

"Curious about Care?": Promoting values-based recruitment in the homecare of older people through Situational Judgement Tests

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1

Background and context

A short introduction to the challenges involved in recruitment and retention in social care and beyond

2

Situational Judgement Testing

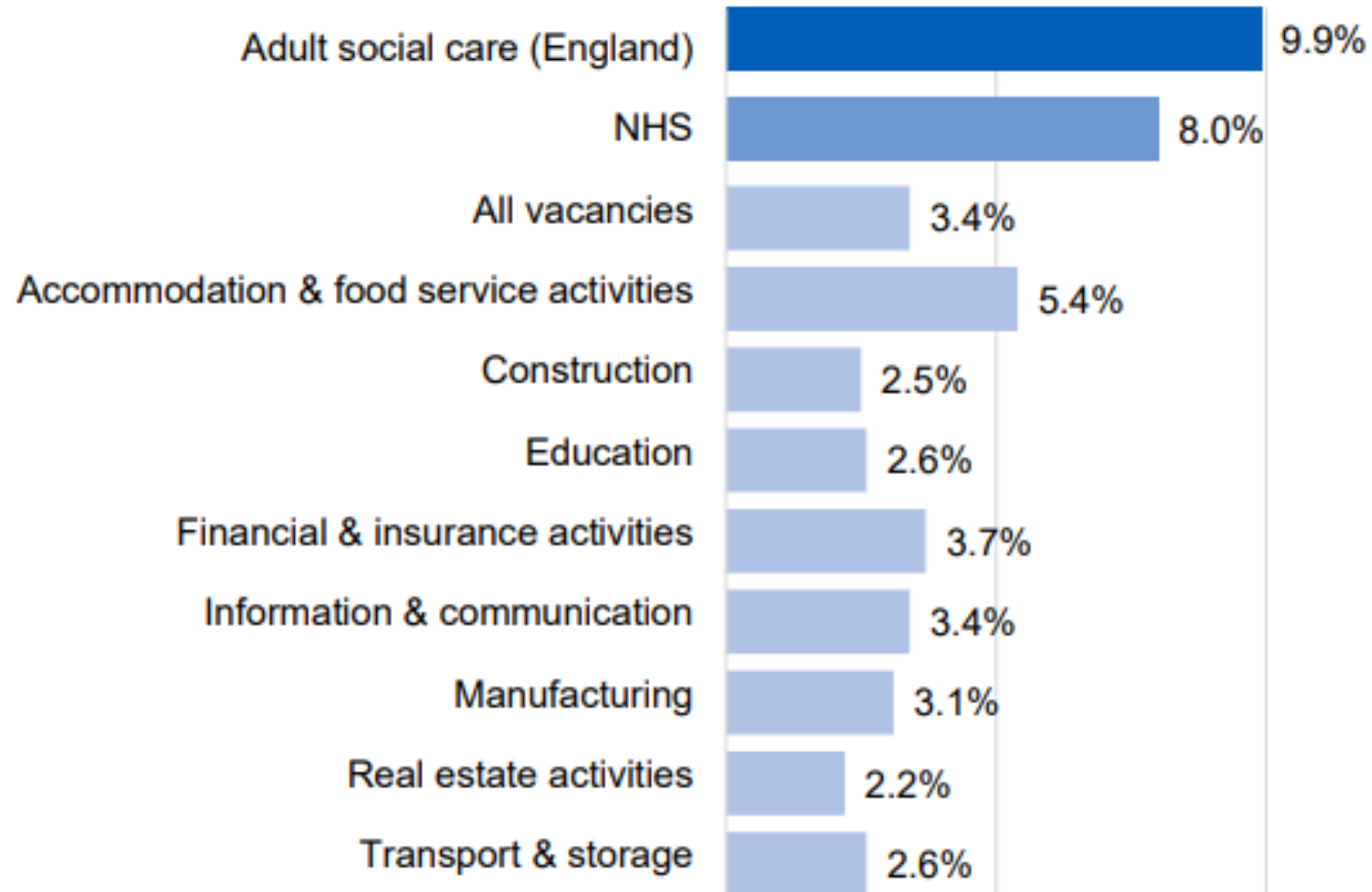
Can Situational Judgement Tests work effectively in social care, giving objective data on values?

3

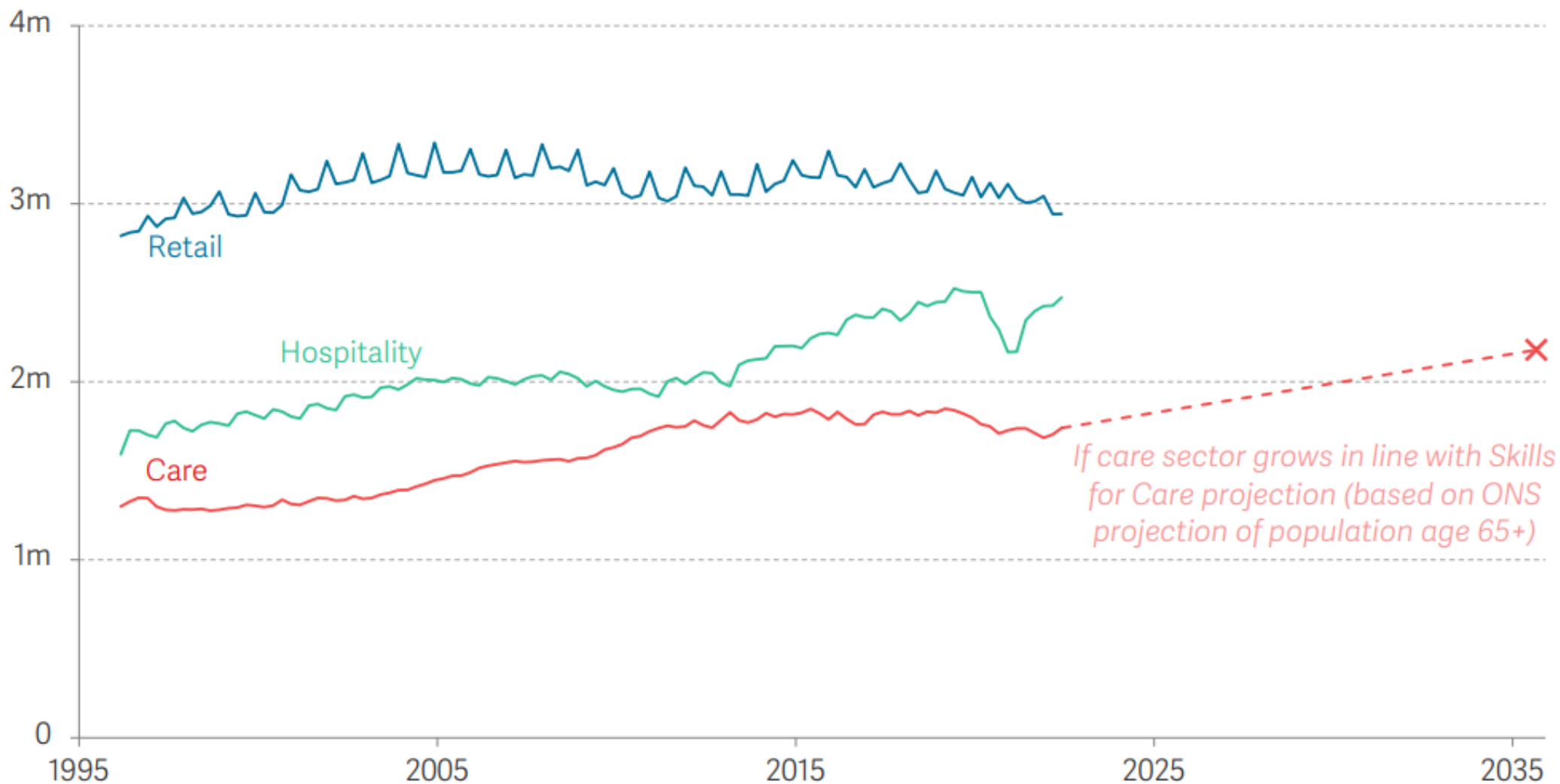
Future research in recruitment and retention

Discussion of how providers can start to set the research agenda for the future.

Vacancy rates remain high



Care workforce needs to expand



If care sector grows in line with Skills for Care projection (based on ONS projection of population age 65+)

The challenge



We must cast our net wider



Recruitment is resource-intensive



The job demands values-based judgements in emotionally-charged contexts



Evaluating 'values' is very difficult

What are values?

[The concept of values]... “derives its popularity and legitimacy from the fact that it is an apparently simple, universally accessible concept... delighting all and offending none because most people do not take the trouble to think about what it actually means...”

Stephen Pattison
Cited in Moore (2017)

What are values?


- “an enduring set of beliefs that are used to guide choices and decision-making”
 - ✓ they play an important part in our behaviours and actions
 - ✓ they transcend specific situations
 - ✓ tend not to vary much in adulthood
 - ✓ they are important – ‘value congruence’ is linked to job performance, but also to retention
- in social care, mostly relate to ethical interpersonal behaviour when supporting vulnerable people
- highly desired by older people, and serious when we get values wrong

First impressions

The first thing we establish about a person is their ‘warmth’ (or ‘coldness’).

- Friendliness
- Helpfulness
- Trustworthiness

Imperceptible process but easily influenced by irrelevant factors

Even holding a cup of hot (vs iced) coffee  affects your perception of someone’s warmth.

Anchoring effect: The 2-3 minute rapport-building introduction to an interview is still the single biggest predictor of job outcomes.

Experiencing Physical Warmth Promotes Interpersonal Warmth

Lawrence E. Williams^{1*} and John A. Bargh²

“Warmth” is the most powerful personality trait in social judgment, and attachment theorists have stressed the importance of warm physical contact with caregivers during infancy for healthy relationships in adulthood. Intriguingly, recent research in humans points to the involvement of the insula in the processing of both physical temperature and interpersonal warmth (trust) information. Accordingly, we hypothesized that experiences of physical warmth (or coldness) would increase feelings of interpersonal warmth (or coldness), without the person’s awareness of this influence. In study 1, participants who briefly held a cup of hot (versus iced) coffee judged a target person as having a “warmer” personality (generous, caring); in study 2, participants holding a hot (versus cold) therapeutic pad were more likely to choose a gift for a friend instead of for themselves.

Ever since Solomon Asch’s (1) original demonstration of the transformational power of “warm” and “cold” as personality traits in first impressions of individuals, the concept of psychological warmth has been prominently featured in research on social perception and interpersonal liking (2–4). The warm-cold dimension has emerged as one of two main components of the first impressions (along with competence) we quickly form of other people (2, 5); together they account for a large proportion (82%) of the variance in people’s evaluations of social behaviors (6). Notably, the warmth and competence dimensions have been found to be the principal ones underlying every group stereotype studied across dozens of countries (2, 5). Of these two fundamental dimensions, warmth is primary, as “people are more sensitive to warmth information than to com-

attempt to interfere with one’s ongoing goal pursuits (i.e., cold). [The competence assessment is then a “second-pass” evaluation of whether the newly encountered individual (or group) has the capacity to act on those perceived intentions (5).] This assessment appears to be an automatic and obligatory evaluation that does not require the perceiver’s intent to make it.

Why, then, do we speak so naturally of “warm” and “cold” individuals (and not “friend” or “foe,” or “trustworthy” and “not trustworthy”)? Asch (1) gave no rationale to support his hypothesis that warm and cold would be uniquely “central traits” in impression formation, other than his own intuitions. However, in subsequent theorizing he offered a clue, arguing that most abstract psychological concepts are metaphorically based on concrete physical experiences (8). Contem-

porary research (9) has shown that the dorsal posterior insula (the part of the brain that is involved in processing both temperature and touch sensation) is active during both temperature and touch sensation. Tellingly, the cloth and the wire mothers differed in another important respect: The cloth (but not the wire) mother was a source of warmth for the infant monkey (a 100-W light bulb had been placed behind the cloth). As Harlow (15) concluded, contact comfort with the mother was a very important factor to the infant monkey, over and above her meeting nourishment needs; moreover, monkeys “raised” by the warm cloth mother showed relatively normal social development as adults, in stark contrast to the infants left alone with the wire mother.

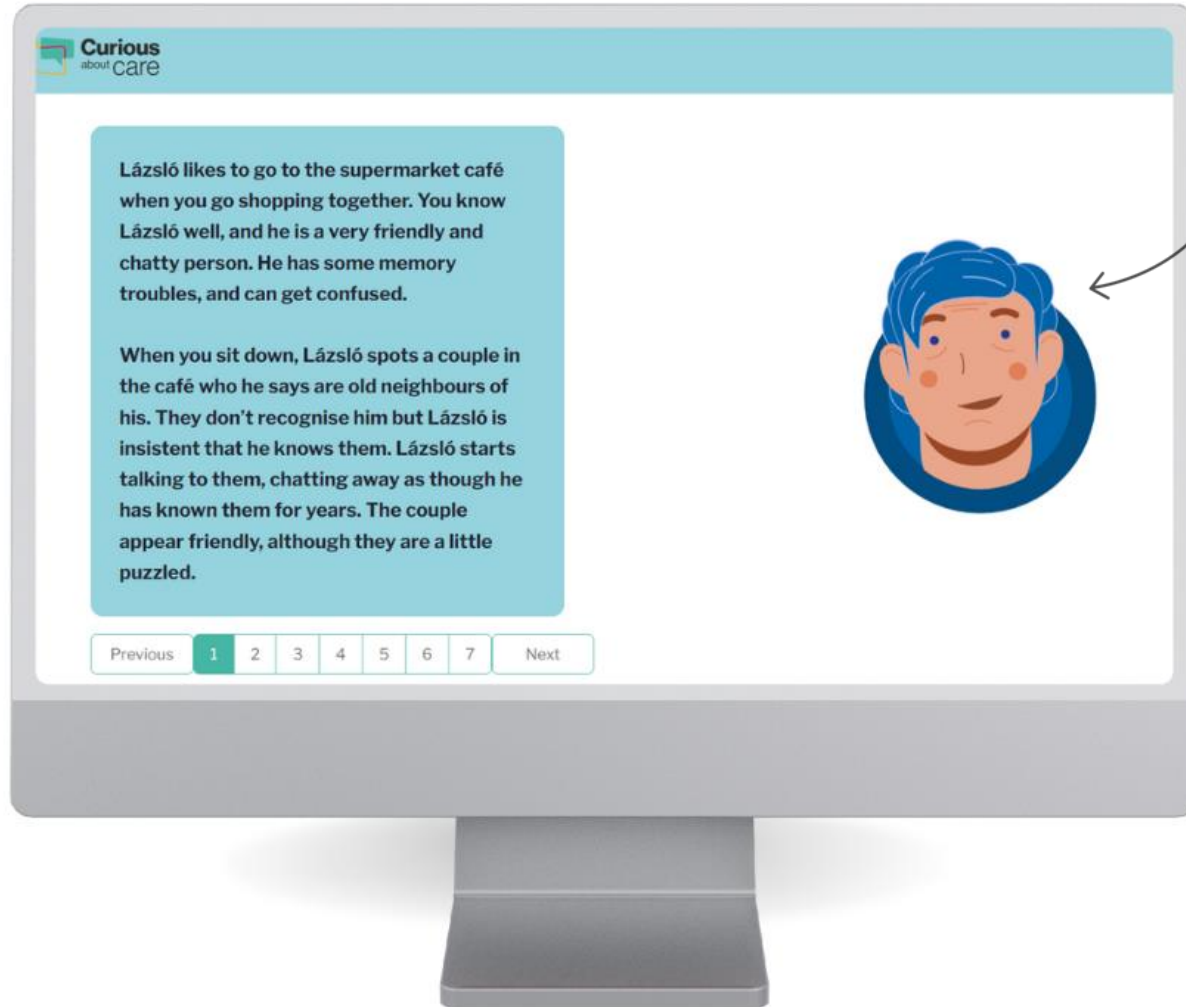
In agreement with Harlow’s findings, the seminal attachment theorist John Bowlby (16) also posited an innate need for direct physical contact with the caretaker, over and above the caretaker’s satisfaction of the infant’s primary needs of hunger and thirst. Bowlby, as had Lorenz (17) before him, argued that maintaining closeness to caretakers during infancy, a period of relative helplessness, is critical for the survival of many animals.

Because of these frequent early life experiences with the trustworthy caregiver, a close mental association should develop between the concepts of physical warmth and psychological warmth. Indeed, recent research on the neurobiology of attachment has added further support for the proposed link between tactile temperature sensation and feelings of psychological warmth and trust (18). This research has revealed that the insular cortex is implicated in processing both the physical and the psychological versions of warmth information (19). First, the dorsal posterior insula is active during both temperature and touch sen-

What works?

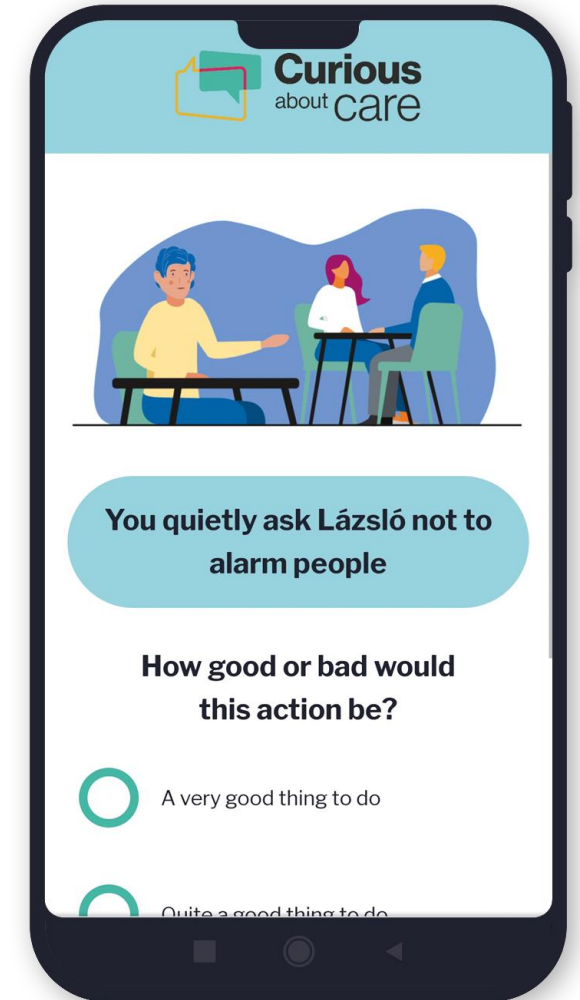
- X Personal statements have poor 'predictive validity' and do not reflect people's true nature
- X References tend to be unreliable, biased and ineffective
- X Personality tests can be unreliable because of faking
- X Unstructured interviews have low reliability and validity
- ✓ Best evidence appears to be found in rigorously-structured interviewing
- ~ 'Values-based recruitment' toolkits appear well-supported in social care, but evidence is weak
- ? Given concerns about bias in subjective nature of values, can structured interviews be supplemented with Situational Judgement Tests?

Situational Judgement Tests



Scenario

Rating the
appropriateness
of responses



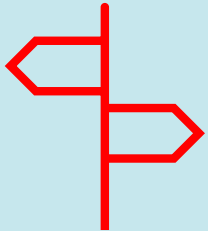
Evidence for SJTs

- Doing well on an SJT reasonably predicts how well you do in your job
- In medicine, SJT scores predict ratings of doctor performance
- They are even correlated (modestly) with later malpractice and safeguarding action.
- SJTs often correlate well with emotional intelligence, empathy and key personality traits linked to values
- SJTs are also a form of communication about the nature of the role, and help to adjust expectations
- But ... SJTs are not easy to design and must be evaluated carefully



Knowing the person

A belief that people are not defined by how they are labelled or appear (such as by frailty, dementia, disability...) but by who they are.



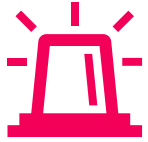
Involvement in decision-making

A belief that people have a right to involvement in choices and decisions made about them



Positive and reciprocal care relationships

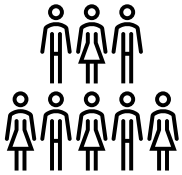
A belief that people are best served by authentic relationships that are positive and reciprocal



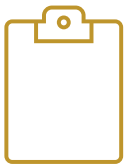
'Critical incident interviews' with sample of care workers



Think aloud testing with a general population sample



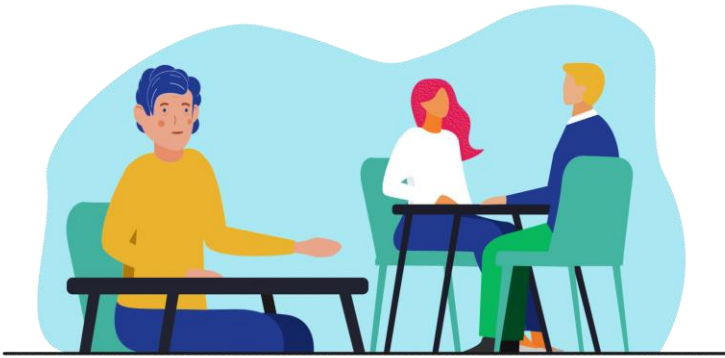
Delphi panel with older people to achieve consensus



Psychometric testing with 251 participants (both 'incumbent' and 'naïve' samples)

Example: Lázsló

Lázsló likes to go to the supermarket café when you go shopping together. You know Lázsló well, and he is a very friendly and chatty person. He has some memory troubles and can get confused.



When you sit down, Lázsló spots a couple in the café who he says are old neighbours of his. They don't recognise him but Lázsló is insistent that he knows them.

Lázsló starts talking to them, chatting away as though he has known them for years. The couple appear friendly, although they are a little puzzled.

Eleven scenarios



- n=251, 160 “incumbent” care workers and 91 “care naïve”.
- 81% of participants were female, 18% male, and 1% preferred another gender identity.
- Just under half the sample were aged 35 or under.
- 61% described themselves as White British; 15% as Black, African, Caribbean or Black British; and 10% as Asian or Asian British.

- **Incumbent care workers were asked if the scenarios reflected their own experience of work**

55% felt they “very much” reflected care work

44% felt they “somewhat” reflected care work.

Just one person felt it did not reflect care work.

Easy?

	'Incumbent'	Care 'naïve'
Very easy	24 (15%)	12 (13%)
Easy	66 (41%)	32 (36%)
Neither easy/difficult	57 (36%)	20 (22%)
Difficult	13 (8%)	26 (29%)
Very difficult	0	0

Reliable?

Structure

- Confirmatory one factor model supported (CFI/TLI: 0.91)

The SJT score only measures one thing

Reliability

- Good internal reliability ($\alpha=0.88$)
- Good test-retest reliability (ICC = 0.77)

The SJT score is stable – it is not erratic

Rasch analysis

- Satisfactory results.
- Identified 2 problematic items (e.g. 'Leave Lazslo alone to finish his conversation').

SJT scores work like numbers on a ruler, with equal intervals

‘Big 5’ personality attributes

- Openness
- Conscientiousness
- Extraversion
- Agreeableness
- Neuroticism

High scores on SJTs are achieved by more open and agreeable people

Openness: $r=0.179$ ($p=0.004$)

Conscientiousness: $r=0.003$

Extroversion: $r=-0.060$

Agreeableness: $r=0.250$ ($p<0.001$)

Neuroticism: $r=0.0263$

NB High openness and high agreeableness is found to be associated with cultural competence

Relatedly, high openness and agreeableness are closely linked to high tolerance

Perceptions of care?

Agreement with 5 statements reflecting social standing of care work

Care-naïve sample only

Caution: Not a validated scale.

Simple before-after assessment.

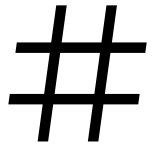
Small but statistically significant improvement in perceptions after taking the SJTs

Job satisfaction?

- Incumbent care workers only
- Statistically significant correlation between SJT score and job satisfaction.

Exploratory analysis

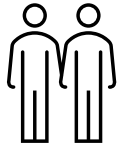
No advantage by...



Age

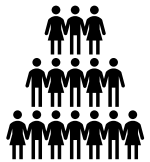


Education



(cis)Gender

Awaiting better evidence about...



Disabled applicants, ethnicity, other EDI characteristics

Introducing the free quiz

How it works

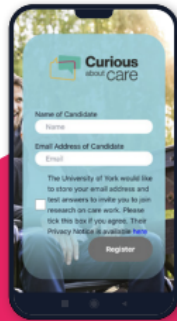
Step one Create your quiz

Provide your details and choose the scenarios you wish to use. Three scenarios are chosen for you, but you may add others. Generate a unique link (mailed to your email address) to send to your candidates.



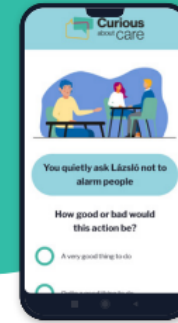
Step two Invite applicants

Email the link to the candidate(s). They will access the quiz, entering brief details to allow you to identify them later.



Step three The quiz

The applicant completes the quiz, making decisions based on the scenarios you selected.



Step four Review results

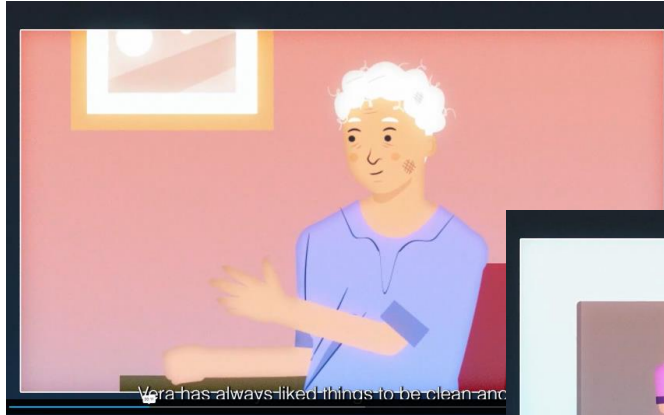
You will receive a short report giving a 'traffic-light' recommendation based on their results. You will also see their answers, which you might discuss with them at interview or induction.



Choose from 11 scenarios



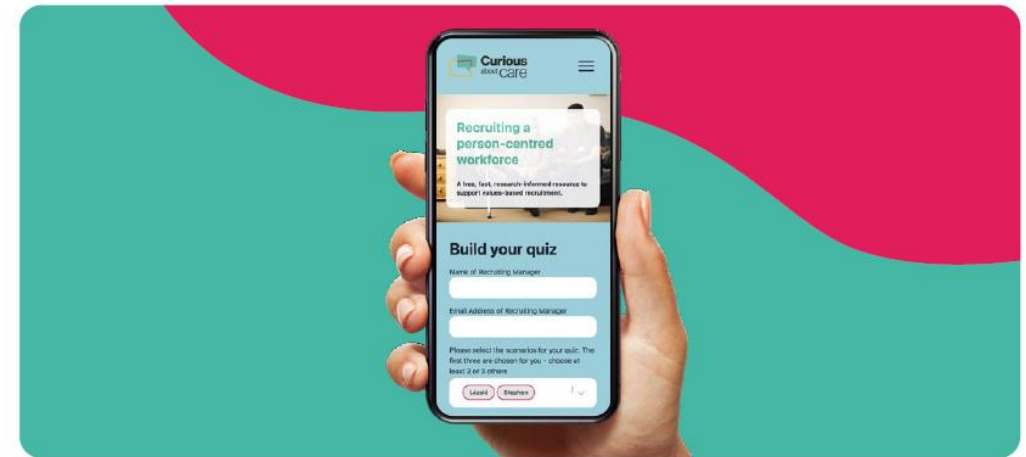
Induction and training



Recruiting a person-centred workforce

Curious About Care Quiz Scenario Guide for employers

Situational Judgement Test



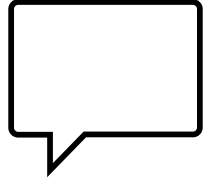
Provider perspectives



“[A] hugely positive experience, providing useful insights to explore and discuss during the interview process. [The] candidates expressed very positive views about working their way through the Curious about Care programme. They stated that they enjoyed the experience and described it as thought provoking and stimulating...”

“[We have] decided to use Curious about Care as an ongoing recruitment and training tool in building [the] Care team”

Louise Marsh, The Evergreen Care Trust

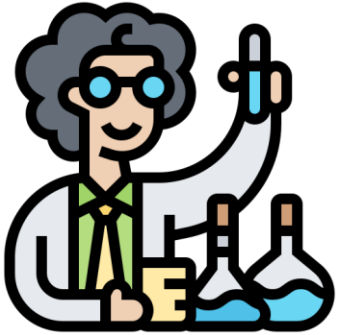


“It was really easy to use, and the instructions from an applicant’s point of view were really straightforward.

I loved the scenarios. They were extremely simple and clear whilst at the same time making you think and the ambiguity in terms of what is right / wrong adds to the value of the tool in my mind”

Senior Manager in a Gwynedd service

Putting it into practice



We are seeking ‘curious’ provider organisation to support ongoing developments around implementation.

- Funding (£900 each) is available for homecare providers to embed Curious about Care into their practice, and to share their experiences.
- Providers receive University of York certification of Research Engagement to evidence being well-led
- Also support new scenarios with incentives for care staff taking part

Putting it into practice



- We are seeking 'curious' provider organisation to support ongoing developments around implementation.
- Funding (£900 each) is available in Leicestershire for homecare providers to embed Curious about Care into their practice, and to share their experiences.
- Providers receive University of York certification of Research Engagement to evidence being well-led
- Can also support new scenarios with incentives for care staff



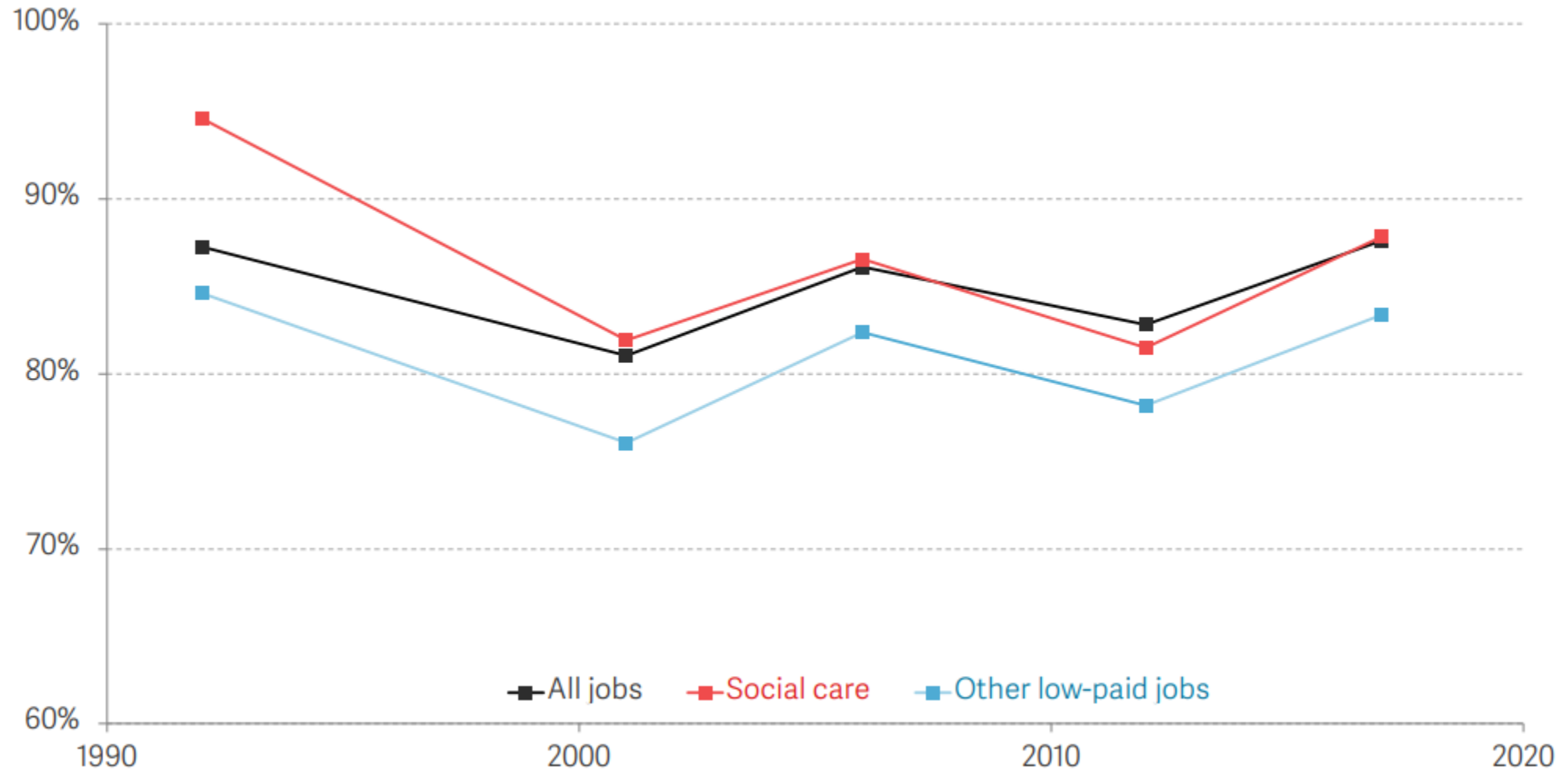
mark.wilberforce@york.ac.uk

Curious to know more?

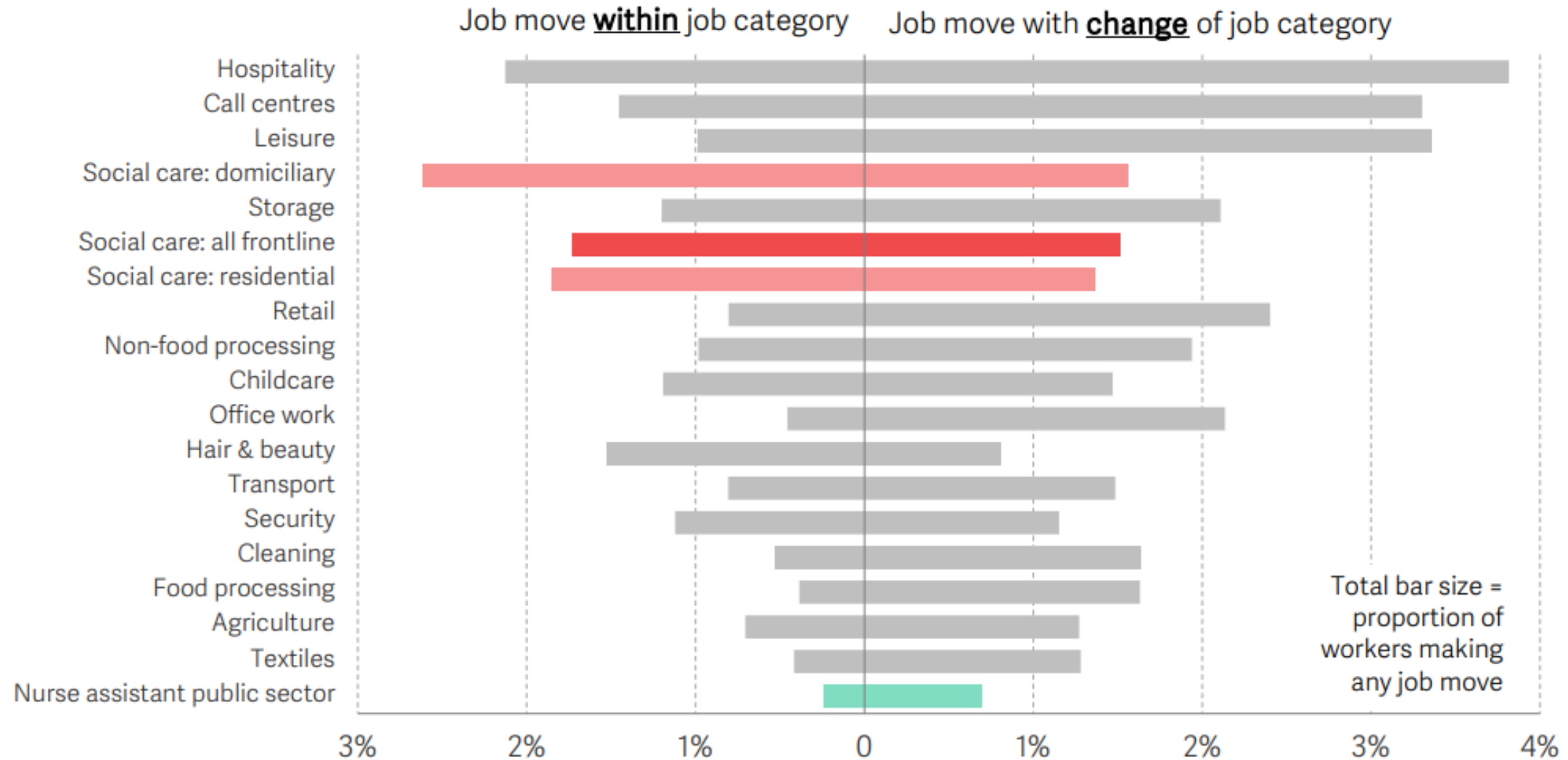


www.curiousaboutcare.org.uk

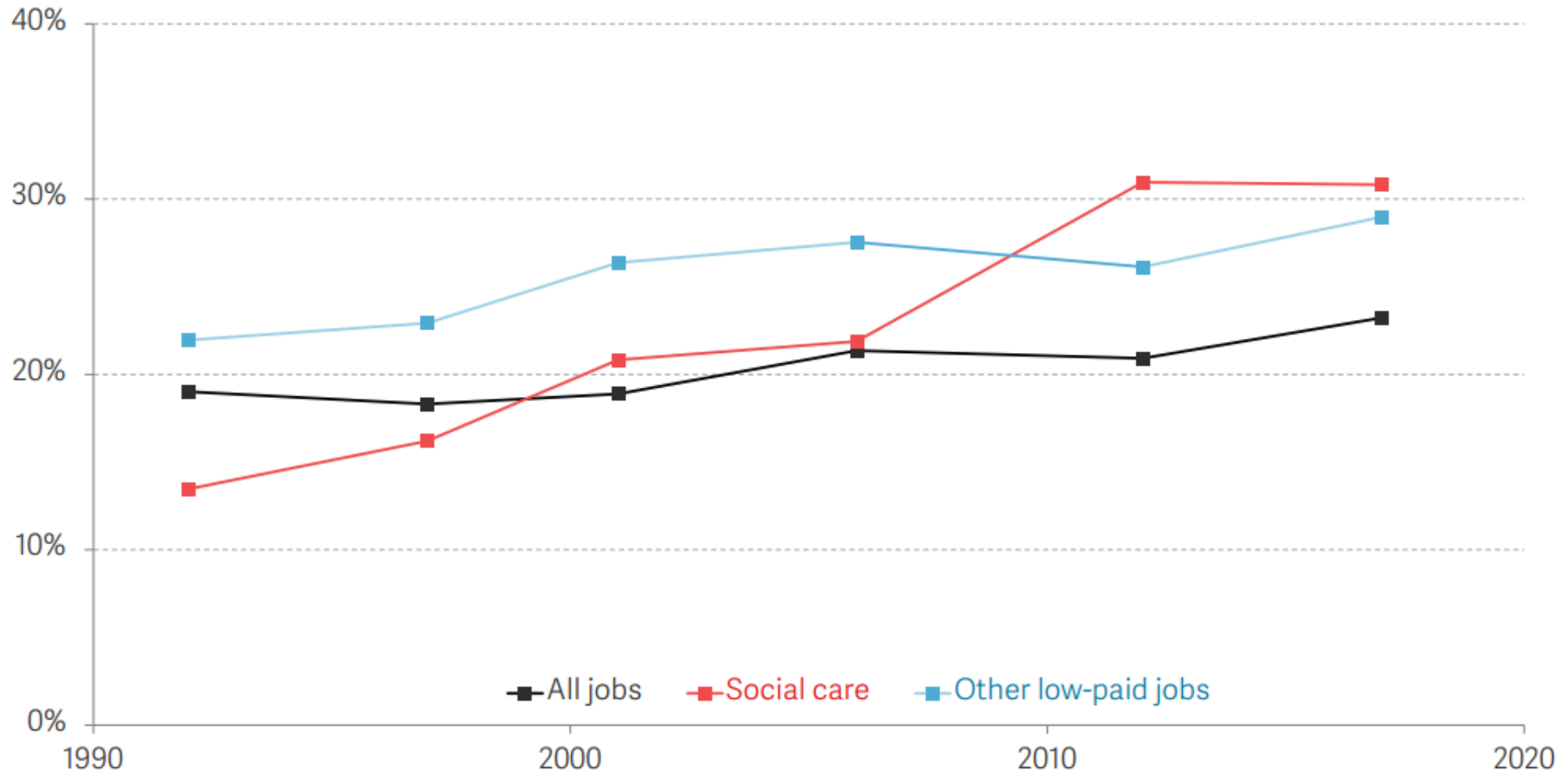
Job satisfaction is relatively strong



Retention problems are due to churn



'Loyalty' problems in the sector



Why do workers not feel valued?

- Work Foundation Report surveying care workers and leavers
- For those planning to leave, half cited feeling they were not valued by their employer
- Of those who had already left the sector, 23% cited feeling they were not valued as the most prominent reason

Top reasons care workers plan to leave the sector

51%

Want higher pay

50%

Don't feel valued by their employer

46%

Want a less stressful working environment

N=113



Workers under 25 and those with least experience in the sector are the two biggest characteristics associated with turnover decision

What goes wrong?

Is it to do with expectations?

Is it to do with onboarding processes?

Is it just to be expected for those with this range of age and experience in a low pay sector?