How to recruit caring and compassionate HCAs

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Good communication skills.
Examples of scenarios are outlined in Box 1.

Testing out the scenarios
When all six scenarios were developed we had to consider how useful they would be in the recruitment process. The initial ideas were developed as we tested them on other members of the practice development team and non-clinical staff. Testing them on clinical staff helped us to assess exactly what issues each scenario was addressing. It was equally valuable to test them on non-clinical staff with no background in clinical care. This highlighted the importance of using plain language. For example, we changed the term “comfort” to “portable toilet” as a result of feedback from a work experience student.

Although developed by staff who understood the underlying theme, one of the scenarios was modified when it was used on the first assessment day as it caused some unexpected confusion. Box 2 shows the original scenario question relating to smoking cessation. Staff were provided with model answers to assist them but candidates were picking up on issues of patient choice around cigarette smoking and health promotion rather than discussing the attitude of the staff involved.

Examples of this included:
“Will it’s not for the nurse to judge the patient for smoking, it’s their choice.”

“The nurse should ask the patient if he wants help to stop smoking and so she should give him some nicotine products.”

Both are good answers, but neither addressed the intended issue of raising concerns.
Candidates were not penalised and interviewers who identified those confused by the question steered them in the right direction. In an effort to be fair to all candidates the scenario remained the same until the end of the interviews that day and was updated before further interview assessment days.

Box 2 shows the updated version of the scenario.

Selecting interview days
Candidates who met the essential criteria in the person specification were shortlisted. Those with an NVQ level 2 in an appropriate (health-related) subject or equivalent qualification/experience, as well as good numeracy and literacy skills, were contacted by letter by the human resources department.

Instead of being issued with a date and time for interview, candidates were asked to telephone and “self-select” an interview slot. This allowed them to opt for the most convenient time for them, which we hoped would reduce the number of candidates who do not attend on the day. It also meant that candidates who had secured employment elsewhere or indeed changed their mind about the vacancy did not receive an appointment unnecessarily. This in turn reduced the time wasted by staff waiting for candidates who failed to attend for their interview.

Venue and timing
Once the scenarios were finalised, the venue and timing had to be addressed as these were vital for the delivery of the assessment process. We needed space to welcome candidates, a waiting area, and rooms that allowed easy movement between scenarios yet avoided candidates overhearing the responses of others being interviewed.

Clinical staff who had volunteered to assist in the scenario stations were briefed on the day, “walked through” the

### BOX 1. SAMPLE SCENARIOS

#### Scenario 1. Privacy and dignity
You are a healthcare assistant (HCA) on a ward working as part of the blue team. A relative of a patient being cared for by the red team informs you that their loved one is lying naked and exposed on the bed and asks you for help. Please discuss what you would do

- Scenario 1 aims to identify candidates’ basic reaction to a patient’s privacy and dignity, regardless of which team they are working with

#### Scenario 2. Handwashing
You are an HCA in a clinical area. Using the written instructions provided please wash your hands

- Scenario 2 is used to establish whether candidates can follow a set of simple instructions. Correct handwashing technique is not the main focus of this scenario; that can be corrected when successful candidates undertake their training at the healthcare academy before working in the clinical area
stations and given an opportunity to ask questions.

A timetable was designed to allow candidates to move through the assessment process in groups of six, rotating round each scenario station in a clockwise manner. The candidates were given one minute to read the scenario then two minutes to discuss it with two members of clinical staff. A timekeeper ensured that candidates were instructed verbally to begin their reading time, discuss the issue with the clinical staff at that station and then rotate to the next station.

Scoring the candidates

Candidates were scored in each scenario from zero to three depending on their answer. The staff based in each station remained there for the course of the interviews to make the process more objective and fair for each candidate.

Scores from each scenario were then collated into a grid allowing the staff involved in the interviews to gain a more rounded picture of each candidate’s values and traits. Successful candidates were those who scored an average of 60% or higher. Interestingly, clinical staff who assisted in the scenarios were at times surprised by the scores from particular candidates:

“I’m surprised to see that particular candidate scored poorly in most stations... I thought they were very articulate. I scored them a three for my station and could see how they would fit into my team... I guess it [scoring grid] shows that they are not the ideal candidate after all.”

Measuring effectiveness

The recruitment process is receiving positive feedback from candidates and staff:

“I was terrified when I realised I was not just going to be talking to someone face-to-face... I just wanted to get it over and done with, but I have enjoyed it and it has helped me to see the kind of situations I might find myself in, and how I will cope if I do.”

“I have calmed down since I spoke face-to-face with the members of staff for the first interview questions... I really like this system... it gives us more than one chance to shine.”

Although initially apprehensive of the new recruitment process, clinical staff have come to trust it. This trust helps to reassure any ward sisters who have been unable to interview candidates themselves to feel confident that those who have completed the selection process are of a high calibre.

Future plans

We need to be confident that the MMI approach to interviews does enable us to select in a more consistent manner than traditional interview. We plan to compare the number of HCAs employed and retention rates with those in previous years to measure the impact.

Qualitative feedback from ward sisters and the clinical staff involved in the interview process will also be sought. This will include feedback on their perception of the values and behaviours of staff recruited through this process.

References


Newcastle upon Tyne Hospitals Foundation Trust (2013) Professional and Leadership Behaviours: Core Behaviours Expected of all Staff to Put Patients at the Heart of Everything we do (updated). tinyurl.com/NuTH-values