Citation:
Klingenberg, MK and Pelletier, C (2019) The practice of selecting for values in nursing. Journal of Organizational Ethnography. ISSN 2046-6749 DOI: https://doi.org/10.1108/JOE-04-2018-0019

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The practice of selecting for values in nursing

Abstract

Purpose: Research on the processes by which universities select candidates for nursing courses has tended to focus on the development and application of standardised methods. This methodological emphasis has extended to research on 'values-based' selection in nursing, which is intended to sustain discrimination between applicants on the basis of their 'personal values'. Our study aims to expand the range of methodological resources available for research on values-based selection, by examining how this is done in practice – by contrast to how it should be done. We analyse interactions between selectors, applicants and various materials deployed during the interview processes to show how values are made manifest, empirically. We conclude by discussing the implications of treating values as interactional achievements, rather than essentialised - i.e. purely 'personal' – attributes.

Design/methodology/approach: We draw on methodological principles associated with Actor-Network-Theory (ANT), which aim to describe how facts are produced through interactions between various actors. Data are presented from an ethnographic study of selection events at three UK universities. Our methods consisted of observation of selection events and interviews with academic staff, administrators and service users and carers, all of whom were involved in selecting candidates.

Findings: When selection is treated methodologically as a social practice and analysed empirically as an ongoing series of interactions, 'personal values' can be seen as the effects of a negotiation during which connections are formed between different actors – i.e. elements

involved in the selection process. Difference and same-ness in values become visible as the effects of 'translation', in the sense defined in the ANT literature, rather than as fixed attributes which precede selection.

Originality/value: This study makes an original contribution to research on values-based selection by analysing how this is done in practice.

Keywords: Values-Based-Recruitment, VBR, selection, nursing, actor-network theory

Introduction

In 2013, The Francis report, published by the UK government, produced recommendations following an inquiry into failures in care at Mid Staffordshire NHS Foundation Trust between 2005 and 2008. The report made recommendations about the importance of changing professional culture in nursing, including making the assessment of "essential shared values" an integral part of education and recruitment in the nursing profession (Francis, 2013, 4-5). Subsequent to the report's publication, the UK government issued a series of policy papers detailing processes intended to put these recommendations into practice. In "Patients first and foremost" (DH, 2013), for example, the Department of Health emphasised the role of 'values' for bringing about a culture change. The same publication introduced a concept of 'values-based recruitment' (VBR), by means of which the presence of values should be assessed and assured. Health Education England (HEE), the regulatory body responsible for supervising the implementation of VBR, went on to define it as follows (2014, 6):

> *Values Based Recruitment is an approach which attracts and selects students, trainees or employees on the basis that their individual values and behaviours align with the values of the NHS Constitution.*

The values that nurses are meant to exemplify are described in several associated policy papers, and evoked in terms of 'NHS values' (NHSE, 2015) or the "6Cs" (DH, 2012, 5): care, compassion, competence, communication, courage and commitment. It is on the basis of these statements that higher education institutions (HEI) have been instructed by HEE to incorporate a "value-based-element" into selection events.

In the literature review commissioned by HEE (2014), and which is intended to be used as evidence for selection process policy in HEIs, values are described as characteristics displayed by applicants. Several methods are recommended, to identify such values in a way which is fair, reliable and valid. To substantiate these recommendations, HEE (2014) draws on research in the field of work psychology, in which applicants and organisations are treated as entities with discrete properties, which are subject to observation and classification (for example Callwood et al., 2014, Land, 1994, McGraw et al., 2018, Perkins et al., 2013, Salvatori, 2001). It is this conceptualisaiton of the object of study which accounts for the prevalence of correlational studies in research on selection into nursing. These compare, for example, entry qualification scores with grades attained during study or attrition (McCarey et al., 2007, Snowden et al., 2015) or specific personal traits such as emotional intelligence established via completion of psychometric inventories with compassionate actions in clinical settings, measured in grades awarded by clinical mentors (Rankin, 2013). In the field of work psychology, then, observation tends to be understood to leave properties unaffected, with sampled observations (snapshots) treated as justifying judgments relevant to more general circumstances, outside of what is being observed. The context in which observation takes place is analysed as a subtractable variable, so long as the tools with which observation is performed are skilfully or expertly designed (see for example Arnold et al., 1991). What is measured at one point in time is treated as identical to what is measured at another point in time, both earlier and later. In other terms, method is made pure: its validity is theoretically independent of its users and the context in which it is used.

These methodological commitments, constitutive of work psychology as a field of research, mean that there has to date been very little empirical research into how selection happens in situ; how it works in context, and in practice (as an exception see Taylor et al., 2014, who

discuss the importance of operationalisation of selection methods in their interview-based study). Justifying empirical investigation requires making different methodological commitments: ones which place emphasis on the situated nature of social activity, and which therefore call for the practical investigation of such activity. Outside of work psychology, several studies have done this, and explored job interviews empirically, focusing on the characteristics of talk in such situations, and the interactional discursive strategies such talk manifests. Campbell and Roberts (2007) analyse 40 videotaped job interviews and describe specific discursive techniques in terms of the performance of identity. This allows them to distinguish between applicant identities which are fully integrated with organisational discourses and "hybrid" identities where personal and professional narratives conflict. Campbell and Roberts argue that shared "discursive backgrounds" (ibid., 247) - that is, knowledge of organisational discourses - aid the integration of personal and professional identities. This has the effect of disadvantaging applicants from ethnically different backgrounds who do not have such knowledge. Similarly, Scheuer (2001) argues that the social backgrounds of applicants affect the way communication takes place and is judged, with Van De Mieroop (2018) also emphasising that applicants perform identity work through talk in interview interactions. These studies (and others, for example Llewellyn, 2010, Van De Mieroop and Schnurr, 2018) highlight that what is said and seen in interviews is an interactional achievement: a discursive negotiation between applicants and interviewers in the context of a specific organisation, or context. Such studies do not focus on the method which interviewers intend to apply, but rather on how discursive interactions produce specific identities and organisational outcomes.

This paper aims to extend this methodological approach to interviews in HEIs. It differs from the above discourse analytic studies, however, in two respects: it focuses on selection events

for entry into nursing courses, rather than individual and professional job interviews; and it incorporates an analysis of various resources for signification and interaction, rather than talk only. Our aim is to study how values (and other qualities) emerge in interactions between materials, selectors and applicants.

Theoretical framework

A more philosophical way of characterising the methodological difference between much VBR research, and the approach we intend to take in this paper, is to describe it in terms of ontologically-determined research and epistemologically-determined research (Andersen, 2003). Ontologically-determined research is concerned with what is "out there", with methods determining "what exists, or what reality is" (Andersen, 2003, XII, citing Pedersen, 1983). In this tradition of research, the object of study is treated as a delineable, discrete entity, independent of ways of knowing it. By contrast, epistemologically-determined research is concerned with how we know what is (treated as) 'out there', with methods focused on determining the conditions which enable the object of study to become knowable. In other words, the object of study is de-ontologised or de-essentialised. For instance, epistemologically-determined research asks how an identity, or a value, can be known, rather than what is (someone's) identity or value.

Actor-Network-Theory (ANT) is epistemologically-determined; it is a body of research which historically has asked how truths are produced, and notably, how scientific facts are made. We draw on it for two reasons: it enables us to study the conditions of possibility for attributing 'values' to applicants; and it also expands the range of resources implicated in such work beyond talk, as per the interview studies described above. This is important, as nursing selection events involve not only talk, but a wide range of other materialities, notably

documents and a range of different kinds of interviewers. Below, we explain which theoretical concepts within ANT have informed our study. These have largely been developed by Latour and Woolgar (1986) as well as Law (2004) and Berg (1997). Our focus is on the concepts of translation, scale, inscription device and hinterlands.

In *Laboratory Life* (1986) Latour and Woolgar develop the concept of translation which Hamilton (2011, 59) evocatively summarises as an ordering "of the messy complexities of everyday life […] for the purpose of the project at hand". Latour and Woolgar (1986) detail how scientists do not "find", or simply "observe" nature for the existence of, a specific substance. Such substances are brought into being through a series of scientific practices. Firstly, a substance needs to be made visible. Through this process what has been invisible or inaccessible becomes visible and is made accessible. In other words, translation allows for entities to be understood to exist "out there" retroactively; it is the means by which the thing *being represented* becomes *the thing itself* (Latour & Woolgar, 1986). Latour and Woolgar treat translation as a framed and a framing process; substances take particular shapes because they are researched in particular ways. In laboratories, for instance, scales can be adjusted: what is small/invisible (a substance) becomes large enough to be a point on graph paper and what is big/difficult to handle (the world out there with uncountable interferences) becomes, in a laboratory, small and accessible (see also Latour, 1999a). In addition, inscription devices, which transform a material into a figure or diagram, already contain the specific shape of the material to be found, as they are built on specific ideas about the properties of such a material and the ways in which to "do science". Law (2004) uses the term "hinterland" to evoke this set of practices: it is a kind of backdrop for understanding the world in a specific way.

Selection into nursing does not take place in a laboratory. However, the way in which Latour and Woolgar show how scientists bring entities into being and treat them as existing prior to and independently of their appearance through inscription devices is analytically relevant for understanding how 'values' are found in selection events. During such events, selection is treated as a test for the existence of a quality existing prior to and independently of the application of a method. However, one can analyse how selectors, like scientists, perform a series of translations in order to make such qualities visible. They engage in various practices to translate what is invisible – values – into something which is measurable and can be recorded and kept track of across the times and spaces of the interview process. Values take particular shape precisely because of this translation work; because of the specific scales which are applied and the inscription devices which are deployed. Selection in nursing has its own hinterlands, a set of practices which successfully create some connections where others would have also been possible (e.g. between a statement and a value it manifests). In this hinterland, scaling allows national health policy – as we describe it above, in terms of values necessary for entry into a professional culture - to become the same as selection events in HEIs.

This paper, then, attempts to make visible the work which is necessary to translate applicants from unknown entities into entities with specific, non-contingent qualities. In order to do so we will focus on technologies of talk and writing, technologies which we will argue make it possible to assign values to applicants, and also, importantly, delete this translation work from final records, so that 'values' are made to appear a property of applicants rather than of a set of negotiations between actors.

Methodology and methods

Ethnography

The study's design, guided by engagement with ANT, followed ethnographic principles. Atkinson (Atkinson, 2015, referring to Blumer, 1954) understands ethnographic research as making "general intellectual commitments" (ibid., 58) based on "sensitising ideas" (ibid., 9). In what he calls "'ethnographic abduction'" (ibid., 56, original emphasis) he outlines the general approach to ethnographic designs:

> *... on the basis of observation (in the most general sense), one draws out* possible *analytic ideas that speculatively answer the question: What might this be a case of? One considers what general pattern or configuration might give rise to the observed phenomena.*

Participant observation

The paper is based on ethnographic work conducted as part of doctoral study (XXX, 2017)[i] and discusses data generated during fieldwork at three English HEIs between 2014 and 2015. The first author, MK, who is a nurse and admissions tutor, planned and conducted the research with the second author advising throughout the research process (and the completion of this paper). For this study, MK observed 22 "selection events". A selection event consisted, in general form, of introductory talk, interview procedures and, in two cases, maths and English tests. At one site a selection event lasted a full day, at the other two sites half a day. Observation entailed "everything that was going on", not just interview encounters.

The decisions of where to observe selection were pragmatic in the sense that access needed to be established in a relatively short time and with relatively few obstructions. We decided to

compare selection events at different universities. This decision was, at the time the study was conceived, based on a notion of hoping to find a "good way" of doing selection. It was only through subsequent analytical work that this notion was understood to be limiting. Three different interview methods were observed: group interviews, traditional interviews where two selectors interviewed one applicant and multiple mini-interviews (MMI), where an applicant circulated through five interview stations, each lasting six minutes (for a description and evaluation of this more recently developed interview method see Rees et al., 2016). However, rather than discussing the differences between these methods, this paper will focus on patterns shared, specifically in relation to the attribution of values engendered by such approaches.

For Atkinson, it is important for the researcher to attempt to view things from another's perspective, "however imperfectly", (2015, 40). For this study, this means that although MK did not get involved in "actual" selection (he did not contribute to final judgments), he participated, observed and talked about observations. He did not just turn up for the moment where applicants met selectors, he was present before applicants arrived, set up camp in offices where he photocopied, made coffee, chatted about his life and the lives of people who participated in his research. He invigilated and marked maths and English tests, gave applicants good news, became a tour guide for applicants and a sounding board for academic staff.

Data collection

Data were collected through fieldnotes from observations as well as formal and informal interviews with academic and administrative staff across all HEI. Such interviews either followed a semi-structured approach or were unstructured. The researchers also had access to

various materials, such as photocopies of interview forms (including selector judgments) but also standard e-mails by which selection was communicated to applicants and, where applicable, with Microsoft PowerPoint™ presentations used during selection events.

Data analysis

This study followed what Atkinson (2015, 56) described as a comparative method. Through concomitant fieldwork, engagement with theory and empirical literature, patterns were sought to observe which were then, again, subjected to further engagement with literature, and related through further interaction to participants. This interplay between the substantive and the formal is a persistent feature of ethnographic research (Hammersley and Atkinson, 2007). Specifically, fieldnotes and interviews were extended through the use of analytical notes (often written as footnotes in transcripts or in specific note books). Formal interviews with selectors and administrative staff were audio-recorded and, in general, repeatedly listened to with only parts that were seen to exemplify developed ideas being transcribed verbatim. Throughout data generation and analysis, a reflexive approach was taken, especially in relation to MK's position as a nurse and admissions tutor. Through frequent reflective notes and analytical discussions with CP, MK sought to be both "self-aware and researcher-self-aware" (Taylor, 2011, cited in Greene, 2014, 9), attempting to ground analysis and the testing of prior prejudices in data. This process led to the development of initial codes which were later condensed into analytic concepts. These concepts eventually served to discuss patterns found across all observed selection approaches, especially what we saw as the practices that engendered the trajectories of statements in the selection process.

Findings and discussion

In the following we will outline how statements of various kinds were translated, in the ANT sense, into applicant attributes. We will begin by discussing two specific strategies applicants employed when talking about themselves and their relation to the hinterlands of selection for values.

Talk: heroism and exclusivity

At all three sites of observation interviews consisted of what selectors called "values-based-questions". These questions could be general, such as*:* "What does nursing mean to you?" or "Tell me what values you bring to nursing!". In response to such questions, applicants often talked about why they wanted to become nurses, what made them different from people who are not nurses and different from people who are already working as nurses. Through such talk, nursing and applicants were enacted as *exclusive* and *heroic* propositions, with exclusivity establishing an applicant as being like a nurse and heroism establishing an applicant as being different from a practising professional.

One way in which exclusivity was further performed was to talk about characteristics or actions that made applicants different from their peers who would not be studying nursing, for example being the most approachable of their friendship circle or being able to deal with vomit and faeces when others were not, as can be seen in the following exchange during a group interview:

Interviewer, looking at one applicant specifically: *What about you, what would your friends say about you?*

Applicant: *I am committed, passionate especially about science, I am a practical person, couldn't do 9 to 5 job, every day is different in nursing.*

(Interviewer moves to next applicant)

Like in the exchange above, nursing was often differentiated from other professional fields. Applicants would often talk about appreciating the irregularities of a nursing job ("I couldn't do a 9-5 job" or "I love the fact that no day is the same"). Other professions were said to do things differently, for example doctors would not be as good at talking to patients as nurses and health care support workers had no responsibility or could not do everything a nurse does, such as giving medication. In addition, characteristics or traits were talked about as if they are particular to nursing. For example, applicants talked about being caring, empathetic, compassionate, respectful, "going the extra mile", wanting "to make a difference". A heightened form of this strategy was the insertion of the term "natural" as in, for example, "I am a naturally caring person". This positioned applicants as not only caring but as someone who cannot do anything other than being caring, and, importantly, will remain caring as this trait formed part of their make-up.

The strategy of *heroism* in the translation of applicants into manifest values was observable in two ways. Applicants talked about how they had acted *better* than people already employed in healthcare settings. Either they emphasized being able to do things other nurses had failed to do (for example engaging a lonely resident in a nursing home who had been treated as a lost cause by the regular staff) or talking about identifying "bad practice" and raising concerns which led regular staff to change their practice, as can be seen in the following exchange from an MMI:

> Interviewer (reads out question): *The Francis report highlighted major problems related to the delivery of care at the Mid-Staffordshire NHS Foundation trust. The report declared that it was a lack of courage by some nursing staff that contributed to the delivery of substandard care. One of the "6 C's of Nursing" is courage; what does courage in nursing mean to you?*
>
> Applicant: *I work as a support worker in a hospital on a very busy ward. If at any point here aren't enough nurses I will go to the manager and ask for more staff. Also, there was this doctor who went to see a patient but did not wash his hands. I went to him and politely reminded him that he needed to do that although I was really anxious.*
>
> (Interviewer writes notes and moves on to the next question)

In these strategies of exclusivity and heroics, traces of the hinterland of VBR become visible. The concept of "courage" and the nation-wide publicising of the effects of culture, of not

raising concerns because of fear of reprimand, permitted and even required applicants to display *heroism*. HEE's description (2014) of values as durable and not subject to being faked was translated into questions based on the idea that applicants are "naturally" caring or compassionate, that nurses are born not made (an idea which has for years been contested, for example Muncey, 2000, Street, 1992). It is through such translations that the scale of an issue was manipulated (Latour, 1999). An issue that was declared a large-scale problem (care practices in the NHS) was made manageable by emphasising some of the components that may contribute to it ("what does courage in nursing mean to you?"). Through declarations that practising nurses are responsible for shortcomings, and nursing applicants are the solution that will bring in the change (HEE, 2014), nurses are made into the problem and not-nurses the solution. Introducing the notion of value was an important move in this translating practice: values were treated, in selectors' questions, as the sole basis of action, as specific to individual actors and based on individual agency. Through questions about values, then, an applicant was translated into a future nurse, with the two made equivalent: nursing and applicants for nursing are made the same, with values investigated as already in place. The assumption such questions point to is that if an HEI recruits the people who already have the "correct" values, these people will resist the structural and cultural pressures and maintain values in the face of adversity (see for example HEE, 2014). The consequence that such questions have is that other reasons for problems (staffing levels, steep hierarchies and focus on targets) are made invisible.

Talk: selectors with applicants

Once uttered, applicant talk was translated by selectors. Selectors, who were very often already part of the nursing profession, established the contexts in which such translations were successful, as this example from a group interview demonstrates:

Interviewer: *What do you think will be the difference between you now and you in three years?*

Applicant: *As a registered nurse, I have more responsibility than as a healthcare support worker, I will give out medication and may run a ward.*

Interviewer: *You will give medication, yes. I think being a registered nurse has more to do with accountability, with knowledge and the ability to make decisions. You can do observations now, but as a registered nurse you will think about what you are doing.* (To another applicant in the group:) *What do you think?*

The selector here states her own view on what the difference between pre and post-degree course should entail. A somewhat reduced version of the applicant's statement remains in the selector's translation, which is in addition juxtaposed to a version of the "right" answer. By emphasising one concept (medication) and ignoring others (responsibility and running a ward), the selector makes some concepts less important than others.

Another example of negotiations during interviews demonstrates how selectors orientate conversations:

Interviewer: *What would I hear from your friends if I asked them about your strengths?*

Applicant: *I'm the mum of the group; I am always caring. Whenever anybody has a problem, they know they can come to me and they do.*

Interviewer*: What do you mean by "mum of the group"? How does this fit with strategies like the promotion of independence and self-care?*

Applicant: *You're right.*

In this example, the interviewer first places the object (strength) into a specific non-nursing context, only to translate the statement, once an answer is given, into a different, specifically nursing related context. By focusing on the term "mum" and linking it to a specific feature of nursing, the applicant's statement becomes questionable, and calls for justification. Being caring and approachable becomes unrelated to nursing through the assignment of different contexts by the interviewer. It is therefore in the translation work of the interviewer that the credibility of the applicant's statement is established.

Such negotiations between applicants and selectors were frequent and seemed based on certain mantras, which formed part of their hinterlands and could be observed through repetition in selection interviews or during conversations with selectors about what they "looked for in an applicant". For example, in interviews with MK, selectors talked about issues in relation to the professionalization of nurses, the problems with the public view that "anybody can do nursing when they would not dare say this about medicine". Furthermore, the continuous introduction of additional nursing roles into the healthcare system (Traynor et al., 2015) was seen by some selectors as an example of de-professionalization. For those selectors, talking about "mums" and not clearly defined boundaries between healthcare

support workers and nurses may have been proof of the threats they had experienced and, in their response, enacted or re-enacted precisely the boundaries they saw as being threatened.

Talk: selectors about applicants

As long as applicants were present, they could be part of negotiations, re-orienting their statements towards ideas of nursing. But at all three sites, selection continued after applicants had left the interview location. At this point observations were translated into judgments through further transformation of applicants' words and actions, as the following example demonstrates:

> Member of faculty: *And, partly her body language as well, she was very forward and didn't really, apart from kind of joining in discussions in someone else's bit, I think it really put off* (name) *next to her*
>
> Service user: *I think she really almost, I don't know whether it was conscious or unconscious, but she excluded the other members*
>
> Member of faculty: *And if we talk about team working and interpersonal skills*
>
> Service user: *There wasn't anything about team working; actually, she's going to be the saviour, that sounds a bit weird, but that's, you know, I've worked with people like that and I don't want her to come through my door, actually*.

What this excerpt illustrates is how selectors often emphasised some of the applicants' words and actions, and in so doing, de-emphasised others. They also added content to the words

applicants had spoken – for instance, in the conversation above, the service user adds an idea of the applicant acting like ‘a saviour’ to fill in the absence of ‘anything about teamworking’. In addition, service users and patients were invoked through the phrase “I don’t want her to come through my door, actually”. In an environment that declares patients to be at the centre of everything (NHSE, 2014), a service user not wanting to be cared for by a future nurse made an applicant’s statement unsuccessful.

Another example of interviewer work was the re-framing of the same concept as either positive or negative. Work experience for example could be discussed as having a negative effect by having corrupted an applicant’s “lovely values” or positively as giving applicants clear insights into the “realities of nursing”. Similar instances of orienting the same category to different outcomes were observed for example in the discussion of regional accents or an applicant’s authenticity. Some selectors treated accents as lack of academic ability, yet others as signifying the ability to interact with patients “at their level”. In relation to authenticity, applicants were discussed as over-rehearsed or under-prepared, having done their research or having been coached, being genuinely caring or “faking it”.

Concepts to be considered were inscribed in interview forms and instructions. Interview forms differed in the amount of instruction given. Especially at the site conducting MMI, interview forms and instructions were extensive, barring selectors from talking beyond stating and repeating questions. MMI are seen to be highly structured instruments which seek to eliminate selector bias, yet selectors here struggled with the same issues observed during group and 1-2-1 interviews: applicants just did not talk in the way interview forms anticipated, making it necessary for selectors to do extensive translation work on applicant talk. In addition, selectors in MMI communicated the same level of idiosyncratic judgment

when talking about their work. These idiosyncrasies, not expressed in talk whilst interviewing as such talk was prohibited, became apparent in written notes.

Writing

Selectors often wrote during or after interviews had finished. However, what they wrote and what meaning was attached to the writing was shaped by the materials employed in selection. Interview forms only allowed for specific texts to be created. This was partly due to the space allocated. Some selectors used the back of interview forms, wrote very little or nothing at all. Writing here constituted the production of summaries similar to those created during talk about applicants but with one major difference: what selectors did during an interview, even if talked about during conversations - and most of the ideas about applicants selectors shared in conversations with MK afterwards - were not recorded. What was recorded were words applicants had said, as in the following example: at the site conducting MMI, an applicant mentioned that:

> *...you have to be tough; it's not an easy job. You can't cry in front of patients.*

On the interview sheet the words written down are:

> *Emotional resilience.*

This is not just an example of efficient note taking. "Resilience" was talked about by selectors as a highly desirable quality in nurses and nursing students (this is also done in the literature on nursing,(for example Jacelon, 1997, Stephens, 2013)). The selector here therefore translates words that describe particular ways of being with patients into a desirable

trait. Even where selectors wrote much more than in the example above, they only ever recorded some words applicants had said and/or the translation of those words into nursing concepts. Selectors never recorded what they themselves did even if they had discussed with each other their own or another's influences on applicant talk, such as in references to prompting.

Not all selectors wrote things down. Selectors, where they did not write, stated that they needed to pay attention or that they only wrote when an applicant was to be rejected. As this judgment can only be made after some time during the interview, transcriptions in these cases constituted further reductions: in only transporting the reasons for rejection, everything that could be understood as a counterargument disappeared from record. This process was accelerated through repeated translations which made their origins less and less detectable. Worded summaries were turned into scores: numbers that represented certain qualities of applicants. A multitude of statements were translated into four or five numbers. Scoring however, performed additional functions to the "recording" of applicants' words and actions. Scores allowed selectors to compare applicants. Such comparisons would have been difficult to perform based on words alone because written records were not sufficiently different from each other. Translating written words into scores introduced this difference. The following statements, written by selectors in response to the same question (answered by different applicants), demonstrate how difficult it would have been to compare written records, by contrast to comparing numbers.

- *It is difficult/ hard to do; confidence comes hand in hand with courage; maybe nurses didn't know their job; lack of compassion; staff may be afraid because they could be singled out. (3)*

- *to see something but immediately raise concern about practice, fear of what might happen to you for doing it, being bold. (3)*

- *6Cs; doing good for patients/ staff; talk on behalf of patients; shortage of staff-talk to manager; more staff core; example to challenge Dr wash hands. (4)*

- *one of 6Cs, stand up for right; undone-back to normal; Francis; duty of care. (2)*

- *remember why? Important things in nursing; choice; policies are in place; best care. (1)*

It is through the translation of words into numbers that the first two statements become equal, the third statement being made the best and the last the worst. Meaning here does not precede actions, it is a result of the action itself. Yet, as with all inscriptions made during and after interviews, the traces of how scores had been generated were not recorded. The number 3, in the statement cited above, says nothing about nervousness of applicants, indecisions and negotiations of selectors or how a statement on an interview form such as "Identifies a strength and relates objective data" (the descriptor for the score 3) is made to relate to the number itself.

Furthermore, scoring allowed statements about applicants to be transported outside of interview contexts. Local incidents, words uttered in response to questions, conversations held between an academic and a service user in a room somewhere in the UK, become equivalent to future academic achievement and care practice. Latour and Woolgar (1986,

182) used the term extension for this untested (and in effect untestable) belief that things that have been verified to happen or exist in one clearly defined space will happen somewhere else. Extension was a major practice in all interviews at all sites. Selectors acted as if what applicants did or said (for better or worse) during interviews could be translated into words or actions outside of the interview context.

Selectors often mentioned in interviews with MK that they were planning to assess the effectiveness of their method through follow-up studies, in which selection scores were compared to essay or overall degree grades. Similarly, the literature on selection (for example Rees et al., 2016) judges effectiveness of methods on inter-rater reliability, a statistical method which analyses the similarity of scores given by different selectors. Yet, the scores did not record any information about how they were produced. Scores that were similar were treated as equivalent of genesis. Yet, this equivalence was a product of the deletion of the work selectors did; it was the effect of the disappearance of the traces of translation itself. In numbers (or indeed written feedback) no selector input or "method" was made visible, only reference to the applicant remains, as in the following example of written feedback given to an applicant after her interview performance:

> *Did not attempt to make decisions/make conclusions.*

This statement existed as a tick box option on an interview form, but even where such pre-stated feedback was not inscribed selectors often used routinised responses, such as "Hadn't thought things through", or "Didn't answer in enough depth". Through these statements, responsibility was assigned to the applicant. By deleting all the work of selectors and the

material traces which affected this work and made some things possible (but not others), only the applicant remains as an entity to which the outcome of selection could be linked.

This then was the final step in translation: words, having been transformed into different words and different words again, became world (Latour, 1999b), became the applicant. Through a series of what Berg (1997) calls 'summaries', the content of multiple sources of information was reduced into one statement. This statement then formed the basis of further actions with all other concerns as well as the conditions in which such concerns were presented, moved into the background. Talk and writing here can be seen to be selective actions, and for Latour and Woolgar (1986), it is precisely this selective recording, this emphasising of what is made important through translation and made unimportant through omission, that orders actions into one narrative where other narratives could be possible.

Conclusion

The study this paper is based on is, to the best of our knowledge, the only one that examines selection in nursing ethnographically. In this paper we have demonstrated that contrary to claims made elsewhere in the literature about values as essential and observable through applied methods, having qualities such as values is an effect of the interactions between interview materials, selectors and applicants.

One of the difficulties which selectors faced was that establishing a set of qualities consistent with all nurses constructed applicants as similar in precisely those ways that formed the basis for differentiating between them. Applicants were made the same in terms of potential nursing qualities, but also needed to be different from each other in order to be distinguishable. Despite HEE's claim that applicants consist of specific qualities, such as values, independent of selection method, in practice these qualities could be seen to be

assigned, both by applicants to themselves but, more often, by selectors. Whether a quality was successfully identified was the result of negotiations between applicants, selectors and the materials of selection. However, this work was progressively deleted from the record, purifying method, selectors and applicants alike.

In terms of the significance of this study, conducting it has allowed MK to revaluate selection and made it possible to articulate to fellow selectors how over-emphasizing design perpetuates a myth of method – as well as values - as pure, overlooking contributions of selectors and applicants alike in the construction of a "right" or "wrong" applicant. In MK's own professional practice, selector reflexivity is encouraged though discussions prior to and after selection interviews with individual decisions discussed, explained and challenged. Such reflexive activity serves as support to remind selectors that the decision about whether an applicant will be offered a place and therefore by implication is "right" for nursing (or not) is an effect of the circumstances in which such decisions are made, rather than a property of the applicant only. Beyond MK's own professional practice, the study also makes it possible to highlight the value of empirical inquiry into VBR, and make the case that research should not only focus on finding more and more structured or "better" selection methods, but also look closely at how values are enacted in situ – how they are the product of a set of interactions. This has extensive implications for conceptualising the relationship between selection practices and professional culture. The method adopted by this study suggests that values can be understood as the product of a set of ongoing relationships, which change over time and in relation to a range of actors, rather than fixed, stable, and located in individual professionals.

Such an insight is important as it suggests the importance of re-evaluating the "quick fix" to the problem of professional culture in nursing, put forward by the Francis report. It highlights the need to re-introduce some of the complexities that seem to get lost in the prevailing discourse on VBR. In this sense this paper is meant to stimulate debate and invite responses from practitioners and policy makers. The issues discussed in this paper are unlikely to be nursing-specific and similar tensions may be present in other healthcare-related and value-driven professions. Selection could therefore be researched ethnographically in fields such as physiotherapy and medicine. In each case, professional culture and its values could be treated methodologically as interactional achievements, rather than individual attributes.

Arnold, J., Robertson, I. T. & Cooper, C. L. 1991. *Work psychology: understanding human behaviour in the workplace,* London, Pitman.

Atkinson, P. 2015. *For ethnography,* London, Sage.

Berg, M. 1997. *Rationalizing medical work,* London, The MIT Press.

Callwood, A., Cooke, D. & Allan, H. 2014. Developing and piloting the multiple mini-interview in pre-registration student midwife selection in a UK setting. *Nurse education today,* 34**,** 1450-1454.

Campbell, S. & Roberts, C. 2007. Migration, ethnicity and competing discourses in the job interview: Synthesizing the institutional and personal. *Discourse & Society,* 18**,** 243-271.

DH. 2012. *The NHS Constitution for England* [Online]. Depratment of Health Available: https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england [Accessed 01.08. 2015].

DH. 2013. *Patients first and foremost* [Online]. Available: www.gov.uk/government/uploads/system/uploads/attachment_data/file/170701/Patients_First_and_Foremost.pdf [Accessed 12.12. 2013].

Francis, R. 2013. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Volume 1: Analysis of evidence and lessons learned (part 1)* [Online]. London: The Stationary Office. Available: http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/sites/default/files/report/Volume%201.pdf; [Accessed 14.06. 2017].

Greene, M. J. 2014. On the inside looking in: Methodological insights and challenges in conducting qualitative insider research. *The qualitative report,* 19**,** 1-13.

Hamilton, M. 2011. Unruly practices: What a sociology of translations can offer to educational policy analysis. *Educational Philosophy and Theory,* 43**,** 55-75.

Hammersley, M. & Atkinson, P. 2007. *Ethnography: Principles in practice,* Abingdon, Routledge.
HEE. 2014. *Evaluation of Values Based Recruitment (VBR) in the NHS* [Online]. Available: https://www.hee.nhs.uk/sites/default/files/documents/VBR%20literature%20review.pdf [Accessed 05.08. 2014].
Jacelon, C. S. 1997. The trait and process of resilience. *Journal of advanced nursing,* 25**,** 123-129.
Land, L. M. 1994. The student nurse selection experience: a qualitative study. *Journal of Advanced Nursing,* 20**,** 1030-1037.
Latour, B. 1999a. Give me a laboratory and I will raise the world. *In:* BIAGIOLI, M. (ed.) *The science studies reader.* London: Routledge.
Latour, B. 1999b. *Pandora's hope: essays on the reality of science studies,* Cambridge, Harvard University Press.
Latour, B. & Woolgar, S. 1986. *Laboratory life : the construction of scientific facts,* Princeton, N.J. ; Chichester, Princeton University Press.
Law, J. 2004. *After method: Mess in social science research,* Abingdon, Routledge.
Llewellyn, N. 2010. On the reflexivity between setting and practice: the 'recruitment interview'. *In:* LLEWELLYN, N. & HINDMARSH, J. (eds.) *Organisation, interaction and practice. Studies in Ethnomethodology and conversation analysis.* Cambridge: University Press.
McCarey, M., Barr, T. & Rattray, J. 2007. Predictors of academic performance in a cohort of pre-registration nursing students. *Nurse Education Today,* 27**,** 357-364.
McGraw, C., Abbott, S. & Brook, J. 2018. Innovation in values based public health nursing student selection: A qualitative evaluation of candidate and selection panel member perspectives. *Public Health Nursing*.
Muncey, T. 2000. *The good nurse: born or made?* PhD, Cranfield University.
NHSE. 2014. *Putting patients at the centre of everything we do* [Online]. Available: https://www.england.nhs.uk/blog/kate-granger-2/ [Accessed 16.06.2017 2017].
NHSE. 2015. *Service user involvement* [Online]. Available: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/ohc-paper-06.pdf [Accessed 16.06. 2017].
Perkins, A., Burton, L., Dray, B. & Elcock, K. 2013. Evaluation of a multiple-mini-interview protocol used as a selection tool for entry to an undergraduate nursing programme. *Nurse education today,* 33**,** 465-469.
Rankin, B. 2013. Emotional intelligence: enhancing values-based practice and compassionate care in nursing. *Journal of advanced nursing,* 69**,** 2717-2725.
Rees, E. L., Hawarden, A. W., Dent, G., Hays, R., Bates, J. & Hassell, A. B. 2016. Evidence regarding the utility of multiple mini-interview (MMI) for selection to undergraduate health programs: A BEME systematic review: BEME Guide No. 37. *Medical teacher,* 38**,** 443-455.
Salvatori, P. 2001. Reliability and validity of admissions tools used to select students for the health professions. *Advances in Health Sciences Education,* 6**,** 159-175.
Scheuer, J. 2001. Recontextualization and communicative styles in job interviews. *Discourse studies,* 3**,** 223-248.
Snowden, A., Stenhouse, R., Young, J., Carver, H., Carver, F. & Brown, N. 2015. The relationship between emotional intelligence, previous caring experience and

mindfulness in student nurses and midwives: a cross sectional analysis. *Nurse education today,* 35**,** 152-158.
Stephens, T. M. 2013. Nursing student resilience: a concept clarification. *Nursing forum,* 48**,** 125-133.
Street, A. F. 1992. *Inside nursing: a critical ethnography of clinical nursing practice,* Albany, State University of New York.
Taylor, R., Macduff, C. & Stephen, A. 2014. A national study of selection processes for student nurses and midwives. *Nurse education today,* 34**,** 1155-1160.
Traynor, M., Nissen, N., Lincoln, C. & Buus, N. 2015. Occupational closure in nursing work reconsidered: UK health care support workers and assistant practitioners: a focus group study. *Social Science & Medicine,* 136**,** 81-88.
Van De Mieroop, D. 2018. Implying identities through narratives of vicarious experience in job interviews. *Journal of Pragmatics*.
Van De Mieroop, D. & Schnurr, S. 2018. Candidates' humour and the construction of co-membership in job interviews. *Language & Communication,* 61**,** 35-45.

[i] Citation removed from manuscript to ensure anonymity for review