to tackle the issue of retention to nursing education with HEIs reporting attrition rates of around 25% (Royal College of Nursing, 2008) and some improvement is shown in ISDScotland figures that show active student rates in the 90% range with losses of 10-12% across the disciplines of nursing (ISDScotland, 2016). The Report of the Willis Commission (Royal College of Nursing (RCN), 2102), and the Francis Report (UK Government, 2013) both highlight the need for nurse training to focus on compassionate care and to select candidates who demonstrate the values associated with contemporary perspectives rather than focusing solely on the likelihood of programme completion. This task for selectors is twofold, both in seeking the student who will perform well on the programme of study and the person who shows greatest potential to meet the professional standards and values of nursing.

Despite this focus on selection of future nurses to higher education there is little literature than addresses our understanding of what we actually base decisions on, therefore the factors that are valued and prioritised by those making decisions is poorly understood. Research in this field refers to the strength of evidence supporting rational or actuarial decision-making (McGaghie & Kreiter, 2010) and the fact that this evidence is frequently ignored by selectors in favour of a more intuitive selection process (Slaughter & Kausel, 2013, Lodato, 2008). Indicating the potential that those selecting to this programme of study may base their decisions on factors other than the success predicting criteria supported by research evidence.

In order to develop an understanding of the decision-making processes undertaken by those making selection decisions this study will explore the post interview discussion that leads to selection decisions and the perspectives of those involved in selection to nurse education. Seeking to explore the participant's thoughts about the nurse education and the profession of nursing, their beliefs about those who enter the profession and potential heuristic devices that are applied to reach selection decisions. From this the skills, attributes and values that are prioritised in selection decision discussion can potentially be clarified and considered in relation to current policy, guidance and practice.

12. Participants

Please detail the nature of the participants:

Lecturing staff and clinical faculty members from the profession of nursing who participate in the process of selection to the pre-registration nursing programmes at UWS.

Summarise the number and age (range) of each group of participants:

For the purpose of the study, it is anticipated that a sample size of approximately 12 -15 data collection episodes each of post interview discussion and participant interview would be sufficient to reach data saturation. Therefore, the final data would be 12-15 sets of recorded post-interview conversation and 12-15 one-to-one interviews. According to Gerrish & Lacey (2010), samples

beyond thirty are unlikely to generate new data and in this instance sample size beyond this size is not anticipated.

Participant age will range from a minimum of 22years of age onwards with no specified upper limit, all will be employed as lecturers or clinical faculty at UWS, and it may be reasonable to assume that normal retirement age of 65yrs will apply.

Number: Age (range) 22years onward

Please detail any inclusion/exclusion criteria and any further screening procedures to be used:

Inclusion Criteria

- Must have participated in the selection process for pre-registration nurse education at UWS.
- Be employed by UWS in an academic or clinical faculty role

13. Nature of the participants

Please note that investigations governed by the Code of Practice that involve any of the types of participants listed in B1(b) must be submitted to the University Ethics Committee (UEC) rather than DEC/SEC for approval.

Do any of the participants fall into a category listed in Section B1(b) (participant considerations) applicable in this investigation? Yes No ✓

If yes, please detail which category (and submit this application to the UEC):

14. Method of recruitment

Describe the method of recruitment (see section B4 of the Code of Practice), providing information on any payments, expenses or other incentives.

The admissions officer (AO) for mental health and adult nursing on the four campus sites will be approached by the investigator to recruit participants on their base site. They will be provided with details of the study and participant information sheets (Appendix 1) with consent forms (Appendix 2). This information will be made available to participants in the selection interview panel at least two weeks prior to their scheduled involvement in the interviews, having been sent as an email attachment by the local AO to the campus site they are associated with as part of their preparatory communication. A brief standard message has been formulated and is attached as Appendix 5 to ensure that a consistent approach to information is taken and is non-coercive. As the group interviews are carried out with two panel members both will need to have consented to participate for that team to be included. The researcher would be able to ask the local AO that consenting participants are paired where possible to maximise the availability of the recordable discussion data. As the researcher will need to be present on the selection event this can be coordinated on the day. The study timeline runs over three selection periods to maximise the potential to gain participants and reduce the pressure on selectors to take part.

Ethical approval will be sought via University of the West of Scotland's own ethics committee via the Gatekeeper access following ethical approval from the Strathclyde University panel. The University of the West of Scotland is supporting the researcher in their doctoral studies and departmental permission for research has been given.

No payments or incentives will be offered.

15. Participant consent

Please state the groups from whom consent/assent will be sought (please refer to the Guidance Document). The PIS and Consent Form(s) to be used should be attached to this application form.

Those who agree to participate will be asked to either sign the consent form (Appendix 2) attached to the participant information sheet (Appendix 1) or to email to the investigator to confirm they have read and understood the participant information sheet and their consent to be involved in the study.

16. Methodology

Investigations governed by the Code of Practice which involve any of the types of projects listed in B1(a) must be submitted to the University Ethics Committee rather than DEC/SEC for approval.

Are any of the categories mentioned in the Code of Practice Section B1(a) (project considerations) applicable in this investigation? Yes ☒ No

If 'yes' please detail:

Describe the research methodology and procedure, providing a timeline of activities where possible. Please use plain English.

The study will be carried out employing an exploratory case study approach as outlined by Yin (2009). Case study approach is defined by Yin (2009) as "...an empirical enquiry that investigates a contemporary phenomenon in depth and within its real life context, especially when the boundaries between that phenomenon and that context are not clearly evident." (p18). The study will explore the processes surrounding selection decisions to pre-registration nurse education in a single accredited higher education institution, the case being formed of this organisation and the decision made about suitability of candidates to nurse education.

Data sources will be the people who participate in the process of selection of applicants to the pre-registration programmes, policy and guidance from government, professional nursing and education bodies, and UWS, and the literature surrounding the topic of selection decision-making specifically to nurse education and the wider selection literature.

Data collection and analysis will follow the selection procedure over a two year period which will allow for engagement with selection to both Bachelor of Science (BSc) and Master of Science (MSc) programmes. Selection interviews are carried out in blocks of time in the second and third academic trimesters of the case study site therefore data collection will mirror this naturally occurring pattern.

Phase One – May to Oct 2017 – Data collection pre-registration MSc

Data collection contemporary policy and guidelines

Oct to Dec 2017 – Initial data analysis

Phase Two – Jan to May 2018 – Data Collection pre-registration BSc

May to Sept 2018 – Data Collection pre-registration MSc

Oct to May 2019 – Data Analysis

What specific techniques will be employed and what exactly is asked of the participants? Please identify any non-validated scale or measure and include any scale and measures charts as an Appendix to this application. Please include questionnaires, interview schedules or any other non-standardised method of data collection as appendices to this application.

Data collected from participants will take two forms. Firstly, the post group interview discussion that leads to the selection decision will be recorded using remote audio recording technology, secondly a one to one audio recorded semi-structured interview (Appendix 3) with the investigator lasting approximately 45 minutes. Additionally, participants at interview will be asked to indicate the strength by which they feel factors influence their decisions using the Relational Space Mapping approach (Josselson, 2013) a technique where participants indicate importance, by placing card discs with concepts they have written at varying distances from a core concept. In this procedure the core concept is the final selection decision.

Participant may consent to be involved in either or both of these data collection procedures.

The audio recordings will be transcribed verbatim, and the data analysed.

Demographic data regarding the period in which participants engaged in their own nurse education, their current role will be sought as a variable that may have an impact on factors that influence decision-making.

Where an independent reviewer is not used, then the UEC, DEC or SEC reserves the right to scrutinise the methodology. Has this methodology been subject to independent scrutiny? Yes No x

If yes, please provide the name and contact details of the independent reviewer:

17. Previous experience of the investigator(s) with the procedures involved. Experience should demonstrate an ability to carry out the proposed research in accordance with the written methodology.

The investigator is an experienced mental health nurse who has received specific training on the use of semi-structured interviews to elicit individual perspectives. They have previous research experience using both one to one and focus group interviews to gain participant perspectives on topics associated with nursing and nurse education. They have previous experience in the analysis of data and reporting of findings for qualitative studies. They are currently a nurse lecturer in the study site and provide research supervision to students undertaking both pre and post registration master's level study.

The researcher is also undertaking the Doctor of Education programme at Strathclyde University, studying research methods in the taught component and attending specific training of research methods and techniques provided by the university.

- Doing and writing a literature review.
- Choosing between research paradigms.
- Interviews and focus groups.
- Content analysis and analysing social media.
- Analysing qualitative data.
- Participatory techniques and researching sensitive topics

The supervisory team is made up of two experienced researchers. The Chief Investigator, Professor Kate Wall, whose research interests lie in gathering learners' views on experience, curriculum and learning. The second supervisor is Dr Anna Beck, whose research interests cover an array of social and political aspects of education practice in Scotland. Both supervisors have experience in research and supervision and have a role in monitoring and supporting the investigator in carrying out ethical research practice.

18. Data collection, storage and security

How and where are data handled? Please specify whether it will be fully anonymous (i.e. the identity unknown even to the researchers) or pseudo-anonymised (i.e. the raw data is anonymised and given a code name, with the key for code names being stored in a separate location from the raw data) - if neither please justify.

No personal data is collected as part of this study and will not be included in the data transcription. Audio recordings will be held on digital recorder which will be transported from campus on which interviews are held in a locked case. In the process of data transcription any identifiers included in the naturally occurring post-interview conversation or one to one interview will be anonymised and the audio recording deleted as soon as transcription is completed. Transcription will be carried out by the investigator.

Each transcription will be given a unique identifier. The identifier information will be held in a password protected document only accessible by the investigator.

No physical data will be obtained during the research process, apart from signed consent forms which will be scanned and stored electronically on Strathcloud Sharefile. Original physical copies of the consent forms will be destroyed.

All transcribed data will be stored as per Strathclyde University Research Data Policy using the Strathcloud Sharefile secure storage resource.

Explain how and where it will be stored, who has access to it, how long it will be stored and whether it will be securely destroyed after use:

Only the investigator will have access to the data prior to transcription. It will be stored on a password protected computer and in a locked drawer to which only the investigator will have access. The supervisory team may view the data once all personal identifiers have been removed.

The audio recording will be deleted on transcription completion and any hard copies of transcripts destroyed on completion of the thesis. All data will be deleted permanently after five years.

Will anyone other than the named investigators have access to the data? Yes No X

If 'yes' please explain:

19. Potential risks or hazards

Describe the potential risks and hazards associated with the investigation:

No significant potential risks or hazards are identified for the investigation

Has a specific Risk Assessment been completed for the research in accordance with the University's Risk Management Framework ([Risk Management Framework](#))? Yes x No
If yes, please attach risk form ([S20](#)) to your ethics application. If 'no', please explain why not:
Please see Appendix 4

20. What method will you use to communicate the outcomes and any additional relevant details of the study to the participants?

The outcomes of the study will be feedback using UWS forums for marketing and selection and any developments to selection practice resulting from the study will be incorporated into selection training processes.

A draft copy of the results chapter of the thesis will be made available to each participant to validate data and as a method of debriefing.

21. How will the outcomes of the study be disseminated (e.g. will you seek to publish the results and, if relevant, how will you protect the identities of your participants in said dissemination)?

The researcher would aim to publish the findings and recommendations of the study in a peer reviewed journal for nursing education.

The results and outcomes of the study will be produced as an EdD Thesis for University of Strathclyde, School of Education.

Participant identifiers are not included in the data transcription process, and in any output direct quotations would be attributed to a pseudonym such as Participant A

Checklist	Enclosed	N/A
Participant Information Sheet(s)	x	
Consent Form(s)	x	
Sample questionnaire(s)		x
Sample interview format(s)	x	
Sample advertisement(s)		x
Any other documents (please specify below)		

22. Chief Investigator and Head of Department Declaration

Please note that unsigned applications will not be accepted and both signatures are required

I have read the University's Code of Practice on Investigations involving Human Beings and have completed this application accordingly. By signing below, I acknowledge that I am aware of and accept my responsibilities as Chief Investigator under Clauses 3.11 – 3.13 of the [Research Governance Framework](#) and that this investigation cannot proceed before all approvals required have been obtained.

Signature of Chief Investigator

Please also type name here:

I confirm I have read this application, I am happy that the study is consistent with departmental strategy, that the staff and/or students involved have the appropriate expertise to undertake the study and that adequate arrangements are in place to supervise any students that might be acting as investigators, that the study has access to the resources needed to conduct the proposed research successfully, and that there are no other departmental-specific issues relating to the study of which I am aware.

Signature of Head of Department

Please also type name here

Date:

23. Only for University sponsored projects under the remit of the DEC/SEC, with no external funding and no NHS involvement

Head of Department statement on Sponsorship

This application requires the University to sponsor the investigation. This is done by the Head of Department for all DEC applications with exception of those that are externally funded and those which are connected to the NHS (those exceptions should be submitted to R&KES). I am aware of the implications of University sponsorship of the investigation and have assessed this investigation with respect to sponsorship and management risk. As this particular investigation is within the remit of the DEC and has no external funding and no NHS involvement, I agree on behalf of the University that the University is the appropriate sponsor of the investigation and there are no management risks posed by the investigation.

If not applicable, tick here

Signature of Head of Department

Please also type name here

Date:

For applications to the University Ethics Committee, the completed form should be sent to ethics@strath.ac.uk with the relevant electronic signatures.

24. Insurance

The questionnaire below must be completed and included in your submission to the UEC/DEC/SEC:

Is the proposed research an investigation or series of investigations conducted on any person for a Medicinal Purpose? Medicinal Purpose means: <ul style="list-style-type: none">▪ treating or preventing disease or diagnosing disease or▪ ascertaining the existence degree of or extent of a physiological condition or▪ assisting with or altering in any way the process of conception or▪ investigating or participating in methods of contraception or▪ inducing anaesthesia or▪ otherwise preventing or interfering with the normal operation of a physiological function or▪ altering the administration of prescribed medication.	No
---	----

If **"Yes"** please go to **Section A (Clinical Trials)** – all questions must be completed

If **"No"** please go to **Section B (Public Liability)** – all questions must be completed

Section A (Clinical Trials)

Does the proposed research involve subjects who are either: i. under the age of 5 years at the time of the trial; ii. known to be pregnant at the time of the trial	Yes/No
---	--------

If **"Yes"** the UEC should refer to Finance

Is the proposed research limited to: iii. Questionnaires, interviews, psychological activity including CBT; iv. Venepuncture (withdrawal of blood); v. Muscle biopsy; vi. Measurements or monitoring of physiological processes including scanning; vii. Collections of body secretions by non-invasive methods; viii. Intake of foods or nutrients or variation of diet (excluding administration of drugs).	Yes/No
---	--------

If **"No"** the UEC should refer to Finance

Will the proposed research take place within the UK?	Yes/No
--	--------

If **"No"** the UEC should refer to Finance

Title of Research	
Chief Investigator	
Sponsoring Organisation	
Does the proposed research involve:	
a. investigating or participating in methods of contraception?	Yes/No
b. assisting with or altering the process of conception?	Yes/No
c. the use of drugs?	Yes/No
d. the use of surgery (other than biopsy)?	Yes/No
e. genetic engineering?	Yes/No
f. participants under 5 years of age (other than activities i-vi above)?	Yes/No
g. participants known to be pregnant (other than activities i-vi above)?	Yes/No
h. pharmaceutical product/appliance designed or manufactured by the institution?	Yes/No
i. work outside the United Kingdom?	Yes/No

If **"YES"** to **any** of the questions a-i please also complete the **Employee Activity Form** (attached).
If **"YES"** to **any** of the questions a-i, and this is a follow-on phase, please provide details of SUSARs on a separate sheet.

If **"Yes"** to any of the questions a-i then the UEC/DEC/SEC should refer to Finance (aileen.stevenson@strath.ac.uk).

Section B (Public Liability)	
Does the proposed research involve :	
a. aircraft or any aerial device	No
b. hovercraft or any water borne craft	No
c. ionising radiation	No
d. asbestos	No
e. participants under 5 years of age	No
f. participants known to be pregnant	No
g. pharmaceutical product/appliance designed or manufactured by the institution?	No
h. work outside the United Kingdom?	No

If **"YES"** to any of the questions the UEC/DEC/SEC should refer to Finance (aileen.stevenson@strath.ac.uk).

For NHS applications only - Employee Activity Form

Has NHS Indemnity been provided?	Yes/No
Are Medical Practitioners involved in the project?	Yes/No
If YES, will Medical Practitioners be covered by the MDU or other body?	Yes/No

This section aims to identify the staff involved, their employment contract and the extent of their involvement in the research (in some cases it may be more appropriate to refer to a group of persons rather than individuals).

Chief Investigator		
Name	Employer	NHS Honorary Contract?
		Yes / No
Others		
Name	Employer	NHS Honorary Contract?
		Yes / No
		Yes / No
		Yes / No
		Yes / No

Please provide any further relevant information here:

References:

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Appendix 4 – Gatekeeper Approval

School of Health Nursing & Midwifery Request SEC Access to Participant Gatekeeper Form (HNMSEC6)

For Projects External to the University of the West of Scotland/ Project External to the School of Health Nursing & Midwifery (HNM)

Applicant:

1. Complete Section A and B;
2. Submit completed form (and supporting evidence) by email to Chair of School Ethics Committee, School of Health Nursing & Midwifery, UWS (HNMEthics@uws.ac.uk).

SECTION A: Project Details (and supporting documentation)		
Name of Applicant	Betty Scholes	
External Institution (if the project is external to UWS)	Strathclyde University	
External School/Department (if the project is internal to UWS, but external to the School HNM)		
Title of project	An exploration of selection decision making practices in a School of Health, Nursing and Midwifery	
Have you included the evidence of ethical approval for the project? <i>The required evidence is:</i>	<i>Delete as appropriate</i>	
<i>A copy of the local application for ethical approval</i>	YES	
<i>A copy of the letter(s) confirming all local approval has been granted</i>	YES	
<i>A copy of all data collection tools</i>	YES	
<i>A copy of all participant information/ consent forms</i>	YES	
<i>Note: If the answer to any of the above is no, please be aware that your request for access permission will be declined.</i>		

SECTION B: Proposed Access		
Who are the proposed participants from within the School of HNM that you are requesting to access as part of your study? <i>Please give detail</i>	Staff who are engaged in the process of carrying out group selection with potential entrants to pre-registration nursing programmes	
When would you require access to the proposed participants? <i>Please state the dates/ times/ duration of access</i>	Study timeline is over an 18month period with participants being involved for a 45 minute interview and/or post selection discussion	
What type of data collection will the proposed participants be involved in? <i>Please tick as appropriate.</i> <i>Include copies of supporting documentation (refer to Section A).</i>	Questionnaire	
	Interview	✓
	Focus Group	
	Other (please provide detail)	audio recording of naturally occurring conversation
How will the proposed participants be informed of the study? <i>Please tick as appropriate.</i> <i>Include copies of supporting documentation (refer to Section A).</i>	Participant information sheet	✓
	Written consent form	
	Other (detail)	

SIGNATURE OF APPLICANT..... DATE.....16.05.2017.....
(If submitted by email, this will constitute a signature. Please ensure the date is accurately noted)

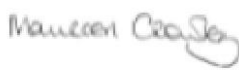
School HNM, School Ethics Committee (Chair):

1. Complete Sections C and D;
2. Submit completed form by email to the Administrator to School Ethics Committee, School of Health Nursing & Midwifery, UWS (HNMethics@uws.ac.uk).
3. Copy the email to the named gatekeeper.

SECTION C: Review of Request for Access Permission	
Has the request for access been accompanied by:	<i>Delete as appropriate</i>
1. Evidence of local ethical approval?	YES
2. All necessary supporting documentation?	YES

Note: If the answer to either of the above is no, the request for access permission should NOT be granted.

SECTION D: Outcome of Review	
I have reviewed the above request and supporting information. All relevant information has been included.	<i>Delete as appropriate</i>
The request decision is noted as:	GRANTED
The appropriate gatekeeper to the proposed participants in this study is/are:	KAREN WILSON

SIGNATURE OF SEC REVIEWER (CHAIR)..... DATE: 20/06/2017
If submitted by email, this will constitute a signature. Please ensure the date is accurately noted)

Gatekeeper:

1. Complete Section E;
2. Submit completed form by email to the Administrator to School Ethics Committee, School of Health Nursing & Midwifery, UWS (HNMethics@uws.ac.uk).

SECTION E: Gatekeeper Decision	
I have reviewed the above request and supporting information. All relevant information has been included.	<i>Delete as appropriate</i>
The request decision is noted as:	ACCESS GRANTED
Dates/Times of agreed access	
Comments/ Conditions of Access <i>Please make any comment and/or list conditions of access. Conditions should consider:</i>	
1. Avoiding access to students during timetabled class time; during academic support sessions; during survey seasons;	
2. Managing any potential student-staff/ staff-staff power relationships.	

SIGNATURE OF GATEKEEPER..... DATE...27/6/17.....
(If submitted by email, this will constitute a signature. Please ensure the date is accurately noted)

Participant Information Sheet

Name of department: Humanities and Social Sciences

An exploration of selection decision-making practices in a School of Health, Nursing and Midwifery

Introduction

I am Betty Scholes, a lecturer in nursing at the University of the West of Scotland and am currently undertaking a Doctor of Education programme at the University of Strathclyde. My area of interest is how we select suitable candidates for nurse education and in particular how we make decisions about candidates. This sheet outlines a study that is part of the exploration of that topic, and I hope you will take time to read through the information and consider taking part.

What is the purpose of this investigation?

The aim of this study is to explore and deepen our understanding of how selection decisions are made for pre-registration nurse education.

Do you have to take part?

Taking in part in this study is voluntary and you are free to choose not to take part.

If you decide to take part and later change your mind, you can do this by telling the researcher your decision up until the project is written up.

What will you do in the project?

If you agree to take part then the conversation you have after the group interview, where you decide who is selectable, will be audio recorded. This recording will be done remotely to limit how intrusive you find the recording process. I am interested in what it is about applicants that is most important to you; this is not about how “correct” the discussion is in leading to a decision. The post interview conversation is a natural part of the selection process and does not require you to do anything that you would not normally do when taking part in the interviews. Although you may take part in more than one day of recruitment you would only be participating in the research on one day, each post interview conversation on that day would be recorded.

You can also take part in a one to one audio recorded discussion with the researcher about your thoughts on what you are looking for and thinking about when you make selection decisions. The one to one discussion can be arranged at a time to suit you and will last approximately 45minutes. You can take part in both these parts of the study or choose to take part in just one part. You can indicate your choice on the Consent Form below.

Once all data is collected a draft of findings will be emailed to all participants. If you can take the time to read and comment on anything that strikes you in these early findings, you can help the researcher check the validity of their analysis.

Why have you been invited to take part?

You have been invited to take part because you are involved in the interview process and help make decisions about who is offered a place on the pre-registration nursing courses.

What are the potential risks to you in taking part?

When you take part in this study there are no potential risks identified.

What happens to the information in the project?

The audio recordings are transcribed into typed documents by the researcher within a week of recording; during this process anything that identifies you personally is removed. The audio

recordings are securely deleted following transcription, and the word document will be stored in a password protected computer and be accessible only to the researchers involved in this study. The University of Strathclyde is registered with the Information Commissioner's Office who implements the Data Protection Act 1998. All personal data on participants will be processed in accordance with the provisions of the Data Protection Act 1998.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

What happens next?

If you are happy to take part in the study, please complete the attached consent form and return it to the researcher or email outlining your consent to the researcher's email account using the subject heading "Consent to Participate."

If you have any questions about the research before consenting, please contact me via the email below.

If you do not wish to take part, you need take no further action and I thank you for your time and attention.

Once the study is completed the findings may be published in an academic journal and information about this will be available via the university intranet. Findings and any recommendations will also be fed into forums such as the Marketing and Selection meetings. No individual participant will be identifiable in any publication or discussed at professional forums.

Researcher contact details:

Betty Scholes University of the West of Scotland School of Health, Nursing and Midwifery, Hamilton Campus, HAMILTON, ML30JB.

Telephone: - 01698 283100 ext. 8490

Email: - betty.scholes@uws.ac.uk

Chief Investigator details:

Professor Kate Wall. University of Strathclyde, HaSS, Lord Hope Building, GLASGOW, G4 0LT

Telephone: - 0141 444 8067

Email: - kate.wall@strath.ac.uk

This investigation was granted ethical approval by the University of Strathclyde Ethics Committee. If you have any questions/concerns, during or after the investigation, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Dr Virginie Thériault
School of Education
University of Strathclyde
141 St James Road
Glasgow G4 0LT

Emails: v.theriault@strath.ac.uk

Tel: 0141 4448048 & Tel: 0141 444 8371

Consent Form

Name of department: Humanities and Social Sciences

An exploration of selection decision-making practices in a School of Health, Nursing and Midwifery

- I confirm that I have read and understood the information sheet for the above project and the researcher has answered any queries to my satisfaction.
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, up to the point of completion, without having to give a reason and without any consequences. If I exercise my right to withdraw and I don't want my data to be used, any data which have been collected from me will be destroyed.
- I understand that any information recorded in the investigation will remain confidential and no information that identifies me will be made publicly available.
- I consent to being a participant in the project.
- I consent to being audio recorded as part of the project.

If you wish to participate in only one part of the study, please circle the aspect of data collection you are consenting to.

Audio recording of post interview discussion

One to one interview

(PRINT NAME)

Signature of Participant:

Date:

Appendix 6 – Research Interview Schedule

An exploration of selection decision-making practices in a School of Health, Nursing and Midwifery

Interview schedule and prompts

Introduction to reiterate to the participant that the aim of the interview is to try to gain a picture of how they come to a decision during and after the selection process on suitability of candidates to nursing education.

Opening Questions	Potential Prompts
What is it about a candidate that makes you think they would be suited or unsuited to nursing?	Participant may be prompted to consider skills, attributes, knowledge or experience. They may introduce an aspect not expected and be prompted to expand on this
To what extent are you thinking about them as a student or a nurse?	Ask to consider the dual academic and practical role of the student and longer term profession.
Can you talk me through how you come to a decision about that person's suitability?	Do they feel they know by end of interview? To what extent does their "gut" inform their decision? To what extent does meeting the requirements laid out on the schedule of interview inform their decision?
How do you think your ideas about who is suitable have been formed?	Do they feel they have a strong sense of what makes a good nurse? If so, how has this emerged and how rigid or flexible is this sense?
You have been involved in the group interview model.	Did how the applicants interacted with each other help form your impression of them as individuals? Do you have a sense of advantage or disadvantage to applicants in this group setting?

Appendix 7 – Reflexive Diary Extracts

Interview AC1	Desc	<i>First interview with an academic from mental health. Participant is well known to me having worked in similar roles for some time. Interview lasted approx. one hour. Held on campus</i>
	Refl	<i>This felt a difficult place to start, AC1 knows me well and was clearly trying to be helpful. She spoke really well and fully about her thoughts, but I have a sense of her telling me what she thought I wanted to hear. That coloured the first 15 minutes or so, but she did relax as we progressed which helped me feel better that I was getting her own ideas. She liked the mapping exercise, popping wee discs down as ideas came up in the interview. Was quite reflective of her own experience starting very young in nursing and that someone had taken a chance on her, mostly because that although she was academically able, she was quite young and emotionally immature. It strikes me we rarely need to make that choice, usually our applicants are mature (age and emotionally) but not so academically able. Interestingly AC1 puts academic stuff very peripheral in her map, even though she talks about academics as important in our conversation.</i>
Observation 1515	Desc	<i>Audio recording of post interview discussion, lasting approx. 50 minutes. One adult nurse lecturer and one clinician from practice setting. Remote recording worked well. Discussing a candidate group of eight applicants.</i>
	Refl	<i>After listening to the recording this was a very agreeable pair, no real tension about scorings. At times appeared to finish each other's sentences and I wonder how often they have been paired for interviews. Not something I thought to ask about, would it have been good to know the level of past interview experience each selectors had, and even if selector pairs had worked together before. Not sure what I would do with that information, maybe an added layer of complexity that would not be helpful. This is about the eighth observation so too late now to do anything with that. There was something here I have heard before about cleverness, about talking about things in a way that applies ideas to practical things. Is that practical way of thinking valued across these post interview discussions, I feel I have heard that a good few times and noted it when transcribing. Although not a tension there is probably something that a query on cleverness in the data might pull up- do that after last observation.</i>

N.B. The reflexive diary was kept as voice notes and a handwritten diary, these extracts have been sanitised for grammar and spelling without changing the wording.